

Form **990**Department of the Treasury  
Internal Revenue Service

**\*\* PUBLIC DISCLOSURE COPY \*\***  
**Return of Organization Exempt From Income Tax**  
 Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung  
 benefit trust or private foundation)

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

OMB No. 1545-00

**2001**Open to Public  
Inspection**A** For the **2001** calendar year, or tax year period beginning**B** Check if applicable:

- ☐ Address change  
☐ Name change  
☐ Initial return  
☐ Final return  
☐ Amended return  
☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

**C** Name of organization**DRCNET FOUNDATION**Number and street (or P.O. box if mail is not delivered to street address)  
**2000 P ST NW**City or town, state or country, and ZIP + 4  
**WASHINGTON, DC 20036**

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

and ending

**D** Employer identification number**52-2034867****E** Telephone number**202-362-0030****F** Accounting method:☐ Cash ☒ Other (Specify) ☐ Acc**G** Web site: **DRCNET.ORG****J** Organization type (check only one)☒ 501(c)(3) (insert no.) ☐ 4947(a)(1) or ☐ 527

☐ if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS; but if the organization received a Form 990 Package in the mail, it should file a return without financial data. Some states require a complete return.

**H** and **I** are not applicable to section 527 organizations.**H(a)** Is this a group return for affiliates? ☐ Yes ☒ No**H(b)** If "Yes," enter number of affiliates ☐ Yes ☒ No**H(c)** Are all affiliates included? (If "No," attach a list.) ☐ Yes ☒ No**H(d)** Is this a separate return filed by an organization covered by a group ruling? ☐ Yes ☒ No**I** Enter 4-digit GEN ☐ Yes ☒ No**M** Check ☐ if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF).**L** Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12**139,133.****Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances****1** Contributions, gifts, grants, and similar amounts received:**a** Direct public support**b** Indirect public support**c** Government contributions (grants)**d** Total (add lines 1a through 1c)(cash \$ **137,491.** noncash \$ )**2** Program service revenue including government fees and contracts (from Part VII, line 93)**3** Membership dues and assessments**4** Interest on savings and temporary cash investments**5** Dividends and interest from securities**6 a** Gross rents**b** Less: rental expenses**c** Net rental income or (loss) (subtract line 6b from line 6a)**7** Other investment income (describe)**8 a** Gross amount from sale of assets other 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 \$ of contributions 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 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)**1a** **137,491.****1b****1c****1d** **137,491.****2****3****4****5****1,203.****6a****6b**

(A) Securities (B) Other

**8a****8b****8c****8d****9a****9b****10a****10b****10c****11****12****13****14****15****16****17****18****19****20****21****439.****139,133.****116,612.****13,391.****19,392.****149,395.****<10,262.****71,718.****0.****61,456.**

123001

01-04-02

LHA

For Paperwork Reduction Act Notice, see the separate instructions.

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Form 990 (2001)

Form 990 (2001)

## DRCNET FOUNDATION

52-2034867

**Part II Statement of Functional Expenses**

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others.

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.

	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22 Grants and allocations (attach schedule)				
cash \$ 4,000 • noncash \$	4,000.	4,000.		
23 Specific assistance to individuals (attach schedule)				
24 Benefits paid to or for members (attach schedule)				
25 Compensation of officers, directors, etc.				
26 Other salaries and wages	21,000.	14,700.		
27 Pension plan contributions	35,000.	35,000.		
28 Other employee benefits				
29 Payroll taxes	4,682.	4,156.		
30 Professional fundraising fees	5,058.	4,796.	263.	263.
31 Accounting fees			131.	131.
32 Legal fees	6,117.			
33 Supplies	224.		6,117.	
34 Telephone	2,927.	2,621.	224.	
35 Postage and shipping	942.	876.	195.	111.
36 Occupancy	1,032.	588.	33.	33.
37 Equipment rental and maintenance	10,228.	9,078.	178.	266.
38 Printing and publications			575.	575.
39 Travel	9,372.	1,791.		
40 Conferences, conventions, and meetings	11,525.	6,360.	145.	7,436.
41 Interest	684.	570.		5,165.
42 Depreciation, depletion, etc. (attach schedule)	68.			114.
43 Other expenses not covered above (itemize):	2,967.	2,077.		68.
a			445.	445.
b				
c				
d				
e SEE STATEMENT 1				
44 Total functional expenses (add lines 22 through 43)	33,569.	29,999.	1,935.	1,635.
Organizations completing columns (B)-(D), carry these totals to lines 13-15				
44	149,395.	116,612.	13,391.	19,392.

