Report of Organizational Actions Affecting Basis of Securities

➤ See separate instructions.

Part I Reporting Issue	er e	•	l.
1 Issuer's name			2 Issuer's employer identification number (EIN)
			(,
AIC II - HANCOCK F	JODIZOM DIVEDSIETI	ED INCOME FIIND	46-0633089
3 Name of contact for additio		one No. of contact	5 Email address of contact
3 Name of contact for addition	Tal Illioiniation 4 Telephi	one ivo. or contact	• Email address of contact
MIE HANOCK HODIRON	I FIINDC 1 000	-990-2434	
THE HANOCK HORIZON 6 Number and street (or P.O.			7 City, town, or post office, state, and Zip code of contact
• Number and Street (or 1 .O.	. DOX II III ali is not delivered to	street address) or contact	7 City, town, or post office, state, and Zip code of contact
ONE FREEDOM VALLEY	/ DDTI/E		OAKS, PA 19456
8 Date of action		Classification and description	OAKS, PA 19456
o Date of action	9	diassification and description	
1/29/2016	NION	N-TAXABLE RETURN OF CAP	TENT DICEDIDITON
10 CUSIP number	11 Serial number(s)	12 Ticker symbol	13 Account number(s)
10 COSIP Humber	TT Serial number(s)	12 Ticker Symbol	Account number(s)
ODD TIND 14 DDIOM			
SEE LINE 14 BELOW	Action Attack additional	HHICX, HHIAX, HHIIX	f forms for additional acceptions
		statements if needed. See back of	<u> </u>
14 Describe the organization	al action and, if applicable, t	he date of the action or the date agai	nst which shareholders' ownership is measured for
			aid a non-taxable return of
			ord as of 01/27/2016. The
			on paid to shareholders of
	72016 1S 82.62% O	t the total amount of t	the distribution for each
class given below:			
CUSIP	CLASS	-	
41012R670	INSTITUTIONAL	L	
41012R662	CLASS A		
41012R654	CLASS C		
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 $ ightharpoonup$ The tota	al non-taxable return o	of capital portion of the
		f record on 01/27/2016	
CUSIP	CLASS	PER SHARE	
41012R670	INSTITUTIONAL	L 0.0425	
41012R662	CLASS A	0.0403	
41012R654	CLASS C	0.0343	
16 Describe the calculation	of the change in basis and	the data that supports the calculation	n, such as the market values of securities and the
valuation dates See	e line 15 above fo	or per share information	on. The rate was determined in
accordance with wit		*	

Page 2

		TD 0 004 01 5
7 List	t the applicable Internal Revenue Code section(s) and subsection(s) upon which the tax treatment is l	based ▶ <u>IRC 301 & 316</u>
8 Car	n any resulting loss be recognized? Not applicable to this transaction. nized on the return of capital distribution. The shareholde	
	justed to reflect the return of capital distribution which	
	or loss upon disposition of the shares.	
	<u> </u>	
		The information
9 Pro	ovide any other information necessary to implement the adjustment, such as the reportable tax year	The information
rovio	ded herein will be provided to each shareholder on their 20	
rovio	ovide any other information necessary to implement the adjustment, such as the reportable tax year paded herein will be provided to each shareholder on their 20 ment, Box 3.	
rovio	ded herein will be provided to each shareholder on their 20	
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rovio	ded herein will be provided to each shareholder on their 20 ment, Box 3.	16 Form 1099 DIV
rovic	ded herein will be provided to each shareholder on their 20 ment, Box 3. Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and sta	16 Form 1099 DIV
provice	ded herein will be provided to each shareholder on their 20 ment, Box 3.	16 Form 1099 DIV
rovice tatem	ded herein will be provided to each shareholder on their 20 ment, Box 3. Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and stabelief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of the state of	16 Form 1099 DIV
rovice tatem	ded herein will be provided to each shareholder on their 20 ment, Box 3. Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and sta	16 Form 1099 DIV
rovice tatem	ded herein will be provided to each shareholder on their 20 ment, Box 3. Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and state belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of Signature A signed copy is maintained by the issuer Date	16 Form 1099 DIV Itements, and to the best of my knowledge alwhich preparer has any knowledge. 06/30/2016
provice tatem	ded herein will be provided to each shareholder on their 20 ment, Box 3. Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and state belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of Signature A signed copy is maintained by the issuer Date Print your name ▶ STEPHEN CONNORS	tements, and to the best of my knowledge arwhich preparer has any knowledge. 06/30/2016 TREASURER, CONTROLLER & CFO
Sign	ded herein will be provided to each shareholder on their 20 ment, Box 3. Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and state belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of Signature A signed copy is maintained by the issuer Date	tements, and to the best of my knowledge arwhich preparer has any knowledge. 06/30/2016 TREASURER, CONTROLLER & CFO Check if PTIN
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Report of Organizational Actions Affecting Basis of Securities

➤ See separate instructions.

