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

		D	1		•					
_	art I	Reporting	issuer				1			
1	Issuer's	name		2 Issuer's employer identification number (EIN)						
_	Nama	of contact for ad-	ditional information	4 T	olophono No. of cont	ant	5 Email address of contact			
3	Name of contact for additional information 4 1			4 1	Telephone No. of contact		5 Email address of contact			
6	Number	r and street (or F	P O box if mail is not	delive	ered to street address	s) of contact	7 City, town, or post office, state, and Zip code of conta			
Ŭ	Number and street (or P.O. box if mail is not delivered to street address) of contact						1 only, town, or post onlos, state, and Elp code of conta			
8	Date of action 9				9 Classification and	Classification and description				
10	CUSIP number 11 Serial number(s)			(s)	12 Ticker	symbol	13 Account number(s)			
P	art II	Organization	onal Action Atta	ch ad	ditional statements	if needed. S	See back of form for additional questions.			
14	Descr	ibe the organiza	itional action and, if a	applica	able, the date of the a	action or the d	date against which shareholders' ownership is measured for			
	the ac	ction ►								
15	Donor	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								
13			age of old basis ►	ailizati						
	Silaic	or as a percent	age of old basis F							
16	Descr	ibe the calculati	on of the change in b	oasis a	and the data that sup	ports the calcu	culation, such as the market values of securities and the			
	valuat	tion dates ►								

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Pai	t II	Organizational Action (contin	ued)		
17		applicable Internal Revenue Code se		nich the tax treatment is based I	
18	Can an	y resulting loss be recognized? ▶			
	our un				
19	Drovide	e any other information necessary to in	mplement the adjustment such as	the reportable tay year	
13	TTOVIGE	e any other information necessary to i	inplement the adjustifient, such as	The reportable tax year -	
		er penalties of perjury, I declare that I have ef, it is true, correct, and complete. Declarat			
Sia.		n, it is true, correct, and complete. Decidital	ion of proparet (other than officer) is ba-	sed on all information of which prep	are has any knowledge.
Sigr Her	ו	ature▶_ /s/ Sheri Morris		2 /	13/17
Her	Sign	ature - / 5/ BITCII FIOTIIS		Date ▶2/	13/11
	Dut. 1			TW- N	
		your name ► Print/Type preparer's name	Preparer's signature	Title ► Date	OL L D : PTIN
Paid			- 1,	1	Check if self-employed
	parer				
Use	Only	Firm's name ► Firm's address ►			Firm's EIN ► Phone no.
Send	Form 8	937 (including accompanying stateme	ents) to: Department of the Treasur	v. Internal Revenue Service Oc	•
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