May 24 11 09:03p

Department of the Treasury

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

Note: The organization may have to use a copy of this return to satisfy state reporting requirements. Internal Revenue Service A For the 1999 calendar year, OR tax year period beginning This Form is Open Check if: and ending C Name of organization Change use IRS label pr D Employer identification number address DRUG REFORM COORDINATION NETWORK print or Ilnitial Number and street (or P.O. box if mail is not delivered to street address) 52-2034866]Final Jreturn 2000 P STREET, NW Room/suite E Telephone number 210 City or town, state or country, and ZIP+4 tions. (202)293-8340 WASHINGTON, DC 20036 F Check
if exemption G Type of organization → X Exempt under 501(c) (4) (insert number) OR ► section 4947(a)(1) nonexempt charitable trust application is pending Note: Section 501(c)(3) exempt organizations and 4947(a)(1) nonexempt charitable trusts MUST attach a completed Schedule A (Form 990). H(a) Is this a group return filed for affiliates?

Yes X No 1 If either box in H is checked "Yes," enter four-digit group exemption number (GEN) return is filed: (c) is this a separate return filed by an organization covered by a group ruling? Yes X No J Accounting method: Cash X Accrual K Check here Fig. if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS; but if it received a Form 990 Package in the mail, it should file a return without financial data. Some states require a complete return. Note: Form 990-EZ may be used by organizations with gross receipts less than \$100,000 and total assets less than \$250,000 at end of year. Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances Contributions, gifts, grants, and similar amounts received: 96,785. c Government contributions (grants) d Total (add fines 1a through 1c) (attach schedule of contributors) 96,785. noncash\$ Program service revenue including government fees and contracts (from Part VII, line 93) 2 1d 96,785. Membership dues and assessments 3 Interest on savings and temporary cash investments 3 Dividends and interest from securities 4 66. 6 a Gross rents _______6a 5 Less: rental expenses _______6b Net rental income or (loss) (subtract line 6b from line 6a) 6c 8 a Gross amount from sale of assets other 7 ____(A) Securities than inventory (B) Other Less: cost or other basis and sales expenses 8a Gain or (loss) (attach schedule) 8Ь Net gain or (loss) (combine line 8c, columns (A) and (B)) 8d a Gross revenue (not including \$ _____ of contributions reported on line 1a) c Net income or (loss) from special events (subtract line 9b from line 9a) 9c Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a) Other revenue (from Part VII, line 103) 11 10c Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11) 12 11 4,373. Program services (from line 44, column (B)) 13 12 101,224. Management and general (from line 44, columπ (C)) 14 13 <u>85,361.</u> Fundraising (from line 44, column (D)) 15 14 24,646. Payments to affiliates (attach schedule) 15 5,577. 16 Excess or (deficit) for the year (subtract line 17 from line 12) 18 17 115,584. Net assets or fund balances at beginning of year (from line 73, column (A)) 19 18 Other changes in net assets or fund balances (attach explanation) <14,360.> 19 <3,636.> Net assets or fund balances at end of year (combine lines 18, 19, and 20) 20 0. LHA For Paperwork Reduction Act Notice, see page 1 of the separate instructions. <17.996.> 923001 12-14-99

Г	Chalamanhad	Trial	COORDINATIO	1 1111110111		034866 Page 2
L	Statement of All org	ianizat	ions must complete column tions and section 4947(a)(1	(A), Columns (B), (C), and	(D) are required for section	n 501(c)(3) and
	Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program	(C) Management	(D) Fire desirio
22	Grants and allocations (attach schedule)	+-+	(74) 10441	. šervices	and general	(D) Fundraising
	cash \$noncash\$	22				
23	<u> </u>	23				
24		24		· · · · · · · · · · · · · · · · · · ·		
25	Compensation of officers, directors, etc.	25	35,938.	26,235.	8,625.	1,078.
26	Other salaries and wages	26	28,106.	27,608.	0,020.	498.
27	Pension plan contributions	27				430.
28	Other employee benefits	28	2,985.	2,374.	483.	128.
29	Payroil taxes	29	5,891.	5,198.	547.	146.
30	Professional fundraising fees	30			<u> </u>	T. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7.
31	Accounting fees	31	5,430.		5,430.	
32	Legal fees	32			<u> </u>	
33	Supplies	33	2,808.	2,572.	186.	50.
34	Telephone	34	8,967.	8,410.	440.	117.
35		35	1,380.	1,201.	141.	38.
36	Оссиралсу	36	5,949.	4,819.	892.	238.
37	Equipment rental and maintenance	37	151.	122.	23.	6.
38		38	3,040.	3,040.		0.
39		39	3,764.	22.	545.	3,197.
40		40	468.	468.		<u>J,197.</u>
41	Interest	41	1,246.		1,246.	·
42	Depreciation, depletion, etc. (attach schedule)	42	264.	121.	127.	16.
43	Other expenses (itemize):					
	a	43a				
	b	43b				
	B	43c				
	d	43d				
	SEE STATEMENT 1	43e	9,197.	3,171.	5,961.	
	· · · · · · · · · · · · · · · · · · ·	_				b 5 -
44	Total functional expenses (add lines 22 through 43) Organizations completing columns (8)-(0), carry these	•				65 <u>.</u>
	Organizations completing columns (B)-(D), carry these totals to lines 13-15	44	115,584.	85.361.	24 646	
Re	Organizations completing columns (B)-(D), carry these totals to lines 13-15 porting of Joint Costs Did you report in column (B)	(Progr	115,584.	85,361.	24,646.	5,577.
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Re fur	Organizations completing columns (B)-(D), carry these totals to lines 13-15 porting of Joint Costs Did you report in column (B) draising solicitation? Yes," enter (i) the aggregate amount of these joint cos	(Progr ts \$ _	115,584.	85,361. s from a combined education	24,646. nal campaign and Program services \$	5,577.
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DRUG REFORM COORDINATION NETWORK

