

Return of Organization Exempt From Income Tax

OMB No 1545-0047

2002

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 **2002** calendar year, or tax year period beginning **JUL 1, 2002** and ending **JUN 30, 2003**

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

C Name of organization: **DAILY PLANET, INCORPORATED**

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

Number and street (or P O box if mail is not delivered to street address): **517 WEST GRACE ST**

Room/suite: _____

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

City or town, state or country, and ZIP + 4: **RICHMOND, VA 23220**

F Accounting method: Cash, Accrual

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: _____

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

I Enter 4-digit GEN: _____

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

G Web site: **N/A**

J Organization type (check only one): 501(c)(3), 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.

L Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12: **2,292,642.**

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

Revenue	1	Contributions, gifts, grants, and similar amounts received				
	a	Direct public support	1a	294,361.		
	b	Indirect public support	1b	195,583.		
	c	Government contributions (grants)	1c	1,758,024.		
	d	Total (add lines 1a through 1c) (cash \$ 2,247,968. noncash \$ _____)	1d	2,247,968.		
	2	Program service revenue including government fees and contracts (from Part VII, line 93)	2			
	3	Membership dues and assessments	3			
	4	Interest on savings and temporary cash investments	4	756.		
	5	Dividends and interest from securities	5			
	6a	Gross rents	6a			
	b	Less rental expenses	6b			
	c	Net rental income or (loss) (subtract line 6b from line 6a)	6c			
7	Other investment income (describe _____)	7				
8a	Gross amount from sale of assets other than inventory	(A) Securities	8a			
		(B) Other	8b			
			8c			
			8d			
9a	Gross revenue (not including \$ _____ of contributions reported on line 1a)	9a				
		9b				
		9c				
10a	Gross sales of inventory, less returns and allowances	10a				
		10b				
		10c				
11	Other revenue (from Part VII, line 103)	11	43,918.			
12	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12	2,292,642.			
Expenses	13	Program services (from line 44, column (B))	13	1,834,866.		
	14	Management and general (from line 44, column (C))	14	285,913.		
	15	Fundraising (from line 44, column (D))	(15)	19,639.		
	16	Payments to affiliates (attach schedule)	(16)			
	17	Total expenses (add lines 13 and 14, column (A))	17	2,140,418.		
Net Assets	18	Excess or (deficit) for the year (subtract line 17 from line 12)	18	152,224.		
	19	Net assets or fund balances at beginning of year (from line 73 column (A))	19	999,395.		
	20	Other changes in net assets or fund balances (attach explanation)	20	0.		
	21	Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21	1,151,619.		

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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 Page 2

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 \$ _____	22			
23	Specific assistance to individuals (attach schedule)	23			
24	Benefits paid to or for members (attach schedule)	24			
25	Compensation of officers, directors, etc	25	0.	0.	0.
26	Other salaries and wages	26	908,201.	743,055.	148,631.
27	Pension plan contributions	27	26,778.	23,902.	2,588.
28	Other employee benefits	28	127,878.	114,694.	11,866.
29	Payroll taxes	29	71,169.	55,984.	13,667.
30	Professional fundraising fees	30			
31	Accounting fees	31			
32	Legal fees	32			
33	Supplies	33			
34	Telephone	34	45,592.	43,154.	2,438.
35	Postage and shipping	35	837.	126.	711.
36	Occupancy	36			
37	Equipment rental and maintenance	37	30,521.	20,633.	9,888.
38	Printing and publications	38	1,048.	689.	359.
39	Travel	39	11,521.	10,341.	1,180.
40	Conferences, conventions, and meetings	40			
41	Interest	41	33,874.	30,487.	3,387.
42	Depreciation, depletion, etc (attach schedule)	42	104,181.	86,984.	17,197.
43	Other expenses not covered above (itemize)				
a	_____	43a			
b	_____	43b			
c	_____	43c			
d	_____	43d			
e	SEE STATEMENT 1	43e	778,818.	704,817.	74,001.
44	Total functional expenses (add lines 22 through 43). Organizations completing columns (B)-(D) carry these totals to lines 13-15	44	2,140,418.	1,834,866.	285,913.

