

Form **990-T**  
Department of the Treasury  
Internal Revenue Service

**Exempt Organization Business Income Tax Return**  
**(and proxy tax under section 6033(e))**  
For calendar year 2022 or other tax year beginning 07-01-2022 and ending 06-30-2023  
▶ Go to [www.irs.gov/Form990T](http://www.irs.gov/Form990T) for instructions and the latest information.  
▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

OMB No. 1545-0047  
**2022**  
Open to Public Inspection for 501(c)(3) Organizations Only

- A**  Check box if address changed.
- B** Exempt under section
  - 501(c3)
  - 408(e)  220(e)
  - 408A  530(a)
  - 529(a)  529A

**Print or Type**

Name of organization (  Check box if name changed and see instructions.)  
MCV Associated Physicians

Number, street, and room or suite no. If a P.O. box, see instructions.  
830 EAST MAIN STREET 2400

City or town, state or province, and ZIP or foreign postal code  
RICHMOND, VA 23219

**C** Book value of all assets at end of year . . . . ▶ 1,741,033,119

- D** Employer identification number  
54-1581185
- E** Group exemption number  
(see instructions)
- F**  Check box if an amended return.

- G** Check organization type ▶  501(c) corporation  501(c) trust  401(a) trust  Other trust State college/university
- H** Check if filing only to ▶  Claim credit from Form 8941  Claim a refund shown on Form 2439
- I** Check if a 501(c)(3) organization filing a consolidated return with a 501(c)(2) titleholding corporation . . . . ▶
- J** Enter the number of attached Schedules A (Form 990-T) **1** . . . . ▶ 1
- K** During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? . . . ▶  Yes  No  
If "Yes," enter the name and identifying number of the parent corporation ▶
- L** The books are in care of ▶ MIN CUMMINGS Telephone number ▶ (804) 827-0545  
PO BOX 980152  
RICHMOND, VA 23298

**Part I Total Unrelated Business Taxable Income**

<b>1</b>	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions) . . . . .	<b>1</b>	1,614
<b>2</b>	Reserved . . . . .	<b>2</b>	
<b>3</b>	Add lines 1 and 2 . . . . .	<b>3</b>	1,614
<b>4</b>	Charitable contributions (see instructions for limitation rules) . . . . .	<b>4</b>	4
<b>5</b>	Total unrelated business taxable income before net operating losses. Subtract line 4 from line 3 . . . . .	<b>5</b>	1,610
<b>6</b>	Deduction for net operating loss. See instructions . . . . .	<b>6</b>	0
<b>7</b>	Total of unrelated business taxable income before specific deduction and section 199A deduction. Subtract line 6 from line 5 . . . . .	<b>7</b>	1,610
<b>8</b>	Specific deduction (generally \$1,000, but see instructions for exceptions) . . . . .	<b>8</b>	1,000
<b>9</b>	<b>Trusts.</b> Section 199A deduction. See instructions . . . . .	<b>9</b>	
<b>10</b>	<b>Total deductions.</b> Add lines 8 and 9 . . . . .	<b>10</b>	1,000
<b>11</b>	<b>Unrelated business taxable income.</b> Subtract line 10 from line 7. If line 10 is greater than line 7, enter zero . . . . .	<b>11</b>	610

**Part II Tax Computation**

<b>1</b>	<b>Organizations taxable as corporations.</b> Multiply Part I, line 11 by 21% (0.21) . . . . . ▶	<b>1</b>	128
<b>2</b>	<b>Trusts taxable at trust rates.</b> See instructions for tax computation. Income tax on the amount on Part I, line 11 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041) . . . . . ▶	<b>2</b>	
<b>3</b>	<b>Proxy tax.</b> See instructions . . . . . ▶	<b>3</b>	
<b>4</b>	Other tax amounts. See instructions . . . . .	<b>4</b>	
<b>5</b>	Alternative minimum tax (trusts only) . . . . .	<b>5</b>	
<b>6</b>	<b>Tax on noncompliant facility income.</b> See instructions . . . . .	<b>6</b>	
<b>7</b>	<b>Total.</b> Add lines 3 through 6 to line 1 or 2, whichever applies . . . . .	<b>7</b>	128

Part III Tax and Payments

Table with 11 rows (1a-11) and 2 columns (Description, Amount). Includes foreign tax credit, other credits, total credits, total tax, and total payments.

Part IV Statements Regarding Certain Activities and Other Information (see instructions)

Table with 5 rows (1-5) and 2 columns (Yes/No). Includes questions about foreign accounts, distributions to foreign trusts, and NOL carryovers.

