KEITER, STEPHENS, HURST, GARY & SHREAVES 4401 DOMINION BLVD GLEN ALLEN, VA 23060

> DAILY PLANET, INCORPORATED 517 WEST GRACE STREET RICHMOND, VA 23220

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Caution: Forms printed from within Adobe Acrobat products may not meet IRS or state taxing agency specifications. When using Acrobat, select the "Actual Size" in the Adobe "Print" dialog.

CLIENT'S COPY

KEITER 4401 DOMINION BOULEVARD GLEN ALLEN, VIRGINIA 23060

MAY 11, 2023

DAILY PLANET, INCORPORATED 517 WEST GRACE STREET RICHMOND, VA 23220

DAILY PLANET, INCORPORATED:

ENCLOSED IS THE ORGANIZATION'S 2021 EXEMPT ORGANIZATION RETURN.

SPECIFIC FILING INSTRUCTIONS ARE AS FOLLOWS.

FORM 990 RETURN:

THIS RETURN HAS QUALIFIED FOR ELECTRONIC FILING. AFTER YOU HAVE REVIEWED THE RETURN FOR COMPLETENESS AND ACCURACY, PLEASE SIGN FORM 8879-TE AND CONTACT OUR OFFICE TO CONFIRM THAT THIS RETURN CAN BE FILED ELECTRONICALLY. DO NOT MAIL A PAPER COPY OF THE RETURN TO THE IRS.

A COPY OF THE RETURN IS ENCLOSED FOR YOUR FILES. WE SUGGEST THAT YOU RETAIN THIS COPY INDEFINITELY.

VERY TRULY YOURS,

JAYME MIKA

TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING

JUNE 30, 2022

PREPARED FOR:

DAILY PLANET, INCORPORATED 517 WEST GRACE STREET RICHMOND, VA 23220

PREPARED BY:

KEITER, STEPHENS, HURST, GARY & SHREAVES 4401 DOMINION BLVD GLEN ALLEN, VA 23060

AMOUNT DUE OR REFUND:

NOT APPLICABLE

MAKE CHECK PAYABLE TO:

NOT APPLICABLE

MAIL TAX RETURN AND CHECK (IF APPLICABLE) TO:

NOT APPLICABLE

RETURN MUST BE MAILED ON OR BEFORE:

NOT APPLICABLE

SPECIAL INSTRUCTIONS:

Form 8879-TE	IRS e-file Signature Authorization for a Tax Exempt Entity	OMB No. 1545-0047
Department of the Treasury	For calendar year 2021, or fiscal year beginning <u>JUL 1</u> , 2021, and ending <u>JUN 30</u> , Do not send to the IRS. Keep for your records.	²⁰ 22 2021
Internal Revenue Service	Go to www.irs.gov/Form8879TE for the latest information.	
Name of filer		EIN or SSN
DAILY	PLANET, INCORPORATED	54-0900368
Name and title of officer or pe	CEO	
Part I Type of	Return and Return Information	
Form 5330 filers may ente or 10a below, and the amo whichever is applicable, bi than one line in Part I.	rn for which you are using this Form 8879-TE and enter the applicable amount, if any, from r dollars and cents. For all other forms, enter whole dollars only. If you check the box on I bount on that line for the return being filed with this form was blank, then leave line 1b , 2b ank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable	ine 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, , 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, e line below. Do not complete more
1a Form 990 check h		
2a Form 990-EZ che		
3a Form 1120-POL		
4a Form 990-PF che		
5a Form 8868 check		
6a Form 990-T chec		
7a Form 4720 check		
8a Form 5227 check		8b
9a Form 5330 check		9b
10a Form 8038-CP ch		line 22) 10b
	ion and Signature Authorization of Officer or Person Subject to Tax	
Under penalties of perjury of entity)	I declare that X I am an officer of the above entity or I am a person subject to t	ax with respect to (name I that I have examined a copy of the
entry to the financial institu financial institution to deb later than 2 business days payment of taxes to receiv personal identification nur PIN: check one box only	, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic ution account indicated in the tax preparation software for payment of the federal taxes of the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financ prior to the payment (settlement) date. I also authorize the financial institutions involved in e confidential information necessary to answer inquiries and resolve issues related to the nber (PIN) as my signature for the electronic return and, if applicable, the consent to elect	wed on this return, and the cial Agent at 1-888-353-4537 no in the processing of the electronic payment. I have selected a ronic funds withdrawal.
A I authorize KE		enter my PIN 54090
	ERO firm name	Enter five numbers, but do not enter all zeros
with a state age on the return's o As an officer or return. If I have	on the tax year 2021 electronically filed return. If I have indicated within this return that a ncy(ies) regulating charities as part of the IRS Fed/State program, I also authorize the afo lisclosure consent screen. person subject to tax with respect to the entity, I will enter my PIN as my signature on the ndicated within this return that a copy of the return is being filed with a state agency(ies) rogram, I will enter my PIN on the return's disclosure consent screen.	rementioned ERO to enter my PIN e tax year 2021 electronically filed
Signature of officer or person subje		Date 🕨
	tion and Authentication	
	our six-digit electronic filing identification	
	your five-digit self-selected PIN. 54584623060 Do not enter all zeros	
	neric entry is my PIN, which is my signature on the 2021 electronically filed return indicat ecordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for A	
ERO's signature 🕨	Date ►	
	ERO Must Retain This Form - See Instructions	0-
	Do Not Submit This Form to the IRS Unless Requested To Do	
LHA For Privacy act and	Paperwork Reduction Act Notice, see instructions.	Form 8879-TE (2021)
102521 01-11-22		

(Rev. January 2022)

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

Department of the Treasury Internal Revenue Service

File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit *www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits*.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or	Name of exempt organization or other filer, see instru	ictions.		Taxpayer	identificatio	n number (TIN)
print	DAILY PLANET, INCORPORATED				54-09	00368
File by the due date fo filing your		see instruct	ions.			
return. See instructions		oreign addi	ress, see instructions.			
Enter the	e Return Code for the return that this application is for (fil	e a separa	te application for each return)			01
Applicat	tion	Return	Application			Return
ls For		Code	Is For			Code
Form 99	0 or Form 990-EZ	01	Form 1041-A			08
Form 47	20 (individual)	03	Form 4720 (other than individual)			09
Form 99	0-PF	04	Form 5227			10
Form 99	0-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11
Form 99	0-T (trust other than above)	06	Form 8870			12
Form 99	0-T (corporation) ORGANIZATION	07				
 If the If this box 1 1 1 h 	hone No. ► (804) 783-2505 organization does not have an office or place of business is for a Group Return, enter the organization's four digit . If it is for part of the group, check this box ► (equest an automatic 6-month extension of time until e organization named above. The extension is for the org calendar year or X tax year beginning JUL 1, 2021 the tax year entered in line 1 is for less than 12 months, c Change in accounting period	Group Exe and atta MAX anization's , an	mption Number (GEN), I ch a list with the names and TINs of <u>X 15, 2023</u> , to file return for: d ending <u>JUN 30, 2022</u>	f this is fo all membe	r the whole g ers the exten npt organizat 	roup, check this
	this application is for Forms 990-PF, 990-T, 4720, or 6069 y nonrefundable credits. See instructions.), enter the	tentative tax, less	3a	\$	0.
	this application is for Forms 990-PF, 990-T, 4720, or 6069	9, enter any	refundable credits and		- -	
es	timated tax payments made. Include any prior year overp	payment all	owed as a credit.	3b	\$	0.
c Ba	alance due. Subtract line 3b from line 3a. Include your pa	ayment witl	h this form, if required, by			
us	ing EFTPS (Electronic Federal Tax Payment System). See	e instructio	ns.	3c	\$	0.
Caution instruction	: If you are going to make an electronic funds withdrawal ons.	(direct det	bit) with this Form 8868, see Form 84	453-TE and	d Form 8879	-TE for payment
LHA	For Privacy Act and Paperwork Reduction Act Notice,	see instru	ictions.		Form 8	868 (Rev. 1-2022)

