See separate instructions.

Part I Reporting Issuer

1 Issuer's name	2 Issuer's employer identification number (EIN) 47-1214084			
INFRACAP MLP ETF				
3 Name of contact for additional information 4	Telephone No. of contact	5 Email address of contact		
BRINTON W. FRITH	212.593.4383			
6 Number and street (or P.O. box if mail is not d	elivered to street address) of contact	7 City, town, or post office, state, and ZIP code of contact		
1540 BROADWAY, 16TH FLOOR		NEW YORK, NY 10036		
8 Date of action	9 Classification and description			
3/31/2020	1 FOR 10 REVERSE STOCK SPLIT			
10CUSIP number11Serial number(s)	12 Ticker symbol	13 Account number(s)		
26923G103	AMZA			
Part II Organizational Action Attach	additional statements if needed. See	back of form for additional questions.		
14 Describe the organizational action and, if app	plicable, the date of the action or the date a	against which shareholders' ownership is measured for		
the action < ON MARCH 31, 2020 INFRAC	AP MLP ETF ("AMZA") EFFECTED A ON	NE-FOR-TEN REVERSE STOCK SPLIT FOR ITS		
SHARES. PURSUANT TO THE STOCK SPLIT, E	VERY TEN (10) SHARES OF ISSUED AN	D OUTSTANDING SHARES AUTOMATICALLY		
CONVERT TO ONE (1) SHARE. NO FRACTIONA	L SHARES WERE ISSUED IN THE STOC	K SPLIT. INSTEAD SHAREHOLDERS OTHERWISE		
ENTITLED TO RECEIVE FRACTIONAL SHARES	WERE TREATED AS THOUGH SUCH FF	ACTIONAL SHARES WERE REDEEMED.		

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 ► <u>THE STOCK SPLIT WILL BE TREATED AS A TAX-FREE REORGANIZATION UNDER IRC</u>

SECTION 368. SHAREHOLDERS ARE REQUIRED TO ALLOCATE THEIR AGGREGATE TAX BASIS IN THE EXISTING SHARES HELD IMMEDIATELY PRIOR TO THE STOCK SPLIT AMONG THE SHARES HELD IMMEDIATELY AFTER THE STOCK SPLIT. SHAREHOLDERS WHO RECEIVE CASH IN LIEU OF FRACTIONAL SHARES WILL BE TREATED AS HAVING SUCH FRACTIONAL SHARES REDEEMED IN A TRANSACTION ASSUMED TO RESULT IN A SALE OF SUCH FRACTIONAL SHARES.

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 ► SEE ANSWER TO LINE 15.

THE BASIS OF THE SHAREHOLDER'S TOTAL INVESTMENT WILL REMAIN THE SAME AFTER THE REVERSE STOCK SPLIT, BUT THE BASIS PER SHARE WILL BE IMPACTED. BECAUSE NO FRACTIONAL SHARES WERE ISSUED, THE AGGREGATE TAX BASIS OF AMZA COMMON STOCK HELD BY A SHAREHOLDER IMMEDIATELY AFTER THE REVERSE STOCK SPLIT COULD BE LESS THAN THE PRE-SPLIT AGGREGATE TAX BASIS BY AN AMOUNT EQUAL TO THE AGGREGATE TAX BASIS ALLOCATED TO THE FRACTIONAL SHARES, IF ANY.

Form	8937	(12-	·201	7
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Part II Organizational Action (continued)

List the applicable Internal Revenue Code section(s) and subsection(s) upon which the tax treatment is based ►
 IRC SECTIONS 354, 358, 368, 1001, AND 1012

18 Can any resulting loss be recognized? A SHAREHOLDER WILL NOT RECOGIZE GAIN OR LOSS FOR U.S. FEDERAL INCOME TAX PURPOSES AS A RESULT OF THE REVERSE STOCK SPLIT, EXCEPT IN RESPECTS OF CASH PAYMENTS RECEIVED IN LIEU OF FRACTIONAL SHARES. IN GENERAL, A SHAREHOLDER WHO RECEIVES CASH PAYMENTS IN LIEU OF FRANCTIONAL SHARES WILL RECOGNIZE A CAPITAL GAIN OR LOSS EQUAL TO THE DIFFERENCE BETWEEN THE CASH RECEIVED IN LIEU OF THE FRACTIONAL SHARES AND THE PORTION OF THE SHAREHOLDER'S TAX BASIS OF THE PRE-SPLIT SHARES THAT IS ALLOCABLE TO THE FRACTIONAL SHARES.

19 Provide any other information necessary to implement the adjustment, such as the reportable tax year ► THE REPORTABLE YEAR IS 2020 FOR TAXPAYERS REPORTING TAXABLE INCOME ON A CALENDAR BASIS. FOR SHAREHOLDERS REPORTING TAXABLE INCOME ON A BASIS OTHER THAN CALENDAR YEAR, THE REPORTABLE TAX YEAR IS THE SHAREHOLDER'S TAX YEAR THAT INCLUDES MARCH 31, 2020.

	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	A SIGNED COPY OF THIS FORM IS MAINTAINED Signature AT THE OFFICES OF THE TAX PAYER							
	Print	your name	►		Title ►			
Paid Prepa	aror	Print/Type preparer's name ADAM MAGANA		Preparer's signature	Date	Check if if self-employed	PTIN P00893133	
Use O						Firm's EIN ►	34-1912961	
0000	,, y	Firm's address OFFICES LISTED AT WWW.COHENCPA.COM				Phone no.	800-229-1099	
Send Fo	orm 89	37 (inclue	ding accompanying staten	nents) to: Department of the Treasury,	Internal Revenue Service, Og	den, UT 84201-	0054	