Part V Supplemental Information

Provide the explanation required by Part IV, line 6b. Also, provide any other additional information. See instructions.

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.

Sign Here: Signature of officer (DARRELL GRIFFITH), Date (2024-05-14), Title (COO TREASURER). Includes a box for IRS discussion consent.

Table for Preparer Information with 5 rows. Includes fields for name, address, date, and phone number.

**TY 2022 IncomeLossPartnershipSCorpSch****Name:** MCV Associated Physicians**EIN:** 54-1581185**Software ID:** 22016090**Software Version:** 2022v7.1**Total gross receipts**

Partnership or S Corporation name	Share of gross income	Share of deductions	Gain or loss
ENERGY TRANSFER LP	-1,438		-1,438
GREEN PLAINS PARTNERS LP	-750		-750
NGL ENERGY PARTNERS LP	-993		-993
STONELAKE OPPORTUNITY PARTNERS III LP	-282		-282

**Total share of gross income:** -3,463**Total share of deductions:** 0**Total gain or loss:** -3,463

**SCHEDULE A  
(Form 990-T)**

**Unrelated Business Taxable Income  
From an Unrelated Trade or Business**

OMB No. 1545-0047

**2022**

Department of the Treasury  
Internal Revenue Service

▶ Go to [www.irs.gov/Form990T](http://www.irs.gov/Form990T) for instructions and the latest information.  
▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for  
501(c)(3) Organizations Only

**A** Name of the organization  
MCV Associated Physicians

**B** Employer identification number  
54-1581185

**C** Unrelated business activity code (see instructions) ▶ 900099

**D** Sequence: 1 of 1

**E** Describe the unrelated trade or business ▶ PARTNERSHIP INVESTMENTS

Part I	Unrelated Trade or Business Income	(A) Income	(B) Expenses	(C) Net
<b>1a</b>	Gross receipts or sales <u>0</u>			
<b>b</b>	Less returns and allowances <u>0</u>			
<b>c</b>	Balance ▶	<b>1c</b>	0	
<b>2</b>	Cost of goods sold (Part III, line 8)	<b>2</b>	0	
<b>3</b>	Gross profit. Subtract line 2 from line 1c	<b>3</b>	0	0
<b>4a</b>	Capital gain net income (attach Sch D (Form 1041 or Form 1120)) (see instructions)	<b>4a</b>	1,806	1,806
<b>b</b>	Net gain (loss) (Form 4797) (attach Form 4797) (see instructions)	<b>4b</b>	3,271	3,271
<b>c</b>	Capital loss deduction for trusts	<b>4c</b>		
<b>5</b>	Income (loss) from a partnership or an S corporation (attach statement)	<b>5</b>	-3,463	-3,463
<b>6</b>	Rent income (Part IV)	<b>6</b>	0	0
<b>7</b>	Unrelated debt-financed income (Part V)	<b>7</b>	0	0
<b>8</b>	Interest, annuities, royalties, and rents from a controlled organization (Part VI)	<b>8</b>	0	0
<b>9</b>	Investment income of section 501(c)(7), (9), or (17) organizations (Part VII)	<b>9</b>	0	0
<b>10</b>	Exploited exempt activity income (Part VIII)	<b>10</b>	0	0
<b>11</b>	Advertising income (Part IX)	<b>11</b>	0	0
<b>12</b>	Other income (see instructions; attach statement)	<b>12</b>	0	0
<b>13</b>	<b>Total.</b> Combine lines 3 through 12	<b>13</b>	1,614	0
				1,614

**Part II** **Deductions Not Taken Elsewhere** (See instructions for limitations on deductions) Deductions must be directly connected with the unrelated business income

<b>1</b>	Compensation of officers, directors, and trustees (Part X)	<b>1</b>	0
<b>2</b>	Salaries and wages	<b>2</b>	0
<b>3</b>	Repairs and maintenance	<b>3</b>	0
<b>4</b>	Bad debts	<b>4</b>	0
<b>5</b>	Interest (attach statement) (see instructions)	<b>5</b>	0
<b>6</b>	Taxes and licenses	<b>6</b>	0
<b>7</b>	Depreciation (attach Form 4562) (see instructions)	<b>7</b>	0
<b>8</b>	Less depreciation claimed in Part III and elsewhere on return	<b>8a</b>	0
<b>9</b>	Depletion	<b>9</b>	0
<b>10</b>	Contributions to deferred compensation plans	<b>10</b>	0
<b>11</b>	Employee benefit programs	<b>11</b>	0
<b>12</b>	Excess exempt expenses (Part VIII)	<b>12</b>	0
<b>13</b>	Excess readership costs (Part IX)	<b>13</b>	0
<b>14</b>	Other deductions (attach statement)	<b>14</b>	0
<b>15</b>	<b>Total deductions.</b> Add lines 1 through 14	<b>15</b>	0
<b>16</b>	Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C)	<b>16</b>	1,614
<b>17</b>	Deduction for net operating loss (see instructions)	<b>17</b>	0
<b>18</b>	<b>Unrelated business taxable income.</b> Subtract line 17 from line 16	<b>18</b>	1,614

