

ENVELOPE POSTMARK DATE MAY 14 2019

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241 990-T

Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))

OMB No 1545-0687

2017

For calendar year 2017 or other tax year beginning 07/01, 2017, and ending 06/30, 2018

Go to 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

Department of the Treasury
Internal Revenue Service

A ☒ Check box if address changed

B Exempt under section
☒ 501(c)(3) ☒ 303
☐ 408(e) ☐ 220(e)
☐ 408A ☐ 530(a)
☐ 529(a)

C Book value of all assets at end of year

Print or Type

Name of organization (☐ Check box if name changed and see instructions)
UNIVERSITY OF VIRGINIA INVESTMENT MANAGEMENT COMPANY

Number, street, and room or suite no. If a P.O. box see instructions

701 E WATER STREET, 4TH FLOOR

City or town, state or province, country, and ZIP or foreign postal code

CHARLOTTESVILLE, VA 22902

D Employer identification number (Employees' trust, see instructions)

56-2462804

E Unrelated business activity codes (See instructions)

900000

F Group exemption number (See instructions)

9542071609

G Check organization type ☒ 501(c) corporation ☐ 501(c) trust ☐ 401(a) trust ☐ Other trust

H Describe the organization's primary unrelated business activity INVESTMENTS

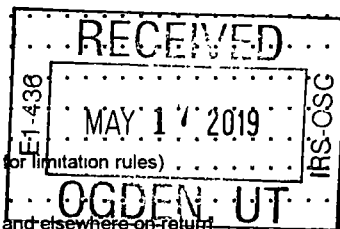
I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? ☐ Yes ☒ No
If "Yes," enter the name and identifying number of the parent corporation

J The books are in care of ALLISON GILLAM Telephone number 434-218-4540

Part I Unrelated Trade or Business Income	(A) Income	(B) Expenses	(C) Net
1a Gross receipts or sales			
b Less returns and allowances	1c		
2 Cost of goods sold (Schedule A, line 7)	2		
3 Gross profit Subtract line 2 from line 1c	3		
4a Capital gain net income (attach Schedule D)	4a	18,829,895.	18,829,895.
b Net gain (loss) (Form 4797, Part II line 17) (attach Form 4797)	4b	1,043,883.	1,043,883.
c Capital loss deduction for trusts	4c		
5 Income (loss) from partnerships and S corporations (attach statement)	5	-42,633,731.	ATCH 1 -42,633,731.
6 Rent income (Schedule C)	6		
7 Unrelated debt-financed income (Schedule E)	7		
8 Interest, annuities, royalties, and rents from controlled organizations (Schedule F)	8		
9 Investment income of a section 501(c)(7), (9) or (17) organization (Schedule G)	9		
10 Exploited exempt activity income (Schedule I)	10		
11 Advertising income (Schedule J)	11		
12 Other income (See instructions, attach schedule)	12		
13 Total. Combine lines 3 through 12	13	-22,759,953.	-22,759,953.

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

14 Compensation of officers, directors, and trustees (Schedule K)	14	
15 Salaries and wages	15	
16 Repairs and maintenance	16	
17 Bad debts	17	
18 Interest (attach schedule)	18	
19 Taxes and licenses	19	212,914.
20 Charitable contributions (See instructions for limitation rules)	20	
21 Depreciation (attach Form 4562)	21	
22 Less depreciation claimed on Schedule A and elsewhere on return	22a	
23 Depletion	22b	
24 Contributions to deferred compensation plans	23	
25 Employee benefit programs	24	
26 Excess exempt expenses (Schedule I)	25	
27 Excess readership costs (Schedule J)	26	
28 Other deductions (attach schedule)	27	
29 Total deductions. Add lines 14 through 28	28	159,190.
30 Unrelated business taxable income before net operating loss deduction Subtract line 29 from line 13	29	372,104.
31 Net operating loss deduction (limited to the amount on line 30)	30	-23,132,057.
32 Unrelated business taxable income before specific deduction Subtract line 31 from line 30	31	
33 Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions)	32	-23,132,057.
34 Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32	33	
	34	-23,132,057.



