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), section 527, or section 4947(a)(1) nonexempt charitable trust

Open to Public

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

B Check if applicable: Change of	A	For	the	2000 calendar year, OR tax year period beginning an	d en	idina	ornents.	изресиол
Section St (c)(3) organizations and 4947(s)(1) oncewangt chartrable trusts and 4947(s)(1) oncewangt chartrab					U U 11	i i i i i i i i i i i i i i i i i i i	D Employer	idantification
Section 601 (c)(G) organization's gross receipts are normally not more than \$55,000. The bear with the RS; but the expansation received in a finite and evidence of the received of the rece	_	_		use IHS			n cuitinist	inentitication unlimber
Second		Jao	ldr	SS print or PKUG REFORM COORDINATION NETWORK			52-2	0034866
Second-2000 P STREET, NW 210 (202) 293-8340	Ĺ	na	ıme	Number and street (or P.O. box if mail is not delivered to street address)		Room/suite		
Section 501(c) Complete to the content of the complete to t	L	re	turr	Specific 2000 P STREET, NW		210		
Souther specified Organization type (check cells of cells) Section 501(c)(3) organizations and 4947(p)(1) nonexempt charitable trusts cells of completed Scheckled A Form 990 or 990-E2. Section 501(c)(3) organizations and 4947(p)(1) nonexempt charitable trusts cells of completed Scheckled A Form 990 or 990-E3. According to the completed Scheckled A Form 990 or 990-E3. Received the completed Scheckled A Form 990 or 990-E3. Received the completed Scheckled A Form 990 or 990-E3. Received the completed Scheckled A Form 990 or 990-E3. Received the completed Scheckled A Form 990 or 990-E3. Received the completed Scheckled A Form 990 or 990-E3. Received the completed Scheckled A Form 990 or 990-E3. Received the completed Scheckled B Form 990 or 990-E3. Received the completed Scheckled B Form 990 or 990-E3. Received the complete return filed by an organization occurred the complete return by the rank, shaped this ration without interest of the complete return. Partial Revenue, Expenses, and Changes in Net Assets or Fund Balances 1 Dontifications, gifts, grants, and sinkly amounts acceled a form 990 package in the rank shaped public support. 5 Indicate	L	اFi اre	nai turr	tions. City or town, state or country, and ZIP				
G Organization type (check only one)		Aı	ner turr	ded MASHINGRON DO 2002C			I CHECK	application pending
Section 501(c)(3) Croam section (1987) Secti		(u: st	se a ate	lso for reporting)	1	H and L are not applies	ble to cactio	n 507 area \
*Section 501 (c)(3) organization and 4947 (o)(1) nonexempt charifable trusts must attach a completed Schedula A (Form 980 or 900-EZ). **Rock of the section 501 (c)(3) organization and 4947 (o)(1) nonexempt charifable trusts Mtd) Accomplised To complete dischedula A (Form 980 or 900-EZ). **Rock of the section 501 (c)(3) organization and 4947 (o)(1) organization and 6947 (o) one (specially). **Rock of the section 501 (c)(3) organization and of the a sturn with the IRS; but if the organization section of the section of the a sturn with the IRS; but if the organization needed a Form 990 Package in the mail, it should file a ratum with the IRS; but if the organization is not required to attach Schedule B (Form 990 or 990-EZ). **Rock of the section 501 (file 3) organization and file 3 organization is not required to attach Schedule B (Form 990 or 990-EZ). **Program service review land of the section 501 (file 3) organization organization is not required to attach Schedule B (Form 990 or 990-EZ). **Program service review land organization is not required to attach Schedule B (Form 990 or 990-EZ). **Program service review land organization is not required to attach Schedule B (Form 990 or 990-EZ). **Program service review land organization is not required to attach Schedule B (Form 990 or 990-EZ). **Program service review land organization is not required to attach Schedule B (Form 990 or 990-EZ). **Program service review land organization is not required to attach Schedule B (Form 990 or 990-EZ). **Program service review land organization is not required to attach Schedule B (Form 990 or 990-EZ). **Program service review land organization is not required to attach Schedule B (Form 990 or 990-EZ). **Program service review land organization is not required to a track organization is not required	G	Orga	ın i:	zation type (check only one) ▶ 🗶 501(c) (4) ◀ (insert no.) 🔲 527				
He consider the completed Schedule A (Form 300 or 300-EZ). He considered the completed Schedule A (Form 300 or 300-EZ). H				OR 4947(a)(1)				
Accounting Cam X Account One-(specify) High State A set X	•	• Se	ct	on 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts				
Check ham ▶ If the organization rycos seceipts are normally not more than \$25,000. The organization need not file a return without financial data. Some states require a complete return without financial data. Some states require a complete return without financial data. Some states require a complete return without financial data. Some states require a complete return without financial data. Some states require a complete return without financial data. Some states require a complete return without financial data. Some states require a complete return without financial data. Some states require a complete return without financial data. Some states require a complete return without financial data. Some states require a complete return without financial data. Some states require a complete return without financial data. Some states require a complete return without financial data. Some states require a complete return without financial data. Some states require a complete return without financial data. Some states require a complete return without financial data. Some states complete return without financial data. Some states require a complete return without financial data. Some states require a complete return without financial data. Some states of such data and return without financial data. Some states of such data and return without financial data. Some states and contracts (from Part VII, line 93). 2	<u></u>	mus Acco	t a			(If "No," attach a lis	t.)	165 <u> NU</u>
Check here if the organization systems receipts are normally not more than \$25,000. The organization oreward by a group miling? is not organization oreward by a group miling? is not organization oreward and file a return with the IRS, but if the organization seed not file a return with the IRS, but if the organization oreward by a group miling? is not required to it he mail, it should file a return without flancable data. Same states require a complete return. Part Revenue, Expenses, and Changes in Net Assets or Fund Balances				Cash X Accrual Other (specify)	Н	(d) Is this a separate re	etum fileri bv	20
Control may be					7			
Contributions and its office a return with the RS; but if the organization received a complete return. Latant Schedule 8 (From 990 or 990-€2) ▶				- Same and a group to the mention in the their \$25,000. THE	ı			
Revenue, Expenses, and Changes in Net Assets or Fund Balances Part Revenue, Expenses, and Changes in Net Assets or Fund Balances Part	0	rgan	izai	ion need not file a return with the IRS; but if the organization received a Form 990 Package	, [
New Part Revenue, Expenses, and Changes in Net Assets or Fund Balances	۱۱ مصره	n the	ma ङब	il, it should file a return without financial data. Some states require a complete return.		attach Schedule 8 i		
a Direct public support b Indirect public support c Government contributions (grants) d Total (add lines ta through tc) (cash \$ 95,721. 2 Program service revenue including government fees and contracts (from Part VII, line 93) 2 Program service revenue including government fees and contracts (from Part VII, line 93) 3 Membership dues and assessments 4 Interest on aswings and temporary cash investments 5 Dividends and interest from securities 6 a Gross rest 6 a Gross rest 6 a Gross rest 6 a Gross rest 6 b	P			Revenue, Expenses, and Changes in Net Assets or Fund Ba	alar	nces		
Indirect public support 1b		7	I					
Comparison of the property			2		a	95,72	21.	
Total (add lines 1s through 1c) (cash \$ 95,721. noncach \$) 1d 95,721.			þ	Indirect public support1				
Cash \$ 95, 721.			C	Government contributions (grants)	C ·			
Program service revenue including government fees and contracts (from Part VII, line 93) 2 3			a					
Membership dues and assessments 3 4 1,399.		١,				······	1d	95,721.
The trees of a savings and temporary cash investments 5 5 5 5		i		Program service revenue including government fees and contracts (from Part VII, line 93	***************************************	2		
Second Company Second				ivierndership dues and assessments		***************************************	3	
b a Gross rents b Less: rental expenses c Net rental income or (loss) (subtract line 6b from line 6a) 7 Other investment income (describe ►) 7 Other investment inventor (all and (B)) 8 Other other basis and sales expenses		1		Dividende and leterate and temporary cash investments	·		4	1,399.
