

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 301, 316**

Blank lines for listing Internal Revenue Code sections.

18 Can any resulting loss be recognized? ▶ **No Loss Can Be Recognized By The Shareholders**

Blank lines for providing information regarding loss recognition.

19 Provide any other information necessary to implement the adjustment, such as the reportable tax year ▶ **The Information Provided Above Will Be Provided On The Shareholder's 2017 1099-Div Statement, Box 3.**

Blank lines for providing other necessary information.

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.

Sign Here
Signature ▶ *John R Vogel* Date ▶ 10 / 24 / 2017

Paid Preparer Use Only	Print your name ▶ John Vogel	Preparer's signature	Title ▶ CFO/ CIO	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Print/Type preparer's name				Firm's EIN ▶	
	Firm's name ▶				Phone no.	
	Firm's address ▶					

Alpha Architect Value Momentum Trend ETF
82-0794573
FYE 09/30/2017

Record Date	Ex Date	Payable Date	Total Dividend	Return of Capital	Return of Capital %
09/26/17	09/25/17	10/02/17	0.09483209	0.00129446	1.3650%
			0.09483209	0.00129446	