123841 01-12-22

			EXTENDED TO MAY 15, 2023			
	Ω	00	Return of Organization Exempt From	m Incon	ne Tax	OMB No. 1545-0047
For	m 🚽	90	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code			» 2021
Den	ortment	of the Treasury	Do not enter social security numbers on this form as it	may be made	public.	Open to Public
Inter	nal Reve	enue Service	► Go to www.irs.gov/Form990 for instructions and the			Inspection
Α	For th	e 2021 calend	ar year, or tax year beginning $ m JUL1$, 2021 and endir	ng JUN 3	0, 2022	
В	Check if applicat	De: C Name o	forganization	D Em	ployer identific	ation number
	Addr	ge DAIL	Y PLANET, INCORPORATED			
	Name		usiness as DAILY PLANET HEALTH SERVICES	5	4-090036	8
	Initial returr Final	Number	and street (or P.O. box if mail is not delivered to street address) Room WEST GRACE STREET		phone number 804) 783	-2505
	⊥returr termi ated	n	own, state or province, country, and ZIP or foreign postal code		s receipts \$	13,602,169.
	Amer	nded DTCU	MOND, VA 23220		this a group ret	· · · · · · · · · · · · · · · · · · ·
	returr Appli		nd address of principal officer: ELIZABETH ROARK		or subordinates?	
	tion pend		AS C ABOVE		e all subordinates inc	
1	Tay.ov	empt status: [ist. See instructions
			DAILYPLANETVA.ORG		roup exemption	
						State of legal domicile: VA
	art I					otato or logar donnollo, • ==
	1		e the organization's mission or most significant activities: THE DAI	LY PLAN	ET. INC.	IS A
e	1.	FEDERAL	LY QUALIFIED COMMUNITY HEALTH CENTER	THAT PR	OVIDES N	
Jan	2		x F in the organization discontinued its operations or disposed of			
Governance	3		ting members of the governing body (Part VI, line 1a)			20
Ő	4		lependent voting members of the governing body (Part VI, line 1b)			20
			of individuals employed in calendar year 2021 (Part V, line 2a)			157
ities	6		of volunteers (estimate if necessary)			173
Activities &	7 a		d business revenue from Part VIII, column (C), line 12			0.
Ă	b		business taxable income from Form 990-T, Part I, line 11			0.
			· · · · · · · · · · · · · · · · · · ·		or Year	Current Year
	8	Contributions	and grants (Part VIII, line 1h)	8,1	67,142.	7,937,628.
Pue	9		ce revenue (Part VIII, line 2g)	4 0	26,334.	5,660,188.
Revenue	10	Investment in	come (Part VIII, column (A), lines 3, 4, and 7d)		3,637.	4,353.
č	11		e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	0.
	12		- add lines 8 through 11 (must equal Part VIII, column (A), line 12)	10 0	97,113.	13,602,169.
	13	Grants and si	nilar amounts paid (Part IX, column (A), lines 1-3)	6	64,117.	225,316.
	14		to or for members (Part IX, column (A), line 4)	-	0.	0.
ģ	45	Salaries, othe	r compensation, employee benefits (Part IX, column (A), lines 5-10)	7,2	94,500.	8,454,742.
Expenses	16a		undraising fees (Part IX, column (A), line 11e)		0.	0.
be	. b		ing expenses (Part IX, column (D), line 25)			
ŵ	17	Other expense	es (Part IX, column (A), lines 11a-11d, 11f-24e)		55,981.	2,334,991.
	18	Total expense	s. Add lines 13-17 (must equal Part IX, column (A), line 25)		14,598.	11,015,049.
	19	Revenue less	expenses. Subtract line 18 from line 12	. 3,0	82,515.	2,587,120.
Net Assets or	g				of Current Year	End of Year
sets	20	Total assets (I	Part X, line 16)		84,739.	13,483,929.
tAs	21	Total liabilities	(Part X, line 26)		79,195.	691,265.
			fund balances. Subtract line 21 from line 20	10,2	05,544.	12,792,664.
	art II	Signatur	e Block			
Unc	ler pen	alties of perjury,	I declare that I have examined this return, including accompanying schedules and s	statements, and	to the best of my l	knowledge and belief, it is
true	, corre	ct, and complete	Declaration of preparer (other than officer) is based on all information of which pr	reparer has any k	nowledge.	

Sign	Signature of officer			Date
Here	ANITA BENNETT, CEO			
	Type or print name and title			
	Print/Type preparer's name	Preparer's signature	Date	Check PTIN
Paid	JAYME MIKA			self-employed P00852731
Preparer	Firm's name 🕨 KEITER, STEPHENS	S, HURST, GARY &	SHREAVES	Firm's EIN 🕨 54–1631262
Use Only	Firm's address 🕨 4401 DOMINION BL	VD		
	GLEN ALLEN, VA 2	23060		Phone no. (804) 747-0000
May the IF	RS discuss this return with the preparer shown ab	ove? See instructions		X Yes No
132001 12-0	B-21 LHA For Paperwork Reduction Act Noti	ice, see the separate instruction	ons.	Form 990 (2021)

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Form	990 (2021) DAILY PLANET, INCORPORATED	54-0900368 Page 2
Par	t III Statement of Program Service Accomplishments	_
	Check if Schedule O contains a response or note to any line in this Part III	
1	Briefly describe the organization's mission: THE DAILY PLANET, INC. IS A FEDERALLY QUALIFIED COMMUNITY	У НЕАТ.ТН
	CENTER THAT PROVIDES MEDICAL, DENTAL, BEHAVIORAL, RESPIT	
	AND OUTREACH SERVICES ACROSS MULTIPLE SITES TO ALL PEOPL	
	OF THEIR INCOME, HOUSING, OR INSURANCE STATUS.	
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	Yes X No
•	If "Yes," describe these new services on Schedule O.	Yes X No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as i	measured by expenses
-	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other	• •
	revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$ 8,272,697. including grants of \$ 225,316.) (Reven	ue \$ 4,589,842.)
	PUBLIC HEALTH	
4b	(Code:) (Expenses \$652,745. including grants of \$) (Reven	ue \$ 621,926.)
	RESPITE	· · · · · · · · · · · · · · · · · · ·
	496 110	451 000 .
4c	(Code:) (Expenses \$486,119. including grants of \$) (Reven	ue\$451,920.)
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses9,411,561.	
		Form 990 (2021)
132002	2 12-09-21 >	

3 2021.05080 DAILY PLANET, INCORPORATE 701201.1

Form	990	(2021)
	330	

Form 990 (2021) DAILY PLANET, Part IV Checklist of Required Schedules INCORPORATED

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	<u> </u>
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	<u> </u>
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		<u> </u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
_	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			v
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		v
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	•		v
•	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?	•		v
40	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	10		x
44	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
•	as applicable. Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
d		11a	х	
h	Part VI Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	11a	- 23	<u> </u>
D.	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
c	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			<u> </u>
Ŭ	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		x
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If</i> "Yes," <i>complete Schedule E</i>	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		x
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			v
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21	990	<u>X</u> (2021)
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132003 12-09-21

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Form	aan	(2021)
FUIII	330	120211

 Form 990 (2021)
 DAILY PLANET, INCORPORATED
 54-0900368
 Page 4

 Part IV
 Checklist of Required Schedules (continued)
 Page 4

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes, " complete			
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
-	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled	0-		x
00	entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27		
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
2	instructions for applicable filing thresholds, conditions, and exceptions): A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
a	"Yes," complete Schedule L, Part IV	28a		x
ь	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		x
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If</i>			
_	"Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		x
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	054		
36	within the meaning of section 512(b)(13)? <i>If</i> "Yes," <i>complete Schedule R, Part V, line 2</i>	35b		
30		36		x
37	If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization			<u> </u>
0.	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	<u> </u>		
	- · · · ·	38	Х	
Pa	Note: All Form 990 filers are required to complete Schedule O t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 14	-		
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		v	
10005	(gambling) winnings to prize winners?	1c	X 990	(2021)
132004	¹ 12-09-21 5	FOUL	550	(2021)

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'a	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)					
0-	Enter the number of employees reported on Form W/2. Transmittel of Wees and Tay Otatements	1 1			Yes	No
Zđ	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	157			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	· · · · ·		2b	х	
~	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to $e_{-fi/e}$. See instruction					
3a				3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule			3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other a					
	financial account in a foreign country (such as a bank account, securities account, or other financial a			4a		X
b	If "Yes," enter the name of the foreign country					
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	ccounts (F	BAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transact	ction?		5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did th	e organiza	ation solicit			
	any contributions that were not tax deductible as charitable contributions?			6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributi	ons or gift	s			
	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices provi	ded to the payor?	7a		X
b				7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	•		_		
	to file Form 8282?	1 1		7c		X
a	If "Yes," indicate the number of Forms 8282 filed during the year	7d		7.		
e r	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co			7e 7f		
1	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra		no roquirod?			
y h	If the organization received a contribution of qualified intellectual property, did the organization file Fo If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organiza			7g 7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained		101111030-01			
0		-		8		
9	Sponsoring organizations maintaining donor advised funds.					
ă				9a		
b				9b		
0	Section 501(c)(7) organizations. Enter:					
а	Initiation fees and capital contributions included on Part VIII, line 12	10a				
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
1	Section 501(c)(12) organizations. Enter:					
а	Gross income from members or shareholders	11a				
b	Gross income from other sources. (Do not net amounts due or paid to other sources against					
	amounts due or received from them.)	11b				
2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041?		12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
3	Section 501(c)(29) qualified nonprofit health insurance issuers.					
а	Is the organization licensed to issue qualified health plans in more than one state?			13a		
	Note: See the instructions for additional information the organization must report on Schedule O.					
b	Enter the amount of reserves the organization is required to maintain by the states in which the					
	organization is licensed to issue qualified health plans	13b				
С	Enter the amount of reserves on hand	13c				
4a				14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul			14b		
5	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner					
	excess parachute payment(s) during the year?			15		X
_	If "Yes," see the instructions and file Form 4720, Schedule N.	···· -				v
6	Is the organization an educational institution subject to the section 4968 excise tax on net investment	income?		16		X
-	If "Yes," complete Form 4720, Schedule O.					
7	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in					
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?			17	L	<u> </u>
	If "Yes," complete Form 6069.					

