Form **8937**(December 2017) Department of the Treasury Internal Revenue Service

Report of Organizational Actions Affecting Basis of Securities

► See separate instructions.

OMB No. 1545-0123

Part I Reporting	ssuer			T T	
1 Issuer's name				2 Issuer's employer identification number (EIN)	
TODTOICE MIDOTDEAM S					
TORTOISE MIDSTREAM E 3 Name of contact for add		5 Email address of contact			
• Name of contact for aut	altional information	5 Email address of contact			
PAM KEARNEY			(866) 362-9331	TAXINFO@TORTOISEADVISORS.COM	
6 Number and street (or P	O. box if mail is not	7 City, town, or post office, state, and ZIP code of contact			
44550 ACH OTDEET OUT					
11550 ASH STREET, SUITE 8 Date of action	300	LEAWOOD, KS 66211			
o bate of detion		J Olass	ification and description		
11/30/2018		соммог	N STOCK		
10 CUSIP number	11 Serial number(s	s)	12 Ticker symbol	13 Account number(s)	
89148B101 Part II Organization	nal Action Attac	h additional	NTG	ack of form for additional questions.	
				gainst which shareholders' ownership is measured for	
				DNS TO COMMON SHAREHOLDERS DURING 2018	
INCLUDING A PORTION TH	HAT WAS DETERMI	NED TO BE I	NONTAXABLE UPON COMPUT	ATION OF NTG'S EARNINGS AND PROFITS	
AFTER THE TAX YEAR-EN					
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				the hands of a U.S. taxpayer as an adjustment per	
				REDUCED BY THE NONTAXABLE PORTION OF	
	SHARE, AS FOLLO	OWS: \$0.2218	ON 2/28/2018, \$0.2218 ON 5/3	1/2018, \$0.2218 ON 8/31/2018, AND \$0.2218 ON	
11/30/2018.					
-					
16 Describe the calculation	n of the change in b	acic and the d	ata that supports the calculation	, such as the market values of securities and the	
				APITAL AND REDUCE THE SHAREHOLDER'S BASIS	
				SIS ARE TREATED AS CAPITAL GAIN.	
	LL DIOTHIDOTION	THE EXOLOG	OF THE STRIKEHOEBER O BR	OIO ARE TREATED AS OAI THE GAIN.	
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Part		Organizational Action (continued	d)		, ago
	No work		-		
17 L	ist the	e applicable Internal Revenue Code section	on(s) and subsection(s) upon which the t	ax treatment is based >	TAX TREATMENT IS BASED
		RNAL REVENUE CODE SECTIONS 301(an troutinont to bacoa p	TAX TREATMENT TO BASE
			0) 11112 010(2).		
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18 C	an an	y resulting loss be recognized? ► N/A			
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1.					<u> </u>
19 Pi	rovide	any other information necessary to imple	ement the adjustment, such as the repo	rtable tax year ► N/A	
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_			Level 1		V-11
				1	
			940		
			\$		
_			9		
"	Unde	r penalties of perjury, I declare that I have exa	mined this return, including accompanying s	chedules and statements, a	nd to the best of my knowledge and
	belief	f, it is true, correct, and complete. Declaration o	of preparer (other than officer) is based on all i	nformation of which prepare	r has any knowledge.
Sign		1/2 / (.//			
Here	Signa	ature > // No // KSmm/		Date ► /-/4.	. 19
	J				•
	Print	your name ► BRAD ADAMS		Title ► CEO	
Doid		Print/Type preparer's name	Preparer's signature	Date	PTIN
Paid	MC				Check if Filly elf-employed
Prepa		Firm's name ▶	1		
Use C	nly	Firm's address ►			irm's EIN ▶
Send Fo	rm 80	37 (including accompanying statements)	to: Department of the Trossum, Internal		hone no.
Juliu I U	03	morading accompanying statements)	Doparamont of the freasury, internal	rioveriue dei vice, Ogue	1, 01 04201-0034