52-2034866

Page 3

Part IV	Balance	Sheets

shot	ere required, attached schedules and amounts wi uld be for end-of-year amounts only.	thin the description column	(A) Beginning of year	(B) End of year
45	Cash - non-interest-bearing		1 024	
46	Savings and temporary cash investments		1,834. 45	4,807
1			12. 46	41
47 a	Accounts receivable	47a		
b	Less: allowance for doubtful accounts	47b	470	
1			47c	
48 a	***************************************	48a		
b	Less; allowance for doubtful accounts	48b	48c	
49	Grants receivable		49	-
50	Receivables from officers, directors, trustees,		49	
}	and key employees		50	
51 a	Other notes and loans receivable	51a	36	
b	Less: allowance for doubtful accounts	51b	51c	
52	Inventories for sale or use		300. 52	20/
53	Prepaid expenses and deferred charges		519. 53	301
54	Investments - securities		54	2,28
55 a	Investments - land, buildings, and		34	
	equipment: basis	55a		
			· · · · · · · · · · · · · · · · · · ·	
b	Less: accumulated depreciation	55b	FF	
56	Investments - other		55c	
57 a	Land, buildings, and equipment basis	57a 792.	56	
ь	Less; accumulated depreciation STMT 5	57b 418.	638. 570	2.07
58	Other assets (describe > S	EE STATEMENT 6	2 22 -	374
			3,237. 58	986
59	Total assets (add lines 45 through 58) (must equal li	ne 74)	6,540. 59	9 704
60	Accounts payable and accrued expenses		556. 60	8,794 5,046
61	Grants payable		61	5,040
62	Deferred revenue		62	
63	Loans from officers, directors, trustees, and key emp	loyees	3,700. 63	1,662
64 a	Tax-exempt bond liabilities		642	1,002
b	Mortgages and other notes payable		64b	
65	Other liabilities (describe	EE STATEMENT 7	5,920.65	20.000
		, ,	3,320. 65	20,082
66	Total flabilities (add lines 60 through 65)		10,176. 66	26,790
Organ	nizations that follow SFAS 117, check here 🕨 🗓 🗶	and complete lines 67 through		20,130
	69 and lines 73 and 74.			
67	Unrestricted		<3,636.>67	<17,996
68	Temporarily restricted		68	<u> </u>
69	Permanently restricted		69	
Organ	izations that do not follow SFAS 117, check here 🕨	and complete lines	1000	
	70 through 74		7.	
70	Capital stock, trust principal, or current funds			
71	Paid-in or capital surplus, or land, building, and equip	ment fund	71	
72	Retained earnings, endowment, accumulated income,	or other funds	72	
73	Total net assets or fund balances (add lines 67 throu	igh 69 OR lines 70 through 72	12	
	column (A) must equal line 19 and column (B) must e	qual line 21)	<u> <3,636.</u> >73	<17,996
74			~~ U.3U.43/3	< 1 / 946

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.