Joint Costs. Check ☐ if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services?

If "Yes," enter (i) the aggregate amount of these joint costs \$

(iii) the amount allocated to Management and general \$

(ii) the amount allocated to Program services \$

☐ Yes ☒ No

; and (iv) the amount allocated to Fundraising \$

**Part III Statement of Program Service Accomplishments**

What is the organization's primary exempt purpose? SEE STATEMENT 2

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)

a SEE STATEMENT 3

b SEE STATEMENT 4

c

d

e Other program services (attach schedule)

f Total of Program Service Expenses (should equal line 44, column (B), Program services)

Program Service Expenses  
(Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)

112,612.

4,000.

116,612.

3

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16561113 793932 712

## DRCNET FOUNDATION

52-2034867

**Part IV** Balance Sheets

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A) Beginning of year	(B) End of year
<b>Assets</b>	45 Cash - non-interest-bearing		45 1,7
	46 Savings and temporary cash investments		46 50,0
	47 a Accounts receivable	88,811.	47c
	b Less: allowance for doubtful accounts	47a	47b
	48 a Pledges receivable		48a
	b Less: allowance for doubtful accounts	48b	48c
	49 Grants receivable		49
	50 Receivables from officers, directors, trustees, and key employees	58,750.	50
	51 a Other notes and loans receivable		51c
	b Less: allowance for doubtful accounts	51a 10,355.	51b
	52 Inventories for sale or use		52
	53 Prepaid expenses and deferred charges		53 10,355
	54 Investments - securities		54
	55 a Investments - land, buildings, and equipment: basis <input type="checkbox"/> Cost <input type="checkbox"/> FMV	200.	55a
b Less: accumulated depreciation		55b	
56 Investments - other		56	
57 a Land, buildings, and equipment: basis		57a 15,573.	
b Less: accumulated depreciation STMT 6		57b 8,422.	
58 Other assets (describe)		58	
59 Total assets (add lines 45 through 58) (must equal line 74)	9,502.	59 7,151.	
<b>Liabilities</b>	60 Accounts payable and accrued expenses		60
	61 Grants payable	157,263.	61 69,495.
	62 Deferred revenue	10,135.	62 8,039.
	63 Loans from officers, directors, trustees, and key employees		63
	64 a Tax-exempt bond liabilities		64a
	b Mortgages and other notes payable		64b
	65 Other liabilities (describe)		65
	66 Total liabilities (add lines 60 through 65)	75,410.	66 0.
	67 Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.	85,545.	67 8,039.
	68 Unrestricted		68
69 Temporarily restricted		69	
70 Permanently restricted		70	
<b>Net Assets or Fund Balances</b>	71 Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.	71,718.	71 61,456.
	72 Capital stock, trust principal, or current funds		72
	73 Paid-in or capital surplus, or land, building, and equipment fund		73
	74 Retained earnings, endowment, accumulated income, or other funds		74
	Total net assets or fund balances (add lines 67 through 69 OR lines 70 through 72; column (A) must equal line 19; column (B) must equal line 21)	71,718.	74 61,456.
	Total liabilities and net assets / fund balances (add lines 66 and 73)	157,263.	74 69,495.

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.

DRCNET FOUNDATION

52-2034867  
Part IV-B Reconciliation of Expenses per Audited  
Financial Statements With Expenses per  
Return

52-2034867

Return		Payments with Expenses per	
a	Total expenses and losses per audited financial statements	a	N/A
b	Amounts included on line a but not on line 17, Form 990:		
(1)	Donated services and use of facilities ... \$		
(2)	Prior year adjustments reported on line 20, Form 990 ... \$		
(3)	Losses reported on line 20, Form 990 ... \$		
(4)	Other (specify): \$		
	Add amounts on lines (1) through (4) ...	b	
c	Line a minus line b ...	c	
d	Amounts included on line 17, Form 990 but not on line a:		
(1)	Investment expenses not included on line 6b, Form 990 ... \$		
(2)	Other (specify): \$		
	Add amounts on lines (1) and (2) ...	d	
e	Total expenses per line 17, Form 990 (line c plus line d)	e	
employees (List each one even if ...)			

