Form **8937** (December 2011)
Department of the Treasury Internal Revenue Service

Report of Organizational Actions Affecting Basis of Securities

➤ See separate instructions.

Part I Reporting Issuer	
1 Issuer's name	2 Issuer's employer identification number (EIN)
	, ,
AIC II - HANCOCK HORIZON DIVERSIFIED INCOME FUND	46-0633089
3 Name of contact for additional information 4 Telephone No. of contact	5 Email address of contact
THE HANCOCK HORIZON FUNDS 1-800-990-2434	
6 Number and street (or P.O. box if mail is not delivered to street address) of contact	7 City, town, or post office, state, and Zip code of contact
ONE FREEDOM VALLEY DRIVE	OAKS, PA 19456
8 Date of action 9 Classification and description	
01/31/2017 NON-TAXABLE RETURN OF CAP	ITAL DISTRIBUTION
10 CUSIP number 11 Serial number(s) 12 Ticker symbol	13 Account number(s)
SEE LINE 14 BELOW HHICX, HHIAX, HHIIX	
Part II Organizational Action Attach additional statements if needed. See back of	f form for additional questions.
14 Describe the organizational action and, if applicable, the date of the action or the date agai	nst which shareholders' ownership is measured for
the action The Hancock Horizon Diversified Income Fund pa	
capital distribution on 01/31/2017 to shareholders of reco	
percentage of the non-taxable return of capital distributi	on paid to shareholders of
record as of 01/27/2017 is 62.18% of the total amount of t	he distribution for each
class given below:	
CUSIP CLASS	
41012R670 INSTITUTIONAL	
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 The total non-taxable return of	
distribution paid to shareholders of record on 01/27/2017	was as follows:
CUSIP CLASS PER SHARE	
41012R670 INSTITUTIONAL 0.0333	
41012R662 CLASS A 0.0314	
41012R654 CLASS C 0.0261	
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 line 15 above for per share information	n, such as the market values of securities and the The rate was determined in
Describe the calculation of the change in basis and the data that supports the calculation valuation dates \blacktriangleright See line 15 above for per share information accordance with with IRC 301 & 316	n, such as the market values of securities and the The rate was determined in
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valuation dates ▶ See line 15 above for per share information	n, such as the market values of securities and the The rate was determined in

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7 List	the applicable Internal Revenue Code $section(s)$ and $subsection(s)$ upon which the tax treatment treatment of the section $section(s)$ and $subsection(s)$ upon which the tax treatment $section(s)$ upon	nent is based	▶ <u>IRC 301 &</u>	316
8 Can	any resulting loss be recognized? ▶ Not applicable to this transact	ion. No	loss would b	е
recogni	ized on the return of capital distribution. The shareh			
oe adji	usted to reflect the return of capital distribution wh	nich may	affect reali	zed
gain o	r loss upon disposition of the shares.			
9 Prov	vide any other information necessary to implement the adjustment, such as the reportable tax	Year -	e informatic	
provide	ed herein will be provided to each shareholder on thei	Year -		
provide	wide any other information necessary to implement the adjustment, such as the reportable tay led herein will be provided to each shareholder on theil ment, Box 3.	Year -		
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provide	ed herein will be provided to each shareholder on thei	Year -		
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provide	ed herein will be provided to each shareholder on thei	Year -		
provid	led herein will be provided to each shareholder on their lent, Box 3.	r 2017 F	orm 1099 DIV	
provide	Led herein will be provided to each shareholder on their lent, Box 3. Under penalties of perjury, I declare that I have examined this return, including accompanying schedules	r 2017 F	orm 1099 DIV	nowledge an
provide	led herein will be provided to each shareholder on their lent, Box 3.	r 2017 F	orm 1099 DIV	nowledge an
Sign	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all inform	r 2017 F	orm 1099 DIV	nowledge an
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provid	ed herein will be provided to each shareholder on thei	Year -		
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rovid	ed herein will be provided to each shareholder on thei	Year -		
rovid	led herein will be provided to each shareholder on their lent, Box 3.	r 2017 F	orm 1099 DIV	
rovide	Led herein will be provided to each shareholder on their lent, Box 3. Under penalties of perjury, I declare that I have examined this return, including accompanying schedules	r 2017 F	orm 1099 DIV	nowledge an
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provide stateme	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all inform A signed copy maintained by issuer	r 2017 F	orm 1099 DIV	nowledge an
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Form **8937**(December 2011)
Department of the Treasury

Report of Organizational Actions Affecting Basis of Securities

See separate instructions.

