

Return of Organization Exempt from Income Tax

2000

Under section 501(c) of the Internal Revenue Code (except black lung benefit trust or private foundation), section 527, or section 4947(a)(1) nonexempt charitable trust

Open to Public Inspection

Department of the Treasury Internal Revenue Service

The organization may have to use a copy of this return to satisfy state reporting requirements

A For the 2000 calendar year, or tax year period beginning Jul 1, 2000, and ending Jun 30, 20 01

B Check if applicable

- Change of address
Change of name
Initial return
Final return
[X] Amended return

Please use IRS label or print or type See specific instructions

C Name of organization

Daily Planet, Incorporated

Number & street (or P O box if mail is not delivered to street addr) Room/suite

517 West Grace St

City, Town or Country

Richmond

State ZIP code

VA 23220

D Employer Identification Number

54-0900368

E Telephone number

(804) 783-2505

F Check if application pending

G Organization type (check only one) [X] 501(c) 3 (insert no) [ ] 527 or [ ] 4947(a)(1)

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ)

J Accounting method [ ] Cash [X] Accrual [ ] Other (specify)

K Check here if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS, but if the organization received a Form 990 Package in the mail, it should file a return without financial data. Some states require a complete return

Note H and I are not applicable to section 527 orgs

H (a) Is this a group return for affiliates? [ ] Yes [X] No

H (b) If "yes" enter number of affiliates

H (c) Are all affiliates included? [ ] Yes [X] No (If "no," attach a list See instructions)

H (d) Is this a separate return filed by an organization covered by a group ruling? [ ] Yes [ ] No

I Enter 4 digit group exemption no (GEN)

L Check this box if the organization is not required to attach Schedule B (Form 990 or 990-EZ) [X]

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see instructions)

Table with 21 rows and multiple columns for revenue, expenses, and net assets. Includes sub-rows for contributions, program service revenue, investment income, and special events. Total revenue is 1,874,077 and total expenses is 2,030,137, resulting in a deficit of 156,060.

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**Part II Statement of Functional Expenses** All organizations must complete column (A) Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others

Do not include amounts reported on line 6b 8b 9b 10b or 16 of Part I		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22	Grants and allocations (attach schedule) (cash \$ _____ non cash \$ _____)	22			
23	Specific assistance to individuals (attach sch)	23 10,104	10,104		
24	Benefits paid to or for members (attach sch)	24 0	0		
25	Compensation of officers, directors etc	25 56,514	0	56,514	0
26	Other salaries and wages	26 932,734	833,626	81,803	17,305
27	Pension plan contributions	27 0	0	0	0
28	Other employee benefits	28 46,636	39,297	4,632	2,707
29	Payroll taxes	29 75,488	56,166	15,586	3,736
30	Professional fundraising fees	30 0	0	0	0
31	Accounting fees	31 0	0	0	0
32	Legal fees	32 0	0	0	0
33	Supplies	33 22,950	22,950	0	0
34	Telephone	34 53,781	50,458	3,323	0
35	Postage and shipping	35 9,773	1,098	3,455	5,220
36	Occupancy	36 0	0	0	0
37	Equipment rental and maintenance	37 45,051	42,679	2,372	0
38	Printing and publications	38 10,655	3,645	7,010	0
39	Travel	39 11,571	10,918	653	0
40	Conferences, conventions and meetings	40 0	0	0	0
41	Interest	41 30,267	27,240	3,027	0
42	Depreciation, depletion, etc (attach schedule)	42 119,867	99,836	20,031	0
43	Other expenses (itemize)				
43a	Professional Fees/Contract Services	43a 340,777	334,477	6,300	0
43b	Drug & Alcohol Screening	43b 6,036	6,036	0	0
43c	Education & Training	43c 15,335	15,152	183	0
43d	Administrative Expenses	43d 85,888	65,673	20,215	0
43e	See Other Expenses Stmt	43e 156,710	144,739	11,971	0
44	<b>Total functional expenses</b> (add lines 22-43) Organizations completing columns (B) (D), carry these totals to lines 13-15	44 2,030,137	1,764,094	237,075	28,968

