

# Return of Organization Exempt From Income Tax

OMB No 1545-0047

# 2001

Department of the Treasury  
Internal Revenue Service

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

Open to Public Inspection

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

**A** For the 2001 calendar year, or tax year period beginning **JUL 1, 2001** and ending **JUN 30, 2002**

**B** Check if applicable:  
 Address change  
 Name change  
 Initial return  
 Final return  
 Amended return  
 Application pending

**C** Name of organization: **DAILY PLANET, INCORPORATED**  
 Number and street (or P O box if mail is not delivered to street address): **517 WEST GRACE ST**  
 City or town, state or country, and ZIP + 4: **RICHMOND, VA 23220**

**D** Employer identification number: **54-0900368**

**E** Telephone number: **(804) 783-0678**

**F** Accounting method:  Cash  Accrual  
 Other (specify) ▶

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

H and I are not applicable to section 527 organizations  
**H(a)** Is this a group return for affiliates?  Yes  No  
**H(b)** If "Yes," enter number of affiliates ▶

**G** Web site ▶ **N/A**

**J** Organization type (check only one) ▶  501(c) ( 3 ) ◀ (insert no)  4947(a)(1) or  527

**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.

**H(c)** Are all affiliates included? **N/A**  Yes  No (If "No," attach a list.)  
**H(d)** Is this a separate return filed by an organization covered by a group ruling?  Yes  No

**L** Gross receipts. Add lines 6b, 8b, 9b, and 10b to line 12 ▶ **2,237,427.**

**I** Enter 4-digit GEN ▶

**M** Check  if the organization is not required to attach Sch B (Form 990, 990-EZ, or 990-PF)

## Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances

<b>1</b> Contributions, gifts, grants, and similar amounts received				
<b>a</b> Direct public support	<b>1a</b>	<b>553,714.</b>		
<b>b</b> Indirect public support	<b>1b</b>	<b>230,005.</b>		
<b>c</b> Government contributions (grants)	<b>1c</b>	<b>1,432,016.</b>		
<b>d</b> Total (add lines 1a through 1c) (cash \$ <b>2,215,735.</b> noncash \$ _____)	<b>1d</b>			<b>2,215,735.</b>
<b>2</b> Program service revenue including government fees and contracts (from Part VII, line 93)	<b>2</b>			
<b>3</b> Membership dues and assessments	<b>3</b>			
<b>4</b> Interest on savings and temporary cash investments	<b>4</b>			<b>1,160.</b>
<b>5</b> Dividends and interest from securities	<b>5</b>			
<b>6 a</b> Gross rents	<b>6a</b>			
<b>b</b> Less rental expenses	<b>6b</b>			
<b>c</b> Net rental income or (loss) (subtract line 6b from line 6a)	<b>6c</b>			
<b>7</b> Other investment income (describe ▶ _____)	<b>7</b>			
<b>8 a</b> Gross amount from sale of assets other than inventory	<b>(A) Securities</b>		<b>(B) Other</b>	
<b>b</b> Less cost or other basis and sales expenses	<b>8a</b>			
<b>c</b> Gain or (loss) (attach schedule)	<b>8b</b>			
<b>d</b> Net gain or (loss) (combine line 8c, columns (A) and (B))	<b>8c</b>			
<b>8d</b>				
<b>9</b> Special events and activities (attach schedule)				
<b>a</b> Gross revenue (not including \$ _____ of contributions reported on line 1a)	<b>9a</b>			
<b>b</b> Less direct expenses other than fundraising expenses	<b>9b</b>			
<b>c</b> Net income or (loss) from special events (subtract line 9b from line 9a)	<b>9c</b>			
<b>10 a</b> Gross sales of inventory, less returns and allowances	<b>10a</b>			
<b>b</b> Less cost of goods sold	<b>10b</b>			
<b>c</b> Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	<b>10c</b>			
<b>11</b> Other revenue (from Part VII, line 103)	<b>11</b>			<b>20,532.</b>
<b>12</b> Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	<b>12</b>			<b>2,237,427.</b>
<b>13</b> Program services (from line 44, column (B))	<b>13</b>			<b>1,861,896.</b>
<b>14</b> Management and general (from line 44, column (C))	<b>14</b>			<b>332,442.</b>
<b>15</b> Fundraising (from line 44, column (D))	<b>15</b>			<b>26,693.</b>
<b>16</b> Payments to affiliates (attach schedule)	<b>16</b>			
<b>17</b> Total expenses (add lines 16 and 44, column (A))	<b>17</b>			<b>2,221,031.</b>
<b>18</b> Excess or (deficit) for the year (subtract line 17 from line 12)	<b>18</b>			<b>16,396.</b>
<b>19</b> Net assets or fund balances at beginning of year (from line 73, column (A))	<b>19</b>			<b>982,999.</b>
<b>20</b> Other changes in net assets or fund balances (attach explanation)	<b>20</b>			<b>0.</b>
<b>21</b> Net assets or fund balances at end of year (combine lines 18, 19, and 20)	<b>21</b>			<b>999,395.</b>

