► See separate instructions.

Part neporting	155061				
1 Issuer's name		2 Issuer's employer identification number (EIN) FOREIGNUS			
Harvest Microsoft Enhanc	ed High Income Sha				
3 Name of contact for ad			e No. of contact	5 Email address of contact	
DANIEL LAZZER		(416) 649-4541		dlazzer@harvestportfolios.com	
6 Number and street (or F	o.O. box if mail is not	7 City, town, or post office, state, and ZIP code of contact			
610 Chartwell Road, Suite	204			OAKVILLE, ONTARIO, CANADA, L6J 4A5	
8 Date of action		9 Class	sification and description		
SEE BELOW	dd Carial armahar(		RETURN OF CAPITAL" D		
10 CUSIP number 11 Serial number		5)	12 Ticker symbol	13 Account number(s)	
N/A	N/A N/A		N/A	N/A	
Part II Organizati	onal Action Attac	h additiona	statements if needed.	See back of form for additional questions.	
14 Describe the organiza	ational action and, if a	pplicable, the	e date of the action or the c	late against which shareholders' ownership is measured for	
				URRED THROUGHOUT THE 2024 TAXABLE YEAR	
15 Describe the quantita share or as a percent.	-	nizational act	tion on the basis of the sec	urity in the hands of a U.S. taxpayer as an adjustment per	
THE ADJUSTMENT TO A					
Series A 0.35831513 PER					
16 Describe the calculati valuation dates ► <u>N/A</u>	-	asis and the	data that supports the calc	ulation, such as the market values of securities and the	

The information contained herein is being provided pursuant to the requirements of Section 6045B of the Internal Revenue Code of 1986, as amended. The information in this document does not constitute tax advice and should not be construed to take into account any shareholder's specific circumstances. Holders and nominees should consult their own tax advisors regarding the particular tax consequences of the organizational action (as described in this document) to them, including the applicability and effect of all U.S. federal, state, and local and foreign tax laws.

Form 89					Page <b>2</b>
Part		Organizational Action (cor	tinued)		
<b>17</b> Li	ist the	applicable Internal Revenue Code	e section(s) and subsection(s) upon whi	ch the tax treatment is based I	•
IRC SE	CTION	301(c)(2), 312 AND 316			
<b>18</b> C	an anv	/ resulting loss be recognized? ►	N/A		
	,	,			
<b>19</b> P	rovide	any other information necessary	to implement the adjustment, such as the	he reportable tax year ► <u>N/A</u>	
	Unde	r penalties of perjury, I declare that I	nave examined this return, including accomp	panying schedules and statements	, and to the best of my knowledge and
	belief	, it is true, correct, and complete. Dec	aration of preparer (other than officer) is base	ed on all information of which prep	arer has any knowledge.
Sign					
Here	Signa	ature ►		Date ►	
	Print	your name 🕨		Title ►	
Paid		Print/Type preparer's name	Preparer's signature	Date	Check if PTIN
Prepa	arer				self-employed
Use (	July	Firm's name			Firm's EIN 🕨

 Use Only
 Firm's address

 Firm's address
 Phone no.

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