** PUBLIC DISCLOSURE COPY ** Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Note: The organization may have to use a copy of this return to satisfy state reporting requirements.

This Form is Open to Public Inspectio

Α .	or the	1999 calendar year, OR tax year period beginning		and on	ding			to i unite mapeerion		
	Check if:			and en	unig	- ·				
B .	Chang	Please C Name of organization				D Empio	D Employer identification number			
L	_lof addres	use IRS s label or								
	Initial	print or DRCNET FOUNDATION						134867		
<u> </u>	return Final	type. Number and street (or P.O. box if mail is no	t delivered to street addres	s)			Telephone number			
<u> </u>	return	Specific 2000 P ST NW			210	20	<u>202-362-0030</u>			
	return (required a	tions. Oily or lown, state or country, and ZiP+4	F Check	▶ L	if exemption					
	for state reporting)	I WASHINGTON DC 2003/	5					application is pending		
G 7	ype of	organization 📂 🗶 Exempt under 501(c) (3) 🔻	(insert number) OR 🕨 🗋	section	on 4947(a)(1) nonexen	npt charita	able tr	ust		
Not	e: Sec	tion 501(c)(3) exempt organizations and 4947(a)(1) nonexempt charitab	le trust	s MUST attach a co	mplete	d Sch	edule A (Form 990).		
		a group return filed for affiliates?								
		," enter the number of affiliates for which this			nption number (GEN)			3 3 1		
	return	is filed:					<u>_</u>	Accrual		
(c)		a separate return filed by an organization covered by a group ruling?			Other (specify)					
		e 🕨 🔲 if the organization's gross receipts are norma		The oros		return w	ith the	IRS but		
if	it receiv	ed a Form 990 Package in the mail, it should file a return	without financial data. Con	aa atataa	raguira e namelata sa	. 10tu;11 W	ilii lii6	into, but		
		990-EZ may be used by organizations with gross re								
Pa	ırt I	Revenue, Expenses, and Changes in N	Vet Assets or Fund	i Bala	rai assets iess than \$	5250,000	at en	d of year.		
<u> </u>	1			J Daia	11063					
		Contributions, gifts, grants, and similar amounts receive		1.1	100 4	22				
		Direct public support		1a	180,4	23.				
	b	Indirect public support		1b						
	C	Government contributions (grants)		1c						
	d	Total (add lines 1a through 1c) (attach schedule of cont								
		(cash \$ 180,423. noncash \$		1d	<u>180,423.</u>					
	2	Program service revenue including government fees and		2	625.					
	3	Membership dues and assessments	***************************************		·····		3			
	4	Interest on savings and temporary cash investments					4	1,643.		
	5	Dividends and interest from securities					5			
	6 a	Gross rents						·		
	þ	Less: rental expenses					!			
o.	C	Net rental income or (loss) (subtract line 6b from line 6a)			\neg	6c			
Revenue	7	Other investment income (describe	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				7	·		
eve	8 a	Gross amount from sale of assets other	(A) Securities	T	(B) Other					
Œ		than inventory		8a	(D) Othor					
	Ь	Less: cost or other basis and sales expenses		8b						
	C	Gain or (loss) (attach schedule)	***************************************	8c						
	d	Net gain or (loss) (combine line 8c, columns (A) and (B)	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \				ا بہ			
ĺ	9	Special events and activities (attach schedule))	**********	***************************************		8d	<u>, </u>		
	a	Gross revenue (not including \$	of contributions							
i	•	reported on line 1a)	or continuutions							
	h	Less: direct expenses other than fundraising expenses		9a						
	c	Net income or (loss) from energial events (subtract line 0	h from line (lo)	_ 9b			_			
ļ	10 a	Net income or (loss) from special events (subtract line 9 Gross sales of inventory, less returns and allowances	o nom sale sa)	7		···· _{\$	9c			
İ	b	Less, that of abode sold		10a						
		Less: cost of goods sold	-d-d-2-7	106			-			
ł	11	Gross profit or (loss) from sales of inventory (attach sch	edule) (subtract line 10b fr	om line 1	Oa)	1	Oc			
	12	Other revenue (from Part VII, line 103)				1	!1	800.		
\dashv	13	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c	, and 11)			<u> 1</u>	12	183,491.		
es es	14	Program services (from line 44, column (B))				1	13	100,409.		
Expenses	15	Management and general (from line 44, column (C))	1	14	<u>59,930.</u>					
ă	16	Fundraising (from line 44, column (D))		1	15	8,641.				
ш	17	Payments to affiliates (attach schedule)				1	16			
-	18	Total expenses (add lines 16 and 44, column (A)) Excess or (definit) for the year (subtract line 17 from line	10)		<u></u>	1	17	<u>168,980.</u>		
+ 1	19	Excess or (deficit) for the year (subtract line 17 from line Net assets or fund balances at baginning of year (from line	<u> 1</u>	18	<u>14,511.</u>					
Net Assets	20	Net assets or fund balances at beginning of year (from lin	le 73, column (A)) Japatian)			1_1	9	<u> 12,298.</u>		
4	21	Other changes in net assets or fund balances (attach exp. Net assets or fund balances at and of year (combine lines)	2	0	0.					
LHA		Net assets or fund balances at end of year (combine lines aperwork Reduction Act Notice, see page 1 of the sepa	, 10, 13, and 20)	*********		2	1	<u> 26,809.</u>		
92300 12-14-	1	The separation of the separation and the separation in the separation and the separation	rate instructions. 2					Form 990 (1999)		