**RECEIVED**  
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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 \$ _____ noncash \$ _____				
23	Specific assistance to individuals (attach schedule)				
24	Benefits paid to or for members (attach schedule)				
25	Compensation of officers, directors, etc	0.	0.	0.	0.
26	Other salaries and wages	1,188,935.	973,843.	192,857.	22,235.
27	Pension plan contributions				
28	Other employee benefits	85,923.	44,830.	39,535.	1,558.
29	Payroll taxes	95,754.	74,163.	20,357.	1,234.
30	Professional fundraising fees				
31	Accounting fees				
32	Legal fees				
33	Supplies				
34	Telephone	45,041.	42,490.	2,551.	
35	Postage and shipping	7,555.	4,919.	2,636.	
36	Occupancy	8,711.		8,711.	
37	Equipment rental and maintenance	48,756.	47,149.	1,607.	
38	Printing and publications	10,257.	9,379.		878.
39	Travel	5,156.	4,865.	291.	
40	Conferences, conventions, and meetings				
41	Interest	33,781.	30,403.	3,378.	
42	Depreciation, depletion, etc (attach schedule)	114,377.	94,928.	19,449.	
43	Other expenses not covered above (itemize)				
a					
b					
c					
d					
e	<b>SEE STATEMENT 1</b>	576,785.	534,927.	41,070.	788.
44	Total functional expenses (add lines 22 through 43). Organizations completing columns (B)-(D), carry these totals to lines 13-15	2,221,031.	1,861,896.	332,442.	26,693.

Joint Costs Check  if you are following SOP 98-2

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services?  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? **REHABILITATIVE SERVICES**

**REHABILITATIVE SERVICES**

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)

**Program Service Expenses**  
(Required for 501(c)(3) and (4) orgs. and 4947(a)(1) trusts but optional for others.)

a	<b>PROJECT EMPOWER</b>				
		(Grants and allocations \$ _____)			317,503.
b	<b>PUBLIC HEALTH</b>				
		(Grants and allocations \$ _____)			714,445.
c	<b>COLLABORATIVE TREATMENT</b>				
		(Grants and allocations \$ _____)			181,040.
d	<b>SAFE HAVEN</b>				
		(Grants and allocations \$ _____)			198,633.
e	Other program services (attach schedule) <b>STATEMENT 2</b>				450,275.
f	Total of Program Service Expenses (should equal line 44, column (B), Program services)				1,861,896.

**Part IV Balance Sheets**

Note			(A) Beginning of year		(B) End of year
<i>Where required, attached schedules and amounts within the description column should be for end-of-year amounts only</i>					
<b>Assets</b>	45	Cash - non-interest bearing	73,436.	45	59,686.
	46	Savings and temporary cash investments		46	145,548.
	47 a	Accounts receivable			
		b Less allowance for doubtful accounts	1,150.	47c	
	48 a	Pledges receivable			
		b Less allowance for doubtful accounts		48c	
	49	Grants receivable		49	
	50	Receivables from officers, directors, trustees, and key employees		50	
	51 a	Other notes and loans receivable			
		b Less allowance for doubtful accounts	10,749.	51c	
	52	Inventories for sale or use		52	
	53	Prepaid expenses and deferred charges		53	5,860.
	54	Investments - securities <span style="float: right;">▶ <input type="checkbox"/> Cost <input type="checkbox"/> FMV</span>		54	
	55 a	Investments - land, buildings, and equipment, basis			
	b Less accumulated depreciation		55c		
56	Investments - other		56		
57 a	Land, buildings, and equipment, basis	1,792,344.			
	b Less accumulated depreciation	519,967.			
58	Other assets (describe ▶ _____)	1,369,081.	57c	1,272,377.	
			58	0.	
59	<b>Total assets</b> (add lines 45 through 58) (must equal line 74)	1,454,416.	59	1,483,471.	
<b>Liabilities</b>	60	Accounts payable and accrued expenses	46,951.	60	66,354.
	61	Grants payable		61	
	62	Deferred revenue		62	
	63	Loans from officers, directors, trustees, and key employees		63	
	64 a	Tax-exempt bond liabilities		64a	
		b Mortgages and other notes payable	404,971.	64b	404,971.
	65	Other liabilities (describe ▶ <b>SEE STATEMENT 3</b> )	19,495.	65	12,751.
66	<b>Total liabilities</b> (add lines 60 through 65)	471,417.	66	484,076.	
<b>Net Assets or Fund Balances</b>	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74				
	67	Unrestricted	607,250.	67	999,395.
	68	Temporarily restricted	375,749.	68	0.
	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, column (B) must equal line 21)	982,999.	73	999,395.	
74	<b>Total liabilities and net assets / fund balances</b> (add lines 66 and 73)	1,454,416.	74	1,483,471.	

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.



Part VI Other Information

Table with columns for question number, question text, and Yes/No columns. Includes questions 76 through 91 regarding organizational activities, expenditures, and employee information.

91 The books are in care of ORGANIZATION Telephone no (804) 783-0678
Located at 517 WEST GRACE ST, RICHMOND, VA ZIP + 4 23220

92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here
and enter the amount of tax-exempt interest received or accrued during the tax year 92 N/A

**Part VII Analysis of Income-Producing Activities** (See Specific Instructions on page 32 )

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclu- sion code	(D) Amount	
<b>93</b> Program service revenue					
a _____					
b _____					
c _____					
d _____					
e _____					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
<b>94</b> Membership dues and assessments					
<b>95</b> Interest on savings and temporary cash investments			14	1,160.	
<b>96</b> Dividends and interest from securities					
<b>97</b> Net rental income or (loss) from real estate					
a debt-financed property					
b not debt-financed property					
<b>98</b> Net rental income or (loss) from personal property					
<b>99</b> Other investment income					
<b>100</b> Gain or (loss) from sales of assets other than inventory					
<b>101</b> Net income or (loss) from special events					
<b>102</b> Gross profit or (loss) from sales of inventory					
<b>103</b> Other revenue					
a <b>OTHER REVENUE</b>					20,532.
b _____					
c _____					
d _____					
e _____					
<b>104</b> Subtotal (add columns (B), (D), and (E))		0.		1,160.	20,532.
<b>105</b> Total (add line 104, columns (B), (D), and (E))					21,692.