Form	990	(2021))
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DAILY PLANET, INCORPORATED

Check if Schedule O contains a response or note to any line in this Part VI

Section A. Governing Body and Management

54-0900368 Page **6**

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. X

1a	Enter the number of voting members of the governing body at the end of the tax year	1a 2	0		
h		1b 2	0		
			-		
2	officer, director, trustee, or key employee?		2		X
If there are material differences in value grights among members of the governing body, or if the governing body delgated broad authority to an executive committee or similar committee, explain on Schedule 0. 1b 20 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employees to a management company or other person? 1c 20 3 Did the organization delegate control over management duries customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? 1c 1c 20 4 Did the organization become aware during the year of a significant diversion of the organization assets? 1c 1c 1c 20 5 Did the organization have members of stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 1c Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 1c 2c 2d Did the organization comemoraneously document the meetings held or written actions undertaken during the year by the following: 1c 1c 2c 0c 6 Did the organization have written policies and procedures governing body? 2d					
	of officers, directors, trustees, or key employees to a management company or other person?		3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 99	0 was filed?	. 4		X
5	Did the organization become aware during the year of a significant diversion of the organization's asse	ets?	5		X
6	Did the organization have members or stockholders?		6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or app	point one or			x
h			14		
U			7b		x
8			1.0		
			89	x	
h	Each committee with authority to act on behalf of the governing body?				
-			00		
9	• • • • • • • • • • • • • • • • • • • •				l v
00	tion B Policies The state of the second state		. 9		1 23
	tion D. Foncies (This Section B requests information about policies not required by the Internal Rev	enue Code.)		V.	
•			40-	Yes	
	-		10a		
b		• • •			
				37	
		before filing the form?	11a	X	
			. 12 b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Ye	es," describe			_
	on Schedule O how this was done		12c		X
3	Did the organization have a written whistleblower policy?		13		
4	Did the organization have a written document retention and destruction policy?		14	X	
5	Did the process for determining compensation of the following persons include a review and approval	by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				
а	The organization's CEO, Executive Director, or top management official		15a	Х	
b	Other officers or key employees of the organization		15b		X
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.				
6a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangem	ent with a			
	taxable entity during the year?		16a		X
b					
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organi	zation's			
			16b		
ec					
7	List the states with which a copy of this Form 990 is required to be filed NONE				
8	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and	d 990-T (section 501(c)(3)s only)	availal	ole
If there are nature if difference is noting rights among members of the governing body, or if the governing body. Image: Control is a consult of control is c					
~	(
9	Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders? Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: The governing body? Did the organization to contemporaneously document the meetings held or written actions undertaken during the year by the following: The governing body? Did the organization to contemporaneously document the meetings held or written actions undertaken during the year by the following: The governing body? Did the organization to contemporaneously document the meetings held or written actions. All the organization for action to behalf of the governing body? Did the organization tracke, or key melloyee listed in Part VII, Section A, who cannot be reached at the organization fiber. All the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization is new written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization to review thits policy? If 'Nos,' go to line 13 Describe on Schedule O the process. If any, used by the organization to review with the policy? If 'Yes,' describe Did the organization new a written onclicit of interest policy? If 'Nos,' go to line 13 Describe on Schedule O the process of the organization on the written activities of such chapters, affiliates, and branches a written written written biolicy? If 'Nos,' go to line 13 Did the organization new a written policy? If 'Nos,' go to line 13 Did the organization regulary and consist			cial	
_					
20	ORGANIZATION - (804) 783-2505	ks and records			
	517 WEST GRACE STREET, RICHMOND, VA 23220			0000	
				. uun	100

Part VII	Compensation of	Officers, Director	s, Trustees,	Key Employees,	Highest	Compensated
	Employees, and Ir	ndependent Contr	actors			

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.

Enter -0- in columns (D), (E), and (F) if no compensation was paid.

List all of the organization's current key employees, if any. See the instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

 List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

 List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee Т

(A) (B) (C) (C) (D) (E) (F) Name and title Average hours per veek Average (Ust any) related organizations below (A) (B) (C) Reportable compensation from relation Reportable companizations (W2/1099/MISC/ 1099/NEC) Reportable companizations (W2/1099/MISC/ 1099/NEC) (C) (C) Reportable companization (W2/1099/MISC/ 1099/NEC) (C)			Tga	πΖα			iper	Joan			
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(17) STEVE MIDDLETON 1.00 X 0. </td <td></td> <td>1.00</td> <td>v</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>n 1</td> <td>•</td> <td></td>		1.00	v						n 1	•	
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		1.00	v							0	
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132007 12-09-21

Form 990 (2021)

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(A)	(B)			
Name and title	Average hours per week	box	not c , unle cer ar	ss
	(list any hours for related organizations below line)	Individual trustee or director	In stitutional trustee	
(18) BENJAMIN MARTINEZ	1.00			Γ
DIRECTOR		Х		
(19) RUMY MOHTA	1.00			Γ
DIRECTOR		Х		
(20) THERESA MURRAY	1.00			Γ
DIRECTOR		Х		
(21) GEORGE WELCH	1.00			Γ
DIRECTOR		Х		
(22) JARRETT WILLIAMS	1.00			Γ
DIRECTOR		Х		
(23) BECKY BOWERS	1.00			Ι
PRESIDENT		Х		
(24) DALE HARVEY	1.00			Γ
1ST VICE PRESIDENT		Х		
(25) JOHN MADDOCK	1.00			Γ
SECRETARY		Х		
(26) DINESH PAI	1.00			Γ
TREASURER		Х		

Form 990 (2021) DAILY PLANET, INCORPORATED 54-0900368 Page 8										је 8			
Part VII Section A. Officers, Directors, Trust	ees, Key Emp	ploy	ees,	and	d Hig	ghes	st C	ompensated Employee	s (continued)				
(A)	(B)				C)			(D)	(E)			(F)	
Name and title	Average	(do		Pos heck) than c	one	Reportable	Reportable		Esti	mated	ł
	hours per	box	, unle	ss per	rson i	s both r/trus	n an	compensation	compensatior	ר ו		ount of	i
	week (list any					1711 US	(66)	- from	from related			ther	
	hours for	lirecto						the organization	organizations (W-2/1099-MIS)		compe	ensation m the	on
	related	e or c	stee			Isatec		(W-2/1099-MISC/	1099-NEC)	0″		nizatio	'n
	organizations	truste	al trus		yee	mper		1099-NEC)	1000 1120)		•	related	
	below	Individual trustee or director	In stitutio nal tru stee	er	Key employee	Highest compensated employee	er	,			organ	izatior	าร
	line)	Indiv	Instit	Officer	Key e	High empl	Former						
(18) BENJAMIN MARTINEZ	1.00												
DIRECTOR		Х						0.		0.			0.
(19) RUMY MOHTA	1.00												
DIRECTOR		Х						0.		0.			0.
(20) THERESA MURRAY	1.00												
DIRECTOR		X						0.		0.			0.
(21) GEORGE WELCH	1.00												
DIRECTOR		X						0.		0.			0.
(22) JARRETT WILLIAMS	1.00												
DIRECTOR		Х						0.		0.			0.
(23) BECKY BOWERS	1.00												
PRESIDENT		Х		Х				0.		0.			0.
(24) DALE HARVEY	1.00												
1ST VICE PRESIDENT		Х		Х				0.		0.			0.
(25) JOHN MADDOCK	1.00												
SECRETARY		Х		Х				0.		0.			0.
(26) DINESH PAI	1.00												
TREASURER		Х		Х				0.		0.			0.
1b Subtotal								1,620,934.		0.	84	,97	
c Total from continuation sheets to Part VI	, Section A							0.		0.			0.
d Total (add lines 1b and 1c)								1,620,934.		0.	84	,97	8.
2 Total number of individuals (including but no	ot limited to th	ose	liste	d ab	ove) wh	o re	eceived more than \$100,	000 of reportable				
compensation from the organization													13
										r	<u> </u>	/es	No
3 Did the organization list any former officer,	director, trust	ee, k	ey e	empl	oye	e, or	hig	phest compensated emp	loyee on	_			
line 1a? If "Yes," complete Schedule J for su											3	_	<u>X</u>
4 For any individual listed on line 1a, is the su													
and related organizations greater than \$150	,		'								4	X	
5 Did any person listed on line 1a receive or a													77
rendered to the organization? <i>If "Yes." com</i>	plete Schedule	e J fo	or si	ich i	oers	on .					5		X
Section B. Independent Contractors													
1 Complete this table for your five highest cor	-	-								ensat	ion from	ר	
the organization. Report compensation for t	he calendar ye	ear e	ndir	ng w	ith c	or wi	thin		ear.		(0)		
(A)(B)(C)Name and business addressDescription of servicesCompensation													
CHAYCO HEALTHCARE MEDICAL BILLING/EMR													
2021 CARTER COURT, VERSAILLES, KY 40383 SUPPORT 143,475.													
						, 4/	<u>J.</u>						
							_						

2	Total number of independent contractors (including but not limited to those listed above) who received more than
	\$100,000 of compensation from the organization 🕨 1

	SEE	PART	VII,	SECTION	А	CONTINUATION	SHEETS
32008	12-09-21						

Form 990 (2021)