Form 990 (1999)

DRCNET FOUNDATION

52-2034867

Page 3

Part IV Balance Sheets								
Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.	(A) Beginning of year		(B) End of year					
			(

Note		re required, attached schedules and amounts with Id be for end-of-year amounts only.	n the descri	ption column	(A) Beginning of year		(B) End of year
	45	Cash - non-interest-bearing			9,224.	45	
	46	Savings and temporary cash investments				46	38.

	47 a	Accounts receivable	47a	1,200.			
		Less: allowance for doubtful accounts	47b			47c	1,200
	48 a	Pledges receivable					
	b	Less: allowance for doubtful accounts				48c	
	49	Grants receivable				49	2,000.
	50	Receivables from officers, directors, trustees,				l i	
s		and key employees				50	
Assets		Other notes and loans receivable					
As		Less; allowance for doubtful accounts				51c	
	52	Inventories for sale or use				52	
	53	Prepaid expenses and deferred charges			100.	53	400.
	54	Investments - securities			*** ****	54	
	55 a	Investments - land, buildings, and	r ı				
		equipment: basis	55a			İ	
	1	Less: accumulated depreciation				55c	
	56	Investments - other			7777414	56	
	5/a	Land, buildings, and equipment; basis	57a	15,083.	40.000		
		Less: accumulated depreciation STMT 6			10,359.		11,854.
	58	Other assets (describe	EMENT /		58	16,042.	
	59	Total assets (add lines 45 through 58) (must equal lin		19,683.	59	31,534.	
	60	Accounts payable and accrued expenses			7,067.		3,543.
	61	Grants payable				61	
es	62	Deferred revenue				62	. 1===
iabilities.	63	Loans from officers, directors, trustees, and key empto	yees		318.	63	
iak	64 a	Tax-exempt bond liabilities				64a	
_	b	Mortgages and other notes payable			·	64b	
	65	Other liabilities (describe BANK OVERDR	AFT)		65	1,182.
	66	Total liabilities (add lines 60 through 65)			7,385.		4 725
		izations that follow SFAS 117, check here	and complete	lines 67 through	7,365.	66	4,725.
		69 and lines 73 and 74.	and complete	inios or till dayii			
ses	67	Unrestricted			12,298.	67	26,809.
anc	68	Temporarily restricted	•••••		12,270.	68	20,005.
Ва	69	Permanently restricted	****************		78	69	
ם	Organ	izations that do not follow SFAS 117, check here			09		
표	-	70 through 74					
SO	70	Capital stock, trust principal, or current funds				70	
Net Assets or Fund Balances	71	Paid-in or capital surplus, or land, building, and equipr	nent fund			71	7.
As	72	Retained earnings, endowment, accumulated income,	or other funds			72	
Net	73	Total net assets or fund balances (add lines 67 through	h 69 OR lines	3 70 through 72:			
_		column (A) must equal line 19 and column (B) must eq	ual line 21)	· · · · · · · · · · · · · · · · · · ·	12,298.	73	26,809.
	74	Total liabilities and net assets / fund balances (add			19,683.		40,000.

