See separate instructions.

## Part I Reporting Issuer

1	Issuer's name	2 Issuer's employer identification number (EIN)	2 Issuer's employer identification number (EIN)		
MA	AINGATE MLP FUND	27-6896939	27-6896939		
3 Name of contact for additional information		4 Telephone No. of contact		5 Email address of contact	_
AN	IGELA A. TER MAAT	414-287-3013		angela.termaat@usbank.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 conta	ct
77	7 EAST WISCONSIN AVENUE 5TH FLOOR	MILWAUKEE, WISCONSIN 53202			
8	Date of action	9 Class	sification and description		
<u>01</u> /	/27/2014, 04/25/2014, 07/25/2014, 10/27/2014	NONTA	ABLE RETURN OF CAP	ITAL DISTRIBUTION	
10	CUSIP number <b>11</b> Serial number	s)	12 Ticker symbol	13 Account number(s)	
	560599201		IMLPX		
Ρ				See back of form for additional questions.	
14	-			date against which shareholders' ownership is measured for	
	the action <a>THE MAINGATE MLP FUN</a>	D PAID A NO	NTAXABLE RETURN OF	CAPITAL DISTRIBUTION ON 01/27/2014, 04/25/2014,	
07/	25/2014, AND 10/27/2014 TO SHAREHOLD	ERS OF REC	ORD ON 01/23/2014, 04/2	23/2014, 07/23/2014, AND 10/23/2014 (EX DATE 01/24/2014,	
04/	/24/2014, 07/24/2014, AND 10/24/2014). THE	ESTIMATED	PERCENT OF THE NON	TAXABLE RETURN OF CAPITAL DISTRIBUTION PAID TO	
SH	AREHOLDERS OF RECORD ON 01/23/2014	, 04/23/2014,	07/23/2014, AND 10/23/2	2014 IS 90.96 PERCENT OF THE TOTAL DIVIDEND AMOUN	Τ.
<u>SH</u>	AREHOLDERS OF RECORD ON 01/23/2014	I, 04/23/2014,	07/23/2014, AND 10/23/2	2014 IS 90.96 PERCENT OF THE TOTAL DIVIDEND AMOUN	<u>T.</u>

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 <a href="https://www.metcapetrum.com/the-basis-the-basis-text-adjustment-tex-adjustment-text-adjustment-tex-adjustment-tex-adjustm

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 BASIS IS LOWERED BY THE PER SHARE AMOUNT OF 0.143257 FOR THE SHAREHOLDERS OF RECORD ON 01/23/2014, 01/23/2014, 07/23/2014, AND 10/23/2014. THE RATE WAS DETERMINED IN ACCORDANCE WITH IRC §301 AND IRC §316.

It II       Organizational Action (continued)         List the applicable Internal Revenue Code section(s) and subsection(s) upon which the tax treatment is based ▶       IRC 55 301, 316         It is the applicable Internal Revenue Code section(s) and subsection(s) upon which the tax treatment is based ▶       IRC 55 301, 316         It is the applicable Internal Revenue Code section(s) and subsection(s) upon which the tax treatment is based ▶       IRC 55 301, 316         It is the applicable Internal Revenue Code section(s) and subsection(s) upon which the tax treatment is based ▶       IRC 55 301, 316         It is the applicable Internal Revenue Code section(s) and subsection(s) upon which the tax treatment is based ▶       IRC 55 301, 316         It is the applicable Internal Revenue Code section(s) and subsection(s) upon which the tax treatment is based ▶       IRC 55 301, 316         Can any resulting loss be recognized? ▶       NO LOSS CAN BE RECOGNIZED ON THE DISTRIBUTIONS PAID ON 01/27/2014, 04/25/2014, 25/2014, 25/2014, 04/2				Page
Can any resulting loss be recognized? ► <u>NO LOSS CAN BE RECOGNIZED ON THE DISTRIBUTIONS PAID ON 01/27/2014, 04/25/2014,</u> 25/2014, AND 10/27/2014 TO THE SHAREHOLDERS OF RECORD ON 01/23/2014, 04/23/2014, 07/23/2014, AND 10/23/2014. POTENTIAL GA Y RESULT IF SHAREHOLDER HAS A ZERO BASIS.	Par	t II	Organizational Action (continued)	
25/2014, AND 10/27/2014 TO THE SHAREHOLDERS OF RECORD ON 01/23/2014, 04/23/2014, 07/23/2014, AND 10/23/2014. POTENTIAL GA Y RESULT IF SHAREHOLDER HAS A ZERO BASIS.	7	List the	e applicable Internal Revenue Code section(s) and subsection(s) upon which the tax treatment is based  IRC §§ 301, 316	
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Provide any other information necessary to implement the adjustment, such as the reportable tax year ► THE INFORMATION PROVIDED				
OVE WILL BE PROVIDED ON THE SHAREHOLDERS 2014 1099 DIV STATEMENT BOX 3.				
	80\	/E WIL	L BE PROVIDED ON THE SHAREHOLDERS 2014 1099 DIV STATEMENT BOX 3.	

	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	Signa	ture ►		Date ►	Date ►				
	Print	your name 🕨		Title ►					
Paid Prepa	rer	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed	PTIN			
Use C						Firm's EIN ►			
	, <b>y</b>	Firm's address ►				Phone no.			
Send Fo	rm 89	37 (including accompanying state	ments) to: Department of the Treasury,	Internal Revenue Service, C	Ogden, UT 84201-	0054			