## 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	lssuer						
1 Issuer's name					2 Issuer's employer identification number (EIN)		
					24.22.47		
MVC Capital, Inc.	Pitter of the Comment of		94-3346760				
3 Name of contact for add	altional information	4 releption	e No. of contact		5 Email address of contact		
Jackie Rothchild			914-510-9400		jackie@ttga.com		
6 Number and street (or F	P.O. box if mail is not		7 City, town, or post office, state, and ZIP code of contact				
287 Bowman Ave, 3rd Floo	or		Purchase, NY 10577				
8 Date of action		9 Class	ification and description	า			
10/31/18		NONTAV	ABLE RETURN OF CAI	DITAL DIS	TDIRLITION		
10 CUSIP number	11 Serial number		12 Ticker symbol		13 Account number(s)		
		/	, , , , ,		(,)		
553-829-102	N/A		MVC		N/A		
					k of form for additional questions.		
•				-	nst which shareholders' ownership is measured for		
		A NONTAXA	BLE RETURN OF CAPI	PITAL DISTI	RIBUTION TO THE SHAREHOLDERS OF RECORD		
ON THE DATES ATTACHE	D.						
15 Describe the quantitat	tive effect of the ora	anizational acti	on on the basis of the se	security in th	ne hands of a U.S. taxpayer as an adjustment per		
					EACH SUCH DIVIDEND WAS A RETURN OF		
					EHOLDER WOULD REDUCE THE HOLDER'S		
BASIS IN THE STOCK BY							
40 Describe the coloulati							
	•		• • •		such as the market values of securities and the		
					DIVIDEND NOTED ABOVE IS LOWERED BY THE		
	CLOSED IN THE A	TACHMENT.	THE RATE WAS DETE	-RIVIINED II	N ACCORDANCE WITH IRC SECTION 301 AND		
SECTION 316.							

Part		Organizational Action (continued)			
17 L		applicable Internal Revenue Code section		treatment is based ▶	IRC SECTIONS 301, 316
18 (	Can an	y resulting loss be recognized? ► NO LO	SS CAN BE DECOGNIZED BY THE SHA	ADEHOI DEDS OF DI	ECODD FOR THE
		LE RETURN OF CAPITAL DISTRIBUTION		KILLIOEDERS OF KI	LCOND FOR THE
	00.01				
		e any other information necessary to impler			FORMATION PROVIDED
ABOV	E VVILI	BE REFLECTED ON THE SHAREHOLD	ER S 2018 1099-DIV STATEMENT, BOX	. 3.	
	Unde	er penalties of perjury, I declare that I have exan	nined this return, including accompanying sche	edules and statements,	and to the best of my knowledge and
	belie	f, it is true, correct, and complete. Declaration of	preparer (other than officer) is based on all info	rmation of which prepar	er has any knowledge.
Sign					
Here	Sign	ature ▶		Date ►	
	_	your name ►  Print/Type preparer's name	Preparer's signature	Title ► Date	OL L D : PTIN
Paid					Check if
Prep		ERIC BYRNES  Firm's name ► DELOITTE TAX, LLP	1		1 01217002
Use	Only	Firm's name ► DELOITTE TAX, LLP  Firm's address ► 100 KIMBALL DRIVE F	PARSIPPANNY N I 07054		Firm's EIN ► 86-1065772  Phone no. 973-602-6000
Send F	orm 8	937 (including accompanying statements) t			

MVC Capital, Inc. 94-3346760 FYE 10/31/2018

MVC 553-829-102

					Return of
Record Date	Ex Date	Payable Date	<b>Total Dividend</b>	<b>Return of Capital</b>	Capital %
4/25/2018	4/23/2018	4/30/2018	0.15000000	0.15000000	100.0000%
7/26/2018	7/24/2018	7/31/2018	0.15000000	0.15000000	100.0000%
10/25/2018	10/23/2018	10/31/2018	0.15000000	0.15000000	100.0000%
			0.45000000	0.45000000	
					•