Part V List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated.)	
(A) Name and address	(B) Title and average hours per week
DAVID BORDEN	

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
DAVID BORDEN 2000 P STREET NW SUITE 210 WASHINGTON, DC 20036	PRESIDENT & EXEC. DIRECTOR	21,000.	0.	0.
KEITH CYLAR 2000 P STREET NW SUITE 210 WASHINGTON DC 20036	DIRECTOR	0.	0.	0.
DAWN DAY 2000 P STREET NW SUITE 210 WASHINGTON DC 20036	LESS THAN 1 DIRECTOR	0.	0.	0.
RICHARD M. EVANS 2000 P STREET NW SUITE 210 WASHINGTON DC 20036	LESS THAN 1 SECRETARY	0.	0.	0.
STEVEN D. PERSKY 2000 P STREET NW SUITE 210 WASHINGTON DC 20036	LESS THAN 1 TREASURER	0.	0.	0.
JOEY TRANCHINA 2000 P STREET NW SUITE 210 WASHINGTON DC 20036	LESS THAN 1 DIRECTOR	0.	0.	0.
	LESS THAN 1	0.	0.	0.

Did any officer, director, trustee, or key employee receive aggregate compensation of more than \$100,000 from the organization or any of its related organizations, of which more than \$10,000 was provided by the related organization?

75 Did any officer, director, trustee, or key employee receive aggregate compensation of more than \$100,000 from your organization and all related organizations, of which more than \$10,000 was provided by the related organizations? If "Yes," attach schedule. ☐ Yes ☒ No

Form 990 (2001)

## DRCNET FOUNDATION

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**Part VI Other Information**

76	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	76	
77	Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes.	77	
78 a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a	
b	If "Yes," has it filed a tax return on Form 990-T for this year?	78b	
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79	
80 a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	80a	X
b	If "Yes," enter the name of the organization		
81 a	Enter direct or indirect political expenditures. See line 81 instructions and check whether it is <input type="checkbox"/> exempt OR <input type="checkbox"/> nonexempt.	81a	0.
b	Did the organization file Form 1120-POL for this year?	81b	
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82a	
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)	82b	N/A
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	X
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b	
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?	85a	
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	85b	
c	If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.	85c	N/A
d	Dues, assessments, and similar amounts from members	85d	N/A
e	Section 162(e) lobbying and political expenditures	85e	N/A
f	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85f	N/A
g	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85g	
h	Does the organization elect to pay the section 6033(e) tax on the amount in 85f?	85h	
i	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount in 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	86a	N/A
86	501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 12	86b	N/A
b	Gross receipts, included on line 12, for public use of club facilities	87a	N/A
87	501(c)(12) organizations. Enter: a Gross income from members or shareholders	87b	N/A
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)		
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX	88	X
89 a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 <input type="checkbox"/> 0.; section 4912 <input type="checkbox"/> 0.; section 4955 <input type="checkbox"/> 0.	89a	
b	501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction	89b	X
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization		
90 a	List the states with which a copy of this return is filed		0.
b	Number of employees employed in the pay period that includes March 12, 2001		0.
91	The books are in care of THE ORGANIZATION	90b	3
	Located at 2000 P ST NW SUITE 210 WASHINGTON DC	Telephone no.	202-362-0030
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here	ZIP + 4	20036
	and enter the amount of tax-exempt interest received or accrued during the tax year		
	16561113 793932 712		
	2001.07000 DRCNET FOUNDATION		

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DRCNET FOUNDATION

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Page 6

**Part VII Analysis of Income-Producing Activities** (See Specific Instructions on page 32.)

Note: Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclu- sion code	(D) Amount	
93 Program service revenue:					
a					
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			14	1,203.	
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue:					
a OTHER REVENUE - EXCLUDE			01	439.	
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0.		1,642.	0.
105 Total (add line 104, columns (B), (D), and (E))					1,642.

Note: Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I.

**Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes** (See Specific Instructions on page 32.)

Line No. Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities** (See Specific Instructions on page 33.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%			
	%			
	%			
	%			

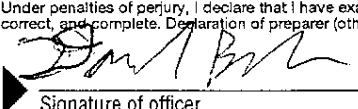
**Part X Information Regarding Transfers Associated with Personal Benefit Contracts** (See Specific Instructions on page 33.)

- (a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? ☐ Yes ☒ No
- (b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? ☐ Yes ☒ No

Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

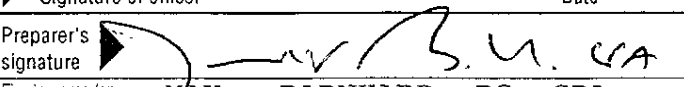
Please Sign Here

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Signature of officer:  Date: 11/13/02

Type or print name and title: DAVID BORDEN, PRESIDENT

Paid Preparer's Use Only

Preparer's signature:  Date: 11/13/02

Firm's name (or yours if self-employed), address, and ZIP + 4: MAY & BARNHARD, PC, CPA  
4840 CORDELL AVENUE  
BETHESDA, MD 20814

Check if self-employed: ☐

Preparer's SSN or PTIN: \_\_\_\_\_

EIN: \_\_\_\_\_

Phone no.: (301) 656-5794

**SCHEDULE A**  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

**Organization Exempt Under Section 501(c)(3)**

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

**Supplementary Information-(See separate instructions.)**

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

OMB No. 1545-0047

# 2001

Name of the organization

DRCNET FOUNDATION

Employer identification number

52: 2034867

Part I	Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees

(See page 1 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				
Total number of other employees paid over \$50,000	0			

Part II	Compensation of the Five Highest Paid Independent Contractors for Professional Services

(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000		(b) Type of service	(c) Compensation
NONE			
Total number of others receiving over \$50,000 for professional services		0	

**LHA** For Paperwork Reduction Act Notice, see the Instructions for Form 990 and Form 990-EZ.

Schedule A (Form 990 or 990-EZ) 2001

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

Yes No

- 1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ► \$ 4,000. (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.)

1 X

Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes," must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.

- 2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)

a Sale, exchange, or leasing of property?

2a X

b Lending of money or other extension of credit?

2b X

c Furnishing of goods, services, or facilities?

2c X

d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? SEE PART V, FORM 990

2d X

e Transfer of any part of its income or assets?

2e X

- 3 Does the organization make grants for scholarships, fellowships, student loans, etc.? (See Note below.)

3 X

- 4 Do you have a section 403(b) annuity plan for your employees?

4 X

Note: Attach a statement to explain how the organization determines that individuals or organizations receiving grants or loans from it in furtherance of its charitable programs "qualify" to receive payments.

**Part IV Reason for Non-Private Foundation Status** (See pages 3 through 6 of the instructions.)

The organization is not a private foundation because it is: (Please check only ONE applicable box.)

- 5 ☐ A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- 6 ☐ A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
- 7 ☐ A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8 ☐ A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9 ☐ A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state ►
- 10 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)
- 11a ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 11b ☐ A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 12 ☒ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the **Support Schedule** in Part IV-A.)
- 13 ☐ An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in: (1) lines 5 through 12 above; or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). (See section 509(a)(3).)

Provide the following information about the supported organizations. (See page 5 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Line number from above

- 14 ☐ An organization organized and operated to test for public safety. Section 509(a)(4). (See page 6 of the instructions.)