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

		<u>2-2034</u>	867		Page 5
Pa	rt VI Other Information			Yes	
76	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		76	L	X
77	Were any changes made in the organizing or governing documents but not reported to the IRS?		77		X
	If "Yes," attach a conformed copy of the changes.				
78 a	• • • • • • • • • • • • • • • • • • • •		78a		X
	If "Yes," has it filed a tax return on Form 990-T for this year?		78b	ļ	ļ. <u> </u>
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year?		79	<u> </u>	X
	If "Yes," attach a statement;			İ	
80 a	, , , , , , , , , , , , , , , , , , , ,				
	governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?		80a	X	
D	If "Yes," enter the name of the organization SEE STATEMEN				
04 -	and check whether it is exempt OR n	onexempt.			
віа	Enter the amount of political expenditures, direct or indirect, as described in the	^			
	instructions for line 81 81a	0.	1		**
b b	Did the organization file Form 1120-POL for this year? Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less the		81b	 	X
DZ a	fair rental value?		20		*27
h	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an	•••••	82a		X
		/A	1		
83.2	Did the organization comply with the public inspection requirements for returns and exemption applications?			7	
oo a	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?		83a	X	-
94 a	Did the organization solicit any contributions or gifts that were not tax deductible?		83b	X	<u> </u>
07 a	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not	. 	84a		
U	tax deductible?	/ 73			
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?		84b 85a		<u> </u>
ь		•Ω	85b		
Ī	If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for p	f3	650		
	owed for the prior year.	luxy lax			
C	Dues, assessments, and similar amounts from members 85c N/	ا د /			
d	Section 162(e) lobbying and political expenditures 85d N/				
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices 85e N/				
t	Taxable amount of lobbying and political expenditures (line 85d less 85e) 85f N/				
a	Does the organization elect to pay the section 6033(e) tax on the amount in 85f?		85g		
h	If section 6033(e)(1)(A) dues notice were sent, does the organization agree to add the amount in 85f to its reasonable estimate of d		039		<u> </u>
	allocable to nondeductible lobbying and political expenditures for the following tax year?		85h		
86	501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 12 86a N/	1	องแ		
b	Gross receipts, included on line 12, for public use of club facilities 86b N/				
87	501(c)(12) organizations. Enter:				
a	Gross income from members or shareholders 87a N/	/ A			
b	Gross income from other sources. (Do not net amounts due or paid to other sources				
	against amounts due or received from them.)	'A			
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership,				
	or an entity disregarded as separate from the organization under Regulations sections 301,7701-2 and 301,7701-3?				
	If "Yes," complete Part IX		88		Х
89 a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under:				
	section 4911 ▶ 0 • ; section 4912 ▶ 0 • ; section 4955 ▶	0.			
b	501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit				
	transaction during the year? If "Yes," attach a statement explaining each transaction		89b		X
C	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under				
	sections 4912, 4955, and 4958				0.
đ	Enter: Amount of tax in 89c, above, reimbursed by the organization	>			0.
90 a	List the states with which a copy of this return is filed DISTRICT OF COLUMBIA				
b	Number of employees employed in the pay period that includes March 12, 1999		90b		8
04	The header are in any of the MUID CONCENTED TO THE				
91	The books are in care of ► THE ORGANIZATION Telephone no. ► 2	<u>:02-36</u>	2-0	030	
	Located at > 2000 D Cm NW CHITTE 210 MA CHITTERAN		.	_	
	Located at ► 2000 P ST NW SUITE 210 WASHINGTON DC	+4 ► <u>2</u>	<u>003</u>	6	
92	Section 4947(a)(1) nonexempt charitable tructs filing Form 900 in liquid.			, –	_
	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041-Check here and enter the amount of tax-exempt interest received or accrued during the tax year 92	••••••		╮►L	
923041 01-31-					(1000)
	u		TITITI T	. 44411	19991

Employer identification number

SCHEDULE A (Form 990)

Department of the Treasury

Internal Revenue Service Name of the organization

Organization Exempt Under Section 501(c)(3)

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

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

OMB No. 1545-0047

1999

	DRCNET FOUNDATION			52 20348	3 <u>67</u>
Part I	Compensation of the Five Highest Paid Employ	ees Other Than Off	icers, Directoi	s, and Trus	tees
	(See instructions, List each one, If there are none, enter "None.")				
	(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and othe allowances
NONE					
1000 T					
					1
					-
· · · · · · · · · · · · · · · · · · ·					
		- Micu		·	

