Form	99U-I	EX	empt Organization Busi	nes	s incoi	me I	ax Retu	rn	UIV	1B No. 1545-U68	87	
1 01111			(and proxy tax under	sec	tion 60	33(e)	))			<b>2017</b>		
Depar	tment of the Treasury	F	or calendar year 2007 or other tax year					L		<u> </u>		
Intern	al Revenue Service (77)		ending Sept 30 , 20 08 .	ı	See sep	arate in	structions.	_ {	Open for 501(	to Public Inspe c)(3) Organization	ction ns Only	
$A \square$	Check box if address changed		Name of organization (  Check box if name	change	ed and see i	nstruction	ns.)	D E	mployer	Identification nu	umber	
B Ex	empt under section	Heiter Metans to San Co. Ct.							mployees' to page 9)	trust, see Instructions f	for Block D	
Z	501( C ) ( 3 ) Print Number, street, and room or sulte no. If a P.O. box, see page 9 of instructions.							_	54 1327878			
	408(e) 220(e) 700 N. Fourth Street									business activity		
	408A 530(a) Type City or town, state, and ZIP code								(See instructions for Block E on page 9.)			
	529(a)		Richmond, VA 23219					5	541900	0 5615	00	
C Bo	ok value of all assets end of year	F Gr	oup exemption number (See instructi	ons fo	or Block F	on pa	ge 9.) ▶			n/a		
	35,539,000	G C	neck organization type > 3501(c)	corpo	ration [	501(	c) trust	401(a	a) trusi	t Other	r trust	
<u>H</u> [	Describe the orga	nizatio	n's primary unrelated business activity	y. ▶ 1	T Consult	ting/Tra	vel Agency		7			
1 (	During the tax year,	was the	e corporation a subsidiary in an affiliated of	aroup (	or a parent	-subsidi	ary controlled	aroun'	7	▶ ☐ Yes	[Z] No	
1	f "Yes," enter the n	ame an	d identifying number of the parent corpora	ation.	<b>▶</b>	00000	ary controlled	group	٠.	- ☐ Tes	<b>⊠</b> 140	
			► Douglas Harvey - Director of Fin			Tele	phone numb	er 🕨	( 804	782-48	300	
			de or Business Income		(A) In	come		penses		(C) Net	,00	
1a									13.5	Apple of the control	-1468	
b	Less returns and			10	1024	1873			and the second			
2			chedule A, line 7)	2	102.4	0,0		1000			100 DEE	
3			line 2 from line 1c	3	1024	873			5242	1024873		
4a			e (attach Schedule D)	4a	1027	075	# 1 A A A A A A A A A A A A A A A A A A	4 60 2		1024673		
								201	E0024			
b	Capital loss dec	tuetien	'97, Part II, line 17) (attach Form 4797)	4c					178.044			
5				5				-	34776		-	
6			hips and S corporations (attach statement)	6					0.50		-	
7	Rent income (So			7				-+	-		-	
-			d income (Schedule E)	<del>-</del>					_		├—	
8			yalties, and rents from controlled	8		- 1						
•	organizations (S					-			-		-	
9	organization (S.	ome o	f a section 501(c)(7), (9), or (17)			İ						
10	organization (Se			10				-+	-		-	
11	Advertising inco	on activ	ity income (Schedule I)	11							-	
12	Other income (Se	me (50	hedule J)	-		_	20140-027-05	ASCE A	31 6 87		-	
13	Total. Combine	lines 3	through 12	12	1024	072				400 4070	-	
	t II Deduction	ons No	ot Taken Eisewhere (See page 12				limitations	on de	adi i adi.	1024873	Щ.	
	(Except f	or con	tributions, deductions must be direct	ctly c	onnected	with t	he unrelated	un de Lhuci	nece i	income \		
14					onnected	AAILII LI	ile uni elateo			ncome.)		