**Reporting of Joint Costs** - Did you report in column (B) (program services) any joint costs from a combined educational campaign and fundraising solicitation?  Yes  No

If 'Yes,' enter (i) the aggregate amount of these joint costs \$ \_\_\_\_\_, (ii) the amount allocated to program services \$ \_\_\_\_\_, (iii) the amount allocated to management and general \$ \_\_\_\_\_, and (iv) the amount allocated to fundraising \$ \_\_\_\_\_

**Part III Statement of Program Service Accomplishments**

What is the organization's primary exempt purpose? <u>REHABILITATIVE SERVICES</u>	Program Service Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, but optional for others)
a <u>Project Empower</u> ----- ----- (Grants and allocations \$ 0 )	405,386
b <u>Public Health</u> ----- ----- (Grants and allocations \$ 0 )	712,242
c <u>Collaborative Treatment</u> ----- ----- (Grants and allocations \$ 0 )	111,634
d <u>Safe Haven</u> ----- ----- (Grants and allocations \$ 0 )	150,959
e Other program services (Grants and allocations \$ 0 )	383,873
f <b>Total of Program Service Expenses</b> (should equal line 44, column (B), program services)	1,764,094

**Part IV Balance Sheets** (See instructions)

Note		Where required, attached schedules and amounts within the description column should be for end of year amounts only		(A) Beginning of year		(B) End of year
ASSETS	45	Cash – non interest bearing		292,799	45	73,436
	46	Savings and temporary cash investments			46	
	47a	Accounts receivable	47a 1,150			
		b Less allowance for doubtful accounts	47b	32,373	47c	1,150
	48a	Pledges receivable	48a			
		b Less allowance for doubtful accounts	48b		48c	
	49	Grants receivable			49	
	50	Receivables from officers, directors, trustees, and key employees (attach schedule)			50	
	51a	Other notes & loans receivable (attach schedule)	51a 10,749			
		b Less allowance for doubtful accounts	51b		51c	10,749
	52	Inventories for sale or use			52	
	53	Prepaid expenses and deferred charges		932	53	
	54	Investments – securities (attach schedule) <input type="checkbox"/> Cost <input type="checkbox"/> FMV			54	
	55a	Investments – land, buildings, & equipment basis	55a			
		b Less accumulated depreciation (attach schedule)	55b		55c	
	56	Investments – other (attach schedule)			56	
	57a	Land, buildings, and equipment basis	57a 1,740,911			
		b Less accumulated depreciation (attach schedule)	57b 371,830	1,337,245	57c	1,369,081
	58	Other assets (describe <input type="checkbox"/> See Line 58 Stmt )		1,668	58	
59	<b>Total assets</b> (add lines 45 through 58) (must equal line 74)		1,665,017	59	1,454,416	
LIABILITIES	60	Accounts payable and accrued expenses		30,939	60	46,951
	61	Grants payable			61	
	62	Deferred revenue			62	
	63	Loans from officers, directors, trustees, and key employees (attach schedule)			63	
	64a	Tax exempt bond liabilities (attach schedule)			64a	
		b Mortgages and other notes payable (attach schedule)		454,971	64b	404,971
	65	Other liabilities (describe <input type="checkbox"/> See Line 65 Stmt )		40,048	65	19,495
66	<b>Total liabilities</b> (add lines 60 through 65)		525,958	66	471,417	
NET ASSETS OR FUND BALANCES	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74					
	67	Unrestricted		511,305	67	607,250
	68	Temporarily restricted		627,754	68	375,749
	69	Permanently restricted			69	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74					
	70	Capital stock, trust principal, or current funds			70	
	71	Paid in or capital surplus, or land, building, and equipment fund			71	
	72	Retained earnings, endowment, accumulated income, or other funds			72	
	73	<b>Total net assets or fund balances</b> (add lines 67 through 69 or lines 70 through 72, column (A) must equal line 19 and column (B) must equal line 21)		1,139,059	73	982,999
	74	<b>Total liabilities and net assets/fund balances</b> (add lines 66 and 73)		1,665,017	74	1,454,416