Total numbe	r of other employees paid				
over \$50,000)	0			
Part II	Compensation of the Five Highest Paid Indepe	ndent Contractors f	or Professiona	l Services	
	(See instructions. List each one (whether individuals or firms). If there				
	(a) Name and address of each independent contractor paid more that	an \$50,000	(b) Type of s	ervice	(c) Compensation
NONE					
NONE"					
					<u> </u>
- 					
					····
					<u>.</u>
	_ _				
Total number	r of others receiving over				
	professional services	0			
	Paperwork Reduction Act Notice, see page 1 of the Instructions for For		···		···

p.5 Page 3 Schedule A (Form 990) 1999 DRCNET FOUNDATION 52-2034867 Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12 above.) Use cash method of accounting. Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting. Calendar year (or fiscal year (b) 1997 (c) 1996 (d) 1995 (a) 1998 (e) Total beginning in) Gifts, grants, and contributions received. 15 (Do not include unusual grants, See 45,798. 45,798. line 28.) Membership fees received <u>16</u> Gross receipts from admissions. merchandise sold or services performed, or furnishing of facilities in any activity that is not a business unrelated to the organization's charitable, etc., purpose Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975 25 25. 19 Net income from unrelated business activities not included in line 18 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf 21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge Other income, Attach a schedule, Do not include gain or (loss) from sale of capital 23 Total of lines 15 through 22 45,823. 0. 0. Line 23 minus line 17 24 45,823. 25 Enter 1% of line 23 458. Organizations described in lines 10 or 11: a Enter 2% of amount in column (e), line 24 26a Attach a list (which is not open to public inspection) showing the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 1995 through 1998 exceeded the amount shown in line 26a. Enter the sum of all these excess amounts N/A 26b c Total support for section 509(a)(1) test: Enter line 24, column (e) 26c d Add: Amounts from column (e) for lines: 18 19 22 26b ► 26d e Public support (line 26c minus line 26d total) 26e Public support percentage (line 26e (numerator) divided by line 26c (denominator)) **▶** 261 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," attach a list to show the name of, and total amounts received in each year from, each "disqualified person." Enter the sum of such amounts for each year. (1998) 39,000 · (1997) 0 · (1996) 0 · (1995) 0 · b For any amount included in line 17 that was received from a nondisqualified person, attach a list to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11, as well as individuals.) After computing the difference between the amount received and the larger amount decribed in (1) or (2), enter the sum of these differences (the (1998) 0 • (1997) 0 • (1996) 0 • (1995) 0 •

Add: Amounts from column (e) for lines: 15 <u>45,798</u> 16 ____ 39,000. e Public support (line 27c, total minus line 27d total) f Total support for section 509(a)(2) test: Enter amount on line 23, column (e) _____ **27f** 45,823. Public support percentage (line 27e (numerator) divided by line 27f, (denominator)) 14.8353% h Investment income percentage (line 18 column (e) (numerator) divided by line 27f (denominator))

28 Unusual Grants: For an organization described in line 10, 11, or 12, that received any unusual grants during 1995 through 1998, attach a list (which is not open to public inspection) for each year showing the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not include these grants in line 15. (See instructions.) NONE