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? <input type="checkbox"/>	Program Service Expenses (Required for 501(c)(3) and (4) orgs and 4947(a)(1) trusts but optional for others)
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.)	
a PROJECT EMPOWER	
(Grants and allocations \$ _____)	265,018.
b PUBLIC HEALTH	
(Grants and allocations \$ _____)	714,546.
c COLLABORATIVE TREATMENT	
(Grants and allocations \$ _____)	261,305.
d SAFE HAVEN	
(Grants and allocations \$ _____)	230,968.
e Other program services (attach schedule) STATEMENT 2	(Grants and allocations \$ _____) 363,029.
f Total of Program Service Expenses (should equal line 44, column (B), Program services)	1,834,866.

Part IV Balance Sheets

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	59,686.	286,966.
	46 Savings and temporary cash investments	145,548.	29,445.
	47 a Accounts receivable	47a 184.	
	b Less allowance for doubtful accounts	47b	47c 184.
	48 a Pledges receivable	48a	
	b Less allowance for doubtful accounts	48b	48c
	49 Grants receivable		49
	50 Receivables from officers, directors, trustees, and key employees		50
	51 a Other notes and loans receivable	51a	
	b Less allowance for doubtful accounts	51b	51c
	52 Inventories for sale or use		52
	53 Prepaid expenses and deferred charges	5,860.	53
	54 Investments - securities	<input type="checkbox"/> Cost <input type="checkbox"/> FMV	54
	55 a Investments land, buildings, and equipment basis	55a	
	b Less accumulated depreciation	55b	55c
56 Investments - other		56	
57 a Land, buildings, and equipment basis	57a 1,951,566.		
b Less accumulated depreciation	57b 624,147.	57c 1,327,419.	
58 Other assets (describe <input type="checkbox"/>)		58	
59 Total assets (add lines 45 through 58) (must equal line 74)	1,483,471.	59 1,644,014.	
Liabilities	60 Accounts payable and accrued expenses	66,354.	60 63,856.
	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 <input type="checkbox"/> CONSUMER ESCROW ACCOUNTS)	12,751.	65 23,568.
66 Total liabilities (add lines 60 through 65)	484,076.	66 492,395.	
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	999,395.	67 1,018,115.
	68 Temporarily restricted	0.	68 133,504.
	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 Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72, column (A) must equal line 19, column (B) must equal line 21)	999,395.	73 1,151,619.	
74 Total liabilities and net assets / fund balances (add lines 66 and 73)	1,483,471.	74 1,644,014.	

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		Yes	No
76	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		X
77	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		X
78 a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
b	If "Yes," has it filed a tax return on Form 990-T for this year? N/A		
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement		X
80 a	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?		X
b	If "Yes," enter the name of the organization _____ and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt.		
81 a	Enter direct or indirect political expenditures. See line 81 instructions. 81a 0.		
b	Did the organization file Form 1120-POL for this year?		X
82 a	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?	X	
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 in Part III). 82b 14,000.		
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	X	
84 a	Did the organization solicit any contributions or gifts that were not tax deductible? N/A		
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? N/A		
85	501(c)(4), (5), or (6) organizations a Were substantially all dues nondeductible by members? N/A		
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? N/A		
	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		
c	Dues, assessments, and similar amounts from members 85c N/A		
d	Section 162(e) lobbying and political expenditures 85d N/A		
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices 85e N/A		
f	Taxable amount of lobbying and political expenditures (line 85d less 85e) 85f N/A		
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f? N/A		
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year? N/A		
86	501(c)(7) organizations Enter a Initiation fees and capital contributions included on line 12 86a N/A		
b	Gross receipts, included on line 12, for public use of club facilities 86b N/A		
87	501(c)(12) organizations Enter a Gross income from members or shareholders 87a N/A		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) 87b N/A		
88	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		X
89 a	501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under section 4911 0., section 4912 0., section 4955 0.		
b	501(c)(3) and 501(c)(4) organizations 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		X
c	Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 0.		
d	Enter Amount of tax on line 89c, above, reimbursed by the organization 0.		
90 a	List the states with which a copy of this return is filed NONE		
b	Number of employees employed in the pay period that includes March 12, 2002 90b 24		
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 page 31 of the instructions)