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 Specific Instructions on page 32 )

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)
<b>103A</b>	<b>REHABILITATIVE SERVICES</b>

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities** (See Specific Instructions on page 33 )

(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
N/A	%			
	%			
	%			
	%			

**Part X Information Regarding Transfers Associated with Personal Benefit Contracts** (See Specific Instructions on page 33 )

- (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

Accompanying schedules and statements and to the best of my knowledge and belief it is true information of which preparer has any knowledge

12/03 Executive Director

**Organization Exempt Under Section 501(c)(3)**

(Except Private Foundation) and Section 501(e), 501(f), 501(k),  
501(n), or Section 4947(a)(1) Nonexempt Charitable Trust

**2001**

Department of the Treasury  
Internal Revenue Service

**Supplementary Information-(See separate instructions.)**

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

Name of the organization

**DAILY PLANET, INCORPORATED**

Employer identification number

**54 0900368**

**Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees**

(See page 1 of the 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
<b>NONE</b>				

Total number of other employees paid over \$50,000 ▶

**0**

**Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services**

(See page 2 of the 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
<b>RUBICON</b>	<b>MEDICAL</b>	<b>181,007.</b>

Total number of others receiving over \$50,000 for professional services ▶

**0**

<b>Part III</b> Statements About Activities (See page 2 of the instructions )	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 ▶ \$ _____ \$ _____ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B ) 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 substantial contributors, 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? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions )		
<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?	2e	X
<b>3</b> Does the organization make grants for scholarships, fellowships, student loans, etc ? (See Note below )	3	X
<b>4</b> Do you have a section 403(b) annuity plan for your employees?	4	X
<b>Note</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		

**Part IV Reason for Non-Private Foundation Status** (See pages 3 through 6 of the 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 )

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 page 5 of the 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 page 6 of the 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) 2000	(b) 1999	(c) 1998	(d) 1997	(e) Total
15 Gifts, grants and contributions received (Do not include unusual grants. See line 28.)	1,842,092.	2,550,289.	2,403,713.	2,113,107.	8,909,201.
16 Membership fees received		19,822.	31,811.	36,655.	88,288.
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose				2,513.	2,513.
18 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	516.		14,724.		15,240.
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 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.					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets.	31,469.	41,964.	SEE STATEMENT 5 12,389.	7,642.	93,464.
23 Total of lines 15 through 22	1,874,077.	2,612,075.	2,462,637.	2,159,917.	9,108,706.
24 Line 23 minus line 17	1,874,077.	2,612,075.	2,462,637.	2,157,404.	9,106,193.
25 Enter 1% of line 23	18,741.	26,121.	24,626.	21,599.	
26 Organizations described on lines 10 or 11	a Enter 2% of amount in column (e), line 24				26a 182,124.
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 1997 through 2000 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts.					26b 0.
c Total support for section 509(a)(1) test: Enter line 24, column (e)					26c 9,106,193.
d Add: Amounts from column (e) for lines 18 15,240. 19 _____ 22 93,464. 26b _____					26d 108,704.
e Public support (line 26c minus line 26d total)					26e 8,997,489.
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f 98.8063%
27 Organizations described on line 12	a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year: N/A				
	(2000)	(1999)	(1998)	(1997)	
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger 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.) Do not file this list with your return. 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: N/A					
	(2000)	(1999)	(1998)	(1997)	
c Add: Amounts from column (e) for lines 15 _____ 16 _____ 17 _____ 20 _____ 21 _____					27c N/A
d Add: Line 27a total _____ and line 27b total _____					27d N/A
e Public support (line 27c total minus line 27d total)					27e N/A
f Total support for section 509(a)(2) test: Enter amount on line 23, column (e)					27f N/A
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27g N/A %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27h N/A %

28 Unusual Grants For an organization described in line 10, 11, or 12, that received any unusual grants during 1997 through 2000, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15

NONE

**Part V Private School Questionnaire** (See page 7 of the instructions )

N/A

**(To be completed ONLY by schools that checked the box on line 6 in Part IV)**

		Yes	No
29	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?		
30	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?		
31	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.)		
32	Does the organization maintain the following		
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a	
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b	
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c	
d	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 )	32d	
33	Does the organization discriminate by race in any way with respect to		
a	Students' rights or privileges?	33a	
b	Admissions policies?	33b	
c	Employment of faculty or administrative staff?	33c	
d	Scholarships or other financial assistance?	33d	
e	Educational policies?	33e	
f	Use of facilities?	33f	
g	Athletic programs?	33g	
h	Other extracurricular activities? If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement )	33h	
34 a	Does the organization receive any financial aid or assistance from a governmental agency?	34a	
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	34b	
35	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	35	

**Part VI-A Lobbying Expenditures by Electing Public Charities** (See page 9 of the instructions )

N/A

(To be completed ONLY by an eligible organization that filed Form 5768)

Check  a  if the organization belongs to an affiliated group Check  b  if you checked "a" and "limited control" provisions apply

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

**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 on page 11 of the instructions.)

Calendar year (or fiscal year beginning in)	Lobbying Expenditures During 4-Year Averaging Period				N/A
	(a) 2001	(b) 2000	(c) 1999	(d) 1998	(e) Total
45	Lobbying nontaxable amount				0.
46	Lobbying ceiling amount (150% of line 45(e))				0.
47	Total lobbying expenditures				0.
48	Grassroots nontaxable amount				0.
49	Grassroots ceiling amount (150% of line 48(e))				0.
50	Grassroots lobbying expenditures				0.