Internal Revenue Service	See separate instructions.	
Part I Reporting Issuer		
1 Issuer's name		2 Issuer's employer identification number (EIN)
AIC II - HANCOCK HORIZON DI	VERSIFIED INCOME FIIND	46-0633089
3 Name of contact for additional information	4 Telephone No. of contact	5 Email address of contact
THE HANCOCK HODITON FINDS	1-800-990-2434	
THE HANCOCK HORIZON FUNDS 6 Number and street (or P.O. box if mail is no		7 City, town, or post office, state, and Zip code of contact
o Number and Street (of F.O. box if mail is no	of delivered to street address) or contact	7 City, town, or post office, state, and zip code of contact
		0.000
ONE FREEDOM VALLEY DRIVE		OAKS, PA 19456
8 Date of action	9 Classification and description	
02/28/2017	NON-TAXABLE RETURN OF C	
10 CUSIP number11 Serial nu	mber(s) 12 Ticker symbol	13 Account number(s)
SEE LINE 14 BELOW	HHICX, HHIAX, HHII	[X]
Part II Organizational Action Attach	additional statements if needed. See bac	ck of form for additional questions.
		against which shareholders' ownership is measured for
		paid a non-taxable return of
capital distribution on 02/2		
		ation paid to shareholders of
record as of 02/24/2017 is 6		
	2.18% Of the total amount of	the distribution for each
class given below:		
CUSIP CLASS		
41012R670 INSTITUTIONAL		
41012R662 CLASS A		
41012R654 CLASS C		
15 Describe the quantitative effect of the or	ganizational 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 total non-taxable return	of capital portion of the
distribution paid to shareho		
-	R SHARE	, was as regress.
	0369	
	0353	
41012R654 CLASS C 0.	0302	
16 Describe the calculation of the change i	n hasis and the data that supports the calcula	ation, such as the market values of securities and the
valuation dates See line 15 a	bove for per share informati	on. The rate was determined in
accordance with with IRC 301		
accordance with with the 301	u 310	

7 List	the applicable Internal R	levenue Code sec	tion(s) and subsecti	on(s) upon which the	e tax treatment is ba	ased IRC	301 & 316
. 2.00	tiro apprioablo intornar re		tion(o) and odbood	on(o) apon winon an	o tax troutmont to be		
8 Car	n any resulting loss be reco	ognized? ▶ No	t applicable	e to this tr	ansaction.	No loss wo	uld be
	nized on the ret						
	justed to reflect				ion which n	may affect	realized
ain c	or loss upon dis	sposition of	f the shares	5.			
						mbo info	mati an
9 Pro	vide any other information	n necessary to im	plement the adjustr	nent, such as the rep	portable tax year	The infor	
rovid	ded herein will	n necessary to im	plement the adjustr d to each sh	nent, such as the rep nareholder o	ortable tax year > n their 201		
rovid	wide any other information ded herein will ment, Box 3.	n necessary to im be provided	plement the adjustr d to each sl	nent, such as the rep nareholder o	oortable tax year > n their 201		
rovic	ded herein will	n necessary to im be provide	plement the adjustr d to each sl	nent, such as the rep nareholder o	portable tax year p n their 201		
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rovic	ded herein will	n necessary to im be provided	plement the adjustr d to each sł	nent, such as the rep nareholder o	ortable tax year ▶ n their 201		
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rovid	ded herein will	n necessary to im	plement the adjustr d to each sl	nent, such as the rep nareholder o	portable tax year n their 201		
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rovic	ded herein will	be provided	d to each sh	nareholder o	n their 201	17 Form 109	9 DIV
rovic	ded herein will ment, Box 3.	be provided	d to each sh	nareholder o	n their 201	17 Form 109	9 DIV est of my knowledge an
erovice tatem	Under penalties of perjury, belief, it is true, correct, ar	I declare that I have not complete. Declare	d to each sh	including accompanyin	n their 201	17 Form 109	9 DIV
erovice tatem	Under penalties of perjury, belief, it is true, correct, ar	I declare that I have not complete. Declare	d to each sh	including accompanyin	n their 201	17 Form 109	9 DIV
etatem Sign	Under penalties of perjury, belief, it is true, correct, an	I declare that I have not complete. Declara	e examined this return, ation of preparer (other aintained by	including accompanyin	n their 201	17 Form 109	9 DIV
etatem Sign	Under penalties of perjury, belief, it is true, correct, an Signature	I declare that I have not complete. Declara	e examined this return, ation of preparer (other aintained by	including accompanyin r than officer) is based of y issuer	g schedules and state on all information of w	ements, and to the be thich preparer has any	9 DIV est of my knowledge any knowledge.
Sign	Under penalties of perjury, belief, it is true, correct, an	I declare that I have not complete. Declara	e examined this return, ation of preparer (other aintained by	including accompanyin r than officer) is based of y issuer	g schedules and state on all information of w	ements, and to the be thich preparer has any Check	est of my knowledge any knowledge. CROLLER & CFO if PTIN
Sign Here	Under penalties of perjury, belief, it is true, correct, an Signature STEF Print/Type preparer's n	I declare that I have not complete. Declara	e examined this return, ation of preparer (other aintained by	including accompanyin r than officer) is based of y issuer	g schedules and state on all information of w	ements, and to the be thich preparer has any	est of my knowledge any knowledge. CROLLER & CFO if PTIN
Sign	Under penalties of perjury, belief, it is true, correct, an Signature STEF Print/Type preparer's ner	I declare that I have not complete. Declara	e examined this return, ation of preparer (other aintained by	including accompanyin r than officer) is based of y issuer	g schedules and state on all information of w	ements, and to the be thich preparer has any Check	est of my knowledge any knowledge.