_	nedule A (Form 990) 1999	DRCNET FOUN					52-	2034867 Page 5
P		Expenditures by Ele	_					
		ed ONLY by an eligible organ	"	3)				
	. —	ganization belongs to an affili	- '					
Une	ck here b lif you ch	ecked "a" above and "limited	control" provisions apply.		Т			
	Li	mits on Lobbying E	Expenditures			(a)		(b) To be completed for ALL
	(The ter	m "expenditures" means amo	ounts paid or incurred)			Affiliated group to	tals	electing organizations
	(1110.101	THE EXPENDICES THOUSE DITTE	build puid of illouriou)			N/A		U • U • • • • • • • • • • • • • • • • • • •
36	Total lobbying expenditures t	o influence public oninion (a	rasernots lobbying)		36	N/A		0.
37	Total lobbying expenditures t				37			0.
38	Total lobbying expenditures (38			0.
39	Other exempt purpose expen				39			0.
40	Total exempt purpose expend				40			0.
41	Lobbying nontaxable amount			**		- 17		
	If the amount on line 40 is -	The lobbyin	g nontaxable amount is -					
	Not over \$500,000			ì				
	Over \$500,000 but not over \$1,000							
	Over \$1,000,000 but not over \$1,58				41	·· ·· · · · · · · · · · · · · · · · ·		0.
	Over \$1,500,000 but not over \$17,8	000,000 \$225,000 plus	5% of the excess over \$1,500,0	00				
	Over \$17,000,000							
42	Grassroots nontaxable amou	nt (enter 25% of line 41)			42	-a		0.
43	Subtract line 42 from line 36.	Enter -0- if line 42 is more th	nan line 36		43			0.
44	Subtract line 41 from line 38.	Enter -0- if line 41 is more th	nan line 38		44			<u> </u>
	Caution; If there is an amo	unt on either line 13 or line	a 44 you must file Form	4700				
	Oughon, it though an arrive	one of ordior and to or are	2 44, you made me rolling	7720.	L			, , , , , , , , , , , , , , , , , , ,
			ow. See the instructions for Lobbying Expe	· · · · · ·	- '	ır Averaging Period		10,94
Cale	endar year (or	(a)	(b)					37/3
	al year beginning in)	1999	(6)	/c)		(4)		N/A
45	Lobbying nontaxable	· · · · · · · · · · · · · · · · · · ·	1998	(c) 1997	,	(d) 1996		(e)
				, ,	,	, , ,		
	amount			, ,		, , ,		(e) Total
46	amount Lobbying ceiling amount			, ,	,	, , ,		(e)
	Lobbying ceiling amount (150% of line 45(e))			, ,	,	, , ,		(e) Total
47	Lobbying ceiling amount (150% of line 45(e)) Total lobbying			, ,	,	, , ,		(e) Total
47	Lobbying ceiling amount (150% of line 45(e)) Total lobbying expenditures			, ,	,	, , ,		(e) Total
47	Lobbying ceiling amount (150% of line 45(e)) Total lobbying expenditures Grassroots nontaxable			, ,	,	, , ,		(e) Total 0.
47	Lobbying ceiling amount (150% of line 45(e)) Total lobbying expenditures Grassroots nontaxable amount			, ,	,	, , ,		(e) Total 0.
47 48 49	Lobbying ceiling amount (150% of line 45(e)) Total lobbying expenditures Grassroots nontaxable amount Grassroots ceiling amount			, ,	,	, , ,		(e) Total 0. 0.
47 48 49	Lobbying ceiling amount (150% of line 45(e)) Total lobbying expenditures Grassroots nontaxable amount Grassroots ceiling amount (150% of line 48(e))			, ,		, , ,		(e) Total 0.
47 48 49 50	Lobbying ceiling amount (150% of line 45(e)) Total lobbying expenditures Grassroots nontaxable amount Grassroots ceiling amount			, ,	,	, , ,		(e) Total 0. 0. 0.
47 48 49 50	Lobbying ceiling amount (150% of line 45(e)) Total lobbying expenditures Grassroots nontaxable amount Grassroots ceiling amount (150% of line 48(e)) Grassroots lobbying expenditures	activity by Nonelect	1998	1997	,	, , ,		(e) Total 0. 0.
47 48 49 50	Lobbying ceiling amount (150% of line 45(e)) Total lobbying expenditures Grassroots nontaxable amount Grassroots ceiling amount (150% of line 48(e)) Grassroots lobbying expenditures art VI-B Lobbying A	activity by Nonelect	1998	1997		, , ,		(e) Total 0. 0. 0.