**Part III Cost of Goods Sold** Enter method of inventory valuation ►

<b>1</b>	Inventory at beginning of year . . . . .	<b>1</b>	0
<b>2</b>	Purchases . . . . .	<b>2</b>	0
<b>3</b>	Cost of labor . . . . .	<b>3</b>	0
<b>4</b>	Additional section 263A costs (attach statement) . . . . .	<b>4</b>	
<b>5</b>	Other costs (attach statement) . . . . .	<b>5</b>	0
<b>6</b>	<b>Total.</b> Add lines 1 through 5 . . . . .	<b>6</b>	0
<b>7</b>	Inventory at end of year . . . . .	<b>7</b>	0
<b>8</b>	<b>Cost of goods sold.</b> Subtract line 7 from line 6. Enter here and in Part I, line 2 . . . . .	<b>8</b>	0
<b>9</b>	Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>		

**Part IV Rent Income (From Real Property and Personal Property Leased with Real Property)**

**1** Description of property (property street address, city, state, ZIP code). Check if a dual-use (see instructions)

**A**  \_\_\_\_\_

**B**  \_\_\_\_\_

**C**  \_\_\_\_\_

**D**  \_\_\_\_\_

	<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>
<b>2</b> Rent received or accrued				
<b>a</b> From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%) . . . . .				
<b>b</b> From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income) . . . . .				
<b>c</b> Total rents received or accrued by property. Add lines 2a and 2b, columns A through D . . . . .				
<b>3</b> Total rents received or accrued. Add line 2c columns A through D. Enter here and on Part I, line 6, column (A) . . . . .				0
<b>4</b> Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) . . . . .				
<b>5</b> <b>Total deductions.</b> Add line 4 columns A through D. Enter here and on Part I, line 6, column (B) . . . . .				0

**Part V Unrelated Debt-Financed Income** (see instructions)

**1** Description of debt-financed property (street address, city, state, ZIP code). Check if a dual-use (see instructions)

**A**  \_\_\_\_\_

**B**  \_\_\_\_\_

**C**  \_\_\_\_\_

**D**  \_\_\_\_\_

	<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>
<b>2</b> Gross income from or allocable to debt-financed property . . . . .				
<b>3</b> Deductions directly connected with or allocable to debt-financed property				
<b>a</b> Straight line depreciation (attach statement)				
<b>b</b> Other deductions (attach statement) . . . . .				
<b>c</b> Total deductions (add lines 3a and 3b, columns A through D) . . . . .				
<b>4</b> Amount of average acquisition debt on or allocable to debt-financed property (attach statement) . . . . .				
<b>5</b> Average adjusted basis of or allocable to debt-financed property (attach statement) . . . . .				
<b>6</b> Divide line 4 by line 5 . . . . .	%	%	%	%
<b>7</b> Gross income reportable. Multiply line 2 by line 6				
<b>8</b> <b>Total gross income</b> (add line 7, columns A through D). Enter here and on Part I, line 7, column (A) . . . . .				0
<b>9</b> Allocable deductions. Multiply line 3c by line 6				
<b>10</b> <b>Total allocable deductions.</b> Add line 9, columns A through D. Enter here and on Part I, line 7, column (B) . . . . .				0
<b>11</b> <b>Total dividends-received deductions</b> included in line 10 . . . . .				0

**Part VI Interest, Annuities, Royalties, and Rents from Controlled Organizations** (see instructions)

1. Name of controlled organization	2. Employer identification number	Exempt Controlled Organizations			
		3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					

Nonexempt Controlled Organizations

7. Taxable income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				
<b>Totals</b> . . . . . ▶			Add columns 5 and 10. Enter here and on Part I, line 8, column (A)	Add columns 6 and 11. Enter here and on Part I, line 8, column (B)

0 0

**Part VII Investment Income of a Section 501(c)(7), (9), or (17) Organization** (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach statement)	4. Set-asides (attach statement)	5. Total deductions and set-asides (add columns 3 and 4)
(1)				
(2)				
(3)				
(4)				
<b>Totals</b> . . . . . ▶		Add amounts in column 2. Enter here and on Part I, line 9, column (A)		Add amounts in column 5. Enter here and on Part I, line 9, column (B)