Form **8937** (December 2011)
Department of the Treasury Internal Revenue Service

Report of Organizational Actions Affecting Basis of Securities

➤ See separate instructions.

Part I Reporting Issuer	
1 Issuer's name	2 Issuer's employer identification number (EIN)
	, ,
AIC II - HANCOCK HORIZON DIVERSIFIED INCOME FUND	46-0633089
3 Name of contact for additional information 4 Telephone No. of contact	5 Email address of contact
THE HANCOCK HORIZON FUNDS 1-800-990-2434	
6 Number and street (or P.O. box if mail is not delivered to street address) of contact	7 City, town, or post office, state, and Zip code of contact
ONE FREEDOM VALLEY DRIVE	OAKS, PA 19456
8 Date of action 9 Classification and description	,
03/31/2017 NON-TAXABLE RETURN OF CAP	ITAL DISTRIBUTION
10 CUSIP number 11 Serial number(s) 12 Ticker symbol	13 Account number(s)
SEE LINE 14 BELOW HHICX, HHIAX, HHIIX	
Part II Organizational Action Attach additional statements if needed. See back of	of form for additional questions.
14 Describe the organizational action and, if applicable, the date of the action or the date agai	nst which shareholders' ownership is measured for
the action The Hancock Horizon Diversified Income Fund pa	id a non-taxable return of
capital distribution on 03/31/2017 to shareholders of reco	ord as of 03/29/2017. The
percentage of the non-taxable return of capital distributi	
record as of 03/29/2017 is 62.18% of the total amount of t	he distribution for each
class given below:	
CUSIP CLASS	
41012R670 INSTITUTIONAL	
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 The total non-taxable return of	
distribution paid to shareholders of record on 03/29/2017	was as follows:
CUSIP CLASS PER SHARE	
41012R670 INSTITUTIONAL 0.0321	
41012R662 CLASS A 0.0304	
41012R654 CLASS C 0.0252	
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 line 15 above for per share information	n, such as the market values of securities and the . The rate was determined in
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valuation dates ▶ See line 15 above for per share information	n, such as the market values of securities and the The rate was determined in

7 List	the applicable Internal Revenue Code section(s) and subsection(s) upon which the tax treatment is	based ▶ <u>IRC 301 & 316</u>
8 Can	any resulting loss be recognized? Not applicable to this transaction.	. No loss would be
recogn:	ized on the return of capital distribution. The shareholde	
oe adji	usted to reflect the return of capital distribution which	may affect realized
gain o	r loss upon disposition of the shares.	
9 Prov	vide any other information necessary to implement the adjustment, such as the reportable tax year	The information
provide	ed herein will be provided to each shareholder on their 20	
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provide	ed herein will be provided to each shareholder on their 20	
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provide	ed herein will be provided to each shareholder on their 20	
provide	ed herein will be provided to each shareholder on their 20	
provid	ed herein will be provided to each shareholder on their 20 ent, Box 3.	017 Form 1099 DIV
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Sign Here	ed herein will be provided to each shareholder on their 20 ent, 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 Signature a signed copy maintained by issuer Print your name ▶ STEPHEN CONNORS Print/Type preparer's name Preparer's signature Date Preparer's signature	atements, and to the best of my knowledge and which preparer has any knowledge. TREASURER, CONTROLLER & CFO Check if PTIN