Form 990 (1999) DRUG REFORM COORDINAT	CION NETWORK 52-2034866 Page
Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per	Part IV-B Reconciliation of Expenses per Audited
Return	Financial Statements With Expenses per Return
Total revenue, gains, and other support per audited financial statements a N/A	a Total expenses and losses per audited financial statements
b Amounts included on line a but not on	b Amounts included on line a but not on
line 12, Form 990;	line 17, Form 990: (1) Donated services
(1) Net unrealized gains on investments \$	and use of facilities \$
(2) Donated services	(2) Prior year adjustments
and use of facilities \$	reported on line 20, Form 990
(3) Recoveries of prior	(3) Losses reported on
year grants	line 20, Form 990 \$
(4) Other (specify):	(4) Other (specify):
Add amounts on lines (1) through (4)	\$
c Line a minus line b	Add amounts on lines (1) through (4)
d Amounts included on line 12, Form	c Line a minus line b c d Amounts included on line 17, Form
990 but not on line a:	990 but not on line a:
(1) Investment expenses	(1) Investment expenses
not included on	not included on
line 6b, Form 990 \$ (2) Other (specify):	line 6b, Form 990 \$
\$ 10 mm 1	(2) Other (specify):
Add amounts on lines (1) and (2) d	Add amounts on lines (1) and (2)
e Total revenue per line 12, Form 990 (line c plus line d)	e Total expenses per line 17, Form 990
PI @	(line c plus line d) ▶ e
Part V List of Officers, Directors, Trustees, and Key I	(B) Title and average hours (C) Companyation (D) Continues (C) 5
(A) Name and address	(B) Title and average hours per week devoted to position position (C) Compensation (D) Contributions to employee benefit plans & defended account and other allowances.
DAVID BORDEN	position -0-1, plans & defendence other allowances PRESIDENT, EXECUTIVE DIR
2000 P STREET, NW, SUITE 210	
WASHINGTON, DC 20036	18 17,969. 0. 0.
	VICE PRES, ASSOCIATE DIR
WASHINGTON, DC	18 17.969 0 0
The Trivial Colon -	18 17,969. 0. 0. DIRECTOR
NEW YORK, NY	LESS 20 HR YR 0. 0. 0.
RICHARD M. EVANS	DIRECTOR
NORTHAMPTON, MA	T 77.00 20 TTD TTD
STEVEN D. PERSKY	LESS 20 HR YR 0. 0. 0.
	DIRECTOR
SANTA MONICA, CA	LESS 20 HR YR 0. 0. 0.
JOEY TRANCHINA	DIRECTOR
REDWOOD CITY, CA	
CIDWOOD CITY, CA TITE	LESS 20 HR YR 0. 0. 0.
75 Did any officer director but	
75 Did any officer, director, trustee, or key employee receive aggregate compensations organizations, of which more than \$10,000 was provided by the related organizations.	finest laws and a second to be a law law law law law law law law law l
The state of the s	tions? If "Yes," attach schedule. Yes X No Form 990 (1999)

	art VI Other Information DRUG REFORM COORDINATION NETWORK	52-203		Yes	Page No
76	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description	on of each activity	76		X
77	Were any changes made in the organizing or governing documents but not reported to the IRS?		77		X
70 -	n res, audon a comorneo copy of the changes.				
/0 8	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this ret If "Yes" has it filed a tay return on Form 200 T, for this year?	urn?	78a		X
79	> 1 Test was trilled a tax return our Furm 930-1 for this year?	NT / N	78b		
, 5	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement:		79		Х
80 a					
	Is the organization related (other than by association with a statewide or nationwide organization) through common governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	on membership,			
н			80a	X	_
			İ		
81 a	Enter the amount of political expenditures, direct or indirect, as described in the	xempt OR nonexempt.	1		
	instructions for line 81	1			
b	Did the organization file Form 1120-POL for this year?	<u> </u>			
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at su		81b	<u> </u>	X
	fair rental value? If "Yes," you may indicate the value of these items here. Do not include this amount as a round a surface of the value of these items here.	ostantially less than			-
Ь	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
	expense in Part II. (See instructions for reporting in Part III.) Bid the organization expenditure to the property of the pro	37/7		į.	<i>j</i> :
83 a	Did the dryanization comply with the public inspection requirements for returns and exampling applications?	· · · · · · · · · · · · · · · · · · ·	-		:
b	PIO 170 OF GOTIZATION CONTROL WITH THE DISCUSTIFE FRANCE PROPERTY FRANCE TO A GOT A CONTROL OF THE PION OF THE PIO		83a		
84 a	Did the organization solicit any contributions or gifts that were not tax deductible? If "Yes." did the organization include with event solicitation an evertee electron and the organization include.		1	X	<u> </u>
b	and the state of t	MED DOL	84a	X	, jina n
	rax denactible?		-SKG58		
85			84b	X	
b	ord the organization make only in-house iodaying expenditures of \$2,000 or less?		_85a	X	
	If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization recei	upd a waiver for prove to	85b	**********	X
	owed for the prior year.	Aed a walker for highly fax			
Ç	Dues, assessments, and similar amounts from members 85c	N/A			
ď	Section 162(e) lobbying and political expenditures	N/A	1	11.5	
е	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	N/A			j Starti
f	raxable amount of loopying and political expenditures (line 85d less 85e)	NT / 7			M.
9	Does the organization elect to pay the section 6033(e) tax on the amount in 85f?	NT / 2	95		Likir
ħ	in section 6033(e)(1)(A) dues notice were sent, does the organization agree to add the amount in 85f to its reasonation	hle estimate of duce	850		
	anocable to nondeductible looplying and political expenditures for the following tay year?	N/A	85h	ĺ	
86	30 (C)(7) organizations. Effet, a limitation lees and capital contributions included on line 12	N/A	0011	fa disk	4 6.11
þ	Gross receipts, included on line 12, for public use of club facilities	N/A			
87	501(C)(12) organizations. Enter:				Maria Maria
а	Gross income from members or shareholders 87a	N/A	Partie (gi e
b	Gross income from other sources. (Do not net amounts due or paid to other sources				
	against amounts due or received from them.)	N/A			ta.
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partners	hin			15 211
	or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3	3?		ĺ	
an -	If "Yes," complete Part IX	***************************************	88		X
os a	1979 of Samuel Boris. Amount of tax imposed on the organization diffing the year under				43.76
	section 4911 N/A ; section 4912 N/A ; section 4955	N/A			Have
U	TO I(C)(3) and 30 I(C)(4) Organizations. Util the organization engage in any section 4050 evenes handle				
	transaction during the year? If "Yes," attach a statement explaining each transaction Enter: Amount of tax imposed on the grassization managers or discussion.	***************************************	89b]	X
_	The state of the displacement of displacement of displacement of the state of the s				
лi	sections 4912, 4955, and 4958 Enter: Amount of tax in 89c, above, reimburged by the proprietion				0.
_	the of the contract of the organization				0.
	THE TAX OF THE PARTY OF THE PAR				
	Number of employees employed in the pay period that includes March 12, 1999		90b		8
	The headers of the second of t				
• •	The books are in care of THE ORGANIZATION Tele	phone no. ► <u>202-29</u>	<u>3-83</u>	340	
	Located at ► 2000 P STREET, NW, SUITE 210, WASHINGTON, DO	Z ZIP +4 ► 2	0036	5	
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 000 in line 4.5.			_	
	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041-Check here			▶∟	_
23041 1-31-0	to 6	🕨 92	N/Z		
-			Corm	000 /	10001

