

**Report of Organizational Actions  
 Affecting Basis of Securities**

▶ See separate instructions.

**Part I Reporting Issuer**

1 Issuer's name IQ US REAL ESTATE SMALL CAP ETF		2 Issuer's employer identification number (EIN) 45-2218149	
3 Name of contact for additional information DAVID FOGEL	4 Telephone No. of contact (914) 697-4945	5 Email address of contact dfogel@indexiq.com	
6 Number and street (or P.O. box if mail is not delivered to street address) of contact 800 WESTCHESTER AVE. SUITE S-710		7 City, town, or post office, state, and Zip code of contact RYE BROOK, NY 10573	
8 Date of action 01/05/2015	9 Classification and description SHARES - REGULATED INVESTMENT COMPANY		
10 CUSIP number 45409B628	11 Serial number(s) N/A	12 Ticker symbol ROOF	13 Account number(s) N/A

**Part II Organizational Action** Attach additional statements if needed. See back of form for additional questions.

14 Describe the organizational action and, if applicable, the date of the action or the date against which shareholders' ownership is measured for the action ▶ THE FUND PAID A DISTRIBUTION TO SHAREHOLDERS IN JANUARY OF 2015. A PORTION OF THIS DISTRIBUTION CONSTITUTES NON-TAXABLE RETURN OF CAPITAL.

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 BASIS OF THE SECURITY SHOULD BE REDUCED BY 35.70% OF THE TOTAL DISTRIBUTION RECEIVED IN JANUARY.

16 Describe the calculation of the change in basis and the data that supports the calculation, such as the market values of securities and the valuation dates ▶ THE NON-DIVIDEND DISTRIBUTIONS REPRESENT DISTRIBUTIONS ASSOCIATED WITH THE 2014 FUND TAX YEAR WHICH ARE IN EXCESS OF THE ESTIMATED CURRENT YEAR AND ACCUMULATED EARNINGS AND PROFITS.

**Part II Organizational Action** (continued)

17 List the applicable Internal Revenue Code section(s) and subsection(s) upon which the tax treatment is based ▶ I.R.C. SECTION 301(c)(2).

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18 Can any resulting loss be recognized? ▶ N/A

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19 Provide any other information necessary to implement the adjustment, such as the reportable tax year ▶ N/A

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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 ▶ *David L Fogel* Date ▶ 1/16/15  
Print your name ▶ DAVID FOGEL Title ▶ EXECUTIVE VP

**Paid Preparer Use Only**

Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
Firm's name ▶	Firm's EIN ▶		Phone no.	
Firm's address ▶				