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|-------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------|
| <div>FORM N-PX FILER INFORMATION</div> <div>Form N-PX</div> | <div>UNITED STATES<br/>SECURITIES AND EXCHANGE<br/>COMMISSION<br/>Washington, D.C. 20549</div> <div>FORM N-PX<br/>ANNUAL REPORT OF PROXY VOTING<br/>RECORD</div> | <div>OMB APPROVAL</div> <div>OMB Number:3235-0582</div> <div>Estimated average burden<br/>hours per response: 20.8</div> |
|-------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------|

N-PX: Filer Information

|                                                                                 |                                          |
|---------------------------------------------------------------------------------|------------------------------------------|
| Filer CIK:                                                                      | 0001644419                               |
| Filer CCC:                                                                      | *****                                    |
| Date of Report:                                                                 | 06/30/2026                               |
| Are you a Registered Management Investment Company or an Institutional Manager? | Registered Management Investment Company |
| Filer Investment Company Type                                                   | Form N-1A Filer (Mutual Fund)            |
| Is this a LIVE or TEST Filing?                                                  | LIVE                                     |
| Is this an electronic copy of an official filing submitted in paper format?     | <input type="checkbox"/>                 |

Submission Contact Information

|                |                    |
|----------------|--------------------|
| Name           | BluGiant           |
| Phone          | 312-248-8254       |
| E-mail Address | edgar@blugiant.com |

Notification Information

|                                 |                          |
|---------------------------------|--------------------------|
| Notify via Filing Website only? | <input type="checkbox"/> |
| Notification E-mail Address:    | edgar@blugiant.com       |

N-PX: Series/Class (Contract) Information

|                    |                                               |
|--------------------|-----------------------------------------------|
| All?               | <input type="checkbox"/>                      |
| Series ID Record 1 |                                               |
| Series ID          | S000054990 LGM Risk Managed Total Return Fund |
| All?               | <input type="checkbox"/>                      |
| Class ID Record 1  |                                               |
| Class ID           | C000172959                                    |
| Class ID Record 2  |                                               |
| Class ID           | C000172960                                    |

N-PX: Cover Page

Name and address of reporting person:

|                                                                                                                                     |                               |
|-------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|
| Name of reporting person (For registered management investment companies, provide exact name of registrant as specified in charter) | Northern Lights Fund Trust IV |
| Street 1                                                                                                                            | 17605 WRIGHT STREET           |
| Street 2                                                                                                                            | SUITE 200                     |
| City                                                                                                                                | OMAHA                         |

|                                                            |            |
|------------------------------------------------------------|------------|
| State/Country                                              | NE         |
| Zip code and zip code extension or foreign postal code     | 68154-1150 |
| Telephone number of reporting person, including area code: | 811-23066  |

Name and address of agent for service:

|                                                        |                                    |      |
|--------------------------------------------------------|------------------------------------|------|
| Name of agent for service                              | The Corporation Trust Company      |      |
| Street 1                                               | 1209 Orange Street                 |      |
| Street 2                                               |                                    |      |
| City                                                   | Wilmington                         |      |
| State/Country                                          | DE                                 |      |
| Zip code and zip code extension or foreign postal code | 19801                              |      |
| Reporting Period:                                      | Report for the year ended June 30, | 2026 |
| SEC Investment Company Act or Form 13F File Number:    | 333-204808                         |      |
| CRD Number (if any):                                   |                                    |      |
| Other SEC File Number (if any):                        | 333-204808                         |      |
| Legal Entity Identifier (if any):                      | 549300UIBIHXQ3PDEC28               |      |

Report Type (check only one):

|                                                                                      |                                                                                                                                                                                                       |
|--------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                                                                      | Registered Management Investment Company.                                                                                                                                                             |
| <input type="checkbox"/>                                                             | Fund Voting Report (Check here if the registered management investment company held one or more securities it was entitled to vote.)                                                                  |
| <input checked="" type="checkbox"/>                                                  | Fund Notice Report (Check here if the registered management investment company did not hold any securities it was entitled to vote.)                                                                  |
|                                                                                      | Institutional Manager.                                                                                                                                                                                |
| <input type="checkbox"/>                                                             | Institutional Manager Voting Report (Check here if all proxy votes of this reporting manager are reported in this report.)                                                                            |
| <input type="checkbox"/>                                                             | Institutional Manager Notice Report (Check here if no proxy votes are reported in this report and complete the notice report filing explanation section below)                                        |
| <input type="checkbox"/>                                                             | Institutional Manager Combination Report (Check here if a portion of the proxy votes for this reporting manager are reported in this report and a portion are reported by other reporting person(s).) |
| Do you wish to provide explanatory information pursuant to Special Instruction B.4?: | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                                   |
| Additional information:                                                              |                                                                                                                                                                                                       |

N-PX: Summary - Included Series

|                                 |                                    |
|---------------------------------|------------------------------------|
| Number of Series:               | 1                                  |
| Information about the Series: 1 |                                    |
| Series Identification Number:   | S000054990                         |
| Series Name:                    | LGM Risk Managed Total Return Fund |
| LEI:                            | 549300N2LKIUKPGU2W67               |

N-PX: Signature Block

|                   |                               |
|-------------------|-------------------------------|
| Reporting Person: | Northern Lights Fund Trust IV |
|-------------------|-------------------------------|

By (Signature):

Wendy Wang

By (Printed Signature):

Wendy Wang

By (Title):

President

Date:

07/21/2026