b Less: cost or (loss) from special events (subtract line 9b from line 9a) 10 a Gross sade of investory (less returns and allowances 10a 10b 10c 11 11 17,037. 11 Other revenue (from Part VII, line 103) 12 Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11) 13 Fogram services (from line 44, column (B)) 14 Management and general (from line 44, column (C)) 15 Payments to affiliates (attach schedule) 16 Payments to affiliates (attach schedule) 17 Total expenses (add lines 16 and 44, column (C)) 18 Exess or (deficit) for the year (subtract line 12) 19 Poter changes in net assets or fund balances at end of year (combine line 12) 10 Cher changes in net assets or fund balances at end of year (combine line 13) 10 Cher changes in net assets or fund balances at end of year (combine line 12) 10 Cher changes in net assets or fund balances at end of year (combine line 12) 11 Other changes in net assets or fund balances at end of year (combine line 13) 12 Total expenses (add lines 16 and 44, column (A)) 13 Control they are the part (subtract line 17 from line 12) 14 Payments to affiliates (attach schedule) 15 Payments to affiliates (attach schedule) 16 Payments to affiliates (attach schedule) 17 Total expenses (add lines 16 and 44, column (A)) 18 Expense or (deficit) for the year (subtract line 17 from line 12) 19 Net assets or fund balances at beginning of year (from line 13, 19, and 20) 19 Cher Changes in net assets or fund balances at end of year (combine lines 18, 19, and 20) 19 Cher Payments Reduction At Notice combine lines 18, 19, and 20)		-		Green rente			5	
2		"		_ Di				
8 a Gross amount from sale of assets other (A) Securities (B) Other than inventory (B) Less: cost or other basis and sales expenses (B) Bb (C) Gain or (loss) (attach schedule) (C) Gain or (loss) (combine line 8c, columns (A) and (B)) (C) Gain or (loss) (combine line 8c, columns (A) and (B)) (C) Gain or (loss) (combine line 8c, columns (A) and (B)) (C) Gain or (loss) (combine line 8c, columns (A) and (B)) (C) Gain or (loss) (combine line 8c, columns (A) and (B)) (C) Gross revenue (not including \$				Net rental income or (loss) (authors like Ch. from the Ch.)	<u> </u>	· · · · · · · · · · · · · · · · · · ·		
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than inventory b Less: cost or other basis and sales expenses c Gain or (loss) (attach schedule) d Net gain or (loss) (combine line 8c, columns (A) and (B)) 9 Special events and activities (attach schedule) a Gross revenue (not including \$	Ver	1) 7	
b Less: cost or other basis and sales expenses c Gain or (loss) (combine line 8c, columns (A) and (B)) 8c d Net gain or (loss) (combine line 8c, columns (A) and (B)) 8 Special events and activities (attach schedule) a Gross revenue (not including \$	ď	•	•			(B) Other	_	
C Gain or (loss) (attach schedule) 8c			b	Di	_			
d Net gain or (loss) (combine line 8c, columns (A) and (B)) 9 Special events and activities (attach schedule) a Gross revenue (not including \$			C	Gain or (loss) (attach schedule)			<u></u>	· ·
Special events and activities (attach schedule) a Gross revenue (not including \$	Ì	Ì		Net gain or (loss) (combine line 8c, columns (A) and (B))	<u> </u>			
a Gross revenue (not including \$		9		Special events and activities (attach schedule)	• • • • •	······································	8d	
reported on line 1a) b Less: direct expenses other than fundraising expenses c Net income or (loss) from special events (subtract line 9b from line 9a) 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a) 11 Other revenue (from Part VII, line 103) 12 Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11) 13 Program services (from line 44, column (B)) 14 Management and general (from line 44, column (C)) 15 Fundraising (from line 44, column (D)) 16 Payments to affiliates (attach schedule) 17 Total expenses (add lines 16 and 44, column (A)) 18 Excess or (deficit) for the year (subtract line 17 from line 73, column (A)) 19 Other changes in net assets or fund balances at end of year (from line 73, column (A)) 19 Other changes in net assets or fund balances at end of year (combine lines 18, 19, and 20) 19 Other changes in net assets or fund balances at end of year (combine lines 18, 19, and 20) 19 Other changes in net assets or fund balances at end of year (combine lines 18, 19, and 20) 19 Other spanswork Reduction At Notice sea and at the sea a			а					
b Less: direct expenses other than fundraising expenses 9b				reported on line 1a)	. 1			•
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10 a Gross sales of inventory, less returns and allowances 10 a 10 b 10 b 10 c 11 c			C	Net income or (loss) from special events (subtract line 9b from line 9a)				
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C Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a) 10c 11 7,037			b	Less: cost of goods sold				•
11 7,037. 12 Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11) 12 104, 157. 13 Program services (from line 44, column (B)) 13 62, 120. 14 20, 943. 15 Fundraising (from line 44, column (D)) 15 13, 011. 16 Payments to affiliates (attach schedule) 16 Payments to affiliates (attach schedule) 17 Total expenses (add lines 16 and 44, column (A)) 17 96, 074. 18 Excess or (deficit) for the year (subtract line 17 from line 12) 18 8, 083. 19 Net assets or fund balances at beginning of year (from line 73, column (A)) 19 <17, 996. >			C	Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10h from line	e 10:	a)	100	
12 104 157 13 Program services (from line 44, column (B)) 13 62 120 14 15 14 15 15 15 15 15		11		Other revenue (from Part VII, line 103)	0 101	u/	106	7 027
13	_	12		Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	• • • • • •			104 157
14 20,943.	,	13		Program services (from line 44, column (B))			12	
15	ž	14		Management and general (from line 44, column (C))		***************************************	13	
Total expenses (add lines 16 and 44, column (A)) 18 Excess or (deficit) for the year (subtract line 17 from line 12) 19 Net assets or fund balances at beginning of year (from line 73, column (A)) 20 Other changes in net assets or fund balances (attach explanation) 21 Net assets or fund balances at end of year (combine lines 18, 19, and 20) 22 Other changes in net assets or fund balances at end of year (combine lines 18, 19, and 20) 23 Other changes in net assets or fund balances at end of year (combine lines 18, 19, and 20) 24 Other changes in net assets or fund balances at end of year (combine lines 18, 19, and 20) 25 Other changes in net assets or fund balances at end of year (combine lines 18, 19, and 20) 26 Other changes in net assets or fund balances at end of year (combine lines 18, 19, and 20) 27 Other changes in net assets or fund balances at end of year (combine lines 18, 19, and 20) 28 Other changes in net assets or fund balances at end of year (combine lines 18, 19, and 20) 29 Other changes in net assets or fund balances at end of year (combine lines 18, 19, and 20) 20 Other changes in net assets or fund balances at end of year (combine lines 18, 19, and 20) 29 Other changes in net assets or fund balances at end of year (combine lines 18, 19, and 20)		15		Fundraising (from line 44, column (D))		*****************************		
17 Total expenses (add lines 16 and 44, column (A)) 18 Excess or (deficit) for the year (subtract line 17 from line 12) 19 Net assets or fund balances at beginning of year (from line 73, column (A)) 20 Other changes in net assets or fund balances (attach explanation) 21 Net assets or fund balances at end of year (combine lines 18, 19, and 20) 22 Other changes in net assets or fund balances (attach explanation) 23 Other changes in net assets or fund balances (attach explanation) 24 Other changes in net assets or fund balances at end of year (combine lines 18, 19, and 20) 25 Other changes in net assets or fund balances at end of year (combine lines 18, 19, and 20) 26 Other changes in net assets or fund balances at end of year (combine lines 18, 19, and 20) 27 Other changes in net assets or fund balances at end of year (combine lines 18, 19, and 20) 28 Other changes in net assets or fund balances at end of year (combine lines 18, 19, and 20) 29 Other changes in net assets or fund balances at end of year (combine lines 18, 19, and 20) 29 Other changes in net assets or fund balances at end of year (combine lines 18, 19, and 20) 29 Other changes in net assets or fund balances at end of year (combine lines 18, 19, and 20)	1	16		Payments to affiliates (attach schedule)		***************************************	10	13,011.
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20 Other changes in net assets or fund balances (attach explanation) 21 Net assets or fund balances at end of year (combine lines 18, 19, and 20) 22 LHA For Panerwork Reduction Act Notice, see page 1 of the convertal to the con	ارر	18		Excess of (deficit) for the year (subtract line 17 from line 12)			- 40	
21 Net assets or fund balances at end of year (combine lines 18, 19, and 20) 20 21 29,913.	Set	19		iver assets or fully palances at beginning of year (from line 73, column (A))			امدا	
1900 LHA For Paperwork Reduction Act Notice, see page 1 of the converted activities.	AS	20		other changes in het assets or fund balances (attach explanation)			20	
19-00 LHA For Panerwork Reduction Act Notice, see page 1 of the consents Instruction	300-			net assets or fund balances at end of year (combine lines 18, 19, and 20)			. 21	
	19-	00	L	HA For Paperwork Reduction Act Notice, see page 1 of the separate Instructions.				