ATTACHMENT 2

For Paperwork Reduction Act Notice, see instructions.

7X2740 2.000 7422KV 1175

Form 990-T (2017)

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Part III Tax Computation

35 Organizations Taxable as Corporations. See instructions for tax computation Controlled group members (sections 1561 and 1563) check here ☐ See instructions and

a Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order)

(1) \$ (2) \$ (3) \$

b Enter organization's share of (1) Additional 5% tax (not more than \$11,750) \$

(2) Additional 3% tax (not more than \$100,000) \$

c Income tax on the amount on line 34. **35c**

36 Trusts Taxable at Trust Rates. See instructions for tax computation Income tax on the amount on line 34 from ☐ Tax rate schedule or ☐ Schedule D (Form 1041). **36**

37 Proxy tax. See instructions **37**

38 Alternative minimum tax **38**

39 Tax on Non-Compliant Facility Income. See instructions **39**

40 Total. Add lines 37, 38 and 39 to line 35c or 36, whichever applies. **40**

Part IV Tax and Payments

41 a Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116). **41a**

b Other credits (see instructions). **41b**

c General business credit Attach Form 3800 (see instructions). **41c**

d Credit for prior year minimum tax (attach Form 8801 or 8827). **41d**

e Total credits. Add lines 41a through 41d **41e**

f Subtract line 41e from line 40. **42**

43 Other taxes. Check if from ☐ Form 4255 ☐ Form 8611 ☐ Form 8697 ☐ Form 8866 ☐ Other (attach schedule). **43**

44 Total tax. Add lines 42 and 43. **44** 0.

45 a Payments. A 2016 overpayment credited to 2017 **45a** 355,238.

b 2017 estimated tax payments **45b**

c Tax deposited with Form 8868. **45c**

d Foreign organizations Tax paid or withheld at source (see instructions). **45d**

e Backup withholding (see instructions). **45e**

f Credit for small employer health insurance premiums (Attach Form 8941). **45f**

g Other credits and payments ☐ Form 2439 ☐ Form 4136 ☐ Other **45g** Total

46 Total payments. Add lines 45a through 45g. **46** 355,238.

47 Estimated tax penalty (see instructions) Check if Form 2220 is attached. **47**

48 Tax due. If line 46 is less than the total of lines 44 and 47, enter amount owed. **48**

49 Overpayment. If line 46 is larger than the total of lines 44 and 47, enter amount overpaid. **49** 355,238.

50 Enter the amount of line 49 you want Credited to 2018 estimated tax **50** 155,238. **Refunded** 200,000.

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

51 At any time during the 2017 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts If YES, enter the name of the foreign country here

Yes	No
	X
	X

52 During the tax year did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If YES see instructions for other forms the organization may have to file

Yes	No
	X

53 Enter the amount of tax-exempt interest received or accrued during the tax year **\$2,319,770.**

Sign Here

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 Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge

Signature of officer *Barbara E Hunt*

Date *3/8/19*

Title *CFO*

May the IRS discuss this return with the preparer shown below (see instructions)? ☒ Yes ☐ No

Paid Preparer Use Only

Print/Type preparer's name

BARBARA E HUNT, SNR MNGR

Preparer's signature

Barbara E Hunt

Date

4/18/19

Check ☐ if self-employed

PTIN

P00916443

Firm's name **ERNST & YOUNG U.S. LLP**

Firm's EIN **34-6565596**

Firm's address **200 CLARENDON STREET, BOSTON, MA 02116**

Phone no **617-266-2000**

Form 990-T (2017)

Schedule A - Cost of Goods Sold. Enter method of inventory valuation ►

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

Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)

(see instructions)

1 Description of property

(1)
(2)
(3)
(4)

2. Rent received or accrued

(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(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)	3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(1)		
(2)		
(3)		
(4)		
Total	Total	

(c) **Total income.** Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) ►(b) **Total deductions.** Enter here and on page 1, Part I, line 6, column (B) ►**Schedule E - Unrelated Debt-Financed Income** (see instructions)

