

Report of Organizational Actions Affecting Basis of Securities

OMB No. 1545-0123

► See separate instructions.

Part I Reporting Issuer

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

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**

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 : \$0.62909 PER UNIT

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**

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****18** Can any resulting loss be recognized? ► **N/A****19** Provide any other information necessary to implement the adjustment, such as the reportable tax year ► **N/A****Sign
Here**

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.

Signature ►



Date ►

04/29/2019Print your name ► **DANIEL LAZZER**Title ► **CHIEF FINANCIAL OFFICER****Paid
Preparer
Use Only**

Print/Type preparer's name

NICOLE LORENZ

Preparer's signature



Date

04/29/2019Check ☒ if
self-employed

PTIN

P00924283Firm's name ► **PRICEWATERHOUSECOOPERS LLP**

Firm's EIN ►

98-0189320Firm's address ► **18 YORK STREET, SUITE 2600, TORONTO, ONTARIO, CANADA, M5J 0B2**

Phone no.

(416) 863-1133

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