	organizati	ons and section 4947(a)(1)	(A). Columns (B), (C), and Donexemnt charitable trus	(D) are required for section	1 501(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) Fundraising
22 Grants and allocations (attach schedule)	- 2000001		services	and general	(D) Fulluraising
cash \$noncash\$	22				
23 Specific assistance to individuals (attach schedule) 23				
24 Benefits paid to or for members (attach schedule)	24				
25 Compensation of officers, directors, etc.	25	22,655.	13,511.	5,292.	3,852
26 Other salaries and wages	26	20,285.	18,017.	2,268.	
Pension plan contributions	27				
28 Other employee benefits	28	2 2 2 2			
***************************************	29	3,998.	2,922.	705.	371
- Transferration and table	30	4 000			
1 Accounting fees 2 Legal fees	31	4,868.		4,868.	
3 Supplies	33	2,425.	1 000		
4 Telephone	34	3,231.	1,803.	388.	234
5 Postage and shipping	35	3,918.	2,439.	496.	296
6 Оссиралсу	36	7,994.	2,663. 5,775.	820.	435
7 Equipment rental and maintenance	37	.,,,,,,,	3,113.	1,470.	749
8 Printing and publications	38	7,565.	2,112.	187.	E 266
9 Travel	39	3,220.	2,129.	9.	5,266 1,082
O Conferences, conventions, and meetings	40	125.	125.		1,082
1 Interest	41	1,620.		1,620.	· · · · · · · · · · · · · · · · · · ·
2 Depreciation, depletion, etc. (attach schedule)	42	264.	150.	66.	48
3 Other expenses (itemize):					
a	43a				
b	43b				
<u> </u>	43c				
e SEE STATEMENT 1	43d	1000			
e SEE STATEMENT 1 Total functional expenses (add lines 22 through 43)	43e	13,906.	10,474.	2,754.	678
Organizations completing columns (A)(1) com/ those		06 074	60 100		
totals to lines 13-15	44 December	96,074.	62,120.	20,943.	13,011
eporting of Joint Costs. Did you report in column (8) (ndraising solicitation?	riogiaili	services) any joint costs tro	m a combined educationa	l campaign and	·
"Yes," enter (i) the aggregate amount of these joint cos	:ts:\$; (ii) t	he amount allocated to D-	<u> </u>	Yes X No
i) the amount allocated to Management and general \$		and (iv)	the amount allocated to Pr	ogram services \$;
Part III Statement of Program Service		omplishments	ine amount anocated to Fi	moraising \$	
hat is the organization's primary exempt purpose?					
					Program Service
organizations must describe their exempt purpose achievement levernents that are not measurable, (Section 501(c)(3) and (4) organizations to others.)	s in a clear	and concise manner. State the n	umber of clients served, public	ations issued, etc. Discuss	Expenses Required for 501(c)(3) and
	Jan nzacions	and 4947(a)(1) nonexempt chants	able trusts must also enter the	amount of grants and tru	(4) orgs., and 4947(a)(1) sts; but optional for others
SEE STATEMENT 3					
	:				
CDE CONTROLL		(Grant	s and allocations \$)	<u>19</u> ,721.
SEE STATEMENT 4			<u> </u>		
			~	<u></u>	
		(Grant	s and allocations \$		42,399.
			· · · · · · · · · · · · · · · · · · ·		
		(Grants	s and allocations \$		
					
			·		
		/0	and allogations A	· · · · · · · · · · · · · · · · · · ·	
Other program services (attach schedule)			and allocations \$)	
Other program services (attach schedule) Total of Program Service Expenses (should equal lir	ne 44. col	(Grants	and allocations \$		62,120.

Part IV Balance Sheets

Note	shou	ere required, attached schedules and amounts wi uld be for end-of-year amounts only.	thin the	e description column	(A) Beginning of year		(B) End of year
	45 46	Cash - non-interest-bearing Savings and temporary cash investments			4,807	• 45 • 45	
	47 a	Accounts receivable	47a 47b			47c	
	48 a	48 a Pledges receivable					-
	49 50	Less: allowance for doubtful accounts Grants receivable Receivables from officers, directors, trustees,				48c 49	
Assets		and key employees Other notes and loans receivable		50	7.		
Ass	52		51b		300.	51c 52	300.
	5 3 54	Prepaid expenses and deferred charges Investments - securities	2,286.	52 53 54	300.		
	55 a	Investments - land, buildings, and equipment: basis	55a				
	56	Less: accumulated depreciation Investments - other		700		55c 56	<u>.</u>
		Land, buildings, and equipment: basis Less: accumulated depreciation STMT 5 Other assets (describe ► SE	-57b	682.	374. 986.	57c	110. 16,300.
	59	Total assets (add lines 45 through 58) (must equal lin			8,794.	59	······································
: "	60 61	Accounts payable and accrued expenses			5,046.	60 61	17,017. 6,359.
Liabilities	62 63 64 a	Deferred revenue		1,662.	62 63		
_	p	Mortgages and other notes payable Other liabilities (describe ► SE		20,082.	64a 64b 65	20,571.	
	66	Total liabilities (add lines 60 through 65)		,	26,790.	66	26,930.
ces		izations that follow SFAS 117, check here ► X 69 and lines 73 and 74. Unrestricted			<17,996.	>67	· · · · · · · · · · · · · · · · · · ·
d Balan	69	Temporarily restricted Permanently restricted			1277550.	68 69	<u> </u>
Net Assets or Fund Balances		izations that do not follow SFAS 117, check here 70 through 74.		·			
Assets	71	Capital stock, trust principal, or current funds Paid-in or capital surplus, or land, building, and equipm Retained earnings, endowment, accumulated income, o	ient fund	d		70 71	
Net	73	To tal net assets or fund balances (add lines 67 throug column (A) must equal line 19 and column (B) must eq	h 69 OA ual line :	l lines 70 through 72; 21)	<17,996.	72 >73	<9,913.>
	74	Total liabilities and net assets / fund balances (add	lines 66	and 73)	8,794.		17,017.