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

BAA

**Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return** (See instructions)

**Part IV-B Reconciliation of Expenses per Audited Financial Statements with Expenses per Return**

<b>a</b>	Total revenue, gains, and other support per audited financial statements	<b>a</b>	1,874,077
<b>b</b>	Amounts included on line <b>a</b> but not on line 12, Form 990		
(1)	Net unrealized gains on investments \$		
(2)	Donated services and use of facilities \$		
(3)	Recoveries of prior year grants \$		
(4)	Other (specify) ----- \$		
	Add amounts on lines (1) through (4)	<b>b</b>	
<b>c</b>	Line <b>a</b> minus line <b>b</b>	<b>c</b>	1,874,077
<b>d</b>	Amounts included on line 12, Form 990 but not on line <b>a</b>		
(1)	Investment expenses not included on line 6b, Form 990 \$		
(2)	Other (specify) ----- \$		
	Add amounts on lines (1) and (2)	<b>d</b>	
<b>e</b>	Total revenue per line 12, Form 990 (line <b>c</b> plus line <b>d</b> )	<b>e</b>	1,874,077

<b>a</b>	Total expenses and losses per audited financial statements	<b>a</b>	2,030,137
<b>b</b>	Amounts included on line <b>a</b> but not on line 17, Form 990		
(1)	Donated services and use of facilities \$		
(2)	Prior year adjustments reported on line 20, Form 990 \$		
(3)	Losses reported on line 20, Form 990 \$		
(4)	Other (specify) ----- \$		
	Add amounts on lines (1) through (4)	<b>b</b>	
<b>c</b>	Line <b>a</b> minus line <b>b</b>	<b>c</b>	2,030,137
<b>d</b>	Amounts included on line 17, Form 990 but not on line <b>a</b>		
(1)	Investment expenses not included on line 6b, Form 990 \$		
(2)	Other (specify) ----- \$		
	Add amounts on lines (1) and (2)	<b>d</b>	
<b>e</b>	Total expenses per line 17, Form 990 (line <b>c</b> plus line <b>d</b> )	<b>e</b>	2,030,137

**Part V List of Officers, Directors, Trustees, and Key Employees** (List each one even if not compensated, see instructions)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans and deferred compensation	(E) Expense account and other allowances
L C Sullivan 517 W Grace St, Richmond, VA 23220	Executive Director 40	56,514	2,987	0
Enoch W Love 7921 Tamarind Place, Richmond VA 23227	President 0	0	0	0
Suzanne Kelly P O Box 14562, Richmond, VA 23221	1st V-President 0	0	0	0
Michael A Scruggs 840 Zell Lane, Richmond, VA 23229	2nd V-President 0	0	0	0
Dr George Johnson Jr 8303 Brookfield Road, Richmond VA 23227	Secretary 0	0	0	0
John McFarland 9100 Arboretum Parkway #190 Richmond VA 23227	Treasurer 0	0	0	0
Dr A Mort Casson 3015 Libby Terrace, Richmond VA 23223	Board Member 0	0	0	0
Ellen H Chewing 2300 Cedarfield Dr Apt 177 Richmond VA 23233	Board Member 0	0	0	0
Irene Thomaidis Cimino 3125 Park Avenue, Richmond, VA 23221	Board Member 0	0	0	0
See List of Officers, Etc Statement		0	0	0

75 Did any officer, director, trustee, or key employee receive aggregate compensation of more than \$100,000 from your organization and all related organizations, of which more than \$10,000 was provided by the related organizations?