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Form 990 DAILY PLA									54-090	0368		
Part VII Section A. Officers, Directors, Tru		nplo	yee			ligh	est (
(A)	(B)				C)			(D)	(E)	(F)		
Name and title	Average hours	(0	Position (check all that apply)		Reportable compensation	Reportable compensation	Estimated amount of					
	per		T		li iai T	app T	iy)	from	from related	other		
	week					8		the	organizations	compensation		
	(list any	ctor				yolq		organization	(W-2/1099-MISC)	from the		
	hours for	rdire				ed en		(W-2/1099-MISC)	,	organization		
	related	tee o	ustee			ensat				and related		
	organizations	l trus	nal tr		loyee	d mo:				organizations		
	below	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest com pen sated em ployee	Former					
	line)	pul	Ins	0ff	Key	Hig	For					
(27) ELIZABETH ROARK	1.00	v		v				0.	0	0		
PAST PRESIDENT (28) CALVIN WILLS	1.00	Х		х				0.	0.	0.		
DIRECTOR	1.00	x						0.	0.	0.		
(29) CARL WOODSON	1.00											
DIRECTOR		x						0.	0.	0.		
								Ŭ.	.			
		-				-						
		-										
		-				-						
		<u> </u>										
		1										
Total to Part VII, Section A, line 1c												

132201 04-01-21

					ΕT,	INCORPOR	RATED		54-0900	368 Page 9
Pa	rt V	/111	Statement of Rever	nue						
			Check if Schedule O cont	tains a resp	onse	or note to any lin	((5)	(0)	
							(A) Total revenue	(B) Related or exempt	(C) Unrelated	(D) Revenue excluded
									business revenue	from tax under
										sections 512 - 514
nts	1	а	Federated campaigns			44,736.				
Grai		b	Membership dues							
s, (Am		С	Fundraising events							
Gift		d	Related organizations	<u>1d</u>						
ini,			Government grants (contribut			6,824,384.				
rtior S		f	All other contributions, gifts, gran	nts, and						
ibu			similar amounts not included abo			1,068,508.				
Contributions, Gifts, Grants and Other Similar Amounts		g	Noncash contributions included in lines	1a-1f 1g	\$	132,532.				
ыÖ		h	Total. Add lines 1a-1f				7,937,628.			
						Business Code				
e	2	а	HEALTH CENTER SERVICE	LINES		900099	3,904,649.	3,904,649.		
e vi		b	CONTRACT REVENUE			900099	887,048.	887,048.		
Se		С	OTHER PROGRAM REVENUE			900099	868,491.	868,491.		
Program Service Revenue		d								
lgo B		е								
P		f	All other program service reve	enue						
		g	Total. Add lines 2a-2f			►	5,660,188.			
	3		Investment income (including							
			other similar amounts)				853.			853.
	4		Income from investment of ta	x-exempt b	ond p	oroceeds 🕨 🕨				
	5		Royalties							
				(i) Re	al	(ii) Personal				
	6	а	Gross rents 6a	۱ <u> </u>						
		b	Less: rental expenses 6b)						
		С	Rental income or (loss) 6c	;						
		d	Net rental income or (loss)	<u></u>		🕨				
	7	а	Gross amount from sales of	(i) Secu	rities	(ii) Other				
			assets other than inventory 7a	ı		3,500.				
		b	Less: cost or other basis							
an			and sales expenses 7b			0.				
evenue		С	Gain or (loss) 7c	;		3,500.				
Ě		d	Net gain or (loss)			🕨	3,500.			3,500.
Other	8	а	Gross income from fundraising e	vents (not						
đ			including \$	of						
			contributions reported on line	-						
			Part IV, line 18							
			Less: direct expenses		· · · · · · · · · · · · · · · · · · ·					
			Net income or (loss) from fund	-		<u></u>				
	9	а	Gross income from gaming ad							
			Part IV, line 19							
			Less: direct expenses							
			Net income or (loss) from gam		es	····· •				
	10	а	Gross sales of inventory, less							
			and allowances							
			Less: cost of goods sold			-				
		С	Net income or (loss) from sale	es of invent	ory					
s	_					Business Code				
Miscellaneous Revenue	11	а								
scellaneo Revenue		b								
Sev		С								
Mis			All other revenue							
			Total. Add lines 11a-11d				12 606 465	F 660 105		4
	12		Total revenue. See instructions			🕨	13,602,169.	5,660,188.	0.	4,353.
13200	9 12-	-09-	21							Form 990 (2021

132009 12-09-21

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11

DAILY PLANET INCORPORATED Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Da	Check if Schedule O contains a respon	(A)	(B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	225,316.	225,316.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	703,927.	264,014.	439,913.	
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	6,404,335.	5,842,379.	561,956.	
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	050 446		106.044	4 - 4 - 4
9	Other employee benefits	858,446.	704,408.	136,844.	17,194
10	Payroll taxes	488,034.	446,138.	41,896.	
11	Fees for services (nonemployees):				
	Management				
	Legal				
	Accounting				
	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,			000 050	25 015
	column (A), amount, list line 11g expenses on Sch 0.)	964,743.	719,667.	209,259.	35,817
12	Advertising and promotion	38,513.	24,197.	12,892.	1,424
13	Office expenses	2,916.	2,536.	234.	146
14	Information technology				
15	Royalties	10 007	1 7 4 1 7	1 1 0 4	F 0 <i>C</i>
16	Occupancy	19,207.	17,417.	1,194.	596
17	Travel	3,009.	2,468.	391.	150
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	05 075	01 700	4 0 9 7	
20	Interest	85,875.	81,788.	4,087.	
21	Payments to affiliates	241,321.	210 700	22 110	1 / /
22	Depreciation, depletion, and amortization	78,461.	<u>218,729</u> . 65,738.	22,448. 9,414.	<u> </u>
23	Insurance	/0,401.	05,150.	5,414.	3,309
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
я	GENERAL AND PROGRAM SUP	317,394.	299,949.	11,259.	6,186
b	MISCELLANEOUS	197,236.	138,159.	54,138.	4,939
c	REPAIR & MAINTENANCE	104,634.	100,473.	2,577.	1,584
d	TELEPHONE	100,535.	87,345.	8,520.	4,670
	All other expenses	181,147.	170,840.	7,561.	2,746
25	Total functional expenses. Add lines 1 through 24e	11,015,049.	9,411,561.	1,524,583.	78,905
26	Joint costs. Complete this line only if the organization			, , ,	
-	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

12

132010 12-09-21

Form 990 (2021)

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33

Net Assets or Fund Balances

19,911.

16,250.

1,979,195.

10,189,294.

10,205,544.

12,184,739.

25

26

27

28

29

30

31

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33

Form 990 (2021)	DAILY	PLANET,	INCORPORATED
Part X	Balance Sheet			

		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	5,857,305.	1	6,236,218.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net	16,250.	3	16,250.
	4	Accounts receivable, net	515,957.	4	753,386.
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
ţs	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
Ä	9	Prepaid expenses and deferred charges	74,668.	9	182,077.
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 9,218,592.			
	b	Less: accumulated depreciation	5,720,559.	10c	6,295,998.
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	10 104 520	15	12 402 000
	16	Total assets. Add lines 1 through 15 (must equal line 33)	12,184,739.	16	13,483,929.
	17	Accounts payable and accrued expenses	353,167.	17	447,252.
	18	Grants payable	12 075	18	14 700
	19	Deferred revenue	13,875.	19	14,792.
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
ies	22	Loans and other payables to any current or former officer, director,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			
Liat		controlled entity or family member of any of these persons	1,592,242.	22	229,221.
_	23	Secured mortgages and notes payable to unrelated third parties	1, 334, 444.	23	449,441.
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			

parties, and other liabilities not included on lines 17-24). Complete Part X

Organizations that follow FASB ASC 958, check here 🕨 🔀

Net assets with donor restrictions

Organizations that do not follow FASB ASC 958, check here

Net assets without donor restrictions

Total liabilities. Add lines 17 through 25

and complete lines 27, 28, 32, and 33.

and complete lines 29 through 33.

Total liabilities and net assets/fund balances

of Schedule D

Capital stock or trust principal, or current funds

Paid-in or capital surplus, or land, building, or equipment fund

Retained earnings, endowment, accumulated income, or other funds

Total net assets or fund balances

98.

Ο.

691,265.

16,250.

12,776,414.

12,792,664.

13,483,929.