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.

75 Did any officer, director, trustee, or key employee receive aggregate compensation of more than \$100,000 from your organization and all related

451:01 11 45 ReM

organizations, of which more than \$10,000 was provided by the related organizations? If "Yes," attach schedule.

8	m 990 (2000) DRUG REFORM COORDINATION NETWORK art VI Other Information			52-203	1		Pag
76	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed of	Incariatio				A Ye	
77	or any sharings made in the organizing of governing documents but not reported to the IDS2	iescriptių.	i or each a	ctivity	·· 75		_ \
	" 199) water a symmetrical copy of the character.				10000000	/ 	}
78	a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by	v this retu	rn?		70		***************************************
	and a man a man a cox totall old a fall \$30-1 (b) [18] ABAL			እ፣ / ኤ	- 1		- X
79	and a regardation, dissolution, territination, or substantial contraction during the year?	***********	************	##4.##	79		X
	. Tog attach a statement.				. /3	,	12
80	The second series that by application with a statewing of nationalide overpression, the second	1 commo	n members	thin			
	governing bodies, pustees, oncers, etc., to any other exempt or nonexempt organization?			····»,	80a	a X	
	DICHET FOUNDATION 501	뜨) (3)				
01.	Enter the amount of political and the state of the state	Х вх	empt OR	nanexemnt			
011	the amount of political expenditures, direct or indirect, as described in the						
	instructions for line 81	81a		0			
ו פס	of the organization me Furth 1120-PDL for this year?				81 b	1	X
02 6	and a second deliated services of the use of materials, entitioned to tacilities of no observe		- A A ! - M			1	
	The force value:				82a	.	X
L	or those terms here. Do not include this alliquit as revenue in Part I or	ac an					
83 a	expense in Part II. (See instructions for reporting in Part III.)	82b		N/A			
b	and Avamation comply with the public inappection regulirements for regularity and Avamation configuration	is?			83a	X	
84 a	and the digentization comply with the disclosure rentifements relating to guid are one contributions of					X	T-
	and organization solicit any contributions for thirs that were not tay deductible.				84a	X	
	and the original and the second minimum with every sulfillation and express statement that such contributions of				F0000000000000000000000000000000000000		
85	tax deductible? 501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?				84b		
ь	177 777 - 197 - 194 Members?					X	1 .
	If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization				851		X
	owed for the prior year.	on receive	d a waiver	for proxy tax			
C	Dues, assessments, and similar amounts from members	1 1		27/2			
d	Section 162(e) lobbying and political expenditures	85c		N/A	-		
е	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85d	·	N/A	-		
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	856		N/A	-		
g	Does the organization elect to pay the section 6033(e) tax on the amount in 85f?	[851]		N/A	_		
h	in section cost(e)(1)(A) dues notice were sent, does the organization agree to add the amount in office its			N/A	85g	├	├
	allocable to nondeductible lobbying and political expenditures for the following tax year?	reasunadi		N/A			
86	501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 12	86a		N/A	85h		
b	Gross receipts, included on line 12, for public use of club facilities	86b		N/A			
87	501(c)(12) organizations. Enter: a Gross income from members or shareholders	87a		N/A			
þ	Gross income from other sources. (Do not net amounts due or paid to other sources			N/A			
	against amounts due or received from them.)	R7h		N/A			
88	At any liftle during the year, did the organization own a 50% or greater interest in a taxable corporation or p	artnarchir		14/21			
	or an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301	7701-22	•	•			1
	IT Yes, Complete Part IX	,,,,,			88	ļ	Х
89 a	ob its forganizations. Enter. Amount of tax imposed on the organization during the year under:				-00		
	section 4911 ► N/A section 4912 ► N/A section 4955	•	N/A				
b	501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit				20.000.00035	000000000000000000000000000000000000000	30.00.000
	transaction during the year or did it become aware of an excess benefit transaction from a prior year?			-		ĺ	
	If "Yes," attach a statement explaining each transaction				89b		X
C	Enter. Although of tax imposed on the organization managers or disqualified persons during the year under						<u>-A</u>
	sections 4912, 4955, and 4958			•			0.
	enter. Amount of tax on line osc, above, fellinbursed by the organization			···· •	-		0.
30 a	List the states with which a copy of this return is filed DISTRICT OF COLUMBIA			···· -			<u> </u>
- V U	Number of employees employed in the pay period that includes March 12, 2000						

92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here

and enter the amount of tax-exempt interest received or accrued during the tax year

5

Form 990 in lieu of Form 1041- Check here

323041

623041

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621:01 I

Located at ▶ 2000 P STREET, NW, SUITE 210, WASHINGTON, DC

ZIP code ► 20036

indicated.	(A)	ated business income	Excluded	by section 512, 513, or 514	(E)
40 D	Business	(B)	(C) Exclu-	(D)	Related or exempt
93 Program service revenue:	code	Amount	sion code	Amount	function income
a					
b					· · · · · · · · · · · · · · · · · · ·
C			1		
d	-				
e		† 			
f Medicare/Medicaid payments					
g Fees and contracts from government age	anaiae	 			
94 Membership dues and assessments	elicies		_		
35 Interest on savings and temporary					
cash investments		·	14	1,399.	
6 Dividends and interest from securities					
77 Net rental income or (loss) from real esta	ate:				
a debt-financed property				<u> </u>	
b not debt-financed property					
8 Net rental income or (loss) from personal	I property				··· ··· ···
9 Other investment income				-	
O Gain or (loss) from sales of assets					
other than inventory					
1 Net income or (loss) from special events					
2 Gross profit or (loss) from sales of invent	tone				
3 Other revenue:	tory				
a ON LINE ROYALTIES					
b SUBLEASE INCOME			15	449.	
			16	4,408.	
ADJ PRIOR PAYROLL	TAXES		_ 01	2,180.	
d					·
e .					
4 Subtotal (add columns (B) (D) and (E))		0	•	8,436.	
4 Subtotal (add columns (B), (D), and (E)) 5 Total (add line 104, columns (B), (D), and	I (E))	•		8,436.	8 436
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Schedule B

(Form 990 or 990-EZ)

Schedule of Contributors

Supplementary Information for line 1d of Form 990 or line 1 of Form 990-EZ (see instructions)

OMB No. 1545-0047

2000

Department of the Treasury
Internal Revenue Service Inne 1 of Form 990-EZ (see in Name of organization

DRUG REFORM COORDINATION NETWORK	Employer identification number 52-2034866
Organization type (check one)-Section: X 501(c)(4) ◀ (enter number) 527 or A Section 501(c)(7), (8), or (10) organizations-	4947(a)(1) nonexempt charitable trus
Check this box if the organization had no charitable contributors who contributed more than \$1,000 during rule below.)	g the year. (But see General
Enter here the total gifts received during the year for a religious, charitable, etc., purpose ▶\$	> L

Note: This form is generally not open to public inspection except for section 527 organizations.