Note 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) Exclu- sion code	(D) Amount	
93 Program service revenue					
a _____					
b _____					
c _____					
d _____					
e _____					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			14	756.	
96 Dividends and 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 personal property					
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 OTHER REVENUE					43,918.
b _____					
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E))		0.		756.	43,918.
105 Total (add line 104, columns (B), (D), and (E))					44,674.

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 page 32 of the 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)
103A	REHABILITATIVE SERVICES

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See page 32 of the instructions)

(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 page 33 of the 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)

Prepared by: 02-03 and to the best of my knowledge and belief, it is true information of which preparer has any knowledge

Date: _____ Type or print name and title: Peter J. Frizzio

Check if self: Preparer's SSN or PTIN: _____

SCHEDULE A
(Form 990 or 990-EZ)

Organization Exempt Under Section 501(c)(3)

OMB No 1545-0047

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

2002

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
NONE				
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
RUBICON		
RICHMOND, VA	MEDICAL	260,711.
TONY KING		
RICHMOND, VA	MEDICAL	89,975.
Total number of others receiving over \$50,000 for professional services ▶	0	

Part III Statements About Activities (See page 2 of the instructions)

	Yes	No
1 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 1 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		X
2 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)		
a Sale, exchange, or leasing of property?		X
b Lending of money or other extension of credit?		X
c Furnishing of goods, services, or facilities?		X
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?		X
e Transfer of any part of its income or assets?		X
3 Does the organization make grants for scholarships, fellowships, student loans, etc ? (See Note below)		X
4 Do you have a section 403(b) annuity plan for your employees?		X
Note 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 5 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 5 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) 2001	(b) 2000	(c) 1999	(d) 1998	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants. See line 28.)	2,215,735.	1,842,092.	2,550,289.	2,403,713.	9,011,829.
16 Membership fees received			19,822.	31,811.	51,633.
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					
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	1,160.	516.		14,724.	16,400.
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.	20,532.	31,469.	SEE STATEMENT 4 41,964.	12,389.	106,354.
23 Total of lines 15 through 22	2,237,427.	1,874,077.	2,612,075.	2,462,637.	9,186,216.
24 Line 23 minus line 17	2,237,427.	1,874,077.	2,612,075.	2,462,637.	9,186,216.
25 Enter 1% of line 23	22,374.	18,741.	26,121.	24,626.	
26 Organizations described on lines 10 or 11	a Enter 2% of amount in column (e), line 24				26a 183,724.
	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 1998 through 2001 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the sum of all these excess amounts.				26b 0.
	c Total support for section 509(a)(1) test: Enter line 24, column (e)				26c 9,186,216.
	d Add Amounts from column (e) for lines	18 16,400.	19		26d 122,754.
		22 106,354.	26b		26e 9,063,462.
	e Public support (line 26c minus line 26d total)				26f 98.6637%
	f Public support percentage (line 26e (numerator) divided by line 26c (denominator))				
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
	(2001)	(2000)	(1999)	(1998)	
	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
	(2001)	(2000)	(1999)	(1998)	
	c Add Amounts from column (e) for lines	15	16		27c N/A
		17	20	21	27d N/A
	d Add Line 27a total and line 27b total				27e N/A
	e Public support (line 27c total minus line 27d total)				
	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 1998 through 2001, 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.