Form **990** (2021)

	<u>1990 (2021)</u> DAILY PLANET, INCORPORATED	54-0)900368	B Pa	_{age} 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u> .		
1	Total revenue (must equal Part VIII, column (A), line 12)	1	13,60		
2	Total expenses (must equal Part IX, column (A), line 25)	2	11,01		
3	Revenue less expenses. Subtract line 2 from line 1	3	2,58		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	10,20)5,5	44.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	12,79	92,6	64.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>		\square
			_	Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_		
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	0.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	<u> </u>
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	<u> </u>
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit			
	Act and OMB Circular A-133?		<u>3a</u>	X	—
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	X 000	

Form **990** (2021)

132012 12-09-21

Department of the Treasury Internal Revenue Service

(Form 990)

Total

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. ► Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB NO. 1545-0047
2021
Open to Public Inspection

Employer identification number

Dout	Deces for	Dublia Ch	-
		DAILY	
Name of t	he organization		

				INCORPORATED					4-0900368
Pa	rt I	Reason for Public (Charity Status.	(All organizations must c	omplete tł	nis part.) S	See instructions.		
The	organ	ization is not a private found	lation because it is: (I	For lines 1 through 12, cl	neck only	one box.)			
1		A church, convention of ch	urches, or associatio	on of churches described	in sectio	on 170(b)(1	1)(A)(i).		
2		A school described in sect	ion 170(b)(1)(A)(ii).	Attach Schedule E (Form	n 990).)				
3		A hospital or a cooperative)(b)(1)(A)(ii	ii).		
4		A medical research organiz	ation operated in cor	njunction with a hospital	described	l in sectio	on 170(b)(1)(A)(i	iii). Enter	the hospital's name,
		city, and state:							
5	\square	An organization operated for	or the benefit of a col	llege or university owned	or operat	ed by a go	overnmental uni	t describe	ed in
		section 170(b)(1)(A)(iv). (C		0 ,	·	, ,			
6		A federal, state, or local gov		nental unit described in	section 17	70(b)(1)(A)	(v).		
	X	An organization that norma	-					o eneral r	oublic described in
•		section 170(b)(1)(A)(vi). (C	•		onn a gove	Similar		general	
8		A community trust describe			• 11 \				
9	\square	•				od in ooniu	upotion with a la	and arout	oollogo
9		An agricultural research org	-			-		-	-
		or university or a non-land-g	grant college of agric	ulture (see instructions).		name, city	, and state of tr	le college	or
40		university:		then 00 1 /00/ of its summ					
10		An organization that norma	•						
		activities related to its exen		-					-
		income and unrelated busir		(less section 511 tax) fro	m busines	sses acqui	red by the orga	nization a	ifter June 30, 1975.
		See section 509(a)(2). (Con	-						
11		An organization organized a			•				_
12		An organization organized a	-	-				•	
		more publicly supported or	-						Check the box on
		lines 12a through 12d that	• •			-		-	
а		Type I. A supporting orga	-	-	• • • •	-			
		the supported organization	on(s) the power to req	gularly appoint or elect a	majority c	of the direc	ctors or trustees	s of the su	ipporting
	_	organization. You must o	complete Part IV, Se	ections A and B.					
b		Type II. A supporting org	anization supervised	l or controlled in connect	ion with it	s supporte	ed organization(s), by hav	ving
		control or management o	of the supporting orga	anization vested in the sa	ame perso	ns that co	ntrol or manage	e the supp	ported
		organization(s). You mus	t complete Part IV,	Sections A and C.					
С		Type III functionally inte	grated. A supporting	g organization operated i	in connect	tion with, a	and functionally	r integrate	ed with,
		its supported organization	n(s) (see instructions)). You must complete F	Part IV, Se	ections A,	D, and E.		
d		Type III non-functionally	y integrated. A supp	porting organization operation	ated in co	nnection v	vith its supporte	ed organiz	zation(s)
		that is not functionally int	egrated. The organiz	ation generally must sati	isfy a distr	ibution red	quirement and a	an attentiv	/eness
		requirement (see instructi	ions). You must con	nplete Part IV, Sections	A and D,	and Part	V .		
е		Check this box if the orga	anization received a v	written determination from	m the IRS	that it is a	Type I, Type II,	Type III	
		functionally integrated, or	r Type III non-function	nally integrated supportir	ng organiz	ation.			
f	Ente	er the number of supported o	organizations						
		vide the following informatior							
	(i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga in your govern	anization listed ing document?	(v) Amount of n	nonetary	(vi) Amount of other
		organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see ins	tructions)	support (see instructions)

DAILY PLANET, INCORPORATED

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Set	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	4610781.	4602192.	5231945.	8167142.	7937628.	30549688.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	4610781.	4602192.	5231945.	8167142.	7937628.	30549688.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
	Public support. Subtract line 5 from line 4.						30549688.
	ction B. Total Support				[
	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 4	4610781.	4602192.	5231945.	8167142.	7937628.	30549688.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,	10 000				050	46 959
	and income from similar sources	10,077.	14,119.	17,387.	3,637.	853.	46,073.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital	00 100					00 100
	assets (Explain in Part VI.)	89,133.					89,133.
	Total support. Add lines 7 through 10						30684894.
	Gross receipts from related activities,	•	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				,773,769.
13	First 5 years. If the Form 990 is for the						. —
800	organization, check this box and stor ction C. Computation of Publi	o here					>
			-				99.56 %
	Public support percentage for 2021 (I		•			14	
	Public support percentage from 2020					15	
108	33 1/3% support test - 2021. If the other						N 37
h	stop here. The organization qualifies		•		line 15 is 22 1/20/		······································
ŭ	33 1/3% support test - 2020. If the c						
170	and stop here. The organization qual				12 160 or 16b o		
178	10% -facts-and-circumstances test and if the organization meets the fact						
	meets the facts-and-circumstances te			•	•	Ŭ	
Ь	10% -facts-and-circumstances test	0	•		•	7a and line 15 is	
U.	more, and if the organization meets th	-					
	· •						
18	organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization B Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions						
				.,,,	, encor this box a		(Form 990) 2021

dividends, payments received or	ł
securities loans rents royalties	

Schedule A (Form 990) 2021

Section A. Public Support Calendar year (or fiscal year beginning in) 🕨

1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose 3 Gross receipts from activities that are not an unrelated trade or business under section 513 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 5 The value of services or facilities furnished by a governmental unit to the organization without charge ... 6 Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons **b** Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year c Add lines 7a and 7b 8 Public support. (Subtract line 7c from line 6.) Section B. Total Support

securities loans, rents, royalties,
and income from similar sources
b Unrelated business taxable income
(less section 511 taxes) from businesses
acquired after June 30, 1975
c Add lines 10a and 10b

Calendar year (or fiscal year beginning in) 🕨

9 Amounts from line 6 10a Gross income from interest,

11	Net income from unrelated business
	activities not included on line 10b,
	whether or not the business is
	regularly carried on

	5 ,	
12	Other income.	Do not include gain
	or loss from the	sale of capital
	assets (Explain	in Part VI.)

13 Total support. (Add lines 9, 10c, 11, and 7	2.)
---	----	---

14	First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization,
	check this box and stop here

(b) 2018

4 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization,				
check this box and stop here				
Section C. Computation or	Public Support Percentage			
15 Public support percentage for	2021 (line 8, column (f), divided by line 13, column (f))	15	%	
16 Public support percentage fro	m 2020 Schedule A, Part III, line 15	16	%	
Section D. Computation or	Investment Income Percentage			
17 Investment income percentag	e for 2021 (line 10c, column (f), divided by line 13, column (f))	17	%	
18 Investment income percentage	e from 2020 Schedule A, Part III, line 17	18	%	
19a 33 1/3% support tests - 202	. If the organization did not check the box on line 14, and line 15 is more t	han 33 1/3%, a	nd line 17 is not	
more than 33 1/3%, check thi	s box and stop here. The organization qualifies as a publicly supported org	anization		
b 33 1/3% support tests - 2020	If the organization did not check a box on line 14 or line 19a, and line 16	is more than 33	3 1/3%, and	
line 18 is not more than 33 1/	3%, check this box and stop here. The organization qualifies as a publicly s	supported orga	nization 🕨 🗌	
20 Private foundation. If the org	anization did not check a box on line 14, 19a, or 19b, check this box and s	ee instructions	>	

(c) 2019

(c) 2019

(d) 2020

(d) 2020

(f) Total

(f) Total

(e) 2021

(e) 2021

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to
qualify under the tests listed below, please complete Part II.)

(b) 2018

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(a) 2017

(a) 2017

Schedule A (Form 990) 2021 17

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2021.05080 DAILY PLANET, INCORPORATE 701201.1

1

2

Yes No

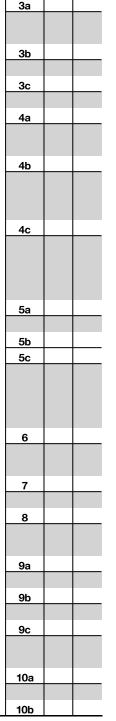
Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," *and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.*
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If* "Yes," *describe in* **Part VI** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If* "Yes," *explain in* **Part VI** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* **Part VI.**
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If "Yes," complete Part I of Schedule L (Form 990).*
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI.**
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer line 10b below.*
- **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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Schedule A (Form 990) 2021

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DAILY PLANET, INCORPORATED Schedule A (Form 990) 2021

2

Pa	t IV Supporting Organizations (continued)		
		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and		
	11c below, the governing body of a supported organization? 11a		
b	A family member of a person described on line 11a above? 11b		
с	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide		
	detail in Part VI. 11c		
Sec	tion B. Type I Supporting Organizations		
		Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the		
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
2	Did the organization operate for the benefit of any supported organization other than the supported		

organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in

Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,

supervised, or controlled the supporting organization. Section C. Type II Supporting Organizations

			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported erganization(s)	1		

Section D.	All Type	III Supporting	Organizations

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard	3		

Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the	e Integral Part Test during the year	(see instructions).
•			

- The organization satisfied the Activities Test. Complete line 2 below. а
- The organization is the parent of each of its supported organizations. Complete line 3 below. h

c [The organization supported a governmental entity.	Describe in Part VI how	you supported a governm	nental entity (see instruction <u>s).</u>
------------	--	---	-------------------------	-------------------------	---

- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes." then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes." explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard. 132025 01-04-22

Yes No 2a 2b 3a 3b

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Schedule A (Form 990) 2021

Schedule A (Form 990) 2021

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6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions). 6 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see 7 instructions).