General Instructions

Purpose of Form

Schedule B (Form 990 or 990-EZ) is used by organizations required to file Form 990, Return of Organization Exempt From Income Tax, or Form 990-EZ, Short Form Return of Organization Exempt From Income tax, to provide the information regarding their contributors that is required for line 1d of Form 990 (or line 1 of Form 990-EZ).

Attach the Schedule B (Form 990 or 990-EZ) to Form 990 or 990-EZ. Attach Schedule B after Schedule A (Form 990 or 990-EZ), Organization Exempt Under Section 501(c)(3), if that return is required for the organization.

Who Must File Schedule B (Form 990 or 990-EZ)

All organizations must file Schedule B (Form 990 or 990-EZ) unless they certify that they do not meet the filing requirements of Schedule B (Form 990 or 9090-EZ) by checking the box in item L of the heading of their Form 990 or Form 990-EZ.

See the instructions for item L in the Instructions for Form 990 and Form 990-EZ.

Caution: Schedule B (Form 990 or 990-EZ) is not a substitute for the list of "contributors" required for Part IV-A, Support Schedule, of Schedule A (Form 990 or 990-EZ).

Public Inspection

Schedule B (Form 990 or 990-EZ) is:

- Open to public inspection for a section 527 political organization.
- Generally not open to public inspection for the other organizations that must file this form.

If a non-section 527 organization files a copy of Form 990, or Form 990-EZ, and attachments with any state, it should not include its Schedule B (Form 990 or 990-EZ) in the attachments for the state unless a schedule of contributors is specifically required by the state. States that do not require the information might make the schedule available for public inspection along with the rest of the Form 990 or Form 990-EZ.

See the Instructions for Form 990 and Form 990-EZ for phone help and the public inspection rules for those forms and their attachments, which include Schedule B (Form 990 or 990-EZ).

Contributors Required To Be Listed On Part I

"Contributor" includes individuals, fiduciaries, partnerships, corporations, associations, trusts, and exempt organizations.

General rule. Unless the organization is covered by one of the special rules below, it must list on Part I every contributor who during the year, gave the organization directly or indirectly, money, securities, or any other type of property totaling \$5,000 or more for the year. Also complete Part II for a noncash contribution. In determining the \$5,000 amount, total all of the contributor's gifts of \$1,000 or more for the year.

Section 501(c)(3) organizations. For an organization described in section 501(c)(3) that meets the 33 1/3% support test of the Regulations under sections 509(a)(1)/170(b)(1)(A)(vi) (whether or not the organization is otherwise described in section 170(b)(1)(A))-

List in Part I only those contributors whose contribution of \$5,000 or more is greater than 2% of the amount reported on line 1d of Form 990 (or line 1 of Form 990-EZ) (Regulations section 1.6033-2(a)(2)(iii)(a)).

Example. A section 501(c)(3) organization, of the type described above, reported \$700,000 in total contributions, gifts, grants, and similar amounts received on line 1d of its Form 990. The organization is only required to list in Parts I and II of its Schedule B (Form 990 or 990-EZ) each person who contributed more than the

greater of \$5,000 or \$14,000 (2% of \$700,000). Thus, a contributor who gave a total of \$11,000 would not be reported in Parts I and II for this section 501(c)(3) organization. Even though the \$11,000 contribution to the organization exceeded \$5,000, it did not exceed \$14,000.

Section 501(c)(7), (8), or (10) organizations. For noncharitable contributions to one of these organizations, list in Part I contributors who gave \$5,000 or more as described in the General rule discussed above.

If a section 501(c)(7), (8), or (10) organization received contributions or bequests for use exclusively for religious, charitable, etc., purposes (sections 170(c)(4), 2055(a)(3), or 2522(a)(3))-

List in Part I each contributor whose contributions total more than \$1,000 during the year that were for a religious, charitable, etc., purpose. To determine the \$1,000, aggregate all of a contributor's gifts for the year (regardless of amount). For a noncash contribution, complete Part II.

All section 501(c)(7), (8), or (10) organizations that received any charitable contributions and listed any charitable contributors on Part I must also complete Part III.

If section 501(c)(7), (8), or (10) organization received charitable gifts, but is not required to list any charitable contributors on Part I, check the box on line A at the top of Schedule B (Form 990 or 990-EZ) and enter the amount of charitable contributions received in the space provided. The organization need not complete and attach Part III.

Specific Instructions

Note: You may duplicate Parts I, II, and III if more copies are needed. Number each page of each Part.

Part I: In column (a), identify the first contributor listed as no. 1 and the second contributor as no. 2, etc. Number consecutively. Show the contributor's name, address, aggregate contributions for the year; and the type of contribution (e.g., whether an individual, payroll, or noncash contribution). Report payroll contributions by listing the employer's name, address, and total amount given (unless an employee gave enough to be listed individually).

Part II. In column (a), show the number that corresponds to the contributor's number in Part I. Describe the noncash contribution fully. Report on property with readily determinable market value (i.e., market quotations for securities) by listing its fair market value (FMV). For marketable securities registered and listed on a recognized securities exchange, measure market value by the average of the highest and lowest quoted selling prices (or the average between the bona fide bid and asked prices) on the contribution date. See Regulations section 20.2031-2 to determine the value of contributed stocks and bonds. When market value cannot be readily determined, use an appraised or estimated value. To determine the amount of a noncash contribution that is subject to an outstanding debt, subtract the debt from the property's fair market value.

Part III. Section 501(c)(7), (8), or (10) organizations that received contributions or bequests for use exclusively for religious, charitable, etc., purposes, must complete Parts I through III for those persons whose gifts totaled more than \$1,000 during the year. Show also, in the heading of Part III, total gifts that were \$1,000 or less and were for a religious, charitable, etc., purpose. Complete this information only on the first Part III page.

If an amount is set aside for a religious, charitable, etc., purpose, show in column (d) how the amount is held (e.g., whether it is mingled with amounts held for other purposes). If the organization transferred the gift to another organization, show the name and address of the transferee organization in column (e) and explain the relationship between the two organizations.

023451 12-19-00

FORM 990 PAGE 2

990

,	Amount Of Depreciation	264.									
	Am Depr										
	Current Sec 179	0									
	ateď tion	418.									
	Accumulated Depreciation	4									
		792.									
	Basis For Depreciation	792									
-		·	-								
	Reduction In Basis - ITC, 179, Salvage										
	Bus % Excl										
	usted r Basis	792. 792.									seq
	Unadjusted Cost Or Basis										(D) - Asset disposed
	Line No.	19									D) - As
	Life	3.00									<u> </u>
	Method										6
	Date Acquired	061598SL									
	Acq	061									
		SOFTWARE * TOTAL 990 PAGE 2 DEPR									
	tion	AGE									
	Description	д 06									
		ARE AL 9									
		8SOFTWARE * TOTAL									
	Asset No.	8								3100	₽ 52-07
8	3 . q		coporgenja	***************************************	6/8/700400046i	200000000000000000000000000000000000000	Moscooliiliilii	500000000000	d 5 1:	11 10	₽ S