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		(a) Affiliated group totals	(b) To be completed for ALL electing organizations												
(The term "expenditures" means amounts paid or incurred)															
		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 -														
	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">If the amount on line 40 is -</td> <td style="width: 50%;">The lobbying nontaxable amount is -</td> </tr> <tr> <td>Not over \$500 000</td> <td>20% of the amount on line 40</td> </tr> <tr> <td>Over \$500 000 but not over \$1 000 000</td> <td>\$100 000 plus 15% of the excess over \$500 000</td> </tr> <tr> <td>Over \$1,000 000 but not over \$1 500 000</td> <td>\$175 000 plus 10% of the excess over \$1 000 000</td> </tr> <tr> <td>Over \$1,500 000 but not over \$17 000 000</td> <td>\$225 000 plus 5% of the excess over \$1 500 000</td> </tr> <tr> <td>Over \$17 000 000</td> <td>\$1 000 000</td> </tr> </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	41	
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														
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) 2002	(b) 2001	(c) 2000	(d) 1999	(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 11 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			

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Book Internal FY June												
000001	000	05/21/96	86520	00 NoDep	R 00 00	0 00	86520	00 06/30/02	0 00	0 00	0 00	0 00
		LAND										
000002	000	05/21/96	154499	40 SLMM	R 20 00	0 00	154499	40 06/30/02	47215 19	7724 97	7724 97	54940 16
		BUILDINGS										
000003	000	11/26/97	341242	12 SLMM	R 20 00	0 00	341242	12 06/30/02	78392 21	17062 11	17062 11	95454 32
		BUILDING IMPROVEMENTS-SAFE HAVEN										
000004	000	07/30/98	320885	81 SLMM	R 20 00	0 00	320885	81 06/30/02	62902 41	16044 29	16044 29	78946 70
		514/516/517 WEST GRACE STREET										
000005	000	06/30/99	34012	77 SLMM	R 20 00	0 00	34012	77 06/30/02	15324 38	1700 64	1700 64	17025 02
		IMPROVEMENTS										
000006	000	10/06/99	117135	00 SLMM	R 20 00	0 00	117135	00 06/30/02	16018 05	5856 75	5856 75	21874 80
		RENOVATIONS-517 WEST GRACE STREET										
000007	000	12/02/99	71064	75 SLMM	R 20 00	0 00	71064	75 06/30/02	9164 64	3553 24	3553 24	12717 88
		RENOVATIONS-517 WEST GRACE STREET										
000008	000	12/16/99	97732	40 SLMM	R 20 00	0 00	97732	40 06/30/02	12416 82	4886 62	4886 62	17303 44
		RENOVATIONS-517 WEST GRACE STREET										
000009	000	02/28/00	68752	45 SLMM	R 20 00	0 00	68752	45 06/30/02	8039 90	3437 62	3437 62	11477 52
		RENOVATIONS-517 WEST GRACE STREET										
000010	000	08/04/00	81924	71 SLMM	R 20 00	0 00	81924	71 06/30/02	7810 91	4096 24	4096 24	11907 15
		RENOVATIONS										
000011	000	07/01/00	22924	39 SLMM	R 20 00	0 00	22924	39 06/30/02	2292 44	1146 22	1146 22	3438 66
		RENOVATIONS										
000012	000	10/02/98	2136	99 SLMM	P 10 00	0 00	2136	99 06/30/02	2136 99	0 00	0 00	2136 99
		NATURAL GAS RANGE										
000013	000	07/07/89	13787	52 SLMM	P 05 00	0 00	13787	52 06/30/02	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 06/30/02	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 06/30/02	11515 19	0 00	0 00	11515 19
		1995 FORD AEROSTAR										
000016	000	05/12/97	19323	44 SLMM	P 05 00	0 00	19323	44 06/30/02	19208 74	0 00	0 00	19208 74
		1997 FORD F150										
000017	000	03/19/01	5500	00 SLMM	P 05 00	0 00	5500	00 06/30/02	1413 42	1100 00	1100 00	2513 42
		1998 PONTIAC TRANSPORT										
000018	000	08/03/95	278	60 SLMM	P 05 00	0 00	278	60 06/30/02	278 60	0 00	0 00	278 60
		2 PAGERS										
000019	000	06/11/96	1200	00 SLMM	P 05 00	0 00	1200	00 06/30/02	1200 00	0 00	0 00	1200 00
		4 PRINTERS										
000020	000	06/03/96	250	79 SLMM	P 05 00	0 00	250	79 06/30/02	250 79	0 00	0 00	250 79
		TV/VCR										
000021	000	06/20/96	835	98 SLMM	P 05 00	0 00	835	98 06/30/02	835 98	0 00	0 00	835 98
		FILE CABINETS										
000022	000	10/05/95	5997	00 SLMM	P 05 00	0 00	5997	00 06/30/02	5997 00	0 00	0 00	5997 00
		COMPUTERS										
000023	000	12/13/95	3758	00 SLMM	P 05 00	0 00	3758	00 06/30/02	3758 00	0 00	0 00	3758 00