Schedule A (Form 990) 2021

1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (<i>explain in</i> Part VI). See instructions.					
Sect	All other Type III non-functionally integrated supporting organizations musi	st complete	Sections A through E. (A) Prior Year	(B) Current Year (optional)		
1	Net short-term capital gain	1				
2	Recoveries of prior-year distributions	2				
3	Other gross income (see instructions)	3				
4	Add lines 1 through 3.	4				
5	Depreciation and depletion	5				
6	Portion of operating expenses paid or incurred for production or					
	collection of gross income or for management, conservation, or					
	maintenance of property held for production of income (see instructions)	6				
7	Other expenses (see instructions)	7				
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8				
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)		
1	Aggregate fair market value of all non-exempt-use assets (see					
	instructions for short tax year or assets held for part of year):					
a	Average monthly value of securities	1a				
b	Average monthly cash balances	1b				
C	Fair market value of other non-exempt-use assets	1c				
d	Total (add lines 1a, 1b, and 1c)	1d				
е	Discount claimed for blockage or other factors					
	(explain in detail in Part VI):					
2	Acquisition indebtedness applicable to non-exempt-use assets	2				
3	Subtract line 2 from line 1d.	3				
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,					
	see instructions).	4				
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5				
6	Multiply line 5 by 0.035.	6				
_7	Recoveries of prior-year distributions	7				
8	Minimum Asset Amount (add line 7 to line 6)	8				
Sect	ion C - Distributable Amount			Current Year		
1	Adjusted net income for prior year (from Section A, line 8, column A)	1				
2	Enter 0.85 of line 1.	2				
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3				
4	Enter greater of line 2 or line 3.	4				
5	Income tax imposed in prior year	5				

DAILY PLANET, INCORPORATED

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b Excess from 2018 c Excess from 2019 d Excess from 2020 e Excess from 2021

Schedule A (Form 990) 2021

	organizations, in excess of income from activity	2			
3	Administrative expenses paid to accomplish exempt purpose	3			
4	Amounts paid to acquire exempt-use assets	4			
5	Qualified set-aside amounts (prior IRS approval required - pro		5		
6	Other distributions (<i>describe in Part VI</i>). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2021 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Secti	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2021	IS	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2021 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2021				
а	From 2016				
b	From 2017				
с	From 2018				
d	From 2019				
е	From 2020				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2021 distributable amount				
i	Carryover from 2016 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2021 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2021 distributable amount				
C	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2021, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2021. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2022. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
а	Excess from 2017				

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Current Year

1

Schedule Part V

Section D - Distributions

2

A	(Form 990) 2021	DAILY	PLANET,	INCORPORATED	
	Type III Non-Fund	ctionally Inte	egrated 509(a)(3) Supporting Organizations	(continued)

1 Amounts paid to supported organizations to accomplish exempt purposes

Amounts paid to perform activity that directly furthers exempt purposes of supported

Schedule A	(Form 990) 2021	DAILY	PLANET,	INCORPORAT	'ED	54-0900368	Page 8
Part VI	Supplemental Info Part IV, Section A, lines line 1; Part IV, Section D	rmation. Pro 1, 2, 3b, 3c, 4b), lines 2 and 3;	ovide the expla , 4c, 5a, 6, 9a, Part IV, Sectio	nations required by F 9b, 9c, 11a, 11b, and n E, lines 1c, 2a, 2b,	Part II, line 10; Part II, line 17a d 11c; Part IV, Section B, line 3a, and 3b; Part V, line 1; Pa omplete this part for any addi	or 17b; Part III, line 12; s 1 and 2; Part IV, Section (rt V, Section B, line 1e; Parl	C,
	(See instructions.)		,				
132028 01-04-2	2			22		Schedule A (Form 99	90) 2021

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Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

► Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2021

Employer identification number

	DAILY PLANET, INCORPORATED	54-0900368						
Organization type (cheo	rganization type (check one):							
Filers of:	Section:							
Form 990 or 990-EZ	$\fbox{3}$ 501(c)(3) (enter number) organization							
	4947(a)(1) nonexempt charitable trust not treated as a private foundation							
	527 political organization							
Form 990-PF	501(c)(3) exempt private foundation							
	4947(a)(1) nonexempt charitable trust treated as a private foundation							
	501(c)(3) taxable private foundation							

Check if your organization is covered by the General Rule or a Special Rule.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year \dots b \$

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Name of organization

Page 2 Employer identification number

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DAILY PLANET, INCORPORATED

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	l space is needed.	
(a)	(b)	(c)	(d)
<u>No.</u>	Name, address, and ZIP + 4 VIRGINIA HEALTH CARE FOUNDATION 707 E MAIN STREET, SUITE 1350 RICHMOND, VA 23219	Total contributions \$ 206,866.	Type of contribution Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Oncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2021)

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Name of organization

Page **3**

Employer identification number

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DAILY PLANET, INCORPORATED

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. irom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received

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^{2021.05080} DAILY PLANET, INCORPORATE 701201.1

Name of organiz	ation		Employer identification numb
ATLY PL	ANET, INCORPORATED		54-0900368
Part III Exc		ions to organizations described in so	section 501(c)(7), (8), or (10) that total more than \$1,000 for the y
com	pleting Part III, enter the total of exclusively religious,	charitable, etc., contributions of \$1,000 or	r less for the year. (Enter this info. once.) > \$
(a) No.	e duplicate copies of Part III if additional	space is needed.	
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
—			
		(e) Transfer of gif	ft
	T		
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
		[
(a) No.			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gif	ft
	Transferee's name, address, a		Relationship of transferor to transferee
		[
(a) No.			
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gif	ft
	Transferee's name, address, a	nd 7 ID + 4	Relationship of transferor to transferee
		[
—			
(a) No. from			
Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gif	ft
	Transferee's name, address, a	and $7IP \pm 4$	Relationship of transferor to transferee
123454 11-11-21			Schedule B (Form 990) (2

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SCHEDULE D	Supplem
(Form 990)	Complete if

nental Financial Statements

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
 Attach to Form 990.
 Go to www.irs.gov/Form990 for instructions and the latest information.