Internal Nevende Gervice			Occ separate metrone.	
Part I Reporting Issu	ier			
1 Issuer's name				2 Issuer's employer identification number (EIN)
AIC II - HANCOCK	HORIZON DIV	ERSIFIED	INCOME FUND	46-0633089
3 Name of contact for addition	onal information	4 Telephone	No. of contact	5 Email address of contact
THE HANOCK HORIZO	N FUNDS	1-800-99	0-2434	
6 Number and street (or P.C). box if mail is not	delivered to stre	et address) of contact	7 City, town, or post office, state, and Zip code of contact
ONE FREEDOM VALLE	Y DRIVE			OAKS, PA 19456
8 Date of action		9 Class	ification and description	
2/29/2016		NON-T.	AXABLE RETURN OF CAE	PITAL DISTRIBUTION
10 CUSIP number	11 Serial num	nber(s)	12 Ticker symbol	13 Account number(s)
SEE LINE 14 BELOW			HHICX, HHIAX, HHIIX	
Part Organizational	Action Attach	additional stat	ements if needed. See back of	of form for additional questions.
the action ▶ The Ha	ncock Horiz	on Divers	ified Income Fund pa	nst which shareholders' ownership is measured for aid a non-taxable return of ord as of 02/25/2016. The
				on paid to shareholders of
record as of 02/25	/2016 is 82	2.62% of t	he total amount of t	the distribution for each
class given below:				
CUSIP	CLA	SS		
41012R670	INSTIT	UTIONAL		
41012R662	CLASS	A		
41012R654	CLASS	С		
share or as a percentage	of old basis to sharehol CLi	the total ders of racks	n on the basis of the security in non-taxable return of ecord on 02/25/2016 PER SHARE 0.0388 0.0367 0.0301	
1101210031	CINION		0.0001	
16 Describe the calculation valuation dates ▶ Se accordance with wi	e line 15 a	bove for	data that supports the calculation	n, such as the market values of securities and the on. The rate was determined in

7 List	the applicable Internal Rever	nue Code section(s)	and subsection(s) upon w	which the tax treatment	is based ▶ [⊥]	IRC 301 & 316
• 0		not an	plicable to thi	s transaction	n Noloss	s would be
8 Can	any resulting loss be recognized on the return					
	usted to reflect					
	r loss upon dispo				i may arre	200 10011100
	1 1					
					mb o in	Seamortica.
9 Pro	vide any other information ne	cessary to implemen	nt the adjustment, such as	s the reportable tax year		nformation
rovid	led herein will be	cessary to implemer provided to	nt the adjustment, such as each sharehold	s the reportable tax yea der on their 2		
rovid	wide any other information ne led herein will be lent, Box 3.	cessary to implemer provided to	nt the adjustment, such as each sharehold	s the reportable tax year der on their 2		
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provid	led herein will be	cessary to implemer provided to	nt the adjustment, such as each sharehold	s the reportable tax year der on their ?		
provid	Led herein will be ment, Box 3.	provided to	each sharehold	der on their 2	statements, and to	1099 DIV
provid	ded herein will be dent, Box 3.	provided to	each sharehold	der on their 2	statements, and to	1099 DIV
etatem Sign	Led herein will be ment, Box 3.	provided to	each sharehold	der on their 2	statements, and to	1099 DIV
etatem Sign	Under penalties of perjury, I de belief, it is true, correct, and co	clare that I have examinmplete. Declaration of	each sharehold	ompanying schedules and s based on all information	statements, and to	1099 DIV the best of my knowledge has any knowledge.
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Sign Here	Under penalties of perjury, I de belief, it is true, correct, and co	clare that I have examinmplete. Declaration of ed copy is ma	each sharehold	ompanying schedules and s based on all information	statements, and to of which preparer h	o the best of my knowledge has any knowledge.
Sign Here	Under penalties of perjury, I de belief, it is true, correct, and co Signature A signe Print your name STEPHEI Print/Type preparer's name	clare that I have examinmplete. Declaration of ed copy is ma	ned this return, including according preparer (other than officer) in aintained by the	ompanying schedules and s based on all information e issuerDate	statements, and to of which preparer h	the best of my knowledge has any knowledge.
Sign Here	Under penalties of perjury, I de belief, it is true, correct, and co Signature A signe Print your name STEPHED Print/Type preparer's name	clare that I have examinmplete. Declaration of ed copy is ma	ned this return, including according preparer (other than officer) in aintained by the	ompanying schedules and s based on all information e issuerDate	statements, and to of which preparer h	o the best of my knowledge has any knowledge. 2016 CONTROLLER & CFO eck if PTIN