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COMPUTERS												
000024	000	11/22/96	177 00	SLMM	P 05 00	0 00	177 00	06/30/02	177 00	0 00	0 00	177 00
MONITOR												
000025	000	12/13/95	1098 00	SLMM	P 05 00	0 00	1098 00	06/30/02	1098 00	0 00	0 00	1098 00
LASERJET PRINTER												
000026	000	05/01/96	788 95	SLMM	P 05 00	0 00	788 95	06/30/02	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	06/30/02	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	06/30/02	9475 00	0 00	0 00	9475 00
COMPUTERS												
000029	000	05/15/96	240 00	SLMM	P 05 00	0 00	240 00	06/30/02	240 00	0 00	0 00	240 00
DESKS & CHAIRS												
000030	000	12/20/96	1590 00	SLMM	P 05 00	0 00	1590 00	06/30/02	1590 00	0 00	0 00	1590 00
COMPUTER-HUD												
000031	000	01/02/97	626 00	SLMM	P 05 00	0 00	626 00	06/30/02	625 14	0 00	0 00	625 14
COMPUTER-HUD												
000032	000	10/18/96	22997 00	SLMM	P 05 00	0 00	22997 00	06/30/02	22997 00	0 00	0 00	22997 00
PHONE SYSTEM-PUBLIC HEALTH												
000033	000	12/01/96	7931 00	SLMM	P 05 00	0 00	7931 00	06/30/02	7927 02	0 00	0 00	7927 02
COMPUTER-PUBLIC HEALTH												
000034	000	03/04/97	905 00	SLMM	P 05 00	0 00	905 00	06/30/02	903 68	0 00	0 00	903 68
COMPUTERS-PUBLIC HEALTH												
000035	000	06/01/98	795 00	SLMM	P 05 00	0 00	795 00	06/30/02	649 07	145 75	145 75	794 82
DONATED FURNITURE & FIXTURES												
000036	000	11/12/97	11000 00	SLMM	P 05 00	0 00	11000 00	06/30/02	10192 33	733 33	733 33	10925 66
COMPUTER SOFTWARE-PUBLIC HEALTH												
000037	000	07/01/99	16377 52	SLMM	P 05 00	0 00	16377 52	06/30/02	9826 50	3275 50	3275 50	13102 00
COMPUTERS-PROJECT EMPOWER												
000038	000	10/23/97	483 00	SLMM	P 05 00	0 00	483 00	06/30/02	452 83	30 17	30 17	483 00
COMPUTER EQUIPMENT HYPER PERFORMANCE												
000039	000	01/07/98	404 92	SLMM	P 05 00	0 00	404 92	06/30/02	362 75	40 49	40 49	403 24
FURNITURE/EQUIPMENT												
000040	000	01/07/98	1400 01	SLMM	P 05 00	0 00	1400 01	06/30/02	1254 25	140 00	140 00	1394 25
COMPUTER SYSTEM MAX												
000041	000	07/01/99	3975 08	SLMM	P 05 00	0 00	3975 08	06/30/02	2385 06	795 02	795 02	3180 08
MERIDIAN TELEPHONE SYSTEM												
000042	000	12/08/98	429 99	SLMM	P 05 00	0 00	429 99	06/30/02	306 30	86 00	86 00	392 30
FILE CABINET-PUBLIC HEALTH												
000043	000	11/19/98	8590 97	SLMM	P 05 00	0 00	8590 97	06/30/02	6209 02	1718 19	1718 19	7927 21
COMPUTER NETWORK PARTS-PUBLIC HEALTH												
000044	000	10/07/98	442 00	SLMM	P 05 00	0 00	442 00	06/30/02	329 87	88 40	88 40	418 27
COMPUTER UPGRADE												
000045	000	10/22/98	1786 00	SLMM	P 05 00	0 00	1786 00	06/30/02	1318 21	357 20	357 20	1675 41
PENTIUM II												
000046	000	10/22/98	417 00	SLMM	P 05 00	0 00	417 00	06/30/02	307 78	83 40	83 40	391 18

