## Form **8937**

(December 2011)
Department of the Treasury
Internal Revenue Service

## Report of Organizational Actions Affecting Basis of Securities

► See separate instructions.

OMB No. 1545-2224

Part I Reporting	ssuer						
1 Issuer's name				2 Issuer's employer identification number (EIN			
THE OUGHNIO MED DOCM	SED ELIND			27-3164429			
THE CUSHING MLP PREMI		5 Email address of contact					
3 Name of contact for additional information 4 Telephone No. of contact							
ANGELA A. TER MAAT			414-287-3013	angela.termaat@usbank.com			
6 Number and street (or P	.O. box if mail is not	delivered to	street address) of contact	7 City, town, or post office, state, and Zip code of conta			
777 EAST WISCONSIN AVENUE 5TH FLOOR  8 Date of action  9 Classification and description				MILWAUKEE, WISCONSIN, 53202			
8 Date of action							
10/22/12 NONTAXABLE RETURN OF CAPITAL DISTRIBUTION							
10 CUSIP number	11 Serial number(		12 Ticker symbol				
23162P308	L.,		CSHZX				
				. See back of form for additional questions.			
				date against which shareholders' ownership is measured for			
				TURN OF CAPITAL DISTRIBUTION ON 01/23/12,			
				12, 07/19/12, 10/18/12. THE ESTIMATED PERCENT OF			
				ERS ON 01/19/12, 04/19/12, 07/19/12,			
10/18/12 IS 100 PERCENT	OF THE TOTAL AM	OUNT OF DI	/IDEND.				
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·	_			ecurity in the hands of a U.S. taxpayer as an adjustment per			
				OF CAPITAL PORTION OF THE DIVIDEND PAID TO			
SHAREHOLDERS OF REC	ORD ON 01/19/12, 0	04/19/12, 07/1	9/12, 10/18/12 WAS 0.33	SU PER SHARE.			
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	_			lculation, such as the market values of securities and the			
				, 04/19/12, 07/19/12, 10/18/12 IS LOWERED BY THE PER			
	0 REFERENCED A	BOVE. THE I	RATE WAS DETERMINE	D IN ACCORDANCE WITH IRC SECTION 301 AND SECTION			
316.							
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Part		Organizational Action (continued)	
			IRC 301,316
	_		
18 0	an any	resulting loss be recognized? ► NO LOSS CAN BE RECOGNIZED BY THE SHAREHOLDERS OF REC	ORD ON 01/19/12.
		9/12, 10/18/12 FOR THE NONTAXABLE RETURN OF CAPITAL DISTRIBUTION RECEIVED.	9.13 9.11 9.11 9.11
04/13/1	2, 077	372, 10/10/12 FOR THE NORTHWANDLE REPORT OF GRAPHAE BIOTRIBOTION REGENERS.	
		any other information necessary to implement the adjustment, such as the reportable tax year ▶ THE INFO	ORMATION PROVIDED
<b>ABOVI</b>	E WILL	BE PROVIDED ON THE SHAREHOLDERS 2012 1099 DIV STATEMENT BOX 3.	
	ľ		the the best of my knowledge, and
	Unde	r penalties of perjury, declare that I have examined this return, including accompanying schedules and statements, and it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer	has any knowledge.
Sign	500	In An	,
Here		ture ▶ Date ▶ 10/0∂	112
11010	Signa	ture▶Date ▶Date	110
		Who Alban	
	Print	your name ► OVIN PLOOV  Print/Type preparer's name Preparer's signature Date Cr	PTIN
Paid		Or The Property of the Propert	neck if it it it is it i
Prep		'. I_	m's EIN ▶
Use	Only	Third Tights :	one no.
Sond F	orm or	Firm's address ► Properties of the Treasury, Internal Revenue Service, Ogden	- Annual India
OGITO F	OTHER DE	or proceeding accompanying statements, to, population of the fredesity, internal nevertee collect, ogasti	

## Form **8937**(December 2011) Department of the Treasury Internal Revenue Service

Report of Organizational Actions Affecting Basis of Securities

► See separate instructions.