Report of Organizational Actions Affecting Basis of Securities

► See separate instructions.

Internal Nevende Gervice			Oce separate metrone.	
Part I Reporting Issu	ier			
1 Issuer's name				2 Issuer's employer identification number (EIN)
AIC II - HANCOCK	HORIZON DIV	ERSIFIED	INCOME FUND	46-0633089
3 Name of contact for addition	onal information	4 Telephone	No. of contact	5 Email address of contact
THE HANOCK HORIZO	N FUNDS	1-800-99	0-2434	
6 Number and street (or P.C). box if mail is not	delivered to stre	et address) of contact	7 City, town, or post office, state, and Zip code of contact
ONE FREEDOM VALLE	Y DRIVE			OAKS, PA 19456
8 Date of action		9 Class	ification and description	
3/31/2016		NON-T	AXABLE RETURN OF CAF	PITAL DISTRIBUTION
10 CUSIP number	11 Serial num	nber(s)	12 Ticker symbol	13 Account number(s)
SEE LINE 14 BELOW			HHICX, HHIAX, HHIIX	
Part II Organizational	Action Attach	additional stat	ements if needed. See back of	of form for additional questions.
the action \blacktriangleright The Ha capital distributi	ncock Horiz on on 03/31	on Divers /2016 to	ified Income Fund pa shareholders of reco	nst which shareholders' ownership is measured for aid a non-taxable return of ord as of 03/29/2016. The
				on paid to shareholders of
record as of 03/29	/2016 is 82	2.62% of t	he total amount of t	the distribution for each
class given below:				
CUSIP	CLA	SS		
41012R670	INSTIT	UTIONAL		
41012R662	CLASS	A		
41012R654	CLASS	C		
share or as a percentage	of old basis to sharehol CLi	the total ders of r ASS UTIONAL	on on the basis of the security in non-taxable return of ecord on 03/29/2016 PER SHARE 0.0386 0.0361 0.0289	
Describe the calculation valuation dates ▶ Se accordance with wi	e line 15 a	bove for	data that supports the calculation per share information	n, such as the market values of securities and the on. The rate was determined in

7 Lis	t the applicable In	ternal Revenue Cod	e section(s) and subsect	ion(s) upon which the ta	x treatment is bas	sed IRC 301	<u>& 31</u> 6
	тио арриоавто ит	.omai rtovonao ooa		ion(o) apon which the te	or troutmont to bac		
8 Cai	n any resulting loss	s be recognized?	Not applicable	e to this tran	saction. N	To loss would	be
			capital distri				
			eturn of capit		on which ma	ay affect rea	ılized
aln (or loss upo	n dispositio	on of the share	S.			
						The informat	ion
9 Pro	ovide any other inf	ormation necessary	to implement the adjustr	nent, such as the report	abic tax year	The informat	
rovi	ded herein	will be prov	to implement the adjustrided to each si	nent, such as the report nareholder on	abic tax year		
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rovio	ded herein	will be prov	to implement the adjustrided to each si	ment, such as the report nareholder on	abic tax year		
rovio	ded herein ment, Box 3	will be prov	rided to each s	nareholder on	their 2016	Form 1099 D	VIQ
rovio	ded herein ment, Box 3	will be prov	to implement the adjustriced to each sinded to each	nareholder on	their 2016	Form 1099 D	DIV
rovic	ded herein ment, Box 3	will be prov	t I have examined this return,	nareholder on	their 2016	Form 1099 D	DIV
rovice tater	ded herein ment, Box 3	f perjury, I declare that	t I have examined this return,	including accompanying so	their 2016	nents, and to the best of r	my knowledge an
rovice tater	ded herein ment, Box 3	f perjury, I declare that	t I have examined this return,	including accompanying so	their 2016	Form 1099 D	my knowledge an
erovice stater	Under penalties or belief, it is true, co	f perjury, I declare that correct, and complete. I	t I have examined this return, Declaration of preparer (other py is maintained	including accompanying so	their 2016 chedules and statem all information of which	nents, and to the best of rich preparer has any know	my knowledge an wledge.
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Report of Organizational Actions Affecting Basis of Securities

➤ See separate instructions.

