

**Report of Organizational Actions  
Affecting Basis of Securities**

▶ See separate instructions.

**Part I Reporting Issuer**

<b>1</b> Issuer's name <b>HARVEST HEALTHCARE LEADERS INCOME ETF</b>		<b>2</b> Issuer's employer identification number (EIN) <b>FOREIGNUS</b>	
<b>3</b> Name of contact for additional information <b>DANIEL LAZZER</b>	<b>4</b> Telephone No. of contact <b>(416) 649-4541</b>	<b>5</b> Email address of contact <b>dlazzer@harvestportfolios.com</b>	
<b>6</b> Number and street (or P.O. box if mail is not delivered to street address) of contact <b>710 DORVAL DRIVE, SUITE 209</b>		<b>7</b> City, town, or post office, state, and ZIP code of contact <b>OAKVILLE, ONTARIO, CANADA, L6K 3V7</b>	
<b>8</b> Date of action <b>SEE BELOW</b>	<b>9</b> Classification and description <b>PAID A "RETURN OF CAPITAL" DISTRIBUTION</b>		
<b>10</b> CUSIP number <b>N/A</b>	<b>11</b> Serial number(s) <b>N/A</b>	<b>12</b> Ticker symbol <b>N/A</b>	<b>13</b> Account number(s) <b>N/A</b>

**Part II Organizational Action** Attach additional statements if needed. See back of form for additional questions.

**14** Describe the organizational action and, if applicable, the date of the action or the date against which shareholders' ownership is measured for the action ▶ **RETURN OF CAPITAL AS PART OF DISTRIBUTIONS THAT OCCURRED THROUGHOUT THE 2018 TAXABLE YEAR**

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**15** Describe the quantitative effect of the organizational action on the basis of the security in the hands of a U.S. taxpayer as an adjustment per share or as a percentage of old basis ▶ **THE ADJUSTMENT TO A UNITHOLDER'S COST BASIS IS AS FOLLOWS:**

**SERIES A : \$0.54314 PER UNIT**

**SERIES U : \$0.71297 PER UNIT**

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**16** Describe the calculation of the change in basis and the data that supports the calculation, such as the market values of securities and the valuation dates ▶ **N/A**

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**Part II Organizational Action** (continued)

**17** List the applicable Internal Revenue Code section(s) and subsection(s) upon which the tax treatment is based ▶ \_\_\_\_\_  
**IRC SECTION 301(c)(2), 312 AND 316**

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**18** Can any resulting loss be recognized? ▶ N/A

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**19** Provide any other information necessary to implement the adjustment, such as the reportable tax year ▶ N/A

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Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

**Sign Here**  
Signature ▶  Date ▶ **04/29/2019**

Print your name ▶ **DANIEL LAZZER** Title ▶ **CHIEF FINANCIAL OFFICER**

<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check <input checked="" type="checkbox"/> if self-employed	PTIN
	<b>NICOLE LORENZ</b>		<b>04/29/2019</b>		<b>P00924283</b>
	Firm's name ▶ <b>PRICEWATERHOUSECOOPERS LLP</b>	Firm's EIN ▶ <b>98-0189320</b>		Phone no. <b>(416) 863-1133</b>	
	Firm's address ▶ <b>18 YORK STREET, SUITE 2600, TORONTO, ONTARIO, CANADA, M5J 0B2</b>				