Form 990 Part V	(1999) DRUC	REFORM (ctivities	ATION NET	WORK	52-;	2034866 Page 6
Enter gros	s amounts unless otherwise		Unrelate	d business income	Excluded b	y section 512, 513, or 514	(E)
indicated.			(A) Business	(B)	(C) Exclu-	(D)	Related or exempt
93 Pron	ram service revenue:		Business code	Amount	sion	Amount	function income
•	•		coac		code	1	
(a)	*****		-				
							<u>-</u>
	<u>,</u>						
{e}_							
(f) M	ledicare/Medicaid payments						
(a) Fe	ees and contracts from governmer	nt agencies					
94 Mem	bership dues and assessments						**
	est on savings and temporary						
	- · · · ·		•				•
casn	investments	·····			14	66.	
96 Divid	ends and interest from securities					ļ	
97 Net re	ental income or (loss) from real es	tate:					
(a) de	ebt-financed property	Ī	_			·	
(b) no	ot debt-financed property						
OS Motro	ental income or (loss) from persor						
DO ONE	entar income of (1088) if this person	iai broberty -					
99 Uther	r investment income						
	or (loss) from sales of assets					,	
other	than inventory				ļ		
101 Net in	ncome or (loss) from special event	s					
102 Gross	s profit or (loss) from sales of inve	ntany			- -		-
103 Other	s prome or (1000) from saids of mye						
				•			
	OYALTY AFFINITY				15	110.	
	N LINE ROYALTIE	is			15	2,292.	
c <u>W</u>	RITE OFF DEBT				01	1,971.	
d			"				
е							
104 Subto	otai (add columns (B), (D), and (E)	\	E A A S DE L		0.	4 420	
105 TOTA	L (add fine 104, columns (B), (D)	/ <u>E</u>	ewing con a con-		U • [. !*-***] [4,439.	<u> </u>
Note: # :-	L (add fine 104, columns (B), (D),	4110 (E))					4,439.
Doct VI	ne 105 plus line 1d, Part I, shou	ia equal the amou	nt on line 12,	Part I.		• · · · · · · · · · · · · · · · · · · ·	
	Relationship of Act						
Line No.	Explain how each activity for wh	nich income is repon	ted in column ((E) of Part VII contribu	uted importantly	to the accomplishment o	f the organization's
	exempt purposes (other than by	y providing funds for	r such purpose	es).			
Part IX	Information Regard	ing Tayahia S	uheidiaria	Octobra de la De			· · · · · · · · · · · · · · · · · · ·
			upsidial le	55 (Complete this Pa	IT IT the Yes D	ox on 88 is checked.)	
	dress, and employer identification	Percentage of .	Natur	re of business activitie	96	Total income	End-of-year
number	r of corporation or partnership	ownership interest		o or business dollyth		i otal ilicollie	assets
	N/A	%					,
		. %					
		%					
			PI				
		%					
DI.	Under penalties of perjury, I declaration	%		ing accompanying schedu	iles and statement	s, and to the best of my knowl	adge and belief, it is true,
	Under penalties of perjury, I declar correct and complete, Declaration	%			iles and statement preparer has any	s, and to the best of my knowl knowledge. (Important: See Ge	adge and belief, it is true, neral instruction U.)
	Under penalties of perjury, I declar correct; and complete, Declaration	%				Doort	edge and belief, it is true, neral instruction U.)
Sign	Under penalties of perjury, I declar correct and complete, Declaration Signature of officer	%	his return, includi officer) is based o	ing accompanying schedunal information of which	DAVID :	BORDEN PESIO	edge and belief, it is true, neral instruction U.) Intle Executive Dive
Sign	Signature of officer	%	his return, includi officer) is based o	V1400 Date	DAVID Type or print r	BORDEN PESIC	Heatl Executive Diver
Sign Here	Signature of officer Preparer's	%	his return, includi officer) is based o	V1 400	DAVID 1 Type or print r	BORDEN PESIC	edge and belief, it is true, neral instruction U.) July Executive Direction Preparer's SSN or PTIN
Sign Here Paid	Signature of officer Preparer's signature	%, e that I have examined to of preparer (other than i	his return, includi officer) is based o	VIYOO Date	DAVID Type or print r	BORDEN PESIC	Heatl Executive Direct
Sign Here Paid Preparer's	Signature of officer Preparer's signature Firm's name (or yours MAY	9/0 s that I have examined to of preparer (other than to be compared to the state of the state o	his return, includi officer) is based of E	VIVOD Date	DAVID 1 Type or print r	BORDEN PESIC	Heatl Executive Direct
Sign Here Paid Preparer's	Signature of officer Preparer's signature Firm's name (or yours MAY if self-employed) 484	%, e that I have examined to of preparer (other than i	his return, includi officer) is based of E	VIVOD Date	DAVID 1 Type or print r	BORDEN POSICION TO SELF-	Heatl Executive Direct
Sign Here Paid Preparer's Use Only	Signature of officer Preparer's signature Firm's name (or yours MAY if self-employed) 484	9/0 s that I have examined to of preparer (other than to be compared to the state of the state o	his return, includion officer) is based of the control of the cont	VIVOD Date	DAVID 1 Type or print r	BORDEN PESSON name and title Check if self- 0 employed EIN	Proparer's SSN or PTIN
Please Sign Here Paid Preparer's Use Only	Signature of officer Preparer's signature Firm's name (or yours MAY if self-employed) 484	% BARNHA CORDELI	his return, includion officer) is based of the control of the cont	VIVOD Date	DAVID 1 Type or print r	BORDEN POSICION TO SELF-	Heatl Executive Direct

