Form **8937**(December 2018) Department of the Treasury Internal Revenue Service

Report of Organizational Actions Affecting Basis of Securities

► See separate instructions.

OMB No. 1545-0123

Part I Reporting I	ssuer			<u> </u>
1 Issuer's name		2 Issuer's employer identification number (EIN)		
BIG PHARMA SPLIT CORP	•			FOREIGNUS
			ne No. of contact	5 Email address of contact
			(440) 040 4544	
6 Number and street (or P.O. box if mail is not deli			(416) 649-4541 street address) of contact	t dlazzer@harvestportfolios.com To City, town, or post office, state, and ZIP code of contact
`			,	
710 DORVAL DRIVE, SUITI	E 209	OAKVILLE, ONTARIO, CANADA, L6K 3V7		
8 Date of action				
SEE BELOW		PAID A '	'RETURN OF CAPITAL"	DISTRIBUTION
10 CUSIP number	11 Serial number(12 Ticker symbol	13 Account number(s)
N/A			N/A	N/A
				l. See back of form for additional questions. e date against which shareholders' ownership is measured for
-				
RETUR	N OF CAPITAL AS	PART OF DIS	STRIBUTIONS THAT OC	CURRED THROUGHOUT THE 2018 TAXABLE YEAR
Describe the quantitat share or as a percenta		anizational ac	tion on the basis of the se	ecurity in the hands of a U.S. taxpayer as an adjustment per
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CLASS A : \$.95494 PER UN	NIT			
		pasis and the	data that supports the ca	alculation, such as the market values of securities and the
valuation dates ► N/A				

17 List the applicable Internal Revenue Code section(s) and subsection(s) upon which the tax freatment is based ▶ RC 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 19 Provide any other information necessary to implement the adjustment, such as the reportable tax year ▶ N/A 19 Provide any other information necessary to implement the adjustment, such as the reportable tax year ▶ N/A 19 Provide any other information necessary to implement the adjustment, such as the reportable tax year ▶ N/A 19 Provide any other information necessary to implement the adjustment, such as the reportable tax year ▶ N/A 19 Provide any other information necessary to implement the adjustment, such as the reportable tax year ▶ N/A 19 Provide any other information necessary to implement the adjustment, such as the reportable tax year ▶ N/A 19 Provide any other information necessary to implement the adjustment, such as the reportable tax year ▶ N/A 19 Provide any other information necessary to implement the adjustment, such as the reportable tax year ▶ N/A 19 Provide any other information necessary to implement the adjustment, such as the reportable tax year ▶ N/A 19 Provide any other information necessary to implement the adjustment, such as the reportable tax year ▶ N/A 19 Provide any other information necessary to implement the adjustment, such as the reportable tax year ▶ N/A 19 Provide any other information necessary to implement the adjustment, such as the reportable tax year ▶ N/A 19 Provide any other information necessary to implement the adjustment, such as the reportable tax year ▶ N/A 19 Provide any other information necessary to implement the adjustment, such as the reportable tax year ▶ N/A 19 Provide any other information necessary to implement the adjustment, such as the reportable tax year ▶ N/A 19 Provide any other information necessary to implement the adjustment,	Part	Ш	Organizational Action (continued)				, ,
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Send Form 8937 (including accompanying statements) to: Department of the Treasury, Internal Revenue Service, Ogden, UT 84201-0054