**Part VI-B Lobbying Activity by Nonelecting Public Charities**

(For reporting only by organizations that did not complete Part VI-A) (See page 12 of the instructions.)

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	Yes	No	Amount
a Volunteers		X	
b Paid staff or management (include compensation in expenses reported on lines c through h )		X	
c Media advertisements		X	
d Mailings to members, legislators, or the public		X	
e Publications, or published or broadcast statements		X	
f Grants to other organizations for lobbying purposes		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body		X	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means		X	
i Total lobbying expenditures (Add lines c through h )			0.

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



# Application for Extension of Time To File an Exempt Organization Return

▶ File a separate application for each return

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box
- If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form)

**Note** Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868

## Part I Automatic 3-Month Extension of Time - Only submit original (no copies needed)

**Note** Form 990-T corporations requesting an automatic 6-month extension - check this box and complete Part I only   
 All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax returns. Partnerships, REMICs and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041

Type or print	Name of Exempt Organization <b>THE DAILY PLANET, INC</b>	Employer identification number <b>54-0900368</b>
	Number, street, and room or suite no. If a P O box, see instructions <b>517 W GRACE STREET</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions <b>RICHMOND, VA 23220</b>	

Check type of return to be filed (file a separate application for each return)

- |  |  |                                    |
|--|--|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation)                | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL         | <input type="checkbox"/> Form 990-T (sec 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ         | <input type="checkbox"/> Form 990 T (trust other than above)     | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF         | <input type="checkbox"/> Form 1041 A                             | <input type="checkbox"/> Form 8870 |

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a **Group Return**, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_ If this is for the **whole** group, check this box . If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension will cover

1 I request an automatic 3-month (6-month, for **990-T corporation**) extension of time until **FEBRUARY 18, 2003** to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
 ▶  calendar year \_\_\_\_\_ or  
 ▶  tax year beginning **JUL 1, 2001**, and ending **JUN 30, 2002**

2 If this tax year is for less than 12 months, check reason  Initial return  Final return  Change in accounting period

3a If this application is for Form 990-BL, 990 PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions \$ \_\_\_\_\_

b If this application is for Form 990-PF or 990 T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit \$ \_\_\_\_\_

c **Balance Due** Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions \$ **N/A**

### Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature ▶ **David E. Mill CPA** Title ▶ **CPA** Date ▶ **11-17-02**

LHA For Paperwork Reduction Act Notice, see instruction

THE DAILY PLANET, INC  
DEPRECIATION EXPENSE REPORT

as of 06/30/2002

SYS No	Ext	In Svc Date	Acquired Value	Dep Meth	P Est T Life	Salv/30% Sect 179	Depreciable Basis	Prev Thru	Prior Accun Depreciation	Depreciation This Run	Current Year to Date	Curr Accum Depreciation Key
<b>Book Internal FY June</b>												
000001	000	05/21/96	86520 00	NoDep	R 00 00	0 00	86520 00	00/00/00	0 00	0 00	0 00	0 00
LAND												
Count=	1	-----										
Class	01	-----										
		86520 00				0 00	86520 00		0 00	0 00	0 00	0 00
Less disposals and transfers												
		0 00				0 00	0 00		0 00			0 00
-----												
Net		86520 00				0 00	86520 00		0 00	0 00	0 00	0 00
000002	000	05/21/96	154499 40	SLMM	R 20 00	0 00	154499 40	06/30/01	39490 22	7724 97	7724 97	47215 19
BUILDINGS												
000003	000	11/26/97	341242 12	SLMM	R 20 00	0 00	341242 12	06/30/01	61330 10	17062 11	17062 11	78392 21
BUILDING IMPROVEMENTS-SAFE HAVEN												
000004	000	07/30/98	320885 81	SLMM	R 20 00	0 00	320885 81	06/30/01	46858 12	16044 29	16044 29	62902 41
514/515/517 WEST GRACE STREET												
000005	000	06/30/99	34012 77	SLMM	R 20 00	0 00	34012 77	06/30/01	13623 74	1700 64	1700 64	15324 38
IMPROVEMENTS												
000006	000	10/06/99	117135 00	SLMM	R 20 00	0 00	117135 00	06/30/01	10161 30	5856 75	5856 75	16018 05
RENOVATIONS-517 WEST GRACE STREET												
000007	000	12/02/99	71064 75	SLMM	R 20 00	0 00	71064 75	06/30/01	5611 40	3553 24	3553 24	9164 64
RENOVATIONS-517 WEST GRACE STREET												
000008	000	12/16/99	97732 40	SLMM	R 20 00	0 00	97732 40	06/30/01	7530 20	4886 62	4886 62	12416 82
RENOVATIONS-517 WEST GRACE STREET												
000009	000	02/28/00	68752 45	SLMM	R 20 00	0 00	68752 45	06/30/01	4602 28	3437 62	3437 62	8039 90
RENOVATIONS-517 WEST GRACE STREET												
000011	000	07/01/00	22924 39	SLMM	R 20 00	0 00	22924 39	06/30/01	1146 22	1146 22	1146 22	2292 44
RENOVATIONS												
000010	000	03/04/00	81924 71	SLMM	P 20 00	0 00	81924 71	06/30/01	3714 57	4096 24	4096 24	7810 91
RENOVATIONS												
Count=	10	-----										
Class	02	-----										
		1310173 80				0 00	1310173 80		194068 25	65508 70	65508 70	259576 95
Less disposals and transfers												
		0 00				0 00	0 00		0 00			0 00
-----												
Net		1310173 80				0 00	1310173 80		194068 25	65508 70	65508 70	259576 95
000018	000	03/03/95	278 60	SLMM	P 05 00	0 00	278 60	06/30/01	278 60	0 00	0 00	278 60
2 PACHERS												
000022	000	10/05/95	5997 00	SLMM	P 05 00	0 00	5997 00	06/30/01	5997 00	0 00	0 00	5997 00
COMPUTERS												
000023	000	12/13/95	3758 00	SLMM	P 05 00	0 00	3758 00	06/30/01	3758 00	0 00	0 00	3758 00
COMPUTERS												
000025	000	12/13/95	1098 00	SLMM	P 05 00	0 00	1098 00	06/30/01	1098 00	0 00	0 00	1098 00