						ORM 990 PAGE	of property		990
Asset Number		Date	14-411/	1.:5-	Т	· · · · · · · · · · · · · · · · · · ·			
		Date placed in service	Method/ IRC sec.	Life or rate	Line No.	Cost or other basis	Basis reduction	Accumulated depreciation/amortization	Current year deduction
8	SOF	TWARE	CT.	12 00	le 0				
	**	TOTAL	مورة ر	3.00 PAGE	3 D	792. EPRECIATION		154.	264
						792.		154.	264
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52-2034866

FORM 990	OTHE	OTHER EXPENSES					
DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING			
ADVERTISING BANK CHARGES DUES & SUBSCRIPTIONS INSURANCE MISCELLANEOUS REPAIRS &	210. 1,234. 1,584. 1,421. 252.	1,547. 1,195. 252.	210. 1,234. 29. 178.	8. 48.			
MAINTENANCE PAXES-OTHER FINES AND PENALTIES	219. 3,240. 1,037.	177.	33. 3,240. 1,037.	9 .			
TOTAL TO FM 990, LN 43	9,197.	3,171.	5,961.	65.			

EXPLANATION

INCREASE PUBLIC AWARENESS OF THE EFFECTS OF DRUG POLICIES; TO PROMOTE DEBATE ON DRUG PROHIBITION & ALTERNATIVES; TO PROMOTE POSITIVE REFORM OF DRUG LAWS

52-2034866

FORM 990 STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS STATEMENT 3

DESCRIPTION OF PROGRAM SERVICE ONE

ISSUED LEGISLATIVE ACTION ALERTS ON A RANGE OF DRUG POLICY ISSUES, INCLUDING SENTENCING, ASSET FORFEITURE, NEEDLE EXCHANGE, MEDICAL MARIJUANA AND OTHERS. NEARLY 7,000 PEOPLE USED OUR E-MAIL TO CONGRESS OR STATE LEGISLATURE WEB SITES TO SPEAK THEIR MINDS ON CRITICAL ISSUES.