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COMPUTER UPGRADE												
000047	000	12/02/98	32029	12	SLMM P 05 00	0 00	32029 12	06/30/02	22920 55	6405 82	6405 82	29326 37
COMPUTER SYSTEMS												
000048	000	12/02/98	853	84	SLMM P 05 00	0 00	853 84	06/30/02	611 03	170 77	170 77	781 80
COMPUTER CLASSROOM												
000049	000	08/27/98	466	00	SLMM P 05 00	0 00	466 00	06/30/02	358 25	93 20	93 20	451 45
COMPUTER SYSTEM-PROJECT EMPOWER												
000050	000	02/24/99	2339	96	SLMM P 05 00	0 00	2339 96	06/30/02	1566 81	467 99	467 99	2034 80
HP COMPUTER SYSTEM												
000051	000	02/24/99	2099	97	SLMM P 05 00	0 00	2099 97	06/30/02	1406 10	419 99	419 99	1826 09
COMPUTER SYSTEM-COLLABERATIVE TREATMENT												
000052	000	02/24/99	2099	97	SLMM P 05 00	0 00	2099 97	06/30/02	1406 10	419 99	419 99	1826 09
HP COMPUTER SYSTEM-COLLABERATIVE TREATMENT												
000053	000	02/24/99	2099	97	SLMM P 05 00	0 00	2099 97	06/30/02	1406 10	419 99	419 99	1826 09
HO COMPUTER SYSTEM-COLLABERATIVE TREATMENT												
000054	000	04/08/97	577	00	SLMM P 05 00	0 00	577 00	06/30/02	574 71	0 00	0 00	574 71
COMPUTER-HUD												
000055	000	05/28/98	568	75	SLMM P 05 00	0 00	568 75	06/30/02	465 60	103 15	103 15	568 75
EQUIPMENT OFFICE MAX												
000056	000	02/01/96	3619	26	SLMM P 05 00	0 00	3619 26	06/30/02	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	06/30/02	478 88	0 00	0 00	478 88
WASHING MACHINE												
000058	000	06/18/97	3000	00	SLMM P 05 00	0 00	3000 00	06/30/02	3000 00	0 00	0 00	3000 00
AIR CONDITIONING UNIT												
000059	000	12/03/96	2645	00	SLMM P 05 00	0 00	2645 00	06/30/02	2640 78	0 00	0 00	2640 78
WATER HEATER												
000060	000	02/07/97	487	66	SLMM P 05 00	0 00	487 66	06/30/02	485 49	0 00	0 00	485 49
CLOTHES DRYER												
000061	000	10/24/96	6360	00	SLMM P 05 00	0 00	6360 00	06/30/02	6360 00	0 00	0 00	6360 00
COMPUTERS HUB												
000062	000	12/16/97	7897	19	SLMM P 05 00	0 00	7897 19	06/30/02	7170 22	726 97	726 97	7897 19
KITCHEN & LAUNDRY												
000063	000	12/17/97	2746	00	SLMM P 05 00	0 00	2746 00	06/30/02	2491 71	254 29	254 29	2746 00
MINI BLINDS												
000064	000	01/14/98	1300	00	SLMM P 05 00	0 00	1300 00	06/30/02	1159 67	130 00	130 00	1289 67
MATTRESSES-SAFE HAVEN												
000065	000	12/02/98	565	15	SLMM P 05 00	0 00	565 15	06/30/02	404 43	113 03	113 03	517 46
FOLDING CHAIRS												
000066	000	10/28/99	5838	81	SLMM P 05 00	0 00	5838 81	06/30/02	3123 60	1167 76	1167 76	4291 36
COMPUTERS												
000067	000	10/28/99	2245	54	SLMM P 05 00	0 00	2245 54	06/30/02	1201 31	449 11	449 11	1650 42
COMPUTERS												
000068	000	11/09/99	35343	36	SLMM P 10 00	0 00	35343 36	06/30/02	9337 99	3534 34	3534 34	12872 33
DENTAL EQUIPMENT												
000069	000	03/10/00	17500	00	SLMM P 10 00	0 00	17500 00	06/30/02	4040 30	1750 00	1750 00	5790 30