DESCRIPTION DIRECT PROGRAM EXPENSES BANK CHARGES	(A) TOTAL 1,005.	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D)
DIRECT PROGRAM EXPENSES				
EXPENSES	1 005	······		FUNDRAISING
	1 005			
BANK CHARGES	1,000.	1,005.		
	1,323.	_,	1,323.	
DUES & SUBSCRIPTIONS	682.	363.	69.	250.
INSURANCE	3,137.	2,266.	577 .	294.
MISCELLANEOUS	112.	86.	9.	294. 17.
REPAIRS AND			•	Τ. / •
MAINTENANCE	150.	108.	28.	14.
TAXES-OTHER	360.	263.	64.	33.
OTHER PROFESSIONAL FEES		• •		55.
CREDIT CARD FEES	967.	866.	67.	34.
INTERNET EXPENSE	474.		474.	• • • • • • • • • • • • • • • • • • • •
MEALS AND	5,446.	5,446.		
ENTERTAINMENT	107			
OFFICE EXPENSE	107. 143.	71.		36.
	143.		143.	
TOTAL TO FM 990, LN 43	13,906.	10,474.	2,754.	678.
			2,7.31	070.
FORM 990 STATEMENT OF ORC	CANTGROTOS			
FORM 990 STATEMENT OF ORC	GANIZATION'; PART	S PRIMARY EXE	MPT PURPOSE	STATEMENT 2

EXPLANATION

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

FORM 990			
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.

		GRANTS	EXPENSES
TO FORM 990, PART III, LINE A			19,721.
FORM 990 STATEMENT OF PROC			
FORM 990 STATEMENT OF PROG	RAM SERVICE ACC	OMPLISHMENTS	STATEMENT 4
DESCRIPTION OF PROGRAM SERVICE TWO	0 .		
COORDINATED A CAMPUS-BASED CAMPAIC LAW MAKING STUDENTS CONVICTED OF 1 FEDERAL FINANCIAL AID. NEARLY 20 ENDORSED A RESOLUTION CALLING FOR A LETTER SIGNED BY MORE THAN 30 OF NAACP, ACLU AND NOW, WAS SENT TO COOR THE REPEAL OF THIS LAW. THE COUBLICITY IN CAMPUS NEWSPAPERS, AS	DRUG OFFENSES IN STUDENT GOVERNI THE LAW'S REPE RGANIZATIONS SUC CONGRESS, CALLING CAMPAIGN GARNERI	NELIGIBLE FOR MENTS AL. CH AS THE NG	
	_	GRANTS	EXPENSES
TO FORM 990, PART III, LINE B			42,399.
FORM 990 DEPRECIATION OF ASSE	CTS NOT HELD FOR	RINVESTMENT	STATEMENT 5
DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE
SOFTWARE	792.	682.	110.
TOTAL TO FORM 990, PART IV, LN 57	792.	682.	110.

	_			
FORM 990 OT	HER ASSETS		STATEMENT	6
DESCRIPTION			7.160	<u> </u>
			TRUOMA	
DEPOSITS			91	86.
DUE FROM DRC FOUNDATION A/R SSDP			15,2	
A/R ZOOM				79.
			2	25.
TOTAL TO FORM 990, PART IV, LINE 58	, COLUMN B		16,30	
FORM 990 OTHER I	LIABILITIES		STATEMENT	7
DESCRIPTION			AMOUNT	
CREDIT CARD PAYABLE		: :	16.40	
BANK OVERDRAFT			16,43 4,14	
TOWN TO TOWN OOD			4,14	: L •
TOTAL TO FORM 990, PART IV, LINE 65,	COLUMN B		20,57	1.

4562 Form

Department of the Treasury Internal Revenue Service (99)

Depreciation and Amortization

(Including Information on Listed Property) 99

OMB No. 1545-0172 2000

Attachment Sequence No. 67

Name(s) shown on return

➤ See separate instructions.

Attach this form to your return.

Business or activity to which this form relates

Sequence No. & Identifying number

D	RUG REFORM COORDINAT	ION NETWO	ORK	FC	RM 990	PAGE 2		52-2034866
	Part I Election To Expense Certain T	angible Property	(Section 179	Note: If y	ou have any "lis	ted property,"con	nplete Part	V before you complete Part I)
•	meximum collai limitation. If an enterp	rise zone busines:	s. see instruct	ions				
-	Total cost of section 179 property place	ced in service. See	instructions				2	
3	Threshold cost of section 179 property	/ before reduction	in limitation				2	\$200,000
7	neduction in imitation. Subtract line 3	from line 2. If zero	or less, enter	· -O-			4	
5	bollar limitation for tax year. Subtract I	ine 4 from line 1. j:	f zero or less.	enter 0. If	married filing			
	separately, see instructions	***************************************	***************************************				5	
6	(a) Description of p	roperty		(b) Cost (bus	siness use anly)	(c) Electe		
_								┧
							"	7
-				<u> </u>		-		\dashv
_								_
, 7	Listed property. Enter amount from line	27			7			
В	Total elected cost of section 179 prope	erty. Add amounts	in column (c)	lines 6 and	d 7		8	
J	remailer deduction. Enter the smaller	of line 5 or line 8		1				
,,,	Carryover of disaflowed deduction from	1 1999			4.5		1 40	
• •	business income limitation. Enter the si	maller of business	income (not l	ess than 2	ero) or line 5	**	- ا	
12	Section 179 expense deduction. Add li	nes 9 and 10, but	do not enter r	nore than I	ina 11		12	
10	Carry Over Or disallowed deduction to X	JUT. Add lines 9 a	nd 10 lace lin	^ 1?	N	1 1		
use	te: Do not use Part II or Part III below for ad for entertainment, recreation, or amus	r listed property (а ement). Instead, и	utomobiles, ce se Part V for li	ertain other	vehicles, cellu			
P	art II MACRS Depreciation For Asse	ts Placed in Serv	rice Only Duri	ng Your 2	000 Tax Year	(Do not include	e listed or	operty)
14	If you are making the election under sec accounts, check this box. See instruction	ction 168(i)(4) to g	roup any asse	ts placed i	n service durir	ng the tax year	into one d	or more general asset
		ction B - Genera		***********				>
		(b) Month and	(c) Basis for d	i System (GDS) (See Ins	structions.)		, '
	(a) Classification of property	year placed in service	(business/inve	stment use	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
15	a 3-year property	III Survice	Only - See ins		Pa			
	b 5-year property	i - F	-					
	c 7-year property	 						
	d 10-year property	 	·					
	e 15-year property	 			-			
	f 20-year property	-		<u> </u>	<u> </u>			
	g 25-year property	-			<u> </u>			<u> </u>
	g 23 year property				25 yrs.		S/L	
	h Residential rental property			·	27.5 yrs.	MM	\$/L	
		 			27.5 yrs.	MM	S/L	
	Nonresidential real property			·	39 yrs.	MM	S/L	
	Sant	ion C. Alternativ				MM	S/L	
6 :	a Class life	ion C - Alternativ	e Depreciatio	n System	(ADS) (See in	structions.)	· · · · · · · · · · · · · · · · · · ·	
	b 12-year	-		-· <u> </u>			S/L	
	2 40-year				12 yrs.		S/L	
	anni vice	/			40 yrs.	MM	S/L	
7 /	other Depreciation (Do not incl	ude listed propert	y.) (See instru	ctions.)				
	GDS and ADS deductions for assets place	ced in service in ta	ax years begin	ning before	∍ 2000		17	
0 / 0 /	Property subject to section 168(f)(1) elec	tion			-+		18	
	ACRS and other depreciation			**********		******************	. 19	264.
	t IV Summary (See instructions.)							
	isted property. Enter amount from line 2						20	
ן ו	total. Add deductions from line 12, lines	15 and 16 in colu	mn (g), and lin	es 17 thro	ugh 20. Enter	here		
a	ind on the appropriate lines of your retur	n. Partnerships ar	nd S corporati	ons - see ir	nstruc <u>tions</u>	******************	. 21	264.
2 +	or assets shown above and placed in se	ervice during the c	current year, e	nter the	1 -1			
r	ortion of the basis attributable to section	n 263A costs			22		į.	