1. Description of debt-financed property		2. Gross income from or allocable to debt-financed property	3. Deductions directly connected with or allocable to debt-financed property	
			(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)
(1)				
(2)				
(3)				
(4)				
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5. Average adjusted basis of or allocable to debt-financed property (attach schedule)	6. Column 4 divided by column 5	7. Gross income reportable (column 2 x column 6)	8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)		%		
(2)		%		
(3)		%		
(4)		%		
			Enter here and on page 1, Part I, line 7, column (A)	Enter here and on page 1, Part I, line 7, column (B)
Totals ►				
Total dividends-received deductions included in column 8 ►				

Schedule F - 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)				
			Add columns 5 and 10 Enter here and on page 1, Part I, line 8, column (A)	Add columns 6 and 11 Enter here and on page 1, Part I, line 8, column (B)
Totals				

Schedule G - 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 schedule)	4. Set-asides (attach schedule)	5. Total deductions and set-asides (col 3 plus col 4)
(1)				
(2)				
(3)				
(4)				
		Enter here and on page 1, Part I, line 9, column (A)		Enter here and on page 1, Part I, line 9, column (B)
Totals				

Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols 5 through 7	5. Gross income from activity that is not unrelated business income	6. Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)						
(2)						
(3)						
(4)						
		Enter here and on page 1, Part I, line 10, col (A)	Enter here and on page 1, Part I, line 10, col (B)			Enter here and on page 1, Part II, line 26
Totals						

Schedule J - Advertising Income (see instructions)**Part I - Income From Periodicals Reported on a Consolidated Basis**

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col 2 minus col 3). If a gain, compute cols 5 through 7	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)						
(2)						
(3)						
(4)						
Totals (carry to Part II, line (5))						

Part II **Income From Periodicals Reported on a Separate Basis** (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)						
(2)						
(3)						
(4)						
Totals from Part I. ▶						
	Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (B)				Enter here and on page 1, Part II, line 27
Totals, Part II (lines 1-5) ▶						

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	3. Percent of time devoted to business	4. Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14 ▶			

Form **990-T** (2017)

FORM 990T - LINE 5 -INCOME (LOSS) FROM PARTNERSHIPS

PARTNERSHIP 1	-189,480.
PARTNERSHIP 3	11,183.
PARTNERSHIP 4	4,481,111.
PARTNERSHIP 5	185,232.
PARTNERSHIP 6	-64,929.
PARTNERSHIP 9	-5,526.
PARTNERSHIP 12	-37,719.
PARTNERSHIP 22	-95,806.
PARTNERSHIP 24	-461,660.
PARTNERSHIP 41	186,319.
PARTNERSHIP 43	-141,322.
PARTNERSHIP 45	-585,244.
PARTNERSHIP 48	549,535.
PARTNERSHIP 50	-21,531.
PARTNERSHIP 53	499,860.
PARTNERSHIP 55	1,639.
PARTNERSHIP 56	-2,066.
PARTNERSHIP 58	-567,336.
PARTNERSHIP 60	-79,887.
PARTNERSHIP 61	-202,302.
PARTNERSHIP 62	-695,561.
PARTNERSHIP 70	48,463.
PARTNERSHIP 71	-836,297.
PARTNERSHIP 75	-2,285,608.
PARTNERSHIP 76	-1,650,381.
PARTNERSHIP 77	-1,134,662.
PARTNERSHIP 79	-325,949.
PARTNERSHIP 80	4,868.
PARTNERSHIP 82	206,515.
PARTNERSHIP 85	426,571.
PARTNERSHIP 86	-2,479,693.
PARTNERSHIP 88	-195,431.
PARTNERSHIP 89	1,373,576.
PARTNERSHIP 90	-743,068.
PARTNERSHIP 91	-2,440,320.
PARTNERSHIP 93	-447,947.
PARTNERSHIP 97	-387.
PARTNERSHIP 118	579,951.
PARTNERSHIP 121	151,150.
PARTNERSHIP 122	-126.
PARTNERSHIP 125	2,076.
PARTNERSHIP 127	-1,283.
PARTNERSHIP 130	126,481.
PARTNERSHIP 131	334,311.
PARTNERSHIP 142	-73.
PARTNERSHIP 146	-43,562.