**Part IV A Support Schedule** (Complete only if you checked a box on line 10, 11, or 12.) Use cash method of accounting.  
Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in) ▶	(a) 2000	(b) 1999	(c) 1998	(d) 1997	(e) Total
<b>15</b> Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	136,123.	178,423.	45,798.		360,344.
<b>16</b> Membership fees received					
<b>17</b> Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose		625.			625.
<b>18</b> Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	45.	401.	25.		471.
<b>19</b> Net income from unrelated business activities not included in line 18					
<b>20</b> Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
<b>21</b> The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge					
<b>22</b> Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets					
<b>23</b> Total of lines 15 through 22	136,168.	179,449.	45,823.	0.	361,440.
<b>24</b> Line 23 minus line 17	136,168.	178,824.	45,823.		360,815.
<b>25</b> Enter 1% of line 23	1,362.	1,794.	458.		
<b>26</b> Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24					N/A
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 1997 through 2000 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts					N/A
c Total support for section 509(a)(1) test: Enter line 24, column (e)					N/A
d Add: Amounts from column (e) for lines: 18 _____ 19 _____ 22 _____ 26b _____					N/A
e Public support (line 26c minus line 26d total)					N/A
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					N/A %
<b>27</b> Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year:	(2000) 120,417.	(1999) 167,500.	(1998) 39,000.	(1997) 0.	
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year:	(2000) 0.	(1999) 0.	(1998) 0.	(1997) 0.	
c Add: Amounts from column (e) for lines: 15 360,344. 16 _____ 17 625. 20 _____ 21 _____					27c 360,969.
d Add: Line 27a total 326,917. and line 27b total 0.					27d 326,917.
e Public support (line 27c total minus line 27d total)					27e 34,052.
f Total support for section 509(a)(2) test: Enter amount on line 23, column (e)					27f 361,440.
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27g 9.4212%
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27h .1303%

**28 Unusual Grants:** For an organization described in line 10, 11, or 12, that received any unusual grants during 1997 through 2000, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.

NONE

**Part V Private School Questionnaire** (See page 7 of the instructions.)

N/A

(To be completed ONLY by schools that checked the box on line 6 in Part IV)

	Yes	No
<b>29</b> Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body? .....	<b>29</b>	
<b>30</b> Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships? .....	<b>30</b>	
<b>31</b> Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? .....	<b>31</b>	
If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)		
<b>32</b> Does the organization maintain the following:		
<b>a</b> Records indicating the racial composition of the student body, faculty, and administrative staff? .....	<b>32a</b>	
<b>b</b> Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? .....	<b>32b</b>	
<b>c</b> Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? .....	<b>32c</b>	
<b>d</b> Copies of all material used by the organization or on its behalf to solicit contributions? .....	<b>32d</b>	
If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)		
<b>33</b> Does the organization discriminate by race in any way with respect to:		
<b>a</b> Students' rights or privileges? .....	<b>33a</b>	
<b>b</b> Admissions policies? .....	<b>33b</b>	
<b>c</b> Employment of faculty or administrative staff? .....	<b>33c</b>	
<b>d</b> Scholarships or other financial assistance? .....	<b>33d</b>	
<b>e</b> Educational policies? .....	<b>33e</b>	
<b>f</b> Use of facilities? .....	<b>33f</b>	
<b>g</b> Athletic programs? .....	<b>33g</b>	
<b>h</b> Other extracurricular activities? .....	<b>33h</b>	
If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)		
<b>34 a</b> Does the organization receive any financial aid or assistance from a governmental agency? .....	<b>34a</b>	
<b>b</b> Has the organization's right to such aid ever been revoked or suspended? .....	<b>34b</b>	
If you answered "Yes" to either 34a or b, please explain using an attached statement.		
<b>35</b> Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation .....	<b>35</b>	

Schedule A (Form 990 or 990-EZ) 2001

**Part VI-A Lobbying Expenditures by Electing Public Charities** (See page 9 of the instructions.)

(To be completed ONLY by an eligible organization that filed Form 5768)

Check ☐ **a** if the organization belongs to an affiliated group.Check ☐ **b** if you checked "a" and "limited control" provisions apply.**Limits on Lobbying Expenditures**

(The term "expenditures" means amounts paid or incurred.)

	(a) Affiliated group totals	(b) To be completed for ALL electing organizations
	N/A	
36 Total lobbying expenditures to influence public opinion (grassroots lobbying) .....	36	4,000.
37 Total lobbying expenditures to influence a legislative body (direct lobbying) .....	37	0.
38 Total lobbying expenditures (add lines 36 and 37) .....	38	4,000.
39 Other exempt purpose expenditures .....	39	145,395.
40 Total exempt purpose expenditures (add lines 38 and 39) .....	40	149,395.
41 Lobbying nontaxable amount. Enter the amount from the following table -		
If the amount on line 40 is -                      The lobbying nontaxable amount is -		
Not over \$500,000 .....		
Over \$500,000 but not over \$1,000,000 .....		
Over \$1,000,000 but not over \$1,500,000 .....		
Over \$1,500,000 but not over \$17,000,000 .....		
Over \$17,000,000 .....		
42 Grassroots nontaxable amount (enter 25% of line 41) .....	42	7,470.
43 Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36 .....	43	0.
44 Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38 .....	44	0.