Yes  No

If Yes, attach schedule - see instructions

**Part VI Other Information** (See specific instructions)

	N/A	Yes	No
<b>76</b> Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity	<b>76</b>		X
<b>77</b> Were any changes made in the organizing or governing documents but not reported to the IRS? If 'Yes,' attach a conformed copy of the changes	<b>77</b>		X
<b>78a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	<b>78a</b>		X
<b>b</b> If 'Yes,' has it filed a tax return on <b>Form 990-T</b> for this year?	<b>78b</b>		
<b>79</b> Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' attach a statement	<b>79</b>		X
<b>80a</b> Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc. to any other exempt or nonexempt organization?	<b>80a</b>		X
<b>b</b> If 'Yes,' enter the name of the organization ▶ _____ and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt			
<b>81a</b> Enter the amount of political expenditures, direct or indirect, as described in the instructions <b>81a</b> 0			
<b>b</b> Did the organization file <b>Form 1120-POL</b> for this year?	<b>81b</b>		X
<b>82a</b> Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	<b>82a</b>	X	
<b>b</b> If 'Yes,' you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions for reporting in Part III.) <b>82b</b>			
<b>83a</b> Did the organization comply with the public inspection requirements for returns and exemption applications?	<b>83a</b>	X	
<b>b</b> Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	<b>83b</b>	X	
<b>84a</b> Did the organization solicit any contributions or gifts that were not tax deductible?	<b>84a</b>		X
<b>b</b> If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	<b>84b</b>		
<b>85 501(c)(4) (5) or (6) organizations</b> <b>a</b> Were substantially all dues nondeductible by members?	<b>85a</b>		
<b>b</b> Did the organization make only in house lobbying expenditures of \$2,000 or less? If 'Yes' was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year	<b>85b</b>		
<b>c</b> Dues, assessments, and similar amounts from members <b>85c</b>			
<b>d</b> Section 162(e) lobbying and political expenditures <b>85d</b>			
<b>e</b> Aggregate nondeductible amount of Section 6033(e)(1)(A) dues notices <b>85e</b>			
<b>f</b> Taxable amount of lobbying and political expenditures (line 85d less 85e) <b>85f</b>			
<b>g</b> Does the organization elect to pay the Section 6033(e) tax on the amount in 85f?	<b>85g</b>		
<b>h</b> If Section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount in 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	<b>85h</b>		
<b>86 501(c)(7) organizations</b> Enter <b>a</b> Initiation fees and capital contributions included on line 12 <b>86a</b>			
<b>b</b> Gross receipts, included on line 12, for public use of club facilities <b>86b</b>			
<b>87 501(c)(12) organizations</b> Enter <b>a</b> Gross income from members or shareholders <b>87a</b>			
<b>b</b> Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) <b>87b</b>			
<b>88</b> At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations Sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Part IX	<b>88</b>		X
<b>89a 501(c)(3) organizations</b> Enter Amount of tax imposed on the organization during the year under Section 4911 ▶ 0, Section 4912 ▶ 0, Section 4955 ▶ 0			
<b>b 501(c)(3) and 501(c)(4) organizations</b> Did the organization engage in any Section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If 'Yes,' attach a statement explaining each transaction	<b>89b</b>		X
<b>c</b> Enter Amount of tax imposed on the organization managers or disqualified persons during the year under Sections 4912, 4955, and 4958 ▶ 0			
<b>d</b> Enter Amount of tax on line 89c, above, reimbursed by the organization ▶ 0			
<b>90a</b> List the states with which a copy of this return is filed ▶ None			
<b>b</b> Number of employees employed in the pay period that includes March 12, 2000 (see instructions) <b>90b</b> 90			
<b>91</b> The books are in care of ▶ Doug Boynton Telephone number ▶ (804) 783-0678 Located at ▶ Daily Planet, 517 W Grace St, Richmond, Va VA ZIP code ▶ 23220			
<b>92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041</b> - Check here ▶ <input type="checkbox"/> and enter the amount of tax exempt interest received or accrued during the tax year ▶ 92			

**Part VII Analysis of Income-Producing Activities** (See instructions)

Enter gross amounts unless otherwise indicated	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue					
a _____					
b _____					
c _____					
d _____					
e _____					
f Medicare/Medicaid payments					
g Fees & contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings & temporary cash invmnts			14	516	
96 Dividends & interest from securities					
97 Net rental income or (loss) from real estate					
a debt financed property					
b not debt financed property					
98 Net rental income or (loss) from pers prop					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue a _____					
b Miscellaneous					31,469
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E))				516	31,469
105 Total (add line 104, columns (B), (D), and (E))					31,985