Part V Listed Property (Include automob recreation, or amusement.)	les, cer	tain other ve	hiclor	collulari								Page
Note: For any vehicle for which you	i are iic	na the stone	بد ادوداد	nilaaaa u_+	elepnone e or deda	es, certain J <i>cting leas</i>	compu e expe	iters, and nse, com	i prope. oolete (rty used only 23a	for ente	rtainme
through (c) of Section A, all of Sect Section A - Depreciation and Other Information	on (Cau	na Section (tion: See in	Sif ap _l	plicable. iona for lie	ito for a						, 200, 0	010111113
23a Do you have evidence to support the business/in	vestmeni	use claimed	2	Yes							· -	
	c)				 	23b f "Y	es," is		ence wr	itten?	_ Yes	
Type of property placed in (list vehicles first) placed in service investme use percen		ent Cost o		Basis for de (business/in	preciation vestment	(f) Recovery period	(g) Method/ Convention		(h) Depreciation deduction		(i) Elected section 179	
24 Property used more than 50% in a qualified		s use:		<u> </u>		l	L		⊥		<u> </u>	cost
	%			\			Γ		Т			
	%				-				-		 	
	%								 	,	┼	
25 Property used 50% or less in a qualified bus	iness us	e:								 -	.l	
	%						S/L -			·		
	<u>%</u>	<u>-</u>					S/L·		\vdash			
36 Add	<u>%</u>						Ş/L٠					
26 Add amounts in column (h). Enter the total h	ere and	on line 20, p	cage 1	l <u></u> .				26				
27 Add amounts in column (i). Enter the total he	re and c	<u>in line 7, pag</u>	je 1		<u></u>	,	*********			27		
Complete this section for vehicles used by a sole	Sec	tion B - Info	ormati	ion on Us	e of Veh	icles				•	•	
If you provided vehicles to your employees, first a	answer t	tor, partifier, the question	s in S	ection C to	nan 5% see if y	owner," o ou meet a	r relate n excep	d person otion to d	ı. complet	tina this s	ection :	for
HOSE VEHICLES.				· · ·								
28 Total huninger financhment will a divine the second		(a)		(b)	İ	(c)	(d)	((e)	(f)	
28 Total business/investment miles driven during the		Vehicle		Vehicle		ehicle	Vel	nicle :	Ve	hicle	Vehicle	
year (DO NOT include commuting miles)	···-				-							
30 Total other personal (noncommuting) miles									· 	-		_
driven									}			
31 Total miles driven during the year.				· · ·							· ·	
Add lines 28 through 30												
	2	es No	Ye	s No	Yes	No	Yes	Na I				
32 Was the vehicle available for personal use				3 143	103	140	162	No	Yes	No	Yes	No
during off-duty hours?					} -	1					į	
3 Was the vehicle used primarily by a more								-				
than 5% owner or related person?].		}	ļ				,
4 Is another vehicle available for personal												
use?			<u> </u>		<u></u>							
Section C - Question	ns for E	mployers V	Nho P	rovide Ve	hicles fo	r Use by	Their E	mployee	es			
nswer these questions to determine if you meet a wners or related persons.	an exce	ption to com	pletin	g Section	B for vel	nicles used	d by em	ployees	who ar	re not mo	re than	5%
· · · · · · · · · · · · · · · · · · ·								<u> </u>				
5. Do you maintain a written policy statement the		ú									Yes	No
5 Do you maintain a written policy statement that employees?	it pronic	oits all perso	nai us	e of vehicl	es, inclu	ding comr	nuting,	by your				
employees? Do you maintain a written policy statement that	t proble	ita paraanal		f		• • • • • • • • • • • • • • • • • • • •	·········					
employees? See instructions for vehicles used	hy com	orote office	use o	T venicies,	except	commutin	g, by yo	our			1	
7 Do you treat all use of vehicles by employees a	e nerec	nal uca?	rs, cire	ectors, or	1% or m	ore owner	s					
Do you provide more than five vehicles to your	emojov	rees obtain	inform	otion from					*********	•••••	<u> </u>	
the use of the vehicles, and retain the informat	ion rece	ived?	ii ii Oi I I I	iation from	your en	ipioyees a	bout					
Do you meet the requirements concerning qua	lified au	tomobile de	monet	ration uso	······································			• • • • • • • • • • • • • • • • • • • •		••••••	<u> </u>	<u> </u>
Note: If your answer to 35, 36, 37, 38, or 39 is	"Yes," j	rou need no	t com	olete Secti	ion B for	the cover	ed vebi	cles	•••••••			
Part VI Amortization			<u>_</u>				00 10///	<u> </u>			<u> </u>	
(a) Description of costs	(b) Date amortiz begins	nortization Amort		zable		(d) Code		(e) Amortization		(f) Amortiza for this y		
Amortization of costs that begins during your 2000 ta		 -	атпоц			section	j pe	riod or percen		for t	his year	SS (SS (SS (SS (SS (SS (SS (SS (SS (SS
	: :											
					-							
Amortization of costs that began before 2000								·-	44			
Total. Add amounts in column (f). See instruction	ons for v	where to rep	ort	***************			• • • • • • • • • • • • • • • • • • • •	_	41	. "		

Form **4562** (2000)