TO FORM 990, PART III, LINE A 50,203.

FORM 990 STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS STATEMENT 4

DESCRIPTION OF PROGRAM SERVICE TWO

COORDINATED A CAMPUS-BASED CAMPAIGN TO OVERTURN A NEW LAW MAKING STUDENTS CONVICTED OF DRUG OFFENSES INELIGIBLE FOR FEDERAL FINANCIAL AID. NEARLY 20 STUDENT GOVERNMENTS ENDORSED A RESOLUTION CALLING FOR THE LAW'S REPEAL. A LETTER SIGNED BY MORE THAN 30 ORGANIZATIONS SUCH AS THE NAACP, ACLU AND NOW, WAS SENT TO CONGRESS, CALLING FOR THE REPEAL OF THIS LAW. THE CAMPAIGN GARNERED EXTENSIVE PUBLICITY IN CAMPUS NEWSPAPERS, AS WELL AS IN PUBLICATIONS SUCH AS THE BOSTON GLOBE, CHRONICLE OF HIGHER EDUCATION, THE BLACK WORLD TODAY, AND ELSEWHERE.

TO FORM 990, PART III, LINE B	GRANTS EXPENSES
	35,158.

52-2034866

FORM 990	DEPRECIATION	OF ASSE	TS NOT HELD FOR	INVESTMENT	STATEMENT	5
DESCRIPTION			COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALU	E
SOFTWARE		•	792.	418.	3	74.
TOTAL TO FORM	990, PART IV,	LN 57	792.	418.	3'	74.
FORM 990		0'	THER ASSETS		STATEMENT	6
DESCRIPTION					AMOUNT	
DEPOSITS					9:	0. 86.
TOTAL TO FORM	990, PART IV,	LINE 5	8, COLUMN B		91	86.
FORM 990		OTHER	LIABILITIES		STATEMENT	7
DESCRIPTION					AMOUNT	-
PAYROLL TAXES SALES TAX PAYA DUE TO DRCNET	BLE				4,01	23.
TOTAL TO FORM	990, PART IV,	LINE 6	5, COLUMN B		20,08	

Department of the Treasury Internal Revenue Service

Name(s) shown on return

Depreciation and Amortization

(Including Information on Listed Property) See separate instructions.

Attach this form to your return.

OMB No. 1545-0172

Attachment Sequence No. 67

Business or activity to which this form relates Identifying number DRUG REFORM COORDINATION NETWORK FORM 990 PAGE 2 5<u>2-2034</u>866 Part 1 Election To Expense Certain Tangible Property (Section 179) (Note: If you have any "listed property," complete Part V before you complete Part I.) Maximum dollar limitation. If an enterprise zone business, see instructions 19,000. 2 Total cost of section 179 property placed in service. See instructions 2 3 Threshold cost of section 179 property before reduction in limitation 3 \$200,000 4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-4 5 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions 6 (a) Description of property (b) Cost (business use only) (c) Elected cost 7 Listed property. Enter amount from line 27 8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 Tentative deduction. Enter the smaller of line 5 or line 8 Q 10 Carryover of disallowed deduction from 1998 10 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 11 12 Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11 12 13 Carryover of disallowed deduction to 2000. Add lines 9 and 10, less line 12 Note: Do not use Part II or Part III below for listed property (automobiles, certain other vehicles, cellular telephones, certain computers, or property ▶ 13 used for entertainment, recreation, or amusement). Instead, use Part V for listed property. Part II MACRS Depreciation For Assets Placed in Service ONLY During Your 1999 Tax Year (Do Not Include Listed Property.) Section A - General Asset Account Election 14 If you are making the election under section 168(i)(4) to group any assets placed in service during the tax year into one or more general asset accounts, check this box. See instructions Section B - General Depreciation System (GDS) (See instructions.) (b) Month and year placed in service (c) Basis for depreciation (business/investment use only - see instructions) (a) Classification of property (e) Convention (f) Method (g) Depreciation deduction period 15 a 3-year property b 5-year property c 7-year property d 10-year property e 15-year property 20-year property g 25-year property 25 yrs. S/L h Residential rental property 27.5 yrs. MM S/L 27.5 yrs. MM S/L i Nonresidential real property 39 yrs. MM S/L S/L Section C - Alternative Depreciation System (ADS) (See instructions.) 16 a Class life S/L b 12-year 12 yrs. S/L c 40-year 40 yrs. S/L Part III Other Depreciation (Do Not Include Listed Property.) (See instructions.) 17 GDS and ADS deductions for assets placed in service in tax years beginning before 1999 17 18 Property subject to section 168(f)(1) election 18 19 ACRS and other depreciation 19 264 Part IV Summary (See instructions.) 20 Listed property. Enter amount from line 26 20 21 Total. Add deductions on line 12, lines 15 and 16 in column (g), and lines 17 through 20. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instructions 264 22 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs 22