15			ers, directors, and trustees (Schedule	K) .		• •		• •	14	200005	<del></del>	
16	Danaire and ma	yes . intonon							15	362025	├	
17	Red debte	menan	ce					·  -	16		<del></del>	
18	Interest (street							·  -	17			
19	Tayor and licen	scriedu	le)					·  -	18	0.4750	-	
20	Charitable contri	ses .						·  -	19	34752		
	Chantable contr	ibution	s (See page 14 of the instructions for	limita	ition rules.	) .			20			
21 22	Depreciation (att	acn Fo	rm 4562)		2	1			23			
			ned on Schedule A and elsewhere on				L		22b		<b>—</b>	
23	Depletion							.	23			
24	Contributions to	aeterre	ed compensation plans						24		<u> </u>	
25	Employee benefi	it progi	rams					.	25	159653	<b>——</b>	
26	Excess exempt	expens	es (Schedule I)					. J.	26		<b></b>	
27	Excess readersh	ip cost	s (Schedule J)					. 🗀	27		<del></del>	
28	Other deduction	s (attac	ch schedule)						28	127387		
29	Total deduction	s. Add	lines 14 through 28						29	683817		
30	Unrelated busine	ss taxa	ble income before net operating loss d	leduct	ion. Subtr	act line	29 from line	13	30	341056		
31	Net operating lo	ss ded	uction (limited to the amount on line 3	30) .				. ] :	31			
32	Unrelated busine	ess tax	able income before specific deduction	n. Sub	tract line	31 fron	n line 30 .	. <u>L</u>	32			
33	Specific deduction	on (Gei	nerally \$1,000, but see line 33 instruct	tions f	for except	ions.)		. L	33	1000		
34	Unrelated busin	ess ta	xable income. Subtract line 33 from	line 3	32. If line	33 is g	reater than li	ne				
	32, enter the sm	aller of	zero or line 32					:	34	340056		

Pai	Tall Tax Computation							
35	<b>Organizations Taxable as Corporations.</b> See instructions for tax computation on page 15. Controlled group members (sections 1561 and 1563) check here ▶ ☐ <b>See instructions</b> and:							
а	Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order):							
b	(1) \[ \bigs\							
С	(2) Additional 3% tax (not more than \$100,000)	05	445640					
36	Income tax on the amount on line 34	35c	115619					
	the amount on line 34 from: $\square$ Tax rate schedule or $\square$ Schedule D (Form 1041)	36						
37	Proxy tax. See page 16 of the instructions	37						
38 39	Alternative minimum tax	38						
	Total. Add lines 37 and 38 to line 35c or 36, whichever applies	39	115619					
40a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) 40a	7 7 2	<del></del>					
b	Other credits (see page 17 of the instructions)	17. 21						
С	General business credit. Check here and indicate which forms are attached:							
	☐ Form 3800 ☐ Form(s) (specify) ▶							
d	Credit for prior year minimum tax (attach Form 8801 or 8827)		İ					
е	Total credits. Add lines 40a through 40d	40e						
41	Subtract line 40e from line 39	41	115619					
42 43	Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule)	42						
43 44а	Total tax. Add lines 41 and 42	43	115619					
b	2007 estimated tax payments							
C	Tax deposited with Form 8868							
đ	Foreign organizations: Tax paid or withheld at source (see instructions)							
е	Backup withholding (see instructions)							
f	Other credits and payments:							
45	☐ Form 4136 ☐ Other Total ▶ 44f	25.2						
45 46	Total payments. Add lines 44a through 44f	45	165000					
40 47	Estimated tax penalty (see page 4 of the instructions). Check if Form 2220 is attached  Tax due. If line 45 is less than the total of lines 43 and 46, enter amount owed	46						
48	Overpayment. If line 45 is larger than the total of lines 43 and 46, enter amount overpaid.	48	49381					
49	Enter the amount of line 48 you want: Credited to 2008 estimated tax ▶ Refunded ▶	40	49381					
Par	t V Statements Regarding Certain Activities and Other Information (see instructions	on page	18)					
1	At any time during the 2007 calendar year, did the organization have an interest in or a signature or or	ther author	ority Yes	No				
	over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may	ay have to	file					
2	Form TD F 90-22.1. If YES, enter the name of the foreign country here ▶	• • • • • • • • • • • • •		<u>√</u>				
2	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a fif YES, see page 5 of the instructions for other forms the organization may have to file.	foreign trus	t? .	<u> </u>				
3	Enter the amount of tax-exempt interest received or accrued during the tax year ▶ \$							
Sche	edule A—Cost of Goods Sold. Enter method of inventory valuation ▶		3 6 30 25 53	100				
	Inventory at beginning of year 1 6 Inventory at end of year	6	<del>'</del>					
	Purchases	495						
	Cost of labor							
	Additional section 263A costs Part I, line 2	7						
	(attach schedule) 4a 8 Do the rules of section 263A (with other costs (attach schedule) 4b property produced or acquired for	h respect	to Yes	No				
		resale) ap	ply	30,0				
	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 helief it is	true				
Sigr	on all information of which preparer lottler than taxpayer) is based on all information of which preparer has any knowledge.	my moneage	and dener, it is	ilue,				
Her	- John Store Continuation	And the IRS discuss this return with the preparer shown below (see structions)? Yes No						
	Signature of officer Date Title							
Paid	Preparer's signature Date Check if	Preparer's SSN or PTIN						
•	arer's Firm's name (or		· · · · · · · · · · · · · · · · · · ·					
Use	Only yours if self-employed, address, and ZIP code							
	Phone no /	١.						