47 48 49 50	Lobbying ceiling amount (150% of line 45(e)) Total lobbying expenditures Grassroots nontaxable amount Grassroots ceiling amount (150% of line 48(e)) Grassroots lobbying expenditures art VI-B Lobbying A	nly by organizations that did	ting Public Charition not complete Part VI-A)	1997 		1996		(e) Total 0. 0. 0. 0.
47 48 49 50 Pa	Lobbying ceiling amount (150% of line 45(e)) Total lobbying expenditures Grassroots nontaxable amount Grassroots ceiling amount (150% of line 48(e)) Grassroots lobbying expenditures art VI-B Lobbying A (For reporting of line 49 (For reporting of line 49)) Ing the year, did the organization of a legisless	nly by organizations that did on attempt to influence nation ative matter or referendum, t	ting Public Charitie not complete Part VI-A) nal, state or local legislation through the use of:	es , including any	attempt	to Yes	No	(e) Total 0. 0. 0. 0.
47 48 49 50 Pa	Lobbying ceiling amount (150% of line 45(e)) Total lobbying expenditures Grassroots nontaxable amount Grassroots ceiling amount (150% of line 48(e)) Grassroots lobbying expenditures art VI-B Lobbying A (For reporting or	nly by organizations that did on attempt to influence nation ative matter or referendum, t	ting Public Charition not complete Part VI-A) nal, state or local legislation through the use of:	es , including any	attempt	to Yes	No X	(e) Total 0. 0. 0. 0. 0. 0.
47 48 49 50 Pa	Lobbying ceiling amount (150% of line 45(e)) Total lobbying expenditures Grassroots nontaxable amount Grassroots ceiling amount (150% of line 48(e)) Grassroots lobbying expenditures art VI-B Lobbying A (For reporting or ng the year, did the organization ence public opinion on a legisl Volunteers Paid staff or management (inc	nly by organizations that did on attempt to influence nation ative matter or referendum, t lude compensation in expen	ting Public Charitien not complete Part VI-A) nal, state or local legislation through the use of:	es , including any	attempt	to Yes	X X	(e) Total 0. 0. 0. 0. 0. 0.
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	ciation and A			I	FORM 990 PAGE	2		990
Asset					Description o	of property		
umber	Date placed	Method/ IRC sec.	/ Life or rate	Line No.		Basis	Accumulated	Current year
1	in service		COMPU		other basis EOUIPMENT	reduction	depreciation/amortization	deduction
	090198		5.00		6,870.		458.	1,37
2	NOTEBOOK			<u> </u>	0,070.		450.	<u> </u>
	07 29 98		5.00	19	1,180.		98.	23
3	ZIP DRIV	Έ						
	0 9 3 0 9 8	SL	5.00	19	165.		8.	3
4	COMPUTER		T				····	
	11,09,98		5.00	19	715.		24.	14
9	HARD DRI			4.0	160		T	<u> </u>
1.0	02 18 99		<u>5.00</u>	19	469.			7:
10	1NTERNET 05 21 99		5.00	19	582.			
11	COMPUTER				384.			6
	062899		5.00	19	1,574.		<u> </u>	15
12	HARD DRI			الد بند	1,0/40	· · · · · · · · · · · · · · · · · · ·		12
	071999		5.00	19	450.	,, , , , , , , , , , , , , , , , , , ,		3
13	COMPUTER				,	· · · ** · · · · · · · · · · · · · · ·	1	
	122399	SL	5.00	19	945.			
	** 990 F	AGE :	2 TOTA	\L -	-			
		l		.↓	12,950.	0.	588.	2,12
5	FURNITUR			1.				
	090198		7.00	19	1,405.		67.	20
	** 990 P	AGE 2	2 TOTA	<u>\L -</u>		-		
	OFFICE F	OTTER	CENTER OF		1,405.	0.	67.	20
О	OFFICE F 090198			19	455			
7	RECORDER		15.00	119	455.		30.	9:
	092298		5.00	19	103.		5.	
	** 990 P						J.	2:
	1 1		1011		558.	0.	35.	11:
8	SOFTWARE	<u>, , , , , , , , , , , , , , , , , , , </u>	_1		2501	<u> </u>	33.	
	10,20,98		2.00	19	170.		14.	8:
	** 990 P	AGE 2	2 TOTA	L -				
					170.	0.	14.	8
	** GRAND	TOTA	AL 990	PA	GE 2 DEPRECIAT	ION		
					15,083.	0.	704.	2,52
-	<u> </u>		т	т	<u> </u>			
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DRCNET FOUNDATION