PARTNERSHIP 147	25,546.
PARTNERSHIP 148	-118,811.
PARTNERSHIP 150	-31,377.
PARTNERSHIP 151	-130,765.
PARTNERSHIP 152	2,155.
PARTNERSHIP 153	-44,087.
PARTNERSHIP 154	-859,610.
PARTNERSHIP 155	-1,278,951.
PARTNERSHIP 161	-9,936.
PARTNERSHIP 162	393,392.
PARTNERSHIP 166	17,255.
PARTNERSHIP 167	-425,657.
PARTNERSHIP 168	575,800.
PARTNERSHIP 183	-199,048.
PARTNERSHIP 188	-37,105.
PARTNERSHIP 189	-309,068.
PARTNERSHIP 191	1,027,423.
PARTNERSHIP 192	28,214.
PARTNERSHIP 193	3,293,324.
PARTNERSHIP 199	-4,284.
PARTNERSHIP 200	3,609.
PARTNERSHIP 217	130,482.
PARTNERSHIP 219	567,006.
PARTNERSHIP 222	13,194.
PARTNERSHIP 224	215,154.
PARTNERSHIP 225	-91,144.
PARTNERSHIP 226	-34,360.
PARTNERSHIP 227	-4.
PARTNERSHIP 228	-5.
PARTNERSHIP 233	-42,070.
PARTNERSHIP 248	87,822.
PARTNERSHIP 249	-587,169.
PARTNERSHIP 250	-764,378.
PARTNERSHIP 262	12,022.
PARTNERSHIP 265	131.
PARTNERSHIP 276	-368,945.
PARTNERSHIP 277	5,365.
PARTNERSHIP 278	2,524.
PARTNERSHIP 280	-3,092.
PARTNERSHIP 281	-1,355,414.
PARTNERSHIP 282	-5,464,217.
PARTNERSHIP 288	-80,016.
PARTNERSHIP 289	-381,032.
PARTNERSHIP 290	-583.
PARTNERSHIP 291	-1,443,751.
PARTNERSHIP 296	-40,150.

PARTNERSHIP 304	-82,778.
PARTNERSHIP 305	-95,696.
PARTNERSHIP 315	1,007.
PARTNERSHIP 316	-618.
PARTNERSHIP 317	-8.
PARTNERSHIP 318	-4,932,660.
PARTNERSHIP 319	-2,013,895.
PARTNERSHIP 320	-96,405.
PARTNERSHIP 347	-1,780,086.
PARTNERSHIP 354	21,586.
PARTNERSHIP 355	-36,676.
PARTNERSHIP 362	82,867.
PARTNERSHIP 365	-191,213.
PARTNERSHIP 371	-16,543.
PARTNERSHIP 372	-578,329.
PARTNERSHIP 373	-1,536,274.
PARTNERSHIP 374	-2,493,376.
PARTNERSHIP 376	-3,144,711.
PARTNERSHIP 377	-5,473,720.
PARTNERSHIP 380	-1,222,345.
PARTNERSHIP 381	327,078.
PARTNERSHIP 382	-752,107.
PARTNERSHIP 386	-1,094,315.
PARTNERSHIP 390	-222,987.
PARTNERSHIP 392	-219,408.
PARTNERSHIP 393	-32,309.
PARTNERSHIP 394	-27,772.
PARTNERSHIP 399	-1,097,515.
PARTNERSHIP 400	-48,392.
PARTNERSHIP 401	-133,044.
PARTNERSHIP 404	-147,046.
PARTNERSHIP 405	-569.
PARTNERSHIP 406	-217,521.
PARTNERSHIP 407	-141,023.
PARTNERSHIP 417	-21,391.
PARTNERSHIP 418	70,076.
PARTNERSHIP 419	192,119.
PARTNERSHIP 428	3,122.
PARTNERSHIP 429	-558,418.
PARTNERSHIP 430	-231,838.
PARTNERSHIP 432	-79,988.
PARTNERSHIP 433	-117,597.
PARTNERSHIP 439	-161,330.
PARTNERSHIP 443	-60,757.