Form 4562 (1999)														Page 2
Part V Listed Proper Entertainmen	rty - Automol	oiles, Certain	Other 1	Vehicles	, Cellula	ar Telep	hones	, Certain	Comp	uters, an	d Prope	erty Used	for	<u> </u>
Note: For any	vehicle for wh	nich vou are i	ising the	standar	d milea	ge rate c	r dedu	ucting leas	e expe	nse, com	piete o	nly 23a, :	23b, colu	ımns (a
through (c) of	Section A, all	of Section B,	and Se	ction C if	applica	ble.								
Section A - Depreciation :														
23a Do you have evidence to	T I		ent use c		<u>. </u>	es	No	 	es," is		nce wri	itten? L	Yes	No
(a) Type of property	(b) Date placed in	(c) Business/	.	(d)	Bas	(e) sis for depr	eciation	(f)		(g)		(h)		(i) cted
(list vehicles first)	service	investment		Cost or ther basis	(bus	siness/inve	stment	Recovery period		lethod/ nvention	l dedi	reciation duction		on 179
		use percenta	ge			· use only	<i>(</i>)	F					C	ost
24 Property used more that								1	,		; - -		,	
	1 1		%					!						
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25 Property used 50% or le	ess in a qualif					· · ·			1					
			%						S/L -				-	
			%						S/L·		<u></u>			
00 Add	4		%					<u> </u>	S/L -				ļ	
26 Add amounts in column	n (n). Enter th	e total here a	ind on lir	те 20, ра _	ıge 1		• • • • • • • • • • • • • • • • • • • •		•••••	26]		 -	
27 Add amounts in column	n (i). Enter the										,	27	<u> </u>	
				B - Infor										
Complete this section for ve	enicles used t	by a sole prop	orietor, p	artner, o	r other '	"more th	an 5%	owner," c	r relate	d person				
If you provided vehicles to those vehicles.	your employe	es, nrst answ	er the q	Lestions	ın Secti	ion C to	see if	you meet a	an exce	eption to	comple	ting this	section f	or
			Т		 						T		,	
OD Tatal horalassa Sacratas as			1	a)	_	b)	l .	(c)		(d)	1	(e)	(f) Vehicle	
28 Total business/investment			Ve	hicle	Ve	hicle	<u> </u>	/ehicle	V	ehicle	V	ehicle		
year (DO NOT include com							ļ <u>.</u>		<u> </u>		ļ			
29 Total commuting miles							ļ							
30 Total other personal (no	-													
driven		•••••					ļ	 -						
31 Total miles driven durin														
Add lines 28 through 30	o	••••••	1	1		T	l							
56 31 11 11 11 11 11 11 11 11 11 11 11 11 1			Yes	No	Yes	No	Yes	No No	Yes	No	Yes	No	Yes	No
32 Was the vehicle availab													1	
during off-duty hours?			<u> </u>	ļ										
33 Was the vehicle used p													1	
than 5% owner or relate				 			<u> </u>					-		
34 Is another vehicle availar use?	able for perso	nai		1										
user			<u> </u>	<u> </u>		<u> </u>	<u> </u>				<u> </u>		<u> </u>	<u></u>
Answer these questions to	Section C	- Questions	for Emp	loyers W	/ho Pro	vide Vel	hicles	for Use b	y Their	Employe	ees			
Answer these questions to owners or related persons.	determine ir y	ou meet an e	exception	n to com	pleting :	Section	B for v	ehicles us	ed by	employee	s who a	are not n	nore than	า 5%
owners of related persons.	<u> </u>											·		,
05 D 1													Yes	No
35 Do you maintain a writte								_		g, by you	r			
employees?				• • • • • • • • • • • • • • • • • • • •	• • • • • • • • • • • • • • • • • • • •			••••••	•••••	•••••				
36 Do you maintain a writte														ŀ
employees? See instruc	ctions for veh	icles used by	corpora	te office	rs, direc	tors, or	1% or	more own	ers					
37 Do you treat all use of v					• • • • • • • • • • • • • • • • • • • •				•••••	•••••		·····		ļ
38 Do you provide more th	nan five vehicl	es to your en	pjoyees	, obtain i	informat	tion from	ı your	employees	s about	t				
the use of the vehicles,	and retain the	e information	received	±?							*******			
39 Do you meet the require	ements conce	rning qualifie	d autom	obile de	monstra	ation use	?				•••••			_
Note: If your answer to Part VI Amortization	33, 36, 37, 3	8, or 39 is "Y	es," you	need no	ot comp	lete Sec	tion B	for the co	vered \	ehicles.				
(a)			/h3	1	(-)			, <u> </u>						
Description o	of costs	Date	(b) amortization]	(C) Amortizal	ble		(d) Code	ļ	(e) Amortiza		Δ	(f) mortization	
40 Amortization of annual than			begins	├	amoun	t	J saus	section		period or pe		fo	or this year	
40 Amortization of costs that	pegins during y	rour 1999 tax y	ear:	 			2,005	representative N				53 117 1973		
		<u> </u>	<u></u>				-							
41 Amortization of costs th	ant began had	oro 1000	.i i	<u> </u>							,			
			\				· · · · · · · · · · · · · · · · · · ·			<u></u>	41	 		
42 Total. Enter here and o	n Omer Dedi	uctions" or "C	JINOT EX	penses"	ine of y	our retu	m				42			