THE DAILY PLANET, INC  
DEPRECIATION EXPENSE REPORT

as of 06/30/2002

SYS No	Ext	In Svc Date	Acquired Value	Dep Meth	Est Life	Salv/30% Sect 179	Depreciable Basis	Prev Thru	Prior Accum Depreciation	Depreciation This Run	Current Year to Date	Curr Accum Depreciation	Key
LASERJET PRINTER													
000026	000	05/01/96	788 95	SLMM	P 05 00	0 00	788 95	06/30/01	788 95	0 00	0 00	788 95	
OFFICE FURNITURE													
000027	000	05/08/96	190 00	SLMM	P 05 00	0 00	190 00	06/30/01	190 00	0 00	0 00	190 00	
OFFICE FURNITURE													
000028	000	05/14/96	9475 00	SLMM	P 05 00	0 00	9475 00	06/30/01	9475 00	0 00	0 00	9475 00	
COMPUTERS													
000029	000	05/15/96	240 00	SLMM	P 05 00	0 00	240 00	06/30/01	240 00	0 00	0 00	240 00	
DESKS & CHAIRS													
000020	000	06/03/96	250 79	SLMM	P 05 00	0 00	250 79	06/30/01	250 79	0 00	0 00	250 79	
TV/VCR													
000019	000	06/11/96	1200 00	SLMM	P 05 00	0 00	1200 00	06/30/01	1200 00	0 00	0 00	1200 00	
4 PRINTERS													
000021	000	06/20/96	835 98	SLMM	P 05 00	0 00	835 98	06/30/01	835 98	0 00	0 00	835 98	
FILE CABINETS													
000032	000	10/18/96	22997 00	SLMM	P 05 00	0 00	22997 00	06/30/01	21623 48	1373 52	1373 52	22997 00	
PHONE SYSTEM-PUBLIC HEALTH													
000024	000	11/22/96	177 00	SLMM	P 05 00	0 00	177 00	06/30/01	163 03	13 97	13 97	177 00	
MONITOR													
000033	000	12/01/96	7931 00	SLMM	P 05 00	0 00	7931 00	06/30/01	7266 0	660 92	660 92	7927 02	
COMPUTER-PUBLIC HEALTH													
000030	000	12/20/96	1590 00	SLMM	P 05 00	0 00	1590 00	06/30/01	1440 15	149 85	149 85	1590 00	
COMPUTER-HUD													
000031	000	01/02/97	626 00	SLMM	P 05 00	0 00	626 00	06/30/01	552 54	62 60	62 60	625 14	
COMPUTER-HUD													
000034	000	03/04/97	905 00	SLMM	P 05 00	0 00	905 00	06/30/01	783 01	120 67	120 67	903 68	
COMPUTERS-PUBLIC HEALTH													
000054	000	04/08/97	577 00	SLMM	P 05 00	0 00	577 00	06/30/01	488 16	86 55	86 55	574 71	
COMPUTER-HUD													
000038	000	10/23/97	483 00	SLMM	P 05 00	0 00	483 00	06/30/01	356 23	96 60	96 60	452 83	
COMPUTER EQUIPMENT HYPER PERFORMANCE													
000036	000	11/12/97	11000 00	SLMM	P 05 00	0 00	11000 00	06/30/01	7992 33	2200 00	2200 00	10192 33	
COMPUTER SOFTWARE-PUBLIC HEALTH													
000039	000	01/07/98	404 92	SLMM	P 05 00	0 00	404 92	06/30/01	281 77	80 98	80 99	362 75	
FURNITURE/EQUIPMENT													
000040	000	01/07/98	1400 01	SLMM	P 05 00	0 00	1400 01	06/30/01	974 25	280 00	280 00	1254 25	
COMPUTER SYSTEM MAX													
000055	000	05/28/98	568 75	SLMM	P 05 00	0 00	568 75	06/30/01	351 85	113 75	113 75	465 60	
EQUIPMENT OFFICE MAX													
000035	000	06/01/98	795 00	SLMM	P 05 00	0 00	795 00	06/30/01	490 07	159 00	159 00	649 07	
DONATED FURNITURE & FIXTURES													
000049	000	08/27/98	466 00	SLMM	P 05 00	0 00	466 00	06/30/01	265 05	93 20	93 20	358 25	
COMPUTER SYSTEM-PROJECT EMPOWER													
000044	000	10/07/98	442 00	SLMM	P 05 00	0 00	442 00	06/30/01	241 47	88 40	88 40	329 87	
COMPUTER UPGRADE													
000045	000	10/22/98	1786 00	SLMM	P 05 00	0 00	1786 00	06/30/01	961 01	357 20	357 20	1318 21	