0 0

**Part VIII Exploited Exempt Activity Income, Other Than Advertising Income** (see instructions)

1 Description of exploited activity: _____		
2 Gross unrelated business income from trade or business. Enter here and on Part I, line 10, column (A) . . . . .	<b>2</b>	0
3 Expenses directly connected with production of unrelated business income. Enter here and on Part I, line 10, column (B) . . . . .	<b>3</b>	0
4 Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete lines 5 through 7 . . . . .	<b>4</b>	0
5 Gross income from activity that is not unrelated business income . . . . .	<b>5</b>	0
6 Expenses attributable to income entered on line 5 . . . . .	<b>6</b>	0
7 Excess exempt expenses. Subtract line 5 from line 6, but do not enter more than the amount on line 4. Enter here and on Part II, line 12 . . . . .	<b>7</b>	0

**Part IX Advertising Income**

**1** Name(s) of periodical(s). Check box if reporting two or more periodicals on a consolidated basis.

- A**  \_\_\_\_\_
- B**  \_\_\_\_\_
- C**  \_\_\_\_\_
- D**  \_\_\_\_\_

Enter amounts for each periodical listed above in the corresponding column.

		<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>	
<b>2</b>	Gross advertising income . . . . .					
<b>a</b>	Add columns A through D. Enter here and on Part I, line 11, column (A) . . . . . ▶					0
<b>3</b>	Direct Advertising costs by periodical . . . . .					
<b>a</b>	Add columns A through D. Enter here and on Part I, line 11, column (B) . . . . . ▶					0
<b>4</b>	Advertising gain (loss). Subtract line 3 from line 2. For any column in line 4 showing a gain, complete lines 5 through 8. For any column in line 4 showing a loss or zero, do not complete lines 5 through 7, and enter zero on line 8 . . . . .					
<b>5</b>	Readership costs . . . . .					
<b>6</b>	Circulation income . . . . .					
<b>7</b>	Excess readership costs. If line 6 is less than line 5, subtract line 6 from line 5. If line 5 is less than line 6, enter zero . . . . .					
<b>8</b>	Excess readership costs allowed as a deduction. For each column showing a gain on line 4, enter the lesser of line 4 or line 7 . . . . .					
<b>a</b>	Add line 8, columns A through D. Enter the greater of the columns total or zero here and on Part II, line 13 . . . . ▶					0

**Part X Compensation of Officers, Directors, and Trustees** (see instructions)

	1. Name	2. Title	3. Percentage of time devoted to business	4. Compensation attributable to unrelated business
<b>(1)</b>				
<b>(2)</b>				
<b>(3)</b>				
<b>(4)</b>				
<b>Total.</b> Enter here and on Part II, line 1 . . . . . ▶				0

**Part XI Supplemental Information** (see instructions)

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**SCHEDULE D  
(Form 1120)**  
Department of the Treasury  
Internal Revenue Service

**Capital Gains and Losses**  
Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-H, 1120-IC-DISC, 1120-L,  
1120-ND, 1120-PC, 1120-POL, 1120-REIT, 1120-RIC, 1120-SF, or certain Forms 990-T.  
Go to [www.irs.gov/Form1120](http://www.irs.gov/Form1120) for instructions and the latest information.

OMB No. 1545-0123  
**2022**

Name: MCV Associated Physicians  
Employer identification number: 54-1581185

Did the corporation dispose of any investment(s) in a qualified opportunity fund during the tax year?  Yes  No  
If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss.

**Part I Short-Term Capital Gains and Losses -- Generally Assets Held One Year or Less (see instructions)**

See instructions for how to figure the amounts to enter on the lines below.  This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part 1, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
<b>1a</b> Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b				
<b>1b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box A</b> checked				
<b>2</b> Totals for all transactions reported on Form(s) 8949 with <b>Box B</b> checked				
<b>3</b> Totals for all transactions reported on Form(s) 8949 with <b>Box C</b> checked	576	0	0	576
<b>4</b> Short-term capital gain from installment sales from Form 6252, line 26 or 37				<b>4</b>
<b>5</b> Short-term capital gain or (loss) from like-kind exchanges from Form 8824				<b>5</b>
<b>6</b> Unused capital loss carryover (attach computation)				<b>6</b> ( )
<b>7</b> Net short-term capital gain or (loss). Combine lines 1a through 6 in column h				<b>7</b> 576