INCOME (LOSS) FROM PARTNERSHIPS

-42,633,731.

FORM 990T - PART II - LINE 28 - TOTAL OTHER DEDUCTIONS

DOMESTIC PRODUCTION ACTIVITIES DEDUCTION UNDER SECTION 199

TAX PREPARATION FEES 159,190.

PART II - LINE 28 - OTHER DEDUCTIONS 159,190.

**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 for instructions and the latest information

OMB No 1545-0123

2017

Name **UNIVERSITY OF VIRGINIA INVESTMENT MANAGEMENT**
COMPANY

Employer identification number
56-2462804

Part I Short-Term Capital Gains and Losses - Assets Held One Year or Less

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 I, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
1a 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				
1b Totals for all transactions reported on Form(s) 8949 with Box A checked				
2 Totals for all transactions reported on Form(s) 8949 with Box B checked				
3 Totals for all transactions reported on Form(s) 8949 with Box C checked	172,359.	1,102,109.		-929,750.
4 Short-term capital gain from installment sales from Form 6252, line 26 or 37				4
5 Short-term capital gain or (loss) from like-kind exchanges from Form 8824				5
6 Unused capital loss carryover (attach computation)				6 ()
7 Net short-term capital gain or (loss) Combine lines 1a through 6 in column h				7 -929,750.

Part II Long-Term Capital Gains and Losses - Assets Held More Than One Year

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)
8a 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				
8b Totals for all transactions reported on Form(s) 8949 with Box D checked				
9 Totals for all transactions reported on Form(s) 8949 with Box E checked				
10 Totals for all transactions reported on Form(s) 8949 with Box F checked	14,346,549.	1,653,164.		12,693,385.
11 Enter gain from Form 4797, line 7 or 9				11 7,066,260.
12 Long-term capital gain from installment sales from Form 6252, line 26 or 37				12
13 Long-term capital gain or (loss) from like-kind exchanges from Form 8824				13
14 Capital gain distributions (see instructions)				14
15 Net long-term capital gain or (loss) Combine lines 8a through 14 in column h				15 19,759,645.

Part III Summary of Parts I and II

16 Enter excess of net short-term capital gain (line 7) over net long-term capital loss (line 15)	16	
17 Net capital gain Enter excess of net long-term capital gain (line 15) over net short-term capital loss (line 7)	17	18,829,895.
18 Add lines 16 and 17 Enter here and on Form 1120, page 1, line 8, or the proper line on other returns. If the corporation has qualified timber gain, also complete Part IV	18	18,829,895.

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

For Paperwork Reduction Act Notice, see the Instructions for Form 1120.

Schedule D (Form 1120) 2017

2017Department of the Treasury
Internal Revenue Service

▶ Attach to the corporation's tax return.

▶ Go to www.irs.gov/Form4626 for instructions and the latest information.

Name

UNIVERSITY OF VIRGINIA INVESTMENT MANAGEMENT COMPANY

Employer identification number

56-2462804

Note: See the instructions to find out if the corporation is a small corporation exempt from the alternative minimum tax (AMT) under section 55(e).