Part I Reporting Issue	er	•	
1 Issuer's name			2 Issuer's employer identification number (EIN)
			()
AIC II - HANCOCK F	HORIZON DIVERSIFIE	ED INCOME FIIND	46-0633089
3 Name of contact for addition		one No. of contact	5 Email address of contact
			2
THE HANOCK HORIZON	J FIINDS 1_800-	-990-2434	
6 Number and street (or P.O.			7 City, town, or post office, state, and Zip code of contact
• Hamber and Street (St. 1.18)	. DOX II IIIdii lo llot dollvorod to	on our address y or contact	Toty, town, or poor omoo, state, and zip code or contact
ONE FREEDOM VALLEY	/ DRIVE		OAKS, PA 19456
8 Date of action		Classification and description	0/11(0), 1/1 19400
c Bate of detion		nacemeation and accomption	
4/29/2016	NON	J-TAXABLE RETURN OF CAP	TTAI, DISTRIBITION
10 CUSIP number	11 Serial number(s)	12 Ticker symbol	13 Account number(s)
To occin manipol	TT Condition(c)	12 Hokor cymser	7 (occum number(o)
SEE LINE 14 BELOW		HHICX, HHIAX, HHIIX	
	Action Attach additional	statements if needed. See back of	of form for additional questions
14 Describe the organization	ial action and, if applicable, t	he date of the action of the date againg the second the date againg the second for the date againg the date again the date again the date againg the date again t	nst which shareholders' ownership is measured for id a non-taxable return of
			ord as of 04/27/2016. The
			on paid to shareholders of
			the distribution for each
class given below:	2010 13 02,028 01	t the total amount of t	THE GISCIIDUCION TOT EACH
CUSIP	CLASS		
41012R670	INSTITUTIONAI	- -	
41012R670 41012R662	CLASS A		
41012R654	CLASS C		
15 Describe the quantitative	effect of the organizational a	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 tota	al non-taxable return o	f capital portion of the
distribution paid t	to shareholders of	f record on 04/27/2016	was as follows:
CUSIP	CLASS	PER SHARE	
41012R670	INSTITUTIONAL	0.0384	
41012R662	CLASS A	0.0363	
41012R654	CLASS C	0.0300	
16 Describe the calculation	of the change in basis and	the data that supports the calculation	n, such as the market values of securities and the
Valuation dates See	e line 15 above fo	or per share information	on. The rate was determined in
accordance with wit			

7 Lis	t the applicable Internal I	Ravanua Coda soci	ion(s) and subsection	n(s) upon which the tax	rtreatment is has	ed ► IRC 30	01 & 316
I LIS	t the applicable internal i	vevenue code sect	ion(s) and subsection	i(s) upon which the tax	tileatillelit is bas		
0 0	n any resulting loss be rec	i	. applicable	to this trans	saction. N	Jo loss wou	ld be
8 Cai	n any resulting loss be rec nized on the re	turn of can	ital distrib	tion The sh	areholder!	's cost has	is should
	justed to refle						
	or loss upon di				11 ***111 011 1110	ay alleee i	
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						The information	ation
9 Pro	ovide any other information	on necessary to imple a provide	plement the adjustme	nt, such as the reporta	ibic tax year	The informa	
rovi	ded herein will	on necessary to imp	plement the adjustme d to each sha	nt, such as the reporta	ibic tax year		
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rovic	ded herein will ment, Box 3.	be provided	d to each sha	cluding accompanying sci	their 2016	Form 1099	DIV of my knowledge an
rovic tater	ded herein will ment, Box 3.	be provided	d to each sha	cluding accompanying sci	their 2016	Form 1099	DIV
rovic tater	Under penalties of perjury belief, it is true, correct, a	be provided y, I declare that I have and complete. Declara	e examined this return, in	cluding accompanying sci	their 2016	Form 1099	DIV of my knowledge an nowledge.
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