Note Line 105 plus line 1d Part I should equal the amount on line 12 Part I

**Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes** (See instructions)

Line No	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)
93G	Rehabilitative Services
93A	Rehabilitative Services

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities** (See instructions) N/A

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End of year assets
	%			
	%			
	%			
	%			

**Part X Information Regarding Transfers Associated with Personal Benefit Contracts** (See instructions)

- a Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  Yes  No
- b Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  Yes  No

Note: If "Yes" to b, file Form 8870 and Form 4720 (see instructions)

I am preparing this return on all information of which preparer has any knowledge (See instructions)

Date: 8/16/07

Type or Print Name and Title: \_\_\_\_\_

▶ **Must be completed by the above organizations and attached to their Form 990 or 990-EZ.**

Name of the Organization <b>Daily Planet, Incorporated</b>	Employer Identification Number <b>54-0900368</b>
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**Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees**  
(See instructions List each one If there are none, enter 'None')

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				
Total number of other employees paid over \$50,000	None			

**Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services**  
(See instructions List each one (whether individuals or firms) If there are none, enter 'None')

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
Rubicon	Medical	106,918
Total number of others receiving over \$50,000 for professional services	None	

**Part III** Statements About Activities

	Yes	No
<b>1</b> During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If 'Yes,' enter the total expenses paid or incurred in connection with the lobbying activities ▶ \$ _____ Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI A. Other organizations checking 'Yes,' must complete Part VI B and attach a statement giving a detailed description of the lobbying activities	1	X
<b>2</b> During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any of its trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary		
<b>a</b> Sale, exchange, or leasing of property?	2a	X
<b>b</b> Lending of money or other extension of credit?	2b	X
<b>c</b> Furnishing of goods, services, or facilities?	2c	X
<b>d</b> Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2d	X
<b>e</b> Transfer of any part of its income or assets? If the answer to any question is 'Yes' attach a detailed statement explaining the transactions	2e	X
<b>3</b> Does the organization make grants for scholarships, fellowships, student loans, etc?	3	X
<b>4a</b> Do you have a section 403(b) annuity plan for your employees?	4a	X
<b>b</b> Attach a statement to explain how the organization determines that individuals or organizations receiving grants or loans from it in furtherance of its charitable programs qualify to receive payments (See instructions)		

**Part IV** Reason for Non-Private Foundation Status (See instructions)

The organization is not a private foundation because it is (please check only **One** applicable box)

- 5  A church, convention of churches, or association of churches Section 170(b)(1)(A)(i)
- 6  A school Section 170(b)(1)(A)(ii) (Also complete Part V, page 5)
- 7  A hospital or a cooperative hospital service organization Section 170(b)(1)(A)(iii)
- 8  A federal, state, or local government or governmental unit Section 170(b)(1)(A)(v)
- 9  A medical research organization operated in conjunction with a hospital Section 170(b)(1)(A)(iii) Enter the hospital's name, city, and state ▶ \_\_\_\_\_
- 10  An organization operated for the benefit of a college or university owned or operated by a governmental unit Section 170(b)(1)(A)(iv) (Also complete the **Support Schedule** in Part IV A)
- 11a  An organization that normally receives a substantial part of its support from a governmental unit or from the general public Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV A)
- 11b  A community trust Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV A)
- 12  An organization that normally receives (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc, functions - subject to certain exceptions, and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2) (Also complete the **Support Schedule** in Part IV A)
- 13  An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in (1) lines 5 through 12 above, or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2) (See section 509(a)(3))

Provide the following information about the supported organizations (See instructions)

(a) Name(s) of supported organization(s)	(b) Line number from above

- 14  An organization organized and operated to test for public safety Section 509(a)(4) (See instructions)

**Part IV-A Support Schedule** (Complete only if you checked a box on line 10, 11, or 12) *Use cash method of accounting.*