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DENTAL EQUIPMENT												
000070	000	04/07/00	321 95	SLMM	P 10 00	0 00	321 95	06/30/02	71 88	32 20	32 20	104 08
DENTAL EQUIPMENT												
000071	000	10/05/99	400 00	SLMM	P 05 00	0 00	400 00	06/30/02	219 02	80 00	80 00	299 02
LATERAL FILE												
000072	000	10/31/00	14740 20	SLMM	P 05 00	0 00	14740 20	06/30/02	4910 71	2948 04	2948 04	7858 75
OFFICE EQUIPMENT												
000073	000	08/03/00	29505 89	SLMM	P 05 00	0 00	29505 89	06/30/02	16636 47	5901 18	5901 18	22537 65
DENTAL EQUIPMENT												
000074	000	07/30/01	11648 00	SLMM	P 07 00	0 00	11648 00	06/30/02	1525 33	1664 00	1664 00	3189 33
AC unit												
000075	000	10/23/01	8400 00	SLMM	P 05 00	0 00	8400 00	06/30/02	1120 00	1680 00	1680 00	2800 00
6 Computers												
000076	000	10/23/01	1129 00	SLMM	P 05 00	0 00	1129 00	06/30/02	150 53	225 80	225 80	376 33
HP 2200dn Laser Printer												
000077	000	10/22/02	2099 98	SLMM	P 05 00	0 00	2099 98	00/00/00	0 00	280 01	280 01	280 01
COMPUTER - SAFE HAVEN												
000078	000	02/01/03	1793 97	SLMM	P 05 00	0 00	1793 97	00/00/00	0 00	149 50	149 50	149 50
COMPUTER - EMPOWER												
000079	000	01/31/03	17700 00	SLMM	P 15 00	0 00	17700 00	00/00/00	0 00	491 67	491 67	491 67
BOILER - LEIGH STREET												
Count=	79	-----										
Grand Total		1793904 42				0 00	1793904 42		519966 27	104180 95	104180 95	624147 22
Less disposals and transfers		0 00				0 00	0 00		0 00			0 00
Net		1793904 42				0 00	1793904 42		519966 27	104180 95	104180 95	624147 22
		=====				=====	=====		=====	=====	=====	=====

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

Book	Short Years	Midquarter Convention	Adjustment Convention	Include Sec 168(k) Allow & Sec 179
-----	-----	-----	-----	-----
Internal	[N]	[N]	None	[N]

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

Group All FAS Assets

Include Assets that meet the following conditions

All FAS Assets

Sort Assets by

FORM 990	OTHER EXPENSES			STATEMENT 1
DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING
PROFESSIONAL FEES AND CONTRACT SERVICES	563,857.	504,646.	59,211.	
MEDICAL AND DENTAL SUPPLIES	31,001.	31,001.		
ADMINISTRATIVE EXPENSES	33,654.	24,909.	8,745.	
CLIENT ASSISTANCE	48,920.	48,920.		
REPAIRS AND MAINTENANCE	54,600.	51,721.	2,879.	
UTILITIES	33,377.	31,314.	2,063.	
INSURANCE	3,531.	3,427.	104.	
MISCELLANEOUS	364.	83.	281.	
EDUCATION AND TRAINING	9,514.	8,796.	718.	
TOTAL TO FM 990, LN 43	778,818.	704,817.	74,001.	