Department of the Treasury Internal Revenue Service Name of the organization

DAILY PLANET, INCORPORATED

Employer identification number 54-0900368

Pa	t I Organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		unds or Ad	ccounts. Complete if the
		(a) Donor advised funds		(b) Funds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in w	vriting that the assets held in dono	or advised fun	ds
	are the organization's property, subject to the organization's e	exclusive legal control?		Yes 🗌 No
6	Did the organization inform all grantees, donors, and donor ad	dvisors in writing that grant funds	can be used c	only
	for charitable purposes and not for the benefit of the donor or	donor advisor, or for any other pu	urpose conferr	ring
_	impermissible private benefit?			Yes No
Pa	t II Conservation Easements. Complete if the org	anization answered "Yes" on Forr	n 990, Part IV	, line 7.
1	Purpose(s) of conservation easements held by the organization	n (check all that apply).		
	Preservation of land for public use (for example, recreat	ion or education)	ation of a hist	orically important land area
	Protection of natural habitat	Preserv	ation of a cert	ified historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualifi	ed conservation contribution in th	e form of a co	
	day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements			2a
b	Total acreage restricted by conservation easements			2b
С	Number of conservation easements on a certified historic stru	cture included in (a)		2c
d	Number of conservation easements included in (c) acquired a	fter 7/25/06, and not on a historic	structure	
	listed in the National Register			2d
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminated	l by the organ	ization during the tax
	year ►			
4	Number of states where property subject to conservation easy	ement is located 🕨		
5	Does the organization have a written policy regarding the peri	odic monitoring, inspection, hand	ling of	
	violations, and enforcement of the conservation easements it	holds?		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, h	nandling of violations, and enforci	ng conservatio	on easements during the year
	▶			
7	Amount of expenses incurred in monitoring, inspecting, handl	ing of violations, and enforcing co	onservation ea	sements during the year
	►\$			
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section	on 170(h)(4)(B))(i)
	and section 170(h)(4)(B)(ii)?			Yes No
9	In Part XIII, describe how the organization reports conservation	n easements in its revenue and e	xpense statem	nent and
	balance sheet, and include, if applicable, the text of the footne	ote to the organization's financial	statements th	at describes the
	organization's accounting for conservation easements.	· · · · · · · · · · · · · · · · · · ·		
Pai	t III Organizations Maintaining Collections of		or Other S	Similar Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.		
1a	If the organization elected, as permitted under FASB ASC 958	3, not to report in its revenue state	ement and bal	ance sheet works
	of art, historical treasures, or other similar assets held for pub	lic exhibition, education, or resear	ch in furtherai	nce of public
	service, provide in Part XIII the text of the footnote to its finan	cial statements that describes the	ese items.	
b	If the organization elected, as permitted under FASB ASC 958	3, to report in its revenue stateme	nt and balance	e sheet works of
	art, historical treasures, or other similar assets held for public	exhibition, education, or research	in furtherance	e of public service,
	provide the following amounts relating to these items:			
	(i) Revenue included on Form 990, Part VIII, line 1			
2	If the organization received or held works of art, historical trea	sures, or other similar assets for f	inancial gain,	provide
	the following amounts required to be reported under FASB AS	-		
а	Revenue included on Form 990, Part VIII, line 1			
	Assets included in Form 990, Part X			\$
LHA	For Paperwork Reduction Act Notice, see the Instructions	for Form 990.		Schedule D (Form 990) 2021
13205	10-28-21			
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Sche		LANET, INC						54-09			_{age} 2
Par	t III Organizations Maintaining C	ollections of Ar	t, Histo	orical Tre	asures, o	r Othe	r Simila	r Assets	(contir	nued)	
3	Using the organization's acquisition, accession	on, and other record	ls, check	any of the f	ollowing that	t make si	ignificant ι	use of its			
	collection items (check all that apply):										
а	Public exhibition	(1 🗌 I	Loan or exc	hange progra	am					
b	Scholarly research										
с	Preservation for future generations										
4	Provide a description of the organization's co	ollections and explai	n how the	ey further th	e organizatio	on's exer	npt purpo	se in Part	XIII.		
5	During the year, did the organization solicit o	-		•	-						
	to be sold to raise funds rather than to be maintained as part of the organization's collection?										
Par	Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or										
	reported an amount on Form 990, Par			5				, , ,	,		
1a	Is the organization an agent, trustee, custodi	an or other intermed	liarv for c	ontribution	s or other ass	sets not i	included				
	on Form 990, Part X?		•						Yes		No
b	If "Yes," explain the arrangement in Part XIII										
~									Amoun	t	
с	Beginning balance						1c				
	Additions during the year										
	Distributions during the year										
f	Ending balance										
2a	Did the organization include an amount on Fe								Yes		No
	If "Yes," explain the arrangement in Part XIII.							·····]		1
	t V Endowment Funds. Complete i						10.				
		(a) Current year		rior year	(c) Two yea		(d) Three y	/ears back	(e) Four	years	back
1a	Beginning of year balance									-	
b	Contributions										
c	Net investment earnings, gains, and losses										
d	Grants or scholarships										
	Other expenditures for facilities										
C											
f	Administrative expenses										
g											
2	End of year balance Provide the estimated percentage of the curr		l o (lino 1a	column (a)) held as:						
-	Board designated or quasi-endowment	•	%		11010 23.						
b	Permanent endowment										
		%									
U	The percentages on lines 2a, 2b, and 2c sho										
30	Are there endowment funds not in the posse	•	ation that	are held ar	nd administer	od for th		ation			
Ja				are neiu ai			ie organiza	ation	l	Yes	No
	by: (i) Unrelated organizations								3a(i)		
h	(ii) Related organizations								3a(ii)		
0									3b		
Par	t VI Land, Buildings, and Equipm			unus.							
	Complete if the organization answere) Part IV	line 11a S	ee Form 990	Part X	line 10				
	Description of property	(a) Cost or c		_	or other		ccumulate	bd	(d) Boo	k volu	~
	Description of property	basis (investi		• •	(other)	. ,	preciation		(u) 600	r valu	e
10	Land				3,108.	40			1,32	3 1	08.
	Land				3,612.	2	596,0	72.	<u>1,52</u> 4,54		
	Buildings Leasehold improvements			,,	5,0120	<u> </u>	,0		-,5-	, , ,	
				/1	2,982.		183,0	18	22	9,9	64
	Equipment				<u>2,902</u> . 8,890.		143,5			5,3	
	Other		. ·			-	1-1,1	<u>v = • </u>	6,29		
iota	. Add lines 1a through 1e. (Column (d) must e	<u>qual Form 990, Part</u>	X, colum	n (B), line 1	UC.)				0,29		

Schedule D (Form 990) 2021

132052 10-28-21

Part VII	Investme	ents - O	ther Secu	rities	
Schedule D	(Form 990) 2	2021	DAILY	PLANET,	INCORPORATED

(a) Description of security or category (including name of security)	(b) Book value	11b. See Form 990, Part X, line 12. (c) Method of valuation: Cost or end	l-of-year market value
1) Financial derivatives			
2) Closely held equity interests			
3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ► Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" of	n Form 000 Part IV line	11c Soc Form 990 Part V line 13	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	
	(W) DOUR VAIUE		i orycar market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes" o		11d. See Form 990, Part X, line 15.	
-	on Form 990, Part IV, line Description	11d. See Form 990, Part X, line 15.	(b) Book value
-		11d. See Form 990, Part X, line 15.	(b) Book value
(a) [11d. See Form 990, Part X, line 15.	(b) Book value
(a) [(1)		11d. See Form 990, Part X, line 15.	(b) Book value
(a) [(1) (2)		11d. See Form 990, Part X, line 15.	(b) Book value
(a) [(1) (2) (3)		11d. See Form 990, Part X, line 15.	(b) Book value
(a) [(1) (2) (3) (4)		11d. See Form 990, Part X, line 15.	(b) Book value
(a) [(1) (2) (3) (4) (5)		11d. See Form 990, Part X, line 15.	(b) Book value
(a) [(1) (2) (3) (4) (5) (6)		11d. See Form 990, Part X, line 15.	(b) Book value
(a) [(1) (2) (3) (4) (5) (6) (7)		11d. See Form 990, Part X, line 15.	(b) Book value
(a) [(1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) line	Description		(b) Book value
(a) [(1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) line	Description		(b) Book value
(a) [(1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) line	Description		
(a) [(1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" o	Description		
(a) [(1) (2) (3) (4) (5) (6) (7) (8) (9) Dotal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" o	Description		
(a) [(1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes	Description		
(a) [(1) (2) (3) (4) (5) (6) (7) (8) (9) Dtal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2)	Description		
(a) [(1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2) (3)	Description		
(a) [(1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2) (3) (4)	Description		
(a) [(1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2) (3) (4) (5)	Description		
(a) [(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of . (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6)	Description		
(a) [(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of . (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7)	Description		
(a) [(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of . (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6)	Description		

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2021

X

132053 10-28-21

Sche	dule D (Form 990) 2021 DAILY PLANET, INCORPORATED		54-	0900368 Page 4
Par	t XI Reconciliation of Revenue per Audited Financial Statemer	nts With Revenue	e per Return.	<u>и</u>
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.			
1	Total revenue, gains, and other support per audited financial statements			13,602,169.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
с	Recoveries of prior year grants			
d	Other (Describe in Part XIII.)			
е	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1			13,602,169.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
с	Add lines 4a and 4b		4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			13,602,169.
Pa	t XII Reconciliation of Expenses per Audited Financial Stateme	ents With Expens	es per Retur	n.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.			
1	Total expenses and losses per audited financial statements		1	11,015,049.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
С	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1			11,015,049.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
с	Add lines 4a and 4b			0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			11,015,049.
Pa	t XIII Supplemental Information.			

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART X, LINE 2:

THE ORGANIZATION FOLLOWS FASB GUIDANCE FOR H	OW UNCERTAIN TAX POSITIONS
SHOULD BE RECOGNIZED, MEASURED, DISCLOSED AN	D PRESENTED IN THE FINANCIAL
STATEMENTS. THIS REQUIRES THE EVALUATION OF	TAX POSITIONS TAKEN OR
EXPECTED TO BE TAKEN IN THE COURSE OF PREPAR	ING THE ORGANIZATION'S TAX
RETURNS TO DETERMINE WHETHER THE TAX POSITIO	NS ARE "MORE-LIKELY-THAN-NOT"
OF BEING SUSTAINED "WHEN CHALLENGED" OR "WHE	N EXAMINED" BY THE APPLICABLE
TAX AUTHORITY. TAX POSITIONS NOT DEEMED TO	MEET THE MORE-LIKELY-THAN-NOT
THRESHOLD WOULD BE RECORDED AS A TAX EXPENSE	AND LIABILITY IN THE CURRENT
YEAR. MANAGEMENT EVALUATED THE ORGANIZATION	'S TAX POSITIONS AND CONCLUDED
THAT THE ORGANIZATION HAD TAKEN NO UNCERTAIN	TAX POSITIONS THAT REQUIRE
ADJUSTMENT TO THE FINANCIAL STATEMENTS TO CO	MPLY WITH THE PROVISIONS OF
132054 10-28-21 30	Schedule D (Form 990) 2021
) DAILY PLANET, INCORPORATE 701201.