Caution: If there is an amount on either line 43 or line 44, you must file Form 4720.

**4-Year Averaging Period Under Section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 45 through 50 on page 11 of the instructions.)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2001	(b) 2000	(c) 1999	(d) 1998	(e) Total
45 Lobbying nontaxable amount .....	29,879.				29,879.
46 Lobbying ceiling amount (150% of line 45(e)) .....					44,819.
47 Total lobbying expenditures .....	4,000.				4,000.
48 Grassroots nontaxable amount .....	7,470.				7,470.
49 Grassroots ceiling amount (150% of line 48(e)) .....					11,205.
50 Grassroots lobbying expenditures .....	4,000.				4,000.

**Part VI-B Lobbying Activity by Nonelecting Public Charities**

(For reporting only by organizations that did not complete Part VI-A) (See page 12 of the instructions.)

N/A

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:

	Yes	No	Amount
a Volunteers .....			
b Paid staff or management (Include compensation in expenses reported on lines c through h.) .....			
c Media advertisements .....			
d Mailings to members, legislators, or the public .....			
e Publications, or published or broadcast statements .....			
f Grants to other organizations for lobbying purposes .....			
g Direct contact with legislators, their staffs, government officials, or a legislative body .....			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means .....			
i Total lobbying expenditures (Add lines c through h.) .....			0.

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities.

**Part VII** Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See page 12 of the instructions.)

51 Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

**a** Transfers from the reporting organization to a noncharitable exempt organization of:

(i) Cash

	Yes	No
51a(i)		X
a(ii)		X
b(i)		X
b(ii)		X
b(iii)		X
b(iv)	X	
b(v)	X	
b(vi)		X
c	X	

(ii) Other assets

b Other transactions:

(i) Sales or exchanges of assets with a noncharitable exempt organization

(ii) Purchases of assets from a noncharitable exempt organization

(iii) Rental of facilities, equipment, or other assets

(iv) Reimbursement arrangements

(v) Loans or loan guarantees

(vi) Performance of services or membership or fundraising solicitations

c. Sharing of facilities, equipment, mailing lists, other assets, or paid employees

d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received:

(a) Line no.	(b) Amount involved	(c) Name of noncharitable exempt organization	(d) Description of transfers, transactions, and sharing arrangements
		DRUG REFORM COORDINATION	
C	10,228.	NETWORK	SHARED RENTAL EXPENSE
		DRUG REFORM COORDINATION	
C	4,683.	NETWORK	SHARED INSURANCE EXPENSE
		DRUG REFORM COORDINATION	
B-IV	6,231.	NETWORK	REIMBURSE TRAVEL AND OTHER OVERHEAD EXPENSES
		DRUG REFORM COORDINATION	
B-V	10,355.	NETWORK	INTERCOMPANY ACCOUNT; INTEREST CHARGED ON AVERAGE MONTHLY BALANCES

52 a Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? ▶ ☐

▶ ☒ Yes      ☐ No

b. If "Yes," complete the following schedule:

[illegible]

**Schedule B**  
(Form 990, 990-EZ, or 990-PF)Department of the Treasury  
Internal Revenue Service**Schedule of Contributors**Supplementary Information for  
line 1 of Form 990, 990-EZ and 990-PF (see instructions)

OMB No. 1545-0047

**2001**

Name of organization

DRCNET FOUNDATION

Employer identification number

52-2034867

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

☒ 501(c)( 3 ) (enter number) organization☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation☐ 527 political organization

Form 990-PF

☐ 501(c)(3) exempt private foundation☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation☐ 501(c)(3) taxable private foundation

Check if your organization is covered by the **General rule** or a **Special rule**. (Note: Only a section 501(c)(7), (8), or (10) organization can check box(es) for both the General rule and a Special rule—see instructions.)

**General Rule-**

- ☒ For organizations filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. (Complete Parts I and II.)