FORM 990	OTHER PROGRAM SERVICES		STATEMENT 2
DESCRIPTION	GRANTS AND ALLOCATIONS	EXPENSES	
GENERAL OPERATIONS DAY SHELTER		363,029.	
TOTAL TO FORM 990, PART III, LINE E		363,029.	

FORM 990

PART V - LIST OF OFFICERS, DIRECTORS,
TRUSTEES AND KEY EMPLOYEES

STATEMENT 3

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
ALEXANDER H. SLAUGHTER RICHMOND, VA	PRESIDENT 2 HRS	0.	0.	0.
JOANNE HENRY RICHMOND, VA	1ST VICE-PRESIDENT 1 HR	0.	0.	0.
SHEILA MARSH RICHMOND, VA	2ND VICE-PRESIDENT 1 HR	0.	0.	0.
A. MORT CASSON RICHMOND, VA	TREASURER 2 HRS	0.	0.	0.
ROSEMARIE STUDER RICHMOND, VA	SECRETARY 1 HR	0.	0.	0.
GEORGE BOOTHE RICHMOND, VA	DIRECTOR 1 HR	0.	0.	0.
ELLEN H. CHEWNING RICHMOND, VA	DIRECTOR 1 HR	0.	0.	0.
FRED ELLIS RICHMOND, VA	DIRECTOR 1 HR	0.	0.	0.
ROSEMARY FARMER RICHMOND, VA	DIRECTOR 1 HR	0.	0.	0.
GEORGE JOHNSON, JR. RICHMOND, VA	DIRECTOR 1 HR	0.	0.	0.
ANNE P. LANE RICHMOND, VA	DIRECTOR 1 HR	0.	0.	0.

JUDY PARKER-FALZOI RICHMOND, VA	DIRECTOR 1 HR	0.	0.	0.
MICHAEL A. SCRUGGS RICHMOND, VA	DIRECTOR 1 HR	0.	0.	0.
SURNEASE DREW RICHMOND, VA	DIRECTOR 1 HR	0.	0.	0.
GEORGE WELCH, JR. RICHMOND, VA	DIRECTOR 1 HR	0.	0.	0.
CARL SMITH RICHMOND, VA	DIRECTOR 1 HR	0.	0.	0.
VAL MARSH RICHMOND, VA	DIRECTOR 1 HR	0.	0.	0.
LOUIS M. ABBEY RICHMOND, VA	DIRECTOR 1 HR	0.	0.	0.
SEAN P. MCGLYNN RICHMOND, VA	DIRECTOR 1 HR	0.	0.	0.
EDDIE L. PERRY RICHMOND, VA	DIRECTOR 1 HR	0.	0.	0.
SUSANNE KELLY RICHMOND, VA	DIRECTOR 1 HR	0.	0.	0.
BANTU BRAXTON RICHMOND, VA	DIRECTOR 1 HR	0.	0.	0.
WILLIAM TUCKER RICHMOND, VA	DIRECTOR 1 HR	0.	0.	0.
RON SKINNER RICHMOND, VA	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 4
DESCRIPTION	2001 AMOUNT	2000 AMOUNT	1999 AMOUNT	1998 AMOUNT
OTHER REVENUE	20,532.	31,469.	41,964.	12,389.
TOTAL TO SCHEDULE A, LINE 22	20,532.	31,469.	41,964.	12,389.

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 pntt File by the due date for filing your return See instructions	Name of Exempt Organization DAILY PLANET, INCORPORATED	Employer identification number 54-0900368
	Number, street, and room or suite no. If a P O box, see instructions 517 WEST GRACE ST	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions RICHMOND, VA 23220	

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 17, 2004 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, 2002, and ending JUN 30, 2003

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 Will, CPA Title ▶ CPA Date ▶ 11-17-03
 LHA For Paperwork Reduction Act Notice, see instruction Form 8868 (12-2000)