52-2034867

FORM 990	OTHER	STATEMENT 2		
	(A)	(B) PROGRAM	(C) MANAGEMENT	(D)
DESCRIPTION	TOTAL	SERVICES	AND GENERAL	FUNDRAISING
DUES & SUBSCRIPTIONS				
	719.	719.		
MEALS &				
ENTERTAINMENT	844.	481.	312.	51.
INSURANCE	1,938.	1,105.	717.	116.
REPAIRS &				
MAINTENANCE	919.	524.	340.	55.
PRODUCTION EXPENSES				
	2,467.	2,467.		
BANK CHARGES	628.		628.	
MISCELLANEOUS INTERNET	230.		230.	
	723.	412.	268.	43.
EDUCATIONAL				
MATERIALS	5,511.	5,511.		
TOTAL TO FM 990, LN 43	13,979.	11,219.	2,495.	265.
		S PRIMARY EXE		STATEMENT

EXPLANATION

EDUCATE THE PUBLIC AND INCREASE PUBLIC AWARENESS OF THE EFFECTS OF DRUG POLICIES: TO PROMOTE DEBATE ON DRUG PROHIBITION & ALTERNATIVES : TO PROMOTE POSITIVE REFORM IN DRUG LAWS

DRCN	ET FOUNDATION	ī			52-2034867
INTERN COMPUT	PRIVE DB PET ROUTER PER EQUIPMENT PRIVE AS	-	170. 469. 582. 1,574. 450. 945.	99. 78. 68. 157. 38. 0.	71. 391. 514. 1,417. 412. 945.
TOTAL	TO FORM 990,	PART IV, LN 5	15,083.	3,229.	11,854.
FORM 9	90		OTHER ASSETS		STATEMENT 7
DESCRI	PTION			•	AMOUNT
DUE FR	OM DRC NETWOR	ĸ			16,042.
TOTAL	TO FORM 990,	PART IV, LINE	: 58, COLUMN B		16,042.
FORM 9	90		ON OF RELATED ORG ART VI, LINE 80B	ANIZATIONS	STATEMENT 8
NAME O	F ORGANIZATIO	N		EXEM	PT NONEXEMPT
DRUG R	EFORM COORDIN	— ATION NETWORK	501(C)(4)	X	
SCHEDU	LE A INVOL		ONCHARITABLE ORGA	NIZATIONS	STATEMENT 9
(A) LINE NO.	(B) AMOUNT INVOLVED		(C) NONCHARITABLE ORGANIZATION	DESCRIPTION TRANSACTIONS	D) OF TRANSFERS, , AND SHARING GEMENTS
C	3,865.	DRUG REFORM NETWORK	COORDINATION	SHARED RENTAL	EXPENSE
IV	6,440.	DRUG REFORM NETWORK	COORDINATION	SHARED INSURAN	CE EXPENSE
IV	723.	DRUG REFORM NETWORK	COORDINATION	SHARED INTERNE	T ACCESS FEES
C IV	70,489.	DRUG REFORM NETWORK	COORDINATION	SHARED COMMON MASTER; REIMBU	
A	21,439.	DRUG REFORM NETWORK	COORDINATION	\$3,500 GRANT; SHARE OF EXPEN	

Department of the Treasury Internal Revenue Service (99)

Depreciation and Amortization (Including Information on Listed Property)

➤ See separate instructions.

990 ► Attach this form to your return. OMB No. 1545-0172

Name(s) shown on return

Business or activity to which this form relates

Attachment Sequence No. **67**

Identifying number

DI	RCNET FOUNDATION			FORM	r 990	ı Pi	AGE 2		52-2034867
	art Election To Expense Certain Ta	ngible Property	(Section 179) (No					olete Part V	before you complete Part I.)
	Maximum dollar limitation. If an enterpr								19,000
	Total cost of section 179 property plac								
	Threshold cost of section 179 property								\$200,000
4	Reduction in limitation. Subtract line 3	from line 2. If zero	or less, enter -0-					4	
	Dollar limitation for tax year. Subtract lii								
	separately, see instructions			· · · · · · · · · · · · · · · · · · ·			44-2	5	
_6	(a) Description of pro-			Cost (busines			(c) Elected		•
									•
	Help Malakai Farran	******					v		
			·						
7	Listed property. Enter amount from line	27	*************************		2				
8	Total elected cost of section 179 prope	rty. Add amounts	s in column (c), line	es 6 and 7				8	
9	Tentative deduction. Enter the smaller	of line 5 or line 8						9	
10	Carryover of disallowed deduction from	1998						10	
11	Business income limitation. Enter the si	maller of busines:	s income (not less	than zero)	or line 5	5		. 11	
12	Section 179 expense deduction. Add li	nes 9 and 10, but	t do not enter more	e than line	11		····	12	
13	Carryover of disallowed deduction to 20	000. Add lines 9 a	and 10, less line 12	2	▶ 13	3			
No: use	te: Do not use Part II or Part III below for ed for entertainment, recreation, or amuse	listed property (a ment) Instead v	utomobiles, certair se Part V for listed	n other veh	nicl e s, ce	ilular	telephones, c	certain cor	nputers, or property
	art II MACRS Depreciation For Asse				DO Tay V	oar i	Do Not Inclu	do Lieted	I Dunnaut. V
	un (II)		A - General Asse				DO NOT INCID	de Listed	Property.)
14	If you are making the election under sec	ction 168(i)(4) to (the tax year i	nto one o	r more general asset
	accounts, check this box. See instruction	ons		<u></u>					
	S€	ction B - Genera	al Depreciation S	ystem (GE	DS) (See	instr	uctions.)		
	(a) Classification of property	(b) Month and year placed in service	(c) Basis for depre (business/investme only - see instruc	ent use	(d) Recov	very	(e) Convention	(f) Method	(g) Depreciation deduction
15	a 3-year property							"	
	b 5-year property								
	c 7-year property	1					<u> </u>	·	
	d 10-year property	1				•			
	e 15-year property						-	-	
	f 20-year property	1							
	g 25-year property				25 yrs			S/L	 ,
		1			27.5 yı		ММ	S/L	
	h Residential rental property	1			27.5 yı		MM	S/L	
		/			39 yrs		MM		
	i Nonresidential real property	,			<u>Ja yr</u> s	>	MM	S/L	
	Sec	tion C - Alternat	ive Depreciation	System (A	DS) (Se	e inst		S/L	
16	a Class life			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			1	0.4	
	b 12-year	!			12 yrs	•	 	S/L	7
	c 40-year	,		+	40 yrs		ММ	S/L S/L	
Pa	art III Other Depreciation (Do Not Inc	ciude Listed Pro	perty.) (See instru	ictions)	40 yi	· ·	I MIM	3/L	
	GDS and ADS deductions for assets pla				1000		·		
18	Property subject to section 168(f)(1) ele								
	ACBS and other depreciation	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			•••••••••••••••••••••••••••••••••••••••			18	
	art IV Summary (See instructions.)			.,.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				19	2,525.
	Listed property. Enter amount from line	26							
	Total. Add deductions on line 12, lines		mn (a) and lines 1	7 *lawa '				20	
	and on the appropriate lines of your ret	urn Dartsarabiss	and Spermaretic	r trirough	∠∪. Ente	er her	е		
22	For assets shown above and placed in s	envice during the	and a corporation	is - see ins	struction	<u>s</u>		21	2,525.
_	portion of the basis attributable to section	on 2634 costs	cuirent year, ente	# LUG				i	
		200, 100000			22	_1.			i