THE DAILY PLANET, INC  
DEPRECIATION EXPENSE REPORT

as of 06/30/2002

SYS No	Ext	In Svc Date	Acquired Value	Dep Meth	P Est T Life	Salv/30% Sect 179	Depreciable Basis	Prev Thru	Prior Accum Depreciation	Depreciation This Run	Current Year to Date	Curr Accum Depreciation Key	
PENTIUM II													
000046	000	10/22/98	417 00	SLMM	P 05 00	0 00	417 00	06/30/01	224 38	33 40	83 40	307 78	
COMPUTER UPGRADE													
000043	000	11/19/98	8590 97	SLMM	P 05 00	0 00	8590 97	06/30/01	4490 83	1718 19	1718 19	6209 02	
COMPUTER NETWORK PARTS-PUBLIC HEALTH													
000047	000	12/02/98	32029 12	SLMM	P 05 00	0 00	32029 12	06/30/01	16514 73	6405 82	6405 82	22920 55	
COMPUTER SYSTEMS													
000048	000	12/02/98	853 84	SLMM	P 05 00	0 00	853 84	06/30/01	440 26	170 77	170 77	611 03	
COMPUTER CLASSROOM													
000042	000	12/08/98	429 99	SLMM	P 05 00	0 00	429 99	06/30/01	220 30	86 00	86 00	306 30	
FILE CABINET-PUBLIC HEALTH													
000050	000	02/24/99	2339 96	SLMM	P 05 00	0 00	2339 96	06/30/01	1098 82	467 99	467 99	1566 81	
HP COMPUTER SYSTEM													
000051	000	02/24/99	2099 97	SLMM	P 05 00	0 00	2099 97	06/30/01	986 11	419 99	419 99	1406 10	
COMPUTER SYSTEM-COLLABERATIVE TREATMENT													
000052	000	02/24/99	2099 97	SLMM	P 05 00	0 00	2099 97	06/30/01	986 11	419 99	419 99	1406 10	
HP COMPUTER SYSTEM-COLLABERATIVE TREATMENT													
000053	000	02/24/99	2099 97	SLMM	P 05 00	0 00	2099 97	06/30/01	986 11	419 99	419 99	1406 10	
HO COMPUTER SYSTEM-COLLABERATIVE TREATMENT													
000037	000	07/01/99	16377 52	SLMM	P 05 00	0 00	16377 52	06/30/01	6551 00	3275 50	3275 50	9826 50	
COMPUTERS-PROJECT EMPOWER													
000041	000	07/01/99	3975 08	SLMM	P 05 00	0 00	3975 08	06/30/01	1590 04	795 02	795 02	2385 06	
MERIDIAN TELEPHONE SYSTEM													
Count=	39	-----											
Class 03			147574 39			0 00	147574 39			102441 51	20199 57	20199 87	122641 38
Less disposals and transfers													
		0 00				0 00	0 00			0 00			0 00
-----													
Net			147574 39			0 00	147574 39			102441 51	20199 57	20199 87	122641 38
000013	000	07/07/89	13787 52	SLMM	P 05 00	0 00	13787 52	06/30/01	13787 52	0 00	0 00	13787 52	
1989 GMC SIERRA PICKUP TRUCK													
000014	000	03/27/92	19538 50	SLMM	P 05 00	0 00	19538 50	06/30/01	19538 50	0 00	0 00	19538 50	
1992 GMC PASSENGER VAN													
000015	000	05/12/97	11583 94	SLMM	P 05 00	0 00	11583 94	06/30/01	9584 53	1930 66	1930 66	11515 19	
1995 FORD AEROSTAR													
000016	000	05/12/97	19323 44	SLMM	P 05 00	0 00	19323 44	06/30/01	15988 17	3220 57	3220 57	19208 74	
1997 FORD F150													
000017	000	03/19/01	5500 00	SLMM	P 05 00	0 00	5500 00	06/30/01	313 42	1100 00	1100 00	1413 42	
1993 PONTIAC TRANSPORT													
Count=	5	-----											
Class 04			69733 40			0 00	69733 40			59212 14	6251 23	6251 23	65463 37
Less disposals and transfers													
		0 00				0 00	0 00			0 00			0 00

