Form **8937**

Department of the Treasury

Report of Organizational Actions Affecting Basis of Securities

► See separate instructions.

OMB No. 1545-2224

Part I Reporting I	ssuer		iw			
1 Issuer's name			2 Issuer's employer identification number (EIN)			
IQ U.S. REAL ESTATE SMA	ALL CAP ETE		45-2218149			
			Telephone No. of contact		5 Email address of contact	
ADEFOLAHAN OYEFESO (914) 697-4 6 Number and street (or P.O. box if mail is not delivered to street address)					AOYEFESO@INDEXIQ.COM	
6 Number and street (or P	.O. box if mail is not	delivered to s	street address) of contact		7 City, town, or post office, state, and Zip code of contact	
800 WESTCHESTER AVE.	SUITE S-710		RYE BROOK, NY 10573			
8 Date of action 9 Classification and description						
	Power and Vision Co.					
06/28/2016, 09/28/2016, 01/			REGULATED INVESTME	ENT C		
10 CUSIP number	11 Serial number(s)	12 Ticker symbol		13 Account number(s)	
45409B628	45409B628 N/A		ROOF		N/A	
					ck of form for additional questions.	
_				_	inst which shareholders' ownership is measured for	
the action ► THE FU	ND PAID DISTRIBU	ITIONS TO SI	HAREHOLDERS IN JUNE A	AND SI	EPTEMBER OF 2016 IN ADDITION TO JANUARY	
AND MARCH OF 2017. A P	ORTION OF THOSE	DISTRIBUT	ONS CONSTITUTE NON-TA	AXAB	LE RETURN OF CAPITAL.	
						
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9						
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15 Describe the quantitat	ive effect of the orga	nizational act	ion on the basis of the secur	rity in t	the hands of a U.S. taxpayer as an adjustment per	
•					DUCED BY 23.41% OF THE TOTAL	
					Y OF 2017. THE BASIS OF THE SECURITY	
SHOULD BE REDUCED BY	100.00% OF THE 1	TOTAL DISTR	RIBUTION RECEIVED IN MA	ARCH	2017.	
					such as the market values of securities and the	
					ASSOCIATED WITH THE 2016 FUND TAX YEAR	
WHICH ARE IN EXCESS OF	THE CURRENT Y	EAR AND AC	CUMULATED EARNINGS A	AND P	PROFITS.	
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Par	30	Organizational Action (co	ntinued)		
17 AND :			e section(s) and subsection(s) upon whi	ch the tax treatment is based ▶	I.R.C. SECTIONS 301(c)(2)
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18	Can ar	ny resulting loss be recognized? ▶	N/A	<u> </u>	
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19	Provid	e any other information necessary	to implement the adjustment, such as t	he reportable tax year ▶ N/A	
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				9	
					,
	Lind	ler penalties of perium. I declare that I	have examined this return, including accomp	panying schedules and statements	and to the best of my knowledge, and
	belie	ef, it is true, correct, and complete. Dec	claration of preparer (other than officer) is bas	ed on all information of which prepa	rer has any knowledge.
Sign		A Lat	(m)	Λ	4
Here	Sigr	nature > Holy		Date ► #U91	st 2, 2017
			<u> </u>	0	
	Prin	t your name ► ADEFOLAHAN OYE		Title ► VICE PRE	
Paid		Print/Type preparer's name	Preparer's signature	Date	Check if PTIN
Prepare					self-employed
Use	Only				Firm's EIN ▶
Cond I	Earm 0	Firm's address >	ements) to: Department of the Treasury	Internal Revenue Service Odd	Phone no.