**Part II Long-Term Capital Gains and Losses -- Generally Assets Held More Than One Year (see instructions)**

See instructions for how to figure the amounts to enter on the lines below.  This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
<b>8a</b> Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b				
<b>8b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box D</b> checked				
<b>9</b> Totals for all transactions reported on Form(s) 8949 with <b>Box E</b> checked				
<b>10</b> Totals for all transactions reported on Form(s) 8949 with <b>Box F</b> checked				
<b>11</b> Enter gain from Form 4797, line 7 or 9				<b>11</b> 1,230
<b>12</b> Long-term capital gain from installment sales from Form 6252, line 26 or 37				<b>12</b>
<b>13</b> Long-term capital gain or (loss) from like-kind exchanges from Form 8824				<b>13</b>
<b>14</b> Capital gain distributions (see instructions)				<b>14</b>
<b>15</b> Net long-term capital gain or (loss). Combine lines 8a through 14 in column h				<b>15</b> 1,230

**Part III Summary of Parts I and II**

<b>16</b> Enter excess of net short-term capital gain (line 7) over net long-term capital loss (line 15)	<b>16</b> 576
<b>17</b> Net capital gain. Enter excess of net long-term capital gain (line 15) over net short-term capital loss (line 7)	<b>17</b> 1,230
<b>18</b> Add lines 16 and 17. Enter here and on Form 1120, page 1, line 8, or the applicable line on other returns	<b>18</b> 1,806

**Note:** If losses exceed gains, see **Capital losses** in the instructions.



Form **8949**  
 Department of the Treasury  
 Internal Revenue Service

## Sales and Other Dispositions of Capital Assets

▶ Go to [www.irs.gov/Form8949](http://www.irs.gov/Form8949) for instructions and the latest information.  
 ▶ File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

OMB No. 1545-0074  
2022  
 Attachment  
 Sequence No. **12A**

Name(s) shown on return  
 MCV Associated Physicians

Social security number or taxpayer identification number  
 54-1581185

*Before you check Box A, B, or C below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.*

**Part I Short-Term.** Transactions involving capital assets you held 1 year or less are generally short term (see instructions). For long-term transactions, see page 2.  
**Note:** You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a; you aren't required to report these transactions on Form 8949 (see instructions).

**You must check Box A, B, or C below. Check only one box.** If more than one box applies for your short-term transactions, complete a separate Form 8949, page 1, for each applicable box. If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

- (A)** Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)
- (B)** Short-term transactions reported on Form(s) 1099-B showing basis **wasn't** reported to the IRS
- (C)** Short-term transactions not reported to you on Form 1099-B

1	(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis. See the <b>Note</b> below and see <i>Column (e)</i> in the separate instructions	Adjustment, if any, to gain or loss. If you enter an amount in column (g), enter a code in column (f). <b>See the separate instructions.</b>		(h) <b>Gain or (loss).</b> Subtract column (e) from column (d) and combine the result with column (g)
						(f) Code(s) from instructions	(g) Amount of adjustment	
	FLOW-THROUGH NET STCG FROM PARTNERSHIPS			576	( )		0	576
<b>2 Totals.</b> Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, <b>line 1b</b> (if <b>Box A</b> above is checked), <b>line 2</b> (if <b>Box B</b> above is checked), or <b>line 3</b> (if <b>Box C</b> above is checked). . . . . ▶				576	(0)		0	576

**Note:** If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column (g)* in the separate instructions for how to figure the amount of the adjustment.

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on other side  
 MCV Associated Physicians

Social security number or taxpayer identification number  
 54-1581185

Before you check Box D, E, or F below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

**Part II Long-Term.** Transactions involving capital assets you held more than 1 year are generally long term (see instructions). For short-term transactions, see page 1.

**Note:** You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 8a; you aren't required to report these transactions on Form 8949 (see instructions).

**You must check Box D, E, or F below. Check only one box.** If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box. If you have more long-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

- (D)** Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)
- (E)** Long-term transactions reported on Form(s) 1099-B showing basis **wasn't** reported to the IRS
- (F)** Long-term transactions not reported to you on Form 1099-B

1	(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis. See the <b>Note</b> below and see <i>Column (e)</i> in the separate instructions	Adjustment, if any, to gain or loss. If you enter an amount in column (g), enter a code in column (f). See the separate instructions.		(h) <b>Gain or (loss).</b> Subtract column (e) from column (d) and combine the result with column (g)	
						(f) Code(s) from instructions	(g) Amount of adjustment		
<b>2 Totals.</b>	Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, <b>line 8b</b> (if <b>Box D</b> above is checked), <b>line 9</b> (if <b>Box E</b> above is checked), or <b>line 10</b> (if <b>Box F</b> above is checked) . . . . . ▶					( )			

**Note:** If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column (g)* in the separate instructions for how to figure the amount of the adjustment.