**Note** You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting

Calendar year (or fiscal year beginning in)	(a) 1999	(b) 1998	(c) 1997	(d) 1996	(e) Total
<b>15</b> Gifts, grants, and contributions received (Do not include unusual grants. See line 28.)	2,550,289	2,403,713	2,113,107	1,666,330	8,733,439
<b>16</b> Membership fees received	19,822	31,811	36,655	35,303	123,591
<b>17</b> Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is not a business unrelated to the organization's charitable, etc., purpose			2,513	1,235	3,748
<b>18</b> Gross income from interest, dividends, amounts received from payments on securities loans (Section 512(a)(5)), rents, royalties, and unrelated business taxable income (less Section 511 taxes) from businesses acquired by the organization after June 30, 1975		14,724			14,724
<b>19</b> Net income from unrelated business activities not included in line 18					
<b>20</b> Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
<b>21</b> The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.					
<b>22</b> Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets.	41,964	12,389	7,642	4,251	66,246
<b>23</b> Total of lines 15 through 22	2,612,075	2,462,637	2,159,917	1,707,119	8,941,748
<b>24</b> Line 23 minus line 17	2,612,075	2,462,637	2,157,404	1,705,884	8,938,000
<b>25</b> Enter 1% of line 23	26,121	24,626	21,599	17,071	
<b>26 Organizations described on lines 10 or 11</b>	<p><b>a</b> Enter 2% of amount in column (e), line 24</p> <p><b>b</b> Attach a list (which is not open to public inspection) showing the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 1996 through 1999 exceeded the amount shown in line 26a. Enter the sum of all these excess amounts.</p> <p><b>c</b> Total support for Section 509(a)(1) test. Enter line 24, column (e).</p> <p><b>d</b> Add: Amounts from column (e) for lines <b>18</b> <u>14,724</u> <b>19</b> _____ <b>22</b> <u>66,246</u> <b>26b</b> _____</p> <p><b>e</b> Public support (line 26c minus line 26d total)</p> <p><b>f</b> <b>Public support percentage (line 26e (numerator) divided by line 26c (denominator))</b></p>				<p><b>26a</b> 178,760</p> <p><b>26b</b></p> <p><b>26c</b> 8,938,000</p> <p><b>26d</b> 80,970</p> <p><b>26e</b> 8,857,030</p> <p><b>26f</b> 99.09%</p>
<b>27 Organizations described on line 12</b>	<p><b>a</b> For amounts included in lines 15, 16, and 17 that were received from a 'disqualified person,' attach a list (which is not open to public inspection) to show the name of, and total amounts received in each year from, each 'disqualified person.' Enter the sum of such amounts for each year:</p> <p>(1999) _____ (1998) _____ (1997) _____ (1996) _____</p> <p><b>b</b> For any amount included in line 17 that was received from a nondisqualified person, attach a list to show the name of, and amount received for each year, that was more than the <b>larger</b> of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11, as well as individuals.) After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year:</p> <p>(1999) _____ (1998) _____ (1997) _____ (1996) _____</p> <p><b>c</b> Add: Amounts from column (e) for lines <b>15</b> _____ <b>16</b> _____ <b>17</b> _____ <b>20</b> _____ <b>21</b> _____</p> <p><b>d</b> Add: Line 27a total _____ and line 27b total _____</p> <p><b>e</b> Public support (line 27c total minus line 27d total)</p> <p><b>f</b> Total support for section 509(a)(2) test. Enter amount on line 23, column (e) <b>27f</b> _____</p> <p><b>g</b> <b>Public support percentage (line 27e (numerator) divided by line 27f (denominator))</b></p> <p><b>h</b> <b>Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))</b></p>				<p><b>27c</b></p> <p><b>27d</b></p> <p><b>27e</b></p> <p><b>27g</b> %</p> <p><b>27h</b> %</p>
<b>28 Unusual Grants</b> For an organization described in line 10, 11, or 12 that received any unusual grants during 1996 through 1999, attach a list (which is not open to public inspection) for each year showing the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not include these grants in line 15. (See instructions.)					