Schedule D	(Form 990) 2021
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Part 2	KIII Supplement	al Infor	mation (continued)	<i>.</i>							
THIS	GUIDANCE.	THE	ORGANIZATION	IS	NOT	CURRENTLY	UNDER	AUDIT	BY	ANY	TAX
JURI	SDICTION.										
								:	Sched	lule D (F	orm 990) 2021

15570511 759400 701201.000

SCHEDULE I (Form 990) Department of the Treasury Internal Revenue Service Name of the organizatio		Go Comple		nd Individua	I <mark>s in the Uni</mark> on Form 990, Pa m 990.	ted States rt IV, line 21 or 22.		OMB No. 1545-0047 2021 Open to Public Inspection Employer identification number
Dantel Commenter	DAILY PLA		RPORATED					54-0900368
 Does the organiz criteria used to a Describe in Part 	formation on Grants a ation maintain records t ward the grants or assis V the organization's pro	to substantiate the stance?	oring the use of grant	funds in the United	l States.			X Yes No
	d Other Assistance to hat received more than \$	-				anization answered "Y	'es" on Form 990, Par	t IV, line 21, for any
1 (a) Name and ad	dress of organization ernment	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
	er of section 501(c)(3) a er of other organizations	с с		e line 1 table				>
LHA For Paperwork	Reduction Act Notice	, see the Instruction	ons for Form 990.					Schedule I (Form 990) 2021

Schedule I (Form 990) 2021 DAILY PLANET, INCORPORATED

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
MEDICAL EXPENSES, BUS TICKETS AND MEALS	0	225,316.	0.		

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART I, LINE 2:

PERIODIC REPORTS TO FUNDERS: QUARTERLY, SEMI-ANNUALLY AND ANNUALLY. SITE

VISITS AND AUDITS BY FEDERAL FUNDERS.

54-0900368

Page 2

SC	HEDULE J	I	OMB No. 1545-0047					
(Fo	rm 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest		20	91	I		
		Compensated Employees		20		1		
Dono	tment of the Treasury	 Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990. 		Open to Public				
	al Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.		Inspe	ction			
Nam	e of the organizatio			identificatio		nber		
_		DAILY PLANET, INCORPORATED	54-(090036	8			
Pa	rt I Question	s Regarding Compensation				·		
					Yes	No		
1a	Check the appropr	ate box(es) if the organization provided any of the following to or for a person listed on Form	990,					
		line 1a. Complete Part III to provide any relevant information regarding these items.						
	First-class or o							
	Travel for com							
		cation and gross-up payments						
	Discretionary	spending account Personal services (such as maid, chauffer	ır, chef)					
_								
b		on line 1a are checked, did the organization follow a written policy regarding payment or						
•				1b				
2	•	n require substantiation prior to reimbursing or allowing expenses incurred by all directors,						
	trustees, and office	rs, including the CEO/Executive Director, regarding the items checked on line 1a?		2				
2	Indianta which if a	ay of the following the experimentian used to establish the companyation of the experimetion's						
3		ny, of the following the organization used to establish the compensation of the organization's actor. Check all that apply. Do not check any boxes for methods used by a related organization of the second sec						
		ation of the CEO/Executive Director, but explain in Part III.	JITIO					
	Compensation							
	·	compensation consultant Compensation survey or study						
		ther organizations X Approval by the board or compensation c	ommittee					
			ommittee					
4	During the year, die	any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing						
•	organization or a re							
а	-	e payment or change-of-control payment?		4a		x		
b		eive payment from a supplemental nonqualified retirement plan?				X		
с		eive payment from an equity-based compensation arrangement?		4c		X		
	-	nes 4a-c, list the persons and provide the applicable amounts for each item in Part III.						
	-							
	Only section 501(:)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.						
5	For persons listed	on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatio	'n					
	contingent on the r	evenues of:						
а	The organization?			5a		X		
		ation?				X		
		or 5b, describe in Part III.						
6	For persons listed	on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatio	'n					
	contingent on the r	-						
						X		
b		ation?		6b		x		
		or 6b, describe in Part III.						
7		on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments						
		nes 5 and 6? If "Yes," describe in Part III		7		X		
8		reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the	IE			37		
				8		X		
9		id the organization also follow the rebuttable presumption procedure described in						
	Regulations section							
LHA	For Paperwork R	eduction Act Notice, see the Instructions for Form 990.	Scheo	dule J (Forn	n 990)	2021		

132111 11-02-21

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(B) Breakdown of W	/-2 and/or 1099-MIS0 compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) DR. PATRICIA T. COOK	(i)	315,143.	0.	0.	9,454.	687.	325,284.	0.
СМО	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) CHRISTOPHER PAUL KOGUT	(i)	220,071.	0.	0.	0.	5,492.	225,563.	0.
PSYCHIATRIST	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) JERNICE S. GILES	(i)	190,001.	0.	0.	5,700.	687.	196,388.	0.
DENTAL DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) KATHLEEN D. DIPASQUALE SEELIG	(i)	173,346.	0.	0.	5,200.	15,211.	193,757.	0.
PHYSICIAN	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) BRENT MAST	(i)	192,571.	0.	0.	0.	687.	193,258.	0.
CAO	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) ANITA S. BENNETT	(i)	175,071.	0.	0.	0.	10,314.	185,385.	0.
CEO	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Schedule J (Form 990) 2021

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Schedule J (Form 990) 2021

SCHEDULE	Μ
(Form 990)	

Noncash Contributions

OMB No. 1545-0047

Open to Public

Inspection

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ZUZ

Department of the Treasury
Internal Revenue Service

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
 Attach to Form 990.

Go to www.irs.gov/F

Go to www.irs.gov/Form990 for instructions and the latest information.

Name	e of the organization						identificatio		nber
	DAILY PLANET	, INCO	RPORATED			54	4-09003	68	
Par	rt I Types of Property								
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contributior amounts reported on Form 990, Part VIII, line	ı		(d) of determinir ntribution am		3
1	Art - Works of art								
2	Art - Historical treasures								
3	Art - Fractional interests								
4	Books and publications								
5	Clothing and household goods	Х		43,61	6.GO	DDWILL	POSTED	V VA	4LU
6	Cars and other vehicles								
7	Boats and planes								
8	Intellectual property								
9	Securities - Publicly traded								
10	Securities - Closely held stock								
11	Securities - Partnership, LLC, or trust interests								
12	Securities - Miscellaneous								
13	Qualified conservation contribution -								
	Historic structures								
14	Qualified conservation contribution - Other								
15	Real estate - Residential								
16	Real estate - Commercial								
17	Real estate - Other								
18	Collectibles								
19	Food inventory								
20	Drugs and medical supplies								
21	Taxidermy								
22	Historical artifacts								
 23	Scientific specimens								
	Archeological artifacts								
25	Other (MEALS)	X	79	88,91	6. FM	7			
26	Other ()								
27	Other ()								
28	Other ()								
<u></u> 29	Number of Forms 8283 received by the organiz	ration during	the tax year for co	ontributions					
	for which the organization completed Form 828								
			ence / termence g					Yes	No
30a	During the year, did the organization receive by	contributio	n any property rep	orted in Part L lines 1 th	rough 28	that it			110
	must hold for at least three years from the date				•				
	exempt purposes for the entire holding period?						30a		Х
b	If "Yes," describe the arrangement in Part II.								
31	Does the organization have a gift acceptance p	olicy that re	auires the review a	of any nonstandard conti	ributions	?	31		Х
	Does the organization hire or use third parties of	•	-	-				-+	
5 2a	contributions?		•	· · ·			32a		х
b	If "Yes," describe in Part II.								
33	If the organization didn't report an amount in co	olumn (c) fo	r a type of property	for which column (a) is a	checked,				
	describe in Part II.								
_HA	For Paperwork Reduction Act Notice, see	the Instruct	tions for Form 990).		Sched	lule M (Form	990)	2021

Part II	Supplementa	l Informat	ion. Provide t	he information required by P	art
Schedule I	M (Form 990) 2021	DAILY	PLANET,	INCORPORATED	

Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Schedule M (Form 990) 2021 132142 11-17-21 38

15570511 759400 701201.000

2021.05080 DAILY PLANET, INCORPORATE 701201.1

SCHEDULE O

(Form 990)

Department of the Treasury Internal Revenue Service Name of the organization Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.



54-0900368

DAILY PLANET, INCORPORATED

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

DENTAL, BEHAVIORAL, RESPITE, URGENT CARE AND OUTREACH SERVICES ACROSS

MULTIPLE SITES TO ALL PEOPLE REGARDLESS OF THEIR INCOME, HOUSING, OR

INSURANCE STATUS.

FORM 990, PART VI, SECTION B, LINE 11B:

THE CEO REVIEWS THE TAX RETURN AND PRESENTS IT TO THE FINANCE AND AUDIT

COMMITTEE. ONCE THEY ACCEPT IT, THE 990 IS THEN AVAILABLE TO THE ENITRE

BOARD OF DIRECTORS FOR REVIEW.

FORM 990, PART VI, SECTION B, LINE 15A:

TWO INDEPENDENT BOARD MEMBERS CONDUCT THE ANNUAL REVIEW AND THEN THE ENTIRE

BOARD FORMALLY ACCEPTS THE COMPENSATION RECOMMENDATION IN THE MINUTES OF

THE BOARD MEETING.

FORM 990, PART VI, SECTION C, LINE 19:

THE 990 IS AVAILABLE ONLINE FOR REVIEW AND ANYONE REQUESTING A COPY OF OUR AUDIT CAN CALL AND WE WILL MAIL IT OR THEY ARE FREE TO STOP BY AND PICK IT UP.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 132211 11-11-21 39 Schedule O (Form 990) 2021