Form 27 (Rev. June			Application for Extension of Time To File Certain Excise, Income, Information, and Other Returns	OMB No. 1545-0148
Department Internal Reve	of the Treasu enue Service	гу	► File a separate application for each return.	
Please type	e or	Name	DRCNET FOUNDATION	Employer identification number 52 2034867
original ar copy by the date for fili	nd one e due	Numbe	r, street, and room or suite no. (or P.O. box no. if mail is not delivered to street address)	
your return	· -	City, to	wn, or post office, state, and ZIP code. For a foreign address, see instructions. WASHINGTON, DC 20036	
Note: Cor	rporate inc	ome ta	return filers must use Form 7004 to request an extension of time to file. Partnerships, REMICS, and	1
1 red	Form 706- Form 706- Form 990 Form 990- Form 990- Form 990- Torm 990- Form 990- Form 900- tension of GS(D) GS(T) or 990-E BL PF ion does ear 199 is for less on of tim why you i DEPEI THIL	Form 1041-A Form 5227 Form 1042 Form 6069 not have an office or place of business in the United States, check this box 99 or other tax year beginning and ending and ending than 12 months, check reason: Initial return Final return Change in access to file been previously granted for this tax year? need the extension NDENT CERTIFIED PUBLIC ACCOUNTITS HAVE REQUESTED RD PARTY. ADDITIONAL TIME IS NEEDED TO FILE A COAX RETURN.	Form 8613 Form 8725 Form 8804 Form 8831 Form 8831 Form 8831 Form 8831	
6069 b If thi estin	9, 8612, 86 is form is fo mated tax p	13, 8725 or Form 9 ayments	706-GS(D), 706-GS(T), 990-BL, 990-PF, 990-T, 1041 (estate), 1042, 1120-ND, 4720, 5, 8804, or 8831, enter the tentative tax, less any nonrefundable credits. \$900-PF, 990-T, 1041 (estate), 1042, or 8804, enter any refundable credits and made. Include any prior year overpayment allowed as a credit \$	
	ince due. S pon if requir		line 5b from line 5a. Include your payment with this form, or deposit with FTD	27 / 7
	pon n rodan		\$ Signature and Verification	N/A
n is it ue, c	correct, and	rjury, I d I complet	eclare that I have examined this form, including accompanying schedules and statements, and to the best of my te; and that I am authorized to prepare this form.	knowledge and belief,
Signature FILE ORIGI		NE COD	Title ▶ PRESIDENT	Date 🕨
Notice t	to Appli	cant -	Y. The IRS will show below whether or not your application is approved and will return the copy. To Be Completed by IRS r application. Please attach this form to your return.	
shov exter We I an ex	wn below or nsion of tim HAVE NOT : xtension of cannot cons	the due ne for ele approved time to f sider you	d your application. However, we have granted a 10-day grace period from the later of the date date of your return (including any prior extensions). This grace period is considered a valid ctions otherwise required to be made on a timely return. Please attach this form to your return. If your application, After considering your reasons stated in item 4, we cannot grant your request for ite. We are not granting the 10-day grace period. It is application because it was filed after the due date of the return for which an extension was requested.	
			Director	Date
If you want		nis form	to be returned to an address other than that shown above, please enter the address to which the copy should b	e sent.
Please Type			RNHARD, PC, CPA	
or Print	4840	COF	nd room or suite no. (or P.O. box no. if mail is not delivered to street address) RDELL AVENUE t office, state, and ZIP code. For a foreign address, see instructions.	
LHA I	BETH	ESDA	uction Act Notice, see separate instructions	F

22