**Part V Private School Questionnaire** (See instructions)  
 (To be completed Only by schools that checked the box on line 6 in Part IV)

		N/A	
		Yes	No
<b>29</b>	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?		
<b>30</b>	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?		
<b>31</b>	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If 'Yes,' please describe, if 'No,' please explain (If you need more space, attach a separate statement ) ----- ----- -----		
<b>32</b>	Does the organization maintain the following		
<b>a</b>	Records indicating the racial composition of the student body, faculty, and administrative staff?		
<b>b</b>	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?		
<b>c</b>	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?		
<b>d</b>	Copies of all material used by the organization or on its behalf to solicit contributions? If you answered 'No' to any of the above, please explain (If you need more space, attach a separate statement ) ----- -----		
<b>33</b>	Does the organization discriminate by race in any way with respect to		
<b>a</b>	Students' rights or privileges?		
<b>b</b>	Admissions policies?		
<b>c</b>	Employment of faculty or administrative staff?		
<b>d</b>	Scholarships or other financial assistance?		
<b>e</b>	Educational policies?		
<b>f</b>	Use of facilities?		
<b>g</b>	Athletic programs?		
<b>h</b>	Other extracurricular activities? If you answered 'Yes' to any of the above, please explain (If you need more space, attach a separate statement ) ----- ----- -----		
<b>34a</b>	Does the organization receive any financial aid or assistance from a governmental agency?		
<b>b</b>	Has the organization's right to such aid ever been revoked or suspended? If you answered 'Yes' to either 34a or b, please explain using an attached statement		
<b>35</b>	Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75 50, 1975 2 C B 587, covering racial nondiscrimination? If 'No,' attach an explanation		

**Part VI-A Lobbying Expenditures by Electing Public Charities** (See instructions )  
 (To be completed **Only** by an eligible organization that filed Form 5768)

Check here  **a** if the organization belongs to an affiliated group  
 Check here  **b** if you checked 'a' above and 'limited control' provisions apply

<b>Limits on Lobbying Expenditures</b>		(a) Affiliated group totals	(b) To be completed for all electing organizations
(The term 'expenditures' means amounts paid or incurred )			
<b>36</b>	Total lobbying expenditures to influence public opinion (grassroots lobbying)	0	0
<b>37</b>	Total lobbying expenditures to influence a legislative body (direct lobbying)		
<b>38</b>	Total lobbying expenditures (add lines 36 and 37)	0	0
<b>39</b>	Other exempt purpose expenditures		
<b>40</b>	Total exempt purpose expenditures (add lines 38 and 39)	0	0
<b>41</b>	Lobbying nontaxable amount Enter the amount from the following table - If the amount on line 40 is -                      The lobbying nontaxable amount is - Not over \$500,000                                      20% of the amount on line 40 Over \$500,000 but not over \$1,000,000                      \$100,000 plus 15% of the excess over \$500,000 Over \$1,000,000 but not over \$1,500,000                      \$175,000 plus 10% of the excess over \$1,000,000 Over \$1,500,000 but not over \$17,000,000                      \$225,000 plus 5% of the excess over \$1,500,000 Over \$17,000,000                                      \$1,000,000	0	0
<b>42</b>	Grassroots nontaxable amount (enter 25% of line 41)	0	0
<b>43</b>	Subtract line 42 from line 36 Enter 0 if line 42 is more than line 36	0	0
<b>44</b>	Subtract line 41 from line 38 Enter 0 if line 41 is more than line 38	0	0

**Caution** If there is an amount on either line 43 or line 44 you must file Form 4720

**4-Year Averaging Period Under Section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below  
 See the instructions for lines 45 through 50 )

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2000	(b) 1999	(c) 1998	(d) 1997	(e) Total
<b>45</b> Lobbying nontaxable amount					
<b>46</b> Lobbying ceiling amount (150% of line 45(e))					
<b>47</b> Total lobbying expenditures					
<b>48</b> Grassroots non taxable amount					
<b>49</b> Grassroots ceiling amount (150% of line 48(e))					
<b>50</b> Grassroots lobbying expenditures					

**Part VI-B Lobbying Activity by Nonelecting Public Charities**  
 (For reporting only by organizations that did not complete Part VI A) (See instructions )

