► See separate instructions.

Part Reporting Issuer

1 Issuer's name					2 Issuer's employer identification number (EIN)
CITY					12 4007227
CITY NATIONAL ROCHDALE INTERMEDIATE FIXED INCOME FUND   3 Name of contact for additional information 4 Telephone No. of contact					13-4097327 5 Email address of contact
	tor Services Represe			1-888-889-0799	
6 Number and street (or P.O. box if mail is not delivered to street address) of contact					7 City, town, or post office, state, and ZIP code of contact
0	in a dama Mallana Daina				
	Freedom Valley Drive ate of action		9 Class	sification and description	Oaks, PA 19456
				F	
SEE A	ATTACHED STATEME	NT	NON-TA	XABLE RETURN OF CAP	PITAL DISTRIBTION
10 C	USIP number	11 Serial number(	s)	12 Ticker symbol	13 Account number(s)
1780 Par	0P464, 17800P605	N/A	h additiona	CNRIX & RIMCX	See back of form for additional questions.
1000					date against which shareholders' ownership is measured for
	-		••		ME FUND PAID DIVIDENDS DURING CALENDAR YEAR
	0.				TAXABLE RETURN OF CAPITAL DISTRIBUTION
					R DETAIL INFORMATION.
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2					
	share or as a percenta	ge of old basis► THI	<u>e amounts</u>		curity in the hands of a U.S. taxpayer as an adjustment per CAPITAL DISTRIBUTION IN THE ATTACHED ON SHARES HELD.
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2					
		0			culation, such as the market values of securities and the TE WAS DETERMINED IN ACCORDANCE WITH IRC § 301
& 316					· · · · · · · · · · · · · · · · · · ·
<u></u>					
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Part		Organizatio	nal Action (co	ontinued)					
<b>17</b> Li	ist the	applicable Inte	rnal Revenue Co	de section(	s) and subsection(s)	upon which the tax tre	eatment	t is based <b>&gt;</b>	IRC § 301 & 316.
-									
18 C	an anv	resulting loss	he recognized?			STRANSACTION NO	22010		E RECOGNIZED ON THE
									LECT THE RETURN OF
	AL DIS	TRIBUTION W	HICH MAY AFF	ECT REAL	IZED GAIN OR LOS	S UPON DISPOSITIO	N OF T	HE SHAR	ES.
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3									
<b>19</b> Pi	rovide	any other infor	mation necessar	y to implen	nent the adjustment,	such as the reportable	e tax ve	ar <b>&gt; THE I</b>	NFORMATION
						THEIR 2023 FORM 10		-	
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	belief	, it is true, correct	t, and complete. De	eclaration of	preparer (other than off	icer) is based on all inform	nation of	f which prepa	and to the best of my knowledge an arer has any knowledge.
Sign									
Here	Signa	ture	24						
	Print	Vour name 🕨 🗛	IDREW METZGI	R			Title Þ	Treasure	
Paid	1 · · · · · · ·	Print/Type prep			Preparer's signature		Date	in Sugar Ci	Check if PTIN
Prepa									self-employed
Use C	Only	Firm's name Firm's address	▶ ▶						Firm's EIN ► Phone no.
8	1								

Send Form 8937 (including accompanying statements) to: Department of the Treasury, Internal Revenue Service, Ogden, UT 84201-0054

## CITY NATIONAL ROCHDALE INTERMEDIATE FIXED INCOME FUNDEIN: 13-4097327Supplemental Attachment to Form 8937- Part II, Questions 14, 15 & 16.

Detail of the distributions paid during the fiscal year ending May 25, 2023 is described below:

Cusip 17800P464

Ticker CNRIX

Ex-Date	Record	Payable	Amount	Taxable	Return of
	Date	Date		Dividend	Capital
				Amount	Amount
03/23/2023	3/22/2023	03/24/2023	\$0.092600000	0.092200000	0.000400000
05/22/2023	5/19/2023	05/23/2023	\$0.232400000	0.231400000	0.001000000

Cusip 17800P605

## Ticker RIMCX

Ex-Date	Record Date	Payable Date	Amount	Taxable Dividend	Return of Capital
				Amount	Amount
03/23/2023	3/22/2023	03/24/2023	\$0.064500000	0.064200000	0.000300000
05/22/2023	5/19/2023	05/23/2023	\$0.220800000	0.219900000	0.000900000