1	Taxable income or (loss) before net operating loss deduction	1	-23,132,057
2	Adjustments and preferences:		
a	Depreciation of post-1986 property	2a	334,033
b	Amortization of certified pollution control facilities	2b	
c	Amortization of mining exploration and development costs	2c	
d	Amortization of circulation expenditures (personal holding companies only)	2d	
e	Adjusted gain or loss	2e	-301,420
f	Long-term contracts	2f	
g	Merchant marine capital construction funds	2g	
h	Section 833(b) deduction (Blue Cross, Blue Shield, and similar type organizations only)	2h	
i	Tax shelter farm activities (personal service corporations only)	2i	
j	Passive activities (closely held corporations and personal service corporations only)	2j	
k	Loss limitations	2k	
l	Depletion	2l	
m	Tax-exempt interest income from specified private activity bonds	2m	
n	Intangible drilling costs	2n	13,628,072
o	Other adjustments and preferences	2o	243,749
3	Pre-adjustment alternative minimum taxable income (AMTI) Combine lines 1 through 2o	3	-9,227,623
4	Adjusted current earnings (ACE) adjustment:		
a	ACE from line 10 of the ACE worksheet in the instructions	4a	-9,227,623
b	Subtract line 3 from line 4a. If line 3 exceeds line 4a, enter the difference as a negative amount. See instructions	4b	
c	Multiply line 4b by 75% (0.75). Enter the result as a positive amount	4c	
d	Enter the excess, if any, of the corporation's total increases in AMTI from prior year ACE adjustments over its total reductions in AMTI from prior year ACE adjustments. See instructions. Note: You must enter an amount on line 4d (even if line 4b is positive)	4d	
e	ACE adjustment. • If line 4b is zero or more, enter the amount from line 4c • If line 4b is less than zero, enter the smaller of line 4c or line 4d as a negative amount }	4e	
5	Combine lines 3 and 4e. If zero or less, stop here, the corporation does not owe any AMT.	5	-9,227,623
6	Alternative tax net operating loss deduction. See instructions	6	
7	Alternative minimum taxable income. Subtract line 6 from line 5. If the corporation held a residual interest in a REMIC, see instructions	7	-9,227,623
8	Exemption phase-out (if line 7 is \$310,000 or more, skip lines 8a and 8b and enter -0- on line 8c):		
a	Subtract \$150,000 from line 7. If completing this line for a member of a controlled group, see instructions. If zero or less, enter -0-	8a	
b	Multiply line 8a by 25% (0.25)	8b	
c	Exemption. Subtract line 8b from \$40,000. If completing this line for a member of a controlled group, see instructions. If zero or less, enter -0-	8c	0
9	Subtract line 8c from line 7. If zero or less, enter -0-	9	
10	Multiply line 9 by 20% (0.20)	10	
11	Alternative minimum tax foreign tax credit (AMTFTC). See instructions	11	
12	Tentative minimum tax. Subtract line 11 from line 10.	12	0
13	Regular tax liability before applying all credits except the foreign tax credit	13	
14	Alternative minimum tax. Subtract line 13 from line 12. If zero or less, enter -0-. Enter here and on Form 1120, Schedule J, line 3, or the appropriate line of the corporation's income tax return	14	0

For Paperwork Reduction Act Notice, see separate instructions.

Form **4626** (2017)

Department of the Treasury
Internal Revenue Service▶ Go to www.irs.gov/Form8949 for instructions and the latest information.**2017**Attachment
Sequence No **12A**Name(s) shown on return **UNIVERSITY OF VIRGINIA INVESTMENT MANAG
COMPANY**Social security number or taxpayer identification number
56-2462804

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 short term. 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 Note below and see Column (g) 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) Gain or (loss). Subtract column (e) from column (d) and combine the result with column (g)
						(f) Code(s) from instructions	(g) Amount of adjustment	
	FLOW-THROUGH STCG FROM PSHIPS			172,359.				172,359.
	FLOW-THROUGH SEC 1256 STCG FROM P				1,102,109.			-1,102,109.
2 Totals.	Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 1a (if Box A above is checked), line 2 (if Box B above is checked) or line 3 (if Box C above is checked) ▶				172,359.	1,102,109.		-929,750

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.

For Paperwork Reduction Act Notice, see your tax return instructions.

Form **8949** (2017)

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

Social security number or taxpayer identification number

UNIVERSITY OF VIRGINIA INVESTMENT MANAGEMENT

56-2462804

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 long term. 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 (Mo., day, yr.)	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis See the Note below and see Column (e) 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) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
						(f) Code(s) from instructions	(g) Amount of adjustment	
	FLOW-THROUGH LTCG FROM PSHIPS			14,346,549.				14,346,549.
	FLOW-THROUGH SEC 1256 LTCG FROM P				1,653,164.			-1,653,164.
2 Totals.	Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D line 8b (if Box D above is checked), line 9 (if Box E above is checked) or line 10 (if Box F above is checked) ▶			14,346,549	1,653,164.			12,693,385.

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.