print. File by the standed cure date for Texture of the group. DRUG REFORM COORDINATION NETWORK	m 8868. Copy. Identification num 2034866 See only 227 Form 8 269 Tm 8868. Whole group, check e extension is for. Ge in accounting pe
Part II Additional (not automatic) 3-Month Extension, complete only Part I (on page 1). Type or print. DRUG REFORM COORDINATION NETWORK DRUG REFORM COORDINATION DRUG REFORM NOTH COORDINATION DRUG REFORM N	identification num 2034866 se only 227 Form 8 269 rm 8868. whole group, check e extension is for.
Type or print. Type or print	identification num 2034866 se only 227 Form 8 269 rm 8868. whole group, check e extension is for. ge in accounting pe
Type or print. PRUG_REFORM_COORDINATION_NETWORK DRUG_REFORM_COORDINATION_NETWORK DRUG_REFORM_COORDINATIO	identification num 2034866 se only 227 Form 8 269 rm 8868. whole group, check e extension is for. ge in accounting pe
Print. File by the County of P STREET, NW, NO. 210 City, town or post office, state, and ZIP code. For a foreign address, see instructions. WASHINGTON, DC 20036 Check type of return to be filed (File a separate application for each return): X Form 990	2034866 se only 227 Form 8 269 m 8868. whole group, check e extension is for.
Number, street, and room or suite no. If a P.O. box, see instructions. Common	227 Form 8 269 269 27 Form 8 269 27 State of the control of the co
return. See City, town or post office, state, and ZIP code. For a foreign address, see instructions. WASHINGTON, DC 20036 Check type of return to be filed (File a separate application for each return): X Form 990	whole group, check e extension is for.
Check type of return to be filed (File a separate application for each return): X Form 990	whole group, check e extension is for.
Form 990-BL Form 990-PF Form 990-T (trust other than above) Form 4720 Form 6 STOP: Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Fo If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for the box If it is for part of the group, check this box and attach a list with the names and EINs of all members the place of business in the United States, check this box If this is for the box If it is for part of the group, check this box If this is for the box If it is for part of the group, check this box If it is for part of the group, check this box If it is for part of the group, check this box If it is for part of the group, check this box If this is for part of the group, check this box If this is for part of the group, check this box If this is for part of the group, check this box If this is for part of the group, check this box If this is for part of the group, check this box If this is for part of the group, check this box If this is for part of the group, check this box Initial return Initial return If this is for part of the group, check reason: Initial return Initial return Initial return If this is for part of the group, check reason: Initial return Initial return Initial return In this is form, increasing Initial return Initial return In this is form. Initial return Initial return In this is group, and ending In this is application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credit	whole group, check e extension is for.
If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for the box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for the box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for the box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for the box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for the box I find the property of the	whole group, check e extension is for. ge in accounting pe
If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for the box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for the box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for the box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for the box If this is for part of the group, check this box If this tax year additional 3-month extension of time until NOVEMBER 15, 2001. For calendar year 2000, or other tax year beginning and ending	whole group, check e extension is for. ge in accounting pe
If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for the box	whole group, check e extension is for. ge in accounting pe
For calendar year 2000, or other tax year beginning and ending If this tax year is for less than 12 months, check reason: Initial return Final return State in detail why you need the extension ADDITIONAL EXTENSION OF TIME NEEDED DUE TO SIGNIFICANT LEGIS HAMPERED ABILITY TO FUND—RAISE AND CAUSED FINANCIAL HARDSHIF WILL FILE THE RETURN BY THE EXTENDED DUE DATE. 8a If this application is for Form 990-PF, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions \$ If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868 C Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions Signature and Verification Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my known that I am authorized to prepare this form. Signature ▶ Titte ▶ Date ▶	таптом нач
6 If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return 7 State in detail why you need the extension ADDITIONAL EXTENSION OF TIME NEEDED DUE TO SIGNIFICANT LEGIS HAMPERED ABILITY TO FUND—RAISE AND CAUSED FINANCIAL HARDSHIF WILL FILE THE RETURN BY THE EXTENDED DUE DATE. 8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions	таптом нач
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Inder penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my kristrue, correct, and complete, and that I am authorized to prepare this form. Ignature Date Date	
Uale V	owledge and belief,
Uale V	
Notice to Applicant To De Commission Inc.	· · · · · · · · · · · · · · · · · · ·
Notice to Applicant - To Be Completed by the IRS We have approved this application. Please attach this form to the organization's return.	•
We have not approved this application. However, we have granted a 10-day grace period from the later of the date show	below or the due
date of the organization's return (including any prior extensions). This grace period is considered to be a valid extension of	f time for elections of
required to be made on a timely return. Please attach this form to the organization's return.	
We have not approved this application. After considering the reasons stated in item 7, we cannot grant your request for a	n extension of time
file. We are not granting the 10-day grace period. We cannot consider this application because it was filed after the due date of the mature for the consider.	
We cannot consider this application because it was filed after the due date of the return for which an extension was required. Other	ested.
By:	
rector	, al. 1.
Iternate Mailing Address - Enter the address if you want the copy of this application for an additional 3-month extension retuifferent than the one entered above.	rned to an address
Name MAY & BARNHARD DC CDA	177-2
MAY & BARNHARD, PC, CPA Number and street (include suite from or antino) Or a P.O. box number.	
print 4840 CORDELL AVENUE	
City or town, province or state, and country (including postal or ZIP code) BETHESDA, MD 20814	· · · · · · · · · · · · · · · · · · ·
2000	· · · · · · · · · · · · · · · · · · ·
3832 -16-00 15	Form 8868 (12-20

- CURRENT YEAR FEDERAL

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COORDINATION N	
DRUG REFORM (
AL -	

1					******	8888888	1000000000	0.000000000
Amount Of Depreciation	264.							
Current Sec 179	0.							
Accumulated Depreciation	418.							
Basis For Depreciation	792.							
Reduction In Basis - ITC, 179 Salvage	*0							
Bus % Excl								
Unadjusted Cost Or Basis	792.							-
No.	19							
Life	3.00							
Method	SL							
Date Acquired	061598SL							
Description	8SOFTWARE * TOTAL 990 PAGE 2 DEPR							
Asset No.	8							28102 4-27-01
CI.q	200000000000000000000000000000000000000	\$200 BESS	 ***************************************	99000000000000000000000000000000000000	100000000000000000000000000000000000000		dos:	FR Essention

Form 8868 (12-2000)	
If you are filing for an Additional (not automatic) 3-Month Extension, complete only Part II and check this box Note: Only complete Part II if you have already been granted an automatic 2	Page 2
Note: Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868. • If you are filing for an Automatic 3-Month Extension, complete only Part I (on page 4).	\rightarrow \mathbf{x}
If you are filing for an Automatic 3-Month Extension, complete only Part I (on page 1). Additional (not automatic) 3 Month Extension.	
Additional (not automatic) 3-Month Extension of Time - Must file Original - 10	<u> </u>
print. DRITG BUTCONS CO. 2. 1	ion number
File by the	_
extended stended of due date for 2000 P STREET. NW NO 210	
return. See City, town or post office, state, and ZIP code. For a foreign address, see instructions. WASHINGTON, DC 20036	
Check type of return to be filed (File a separate application for each return):	
LAL FORM 990 [Form 990-F7 Form 900 T/- 1011	
Form 990-BL Form 990-PE	Form 8870
Form 4720	
STOP: Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.	
if the digalization does not have an office or place of husbans in the true	
• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for the whole group, check this box	· 🖳
box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is	check this
	s for.
4 request an additional 3-month extension of time until NOVEMBER 15, 2001.	
6 If this tay year is far less	
6 If this tax year is for less than 12 months, check reason: Initial return and ending 7 State in detail why you need the extension Change in account	ing ported
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THE EXTENDED DUE DATE.	
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8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions	-
b If this application is for Form 900 DE 900 T. 4700	
tax payments made. Include any prior year overpriment any refundable credits and estimated	
	
Signoture and V. Jr.	/A
Under penalties of perjury. I declare that I have examined this target that it	
it is true, correct, and complete, and that Lam authorized to prepare this form.	lief,
Signature Title N C/A	
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We have not approved this application. Please attach this form to the organization's return.	
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date of the organization's return (including any prior extensions). This grace period is considered to be a valid extension of time for elections and the property of the prop	ions otherwis
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We cannot consider this application because it was filed after the due date of the return for which are extensive	•
Other Other	
950 D 5 0004	<u> </u>
SEP 0 5 2981 By:	
LINDA WEIS!	
Alternate Mailing Address & Enter the address it you want the copy of this application for an additional 3-month extension returned to an address than the one entered above.	
	ess
Name	
MAY & BARNHARD, PC, CPA Type Number and street (isoland a vita	
assists and street (include suite, room, or apt, no.) Or a P.O. hox number	
484U CORDELL AVENUE	
City or town, province or state, and country (including postal or ZIP code)	
BETHESDA, MD 20814	
12-18-00 Form 8868 (1)	2-2000)
TOTAL GOOD (F	~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~