1 Description of property (1)									
(1)							·		
(0)									
(2)						<del></del>			
(3)						<del></del>			
(4)									
	2 Rent received	d or accrued	- ·						
(a) From personal property (if the for personal property is more than 50)	percentage of	eal and persona rent for persona rent is based o	al property exc	eeds	Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)				
(1)									
(2)									
(3)									
(4)							-		
Total	7	otal	<del></del>				<del></del>		
Total income. Add totals of here and on page 1, Part I, lie	columns 2(a) and 2(l ne 6, column (A)					Total deductions. Enter here and on page 1, Part I, line 6, column (B) . ▶			
Schedule E-Unrelate	d Debt-Finance	d Income	see instruct	ions on pag	e 20	)			
	debt-financed property			ome from or		3 Deductions directly con debt-finance	nected with or allocable to ced property		
				perty	(a) S	Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)		
(1)						(	(accacii scriedule)		
(2)					<u> </u>				
(3)					_				
(4)									
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5 Average adjus or allocat debt-financed	le to property	6 Column 4 divided by column 5		7 Gross income reportable (column 2 × column 6)		8 Allocable deductions (column 6 × total of columns 3(a) and 3(b))		
(1)	schedule) (attach schedule)		0/						
(2)			%						
(3)			%						
(4)			<u>%</u>						
(4)				%					
Totals				▶	Enter Part	r here and on page 1, I, line 7, column (A).	Enter here and on page 1, Part I, line 7, column (B).		
Total dividends-received de			<u> </u>	<u> </u>					
Schedule F-Interest, /	Annuities, Royal	ties, and R	ents From	Controlle	d Or	ganizations (see i	nstructions on page 21)		
			Controlled						
Name of Controlled Organization	2 Employer Identification Number		related income e instructions)	4 Total of specifie payments made		5 Part of column 4 that included in the controll organization's gross incompanies.	ng   connected with income		
(1)									
(2)									
(3)									
(4)									
Nonexempt Controlled Org	anizations			<del></del>					
7 Taxable Income	8 Net unrelated income (loss) (see instructions)		9 Total of specified payments made			10 Part of column 9 that included in the controlli organization's gross incompanization.	g connected with income in		
(1)									
(2)									
(3)									
(4)									
						Add columns 5 and 10. Enter here and on page Part I, line 8, column (A)			

Schedule G—Investment Ir (see instructions on page 22)		tion 50	)1(c)(7),	(9), or (17) Or	ganization			rage -	
1 Description of income	2 Amount of income		dire	Deductions ctly connected tach schedule)	4 Set-asides (attach schedule)		5 Total deductions and set-asides (col. 3 plus col. 4)		
(1)			,,				+	pius coi. 4)	
(2)									
(3)							<del></del>		
(4)									
	Enter here and on Part I, line 9, colur	page 1,					Enter he	ere and on page 1,	
Totals	i art i, iiile 5, colur	IIII (∕∕y.					Part I, III	ne 9, column (B).	
	mand A adjustus for a		044				4		
Schedule I—Exploited Exer (see instructions on page 22)	mpt Activity inc	ome,	Otner 1	nan Advertisir	ng Income				
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 galn, compute cols. 5 through 7.	is not unrelated attri		Expenses butable to blumn 5	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4).	
(1)		<del> </del>							
(2)		<del> </del> -							
		<del> </del>						<u> </u>	
(3)	<del></del>	-							
(4)									
Totala	Enter here and on page 1, Part I, line 10, col. (A).	page	ere and on 1, Part I, I, col. (B).					Enter here and on page 1, Part II, line 26.	
Totals				24556642464					
Schedule J—Advertising In Part I Income From Pe	riedicale Base	ctions	on page	22)					
Part I Income From Pe	riodicais Repo	tea or	1 a Con	Solidated Basi	IS				
1 Name of periodical	2 Gross advertising income		Direct sing costs	4 Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5 Circulation 6 F		eadership costs	7 Excess readership costs (column 6 minus column 5, but not more than column 4).	
(1)				Salah November					
(2)		-							
(3)									
(4)				Assessmine a					
Totals (carry to Part II, line (5)) . I									
Part II Income From Pe columns 2 throug	eriodicals Repo h 7 on a line-by	rted o	n a Se	parate Basis (	For each perio	odical	listed in	n Part II, fill in	
(1)				1					
(2)									
(3)									
(4)									
(5) Totals from Part I					ACCESSED AND LONG	Kath	of the contract of		
Totals, Part II (lines 1-5)	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.	
	n of Officers D	irecto-	e and	Trustons (ass.	antructions.	Ned in	31		
Schedule K—Compensation of Officers, Did  1 Name			2 Title		3 Percent of		4 Compensation attributable		
		-			business		unrelate	d business	
					%	4			
					%				
					%				
		<u>. l</u>			%				
Total. Enter here and on page 1, Pa	art II, line 14				•				