OMB No. 1545-2224

Part I Reporting	Issuer	*-		
1 Issuer's name	IJJUÇI	***************************************	ALLEN MANAGEMENT AND	2 Issuer's employer identification number (EIN)
1 Issuer STRAINE				,
THE CUSHING MLP PREM	IER FUND			27-3164429
3 Name of contact for add		4 Telephor	e No. of contact	5 Email address of contact
ANGELA A. TER MAAT			414-287-3013	angela.termaat@usbank.com
6 Number and street (or P.O. box if mail is not delivered to street address) of contact				7 City, town, or post office, state, and Zip code of contact
777 EAST WISCONSIN AV	ENUE 5TH FLOOR	1		MILWAUKEE, WISCONSIN, 53202
8 Date of action		9 Class	sification and description	
40/00/40		NONTA.		DISTRICUISION
10/22/12 10 CUSIP number	11 Serial number(		(ABLE RETURN OF CAPITAL  12 Ticker symbol	13 Account number(s)
10 Ocon Hamber	11 Destarridinger(	3)	12 Hoker Symbol	Account Humber(s)
23162P100			CSHAX	
	nal Action Attac	ch additional	· h	back of form for additional questions.
				against which shareholders' ownership is measured for
				N OF CAPITAL DISTRIBUTION ON 01/23/12,
				7/19/12, 10/18/12. THE ESTIMATED PERCENT OF
				ON 01/19/12, 04/19/12, 07/19/12,
10/18/12 IS 100 PERCENT (				
			***************************************	
45 Barriera Atra anno Atra A		:		in the found of a U.O. Assessment on a different con-
				y in the hands of a U.S. taxpayer as an adjustment per
				APITAL PORTION OF THE DIVIDEND PAID TO
SHAKEHOLDERS OF RECO	JRD ON 01/19/12, 0	14/19/12, 07/13	9/12, 10/18/12 WAS 0.3350 PI	EK SHAKE.
			<del> </del>	
· · · · · · · · · · · · · · · · · · ·				
	-			ion, such as the market values of securities and the
valuation dates ► THE	BASIS OF SHARE	HOLDERS OF	F RECORD ON 01/19/12, 04/1	9/12, 07/19/12, 10/18/12 IS LOWERED BY THE PER
SHARE AMOUNT OF 0.3350	REFERENCED AE	BOVE. THE R	ATE WAS DETERMINED IN	ACCORDANCE WITH IRC SECTION 301 AND SECTION
316.	•			
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Form 8		v. 12-2011)			Page 2
Part	i II	Organizational Action (continued)			
17	List the	applicable Internal Revenue Code section(s) and subsection(s) upon which the tax tr	eatment is based ▶	IRC 301	316
		resulting loss be recognized? ► NO LOSS CAN BE RECOGNIZED BY THE SHAF 19/12, 10/18/12 FOR THE NONTAXABLE RETURN OF CAPITAL DISTRIBUTION R		RECORD ON	01/19/12,
04/19/	12, 077	9/12, 10/16/12 FOR THE MONTAXABLE RETURN OF CAPITAL DISTRIBUTION R	ECEIVED.		
					·
-					
,					
		any other information necessary to implement the adjustment, such as the reportable	e tax year ► THE II	NFORMATIC	N PROVIDED
ABOV	E WILL	BE PROVIDED ON THE SHAREHOLDERS 2012 1099 DIV STATEMENT BOX 3.			
		penalties of perjury, I declare that I have examined this return, including accompanying scheduling			
Sign	belief	it is true, correct, and complete. Declaration of preparer (other than officer) is based on all inform	nation of which prepa	rer has any kn	owledge.
Here	Signa	ture >	Date   10/2	2/12	
	Jigila	LL MI	0	1.0	A)
	Print		Title Poto		IDTIN .
Paid		Print/Type preparer's name Preparer's signature	Date	Check if if self-employed	PTIN
Prep Use (		Firm's name ▶		Firm's EIN ▶	
J36 (	Ulliy	Firm's address ▶		Phone no.	

Send Form 8937 (including accompanying statements) to: Department of the Treasury, Internal Revenue Service, Ogden, UT 84201-0054