Department of the Treasury

Report of Organizational Actions Affecting Basis of Securities

Internal Revenue Service	See separate instructions.	
Part I Reporting Issuer		·
1 Issuer's name		2 Issuer's employer identification number (EIN)
AIC II - HANCOCK HORIZON DI	VERSIETED INCOME FIND	46-0633089
3 Name of contact for additional information	4 Telephone No. of contact	5 Email address of contact
• Name of contact for additional information	4 receptione No. of contact	5 Email address of contact
	1 000 000 0404	
THE HANCOCK HORIZON FUNDS	1-800-990-2434	
6 Number and street (or P.O. box if mail is no	of delivered to street address) of contact	7 City, town, or post office, state, and Zip code of contact
ONE FREEDOM VALLEY DRIVE		OAKS, PA 19456
8 Date of action	9 Classification and description	
04/28/2017	NON-TAXABLE RETURN OF C	APITAL DISTRIBUTION
10 CUSIP number 11 Serial number	mber(s) 12 Ticker symbol	13 Account number(s)
SEE LINE 14 BELOW	HHICX, HHIAX, HHII	
	additional statements if needed. See bac	
		•
		against which shareholders' ownership is measured for
		paid a non-taxable return of
capital distribution on 04/2		
percentage of the non-taxabl	<u>e return of capital distribu</u>	ntion paid to shareholders of
record as of 04/26/2017 is 6	2.18% of the total amount of	the distribution for each
class given below:		
CUSIP CLASS		
41012R670 INSTITUTIONAL		
41012R662 CLASS A		
41012R654 CLASS C		
TIOIZIOST CHASS C		
15 Describe the quantitative effect of the org	ganizational 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 total non-taxable return	of capital portion of the
distribution paid to shareho		
CUSIP CLASS PE	R SHARE	
41012R670 INSTITUTIONAL 0.	0292	
	0275	
	0229	
41012NOJ4 CLASS C U.	0223	
16 Describe the calculation of the change in	hasis and the data that supports the calcula	ation, such as the market values of securities and the
See line 15 a	hove for her share informati	Lon. The rate was determined in
		on, the race was accermined in
accordance with with IRC 301	α JIU	

7 List	the applicable Internal Revenue Code section(s) and subsection(s) upon which the tax treatment	t is based ▶ <u>IRC 301 & 316</u>
• 0	any resulting loss be recognized? Not applicable to this transaction	n No loss would be
8 Can	any resulting loss be recognized? NOT applicable to this transaction ized on the return of capital distribution. The sharehol	
	usted to reflect the return of capital distribution whic	
	r loss upon disposition of the shares.	may affect feafized
, , , , , , , , , , , , , , , , , , , ,	1 1000 apon aloposition of one shalos.	
9 Prov	vide any other information necessary to implement the adjustment, such as the reportable tax yea	The information
provid	ed herein will be provided to each shareholder on their	al
rovid	vide any other information necessary to implement the adjustment, such as the reportable tax yea ed herein will be provided to each shareholder on their ent, Box 3.	al
provid	ed herein will be provided to each shareholder on their	al
rovid	ed herein will be provided to each shareholder on their	al
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provid	ed herein will be provided to each shareholder on their	al
provid	ed herein will be provided to each shareholder on their ent, Box 3.	2017 Form 1099 DIV
provid	ed herein will be provided to each shareholder on their	2017 Form 1099 DIV
provid	ed herein will be provided to each shareholder on their ent, Box 3. Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and	2017 Form 1099 DIV
Sign	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information. A signed copy is maintained by issuer	2017 Form 1099 DIV
Sign	ed herein will be provided to each shareholder on their ent, Box 3. Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and	2017 Form 1099 DIV
provide	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information Signature A signed copy is maintained by issuer Date	2017 Form 1099 DIV d statements, and to the best of my knowledge and n of which preparer has any knowledge.
Sign	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information. A signed copy is maintained by issuer	2017 Form 1099 DIV d statements, and to the best of my knowledge and of which preparer has any knowledge. TREASURER, CONTROLLER & CFO
Sign	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information Signature A signed copy is maintained by issuer Print your name STEPHEN CONNORS Title	d statements, and to the best of my knowledge and of which preparer has any knowledge. TREASURER, CONTROLLER & CFO Check if PTIN
Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information Signature A signed copy is maintained by issuer Print your name STEPHEN CONNORS Print/Type preparer's name Preparer's signature Date	d statements, and to the best of my knowledge and nof which preparer has any knowledge. TREASURER, CONTROLLER & CFO Check if PTIN self-employed
Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information Signature A signed copy is maintained by issuer Print your name STEPHEN CONNORS Print/Type preparer's name Preparer's signature Date	d statements, and to the best of my knowledge and of which preparer has any knowledge. TREASURER, CONTROLLER & CFO Check if PTIN