THE DAILY PLANET, INC  
DEPRECIATION EXPENSE REPORT

as of 06/30/2002

SYS No	Ext	In Svc Date	Acquired Value	Dep Meth	P Est T Life	Salv/30% Sect 179	Depreciable Basis	Prev Thru	Prior Accum Depreciation	Depreciation This Run	Current Year to Date	Curr Accum Depreciation	Key
Net			69733 40			0 00	69733 40		59212 14	6251 23	6251 23	65463 37	
000012	000	10/02/98	2136 99	SLMM	P 10 00	0 00	2136 99	06/30/01	2136 99	0 00	0 00	2136 99	
NATURAL GAS RANGE													
Count=	1												
Class	05												
			2136 99			0 00	2136 99		2136 99	0 00	0 00	2136 99	
Less disposals and transfers													
			0 00			0 00	0 00		0 00			0 00	
Net			2136 99			0 00	2136 99		2136 99	0 00	0 00	2136 99	
000056	000	02/01/96	3619 26	SLMM	P 05 00	0 00	3619 26	06/30/01	3619 26	0 00	0 00	3619 26	
WATER HEATER & FREEZER													
000057	000	05/12/96	478 88	SLMM	P 05 00	0 00	478 88	06/30/01	478 88	0 00	0 00	478 88	
WASHING MACHINE													
000061	000	10/24/96	6360 00	SLMM	P 05 00	0 00	6360 00	06/30/01	5959 23	400 77	400 77	6360 00	
COMPUTERS HUB													
000059	000	12/03/96	2645 00	SLMM	P 05 00	0 00	2645 00	06/30/01	2420 36	220 42	220 42	2640 78	
WATER HEATER													
000060	000	02/07/97	487 66	SLMM	P 05 00	0 00	487 66	06/30/01	428 60	56 89	56 89	485 49	
CLOTHES DRYER													
000059	000	06/18/97	3000 00	SLMM	P 05 00	0 00	3000 00	06/30/01	2421 37	578 63	578 63	3000 00	
AIR CONDITIONING UNIT													
000062	000	12/16/97	7897 19	SLMM	P 05 00	0 00	7897 19	06/30/01	5590 78	1579 44	1579 44	7170 22	
KITCHEN & LAUNDRY													
000063	000	12/17/97	2746 00	SLMM	P 05 00	0 00	2746 00	06/30/01	1942 51	549 20	549 20	2491 71	
MINI BLINDS													
000064	000	01/14/98	1300 00	SLMM	P 05 00	0 00	1300 00	06/30/01	899 67	260 00	260 00	1159 67	
MATTRESSES-SAFE HAVEN													
000065	000	12/02/98	565 15	SLMM	P 05 00	0 00	565 15	06/30/01	291 40	113 03	113 03	404 43	
FOLDING CHAIRS													
000074	000	07/30/01	11648 00	SLMM	P 07 00	0 00	11648 00	00/00/00	0 00	1525 33	1525 33	1525 33	
AC Unit													
Count=	11												
Class	06												
			40747 14			0 00	40747 14		24052 06	5283 71	5283 71	29335 77	
Less disposals and transfers													
			0 00			0 00	0 00		0 00			0 00	
Net			40747 14			0 00	40747 14		24052 06	5283 71	5283 71	29335 77	
Count=	66												
Location	100												
			1656885 72			0 00	1656885 72		381910 95	97243 51	97243 51	479154 46	

THE DAILY PLANET, INC  
DEPRECIATION EXPENSE REPORT

as of 06/30/2002

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Less disposals and transfers													
			0 00				0 00			0 00		0 00	
Net			1656885 72				0 00	1656885 72	381910 95	97243 51	97243 51	479154 46	
000071	000	10/05/99	400 00	SLMM	P 05 00		0 00	400 00	06/30/01	139 02	80 00	80 00	219 02
LATERAL FILE													
000066	000	10/28/99	5838 81	SLMM	P 05 00		0 00	5838 81	06/30/01	1955 84	1167 76	1167 76	3123 60
COMPUTERS													
000067	000	10/28/99	2245 54	SLMM	P 05 00		0 00	2245 54	06/30/01	752 20	449 11	449 11	1201 31
COMPUTERS													
000068	000	11/09/99	35343 36	SLMM	P 10 00		0 00	35343 36	06/30/01	5803 65	3534 34	3534 34	9337 99
DENTAL EQUIPMENT													
000069	000	03/10/00	17500 00	SLMM	P 10 00		0 00	17500 00	06/30/01	2290 30	1750 00	1750 00	4040 30
DENTAL EQUIPMENT													
000070	000	04/07/00	321 95	SLMM	P 10 00		0 00	321 95	06/30/01	39 68	32 20	32 20	71 88
DENTAL EQUIPMENT													
000073	000	08/03/00	29505 89	SLMM	P 05 00		0 00	29505 89	06/30/01	10735 29	5901 18	5901 18	16636 47
DENTAL EQUIPMENT													
000072	000	10/31/00	14740 20	SLMM	P 05 00		0 00	14740 20	06/30/01	1962 67	2948 04	2948 04	4910 71
OFFICE EQUIPMENT													
000075	000	10/23/01	8400 00	SLMM	P 05 00		0 00	8400 00	00/00/00	0 00	1120 00	1120 00	1120 00
6 Computers													
000076	000	10/23/01	1129 00	SLMM	P 05 00		0 00	1129 00	00/00/00	0 00	150 53	150 53	150 53
HP 2200dN Laser Printer													
Count=		10	-----				-----			-----		-----	
Class		03											
			115424 75				0 00	115424 75	23678 65	17133 16	17133 16	40811 81	
Less disposals and transfers													
			0 00				0 00	0 00	0 00			0 00	
Net			115424 75				0 00	115424 75	23678 65	17133 16	17133 16	40811 81	
Count=		10	-----				-----			-----		-----	
Location		200											
			115424 75				0 00	115424 75	23678 65	17133 16	17133 16	40811 81	
Less disposals and transfers													
			0 00				0 00	0 00	0 00			0 00	
Net			115424 75				0 00	115424 75	23678 65	17133 16	17133 16	40811 81	
Count=		76	-----				-----			-----		-----	
Grand Total			1772310 47				0 00	1772310 47	405589 60	114376 67	114376 67	519966 27	
Less disposals and transfers													
			0 00				0 00	0 00	0 00			0 00	