Application for Extension of Time To File rtain Excise. Income, Information, and Other Returns

Form **2758**

OMB No.	1545-014	Į
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(Rev. June 1998)			Obitalit Excise, moonie, morniación, and						01410110.	1040 0110	
Department of the Treasury Internal Revenue Service			File a separate application for each return.								
Internal Revenue Service		Name						E	Employer identification number		
Please typ	ne or	חד	TIG REFORM	4 COORDIN	NATION NET	WORK				52 20	<u> 34866 </u>
print. File	the n	lumber, stre	et, and room or suite	e no. (or P.O. box	no. if mail is not delive	ered to street	address)				
original a	ndone										
copy by th		-9 C	000 P STRE	eer NW.	NO. 210						
date for fil your retur		ity, town, or	post office, state, ar	nd ZIP code. For a	foreign address, see	instructions.					
your retur	114	-	SHINGTON,								····
Note: Co	rnorate inco	me tax retu	m filers must use		quest an extension	of time to fi	le. Partners	hips, REM	ICS, and		
tnı	sts must use	Form 8736	to request an ext	ensign₋of time to	o file Form 1065, 10	66 , or 104 1.	_				
				CTOBER 1		2000	, to file (ch	eck only one	:):	,	-
	Form 706-G		Fori	m 990-T (sec.401)	(a) or 408(a) trust)		Form 1120	-ND (sec. 49	951 taxes)	<u>_</u>	_i Form 8612
] Form 706-G	-	Forr	m 990-T (trust oth	ier than above)	<u></u>	Form 3520				Form 8613
X	Form 990 or		Forr	m 1041 (estate)			Form 4720			ļ <u></u>	Form 8725
] Form 990-B	L	Forr	m 1041-A		· <u> </u>	Form 5227			<u> </u>	Form 8804
] Form 990-P			m 1042			Farm 6069	}		,	Form 8831
					he United States, chec					▶∟	J
			_ , or other tax year				ending		<u> </u>		
			12 months, check r		Initial return		return		•	unting perio	
				ranted for this tax	year?	****************					Yes X N
4 Sta	ate in detail wh	y you need t	he extension	TTDD DIIDI	TO ACCOUNT	ma sime	11 X 17 E	DECITE	Cultin	TNEOD	MATTAN
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r - 16 at	hie form is for	Form 706.6	C(D) 706-GS(T) 90	On BI OON PE OO	0-T, 1041 (estate), 10	142 1120-NC	4720				
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					4, enter any refundable				Ψ		
D IIII	imated tay nai	ments mad	Include any prior v	vear overnavment	allowed as a credit	5 61 00 110 G110	'		\$		
n Dai	imateu tax pay Ianza dua - Si	thtract line 5	h from line 5a. Inclu	ide vour payment	with this form, or dep	osit with FTD					
	upon if require				***************************************				\$		N/A
	,				ture and Verifi		-		·		
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	~	_	1/61	4						ام	11/2-00
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			Be Complete		•						
			lication. Please attac								
					ed a 10-day grace per						
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					easons stated in item 4	4, we cannot	grant your r	equest for			
апе	extension of ti	me to file. W	e are not granting th	ie 10-day grace pe	riod.						
We	cannot consid	ler your app	lication because it wa	as filed after the di	eriod. Tue date of the return f	or which an	extension wa	as requested	TEMST	OM API	Danven
Oth کے	er:		3.1. (7. 00	7		··········			: 4.11.51	(2) 4 3 31 T	LIVOAED
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		Direct	or							Da	116 "
If you want	a conv of this	form to be	returned to an addre	ess other than that	t shown above, please	enter the ad	dress to whi	ch the conv	should be	Sent MER.	DIFFECTOR
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НА	· 		Act Mating and ser							Form 27	58 (Rev. 6-98)

Please
Type
or
Print
Other CORDELL AVENUE

City, town, or post office, state, and ZIP code. For a foreign address, see instructions.

BETHESDA, MD 20814