N/A

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of

- a Volunteers
- b Paid staff or management (include compensation in expenses reported on lines c through h )
- c Media advertisements
- d Mailings to members, legislators, or the public
- e Publications, or published or broadcast statements
- f Grants to other organizations for lobbying purposes
- g Direct contact with legislators, their staffs, government officials, or a legislative body
- h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means
- i Total lobbying expenditures (add lines c through h)

Yes	No	Amount

If 'Yes' to any of the above, also attach a statement giving a detailed description of the lobbying activities



Daily Planet  
Contributions > \$5,000  
6/30/01

staff  
date

JIM  
7/3/02

\$ 225,550 52

31,721 00

10,000 00

11,424 00

5,000 00

5,000 00

6,125 00

5,000 00

10,000 00

16,300 00

6,250 00

\$ 332,370 52

Form 990, Page 2, Part II, Line 43

**Other Expenses Stmt**

	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
Other expenses (itemize)				
Insurance	56,215	50,829	5,386	0
Utilities	40,999	37,109	3,890	0
Computer Expenses	21,502	21,376	126	0
Other Expenses	19,229	16,660	2,569	0
Rent	18,765	18,765	0	0
<b>Total</b>	<b>156,710</b>	<b>144,739</b>	<b>11,971</b>	<b>0</b>

Form 990, Page 3, Part IV, Line 58

**Other Assets Statement**

<b>Line 58 - Other Assets:</b>	<b>Beginning of Year</b>	<b>End of Year</b>
United Way W/H, SH-Support	1,668	
<b>Total</b>	<b>1,668</b>	

Form 990, Page 3, Part IV, Line 65

**Other Liabilities Statement**

<b>Line 65 - Other Liabilities.</b>	<b>Beginning of Year</b>	<b>End of Year</b>
Accrued Payroll and Withholdings	547	
Accrued Annual Leave	21,171	19,495
Interfund Payable	18,330	
<b>Total</b>	<b>40,048</b>	<b>19,495</b>

Form 990, Page 4, Part V

**List of Officers, Etc Statement**

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans and deferred compensation	(E) Expense account and other allowances
Teri Cooper 2204 Thornbury Drive Richmond VA	Board Member 0	0	0	0
Father Constantine Nicholas 304 Sandlewood Dr Richmond VA 232	Board Member 0	0	0	0
Fred Ellis 606 N Boulevard Ave Richmond VA	Board Member 0	0	0	0
Farmer, Dr Rosemary 1110 West Avenue Richmond VA 23220	Board Member 0	0	0	0

Form 990, Page 4, Part V  
List of Officers, Etc Statement

Continued

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans and deferred compensation	(E) Expense account and other allowances
JoAnne Henry, Ed D , RN 14209 Regatta Point Rd Midlothian Anne P Lane	Board Member 0	0	0	0
1925 Hanover Avenue Richmond VA 2 Judy Parker-Falzo	Board Member 0	0	0	0
3125 Poinsetta Drive Chester VA 2 Ron Skinner	Board Member 0	0	0	0
22090W Marshall St Richmond VA Alexander H , Esq	Board Member 0	0	0	0
1410 Pump House Dr Richmond VA 2 Rosemarie Studer	Board Member 0	0	0	0
5 N Robinson St Richmond VA 23220 George Boothe	Board Member 0	0	0	0
5409 Hull St Rd #2 Richmond VA W B Braxton-Bantu	Consumer Represent 0	0	0	0
411 Grace St Richmond VA 23220 Fritz Muhlhauser	Consumer Represent 0	0	0	0
1125 W Clay St Richmond VA 23220 Robert Saieva	Consumer Represent 0	0	0	0
2305 Venable St Richmond VA 23223 Jerome Vaughn	Consumer Represent 0	0	0	0
517 W Grace St Richmond VA 23220	Consumer Represent 0	0	0	0
Total		<u>0</u>	<u>0</u>	<u>0</u>

**Supporting Statement of**

Form 990 p 2/Other Program Service Exp

<b>Description</b>	<b>Amount</b>
Nutrition Services	13,646
General Operations Day Shelter	370,227
Total	<u>383,873</u>