THE DAILY PLANET, INC  
DEPRECIATION EXPENSE REPORT

as of 06/30/2002

SYS No	Ext	In Svc Date	Acquired Value	Dep Meth	P Est T Life	Salv/30% Sect 179	Depreciable Basis	Prev Thru	Prior Accum Depreciation	Depreciation This Run	Current Year to Date	Curr Accum Depreciation Key
Net			1772310 47			0 00	1772310 47		405589 60	114376 67	114376 67	519966 27

----- Calculation Assumptions -----

Book	Short Years	Midquarter Convention	Adjustment Convention	Include 30% Allow & Sec 179
Internal	[N]	[N]	None	[N]

----- Asset Grouping/Sorting -----

Group Active Assets

Include Assets that meet the following conditions

Acquisition Date exists

Sort Assets by

Location in ascending order and report subtotals

Class in ascending order and report subtotals

Placed In Service Date in ascending order

FORM 990	OTHER EXPENSES			STATEMENT 1
DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING
PROFESSIONAL FEES AND CONTRACT SERVICES	325,013.	319,493.	5,520.	
MEDICAL AND DENTAL SUPPLIES	26,915.	26,915.		
ADMINISTRATIVE EXPENSES	68,061.	60,998.	6,355.	708.
DRUG ALCOHOL SCREENING	3,298.	3,298.		
CLIENT ASSISTANCE EDUCATION AND TRAINING	21,058.	20,719.	259.	80.
COMPUTER EXPENSES	37,512.	22,379.	15,133.	
UTILITIES	37,763.	34,716.	3,047.	
INSURANCE	11,226.	10,103.	1,123.	
MISCELLANEOUS	16,858.	7,225.	9,633.	
TOTAL TO FM 990, LN 43	576,785.	534,927.	41,070.	788.

FORM 990	OTHER PROGRAM SERVICES		STATEMENT 2
DESCRIPTION		GRANTS AND ALLOCATIONS	EXPENSES
GENERAL OPERATIONS DAY SHELTER			450,275.
TOTAL TO FORM 990, PART III, LINE E			450,275.

FORM 990	OTHER LIABILITIES		STATEMENT 3
DESCRIPTION			AMOUNT
ACCRUED ANNUAL LEAVE			0.
ACCRUED PAYROLL TAXES			0.
CONSUMER ESCROW ACCOUNTS			12,751.
TOTAL TO FORM 990, PART IV, LINE 65, COLUMN B			12,751.



ROSEMARY FARMER 1110 WEST AVENUE RICHMOND, VIRGINIA 23220	DIRECTOR 1 HR	0.	0.	0.
GEORGE JOHNSON, JR. 8303 BROOKFIELD ROAD RICHMOND, VIRGINIA 23227	DIRECTOR 1 HR	0.	0.	0.
ANNE LANE 1925 HANOVER AVE RICHMOND, VIRGINIA 23220	DIRECTOR 1 HR	0.	0.	0.
JUDY PARKER-FALZOI 3125 POINSETTA DRIVE CHESTER, VIRGINIA 23831	DIRECTOR 1 HR	0.	0.	0.
MICHAEL A. SCRUGGS 8400 ZELL LANE RICHMOND, VIRGINIA 23229	DIRECTOR 1 HR	0.	0.	0.
SURNEASE DREW 3408 GREEN OAKS COURT RICHMOND, VIRGINIA 23234	DIRECTOR 1 HR	0.	0.	0.
GEORGE WELCH, JR. P.O. BOX 25099 RICHMOND, VIRGINIA 23260	DIRECTOR 1 HR	0.	0.	0.
CARL A. SMITH 2711 MONTROSE AVE RICHMOND, VIRGINIA 23222	DIRECTOR 1 HR	0.	0.	0.
VAL MARSH 1923 WILMINGTON AVE RICHMOND, VIRGINIA 23227	DIRECTOR 1 HR	0.	0.	0.
LOUIS M. ABBEY 3217 MONUMENT AVE RICHMOND, VIRGINIA 23221	DIRECTOR 1 HR	0.	0.	0.
SEAN M. MCGLYNN 2408 FLOYD AVE RICHMOND, VIRGINIA 23220	DIRECTOR 1 HR	0.	0.	0.
EDDIE L. PERRY 4401 N. LAKEFRONT DRIVE RICHMOND, VIRGINIA 23294-6002	DIRECTOR 1 HR	0.	0.	0.
SUSANNE KELLY P.O. BOX 14562 RICHMOND, VIRGINIA 23221	DIRECTOR 1 HR	0.	0.	0.

BANTU BRAXTON 517 W. GRACE STREET RICHMOND, VIRGINIA 23220	DIRECTOR 1 HR	0.	0.	0.
WILLIAM TUCKER 2013 HOLLY STREET RICHMOND, VIRGINIA 23220	DIRECTOR 1 HR	0.	0.	0.
TOTALS INCLUDED ON FORM 990, PART V		<u>0.</u>	<u>0.</u>	<u>0.</u>

SCHEDULE A OTHER INCOME STATEMENT 5

DESCRIPTION	2000 AMOUNT	1999 AMOUNT	1998 AMOUNT	1997 AMOUNT
OTHER REVENUE	31,469.	41,964.	12,389.	7,642.
TOTAL TO SCHEDULE A, LINE 22	<u>31,469.</u>	<u>41,964.</u>	<u>12,389.</u>	<u>7,642.</u>