**Special Rules-**

- ☐ For a section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33 1/3% support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of \$5,000 or 2% of the amount on line 1 of these forms. (Complete Parts I and II.)
- ☐ For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. (Complete Parts I, II, and III.)
- ☐ For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. (If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the Parts unless the General rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year.) ▶ \$ \_\_\_\_\_

**Caution:** Organizations that are not covered by the General rule and/or the Special rules do not file Schedule B (Form 990, 990-EZ, or 990-PF), but they **must** check the box in the heading of their Form 990, Form 990-EZ, or on line 1 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Schedule B (Form 990, 990-EZ, or 990-PF) (2001)

Name of organization

Employer identification number

DRCNET FOUNDATION

52-2034867

**Part I Contributors** (See Specific Instructions.)

(a) No.	(b) Name, address and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1		\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2		\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3		\$ 36,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4		\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

## 2001 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 2 990

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis - ITC, 179, Salvage	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Amount Of Depreciation
14	LAPTOP	032700SL	5.00	16		2,706.			2,706.	406.		541.
15	RAM LAPTOP	032700SL	5.00	16		252.			252.	38.		50.
16	RAM LAPTOP	043000SL	5.00	16		252.			252.	34.		50.
17	HARD DRIVE	012601SL	5.00	16		266.			266.			49.
18	COMPUTER	051701SL	5.00	16		350.			350.			41.
1	TRANSFERRED COMPUTER EQUIPMENT	090198SL	5.00	16		6,870.			6,870.	3,206.		1,374.
3	ZIP DRIVE	093098SL	5.00	16		165.			165.	74.		33.
4	COMPUTER	110998SL	5.00	16		715.			715.	310.		143.
9	HARD DRIVE DB	021899SL	5.00	16		469.			469.	172.		94.
12	HARD DRIVE AS	071999SL	5.00	16		450.			450.	128.		90.
13	COMPUTER	122399SL	5.00	16		945.			945.	189.		189.
*	990 PAGE 2 TOTAL -					13,440.		0.	13,440.	4,557.	0.	2,654.
5	FURNITURE	090198SL	7.00	16		1,405.			1,405.	469.		201.
*	990 PAGE 2 TOTAL -					1,405.		0.	1,405.	469.	0.	201.
6	OFFICE EQUIPMENT	090198SL	5.00	16		455.			455.	212.		91.
7	RECORDER	092298SL	5.00	16		103.			103.	47.		21.
*	990 PAGE 2 TOTAL -					558.		0.	558.	259.	0.	112.
8	SOFTWARE	102098SL	2.00	16		170.			170.	170.		0.

128102  
10-03-01

(D) - Asset disposed





DRCNET FOUNDATION

52-2034867

FORM 990

OTHER EXPENSES

STATEMENT

1

DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING
DUES & SUBSCRIPTIONS	624.	519.		105.
INSURANCE	257.	241.	8.	8.
REPAIRS & MAINTENANCE	1,080.	958.	61.	61.
MEDIA/PRESS	866.	866.		
BANK CHARGES	257.	3.	223.	31.
INTERNET/WEB MAINTENANCE	2,960.	2,814.		146.
BOOKS & RESEARCH	3,947.	3,936.	11.	
PAYROLL SERVICE	1,074.	954.	60.	60.
PROFESSIONAL FEES	17,669.	15,013.	1,572.	1,084.
PROGRAM EXPENSE	4,435.	4,295.		140.
CONTRIBUTIONS	400.	400.		
TOTAL TO FM 990, LN 43	33,569.	29,999.	1,935.	1,635.

FORM 990

STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE  
PART III

STATEMENT

2

## EXPLANATION

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

DRCNET FOUNDATION

52-2034867

FORM 990	STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	STATEMENT	3
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## DESCRIPTION OF PROGRAM SERVICE ONE

EDUCATED THE PUBLIC ON THE ISSUES RELATING TO DRUG POLICY REFORM THROUGH WEB SITES, EDUCATIONAL ARTICLES AND MEDIA WORK. THE FOUNDATION PUBLISHED 51 ISSUES OF AN IN-DEPTH WEEKLY ON-LINE NEWSLETTER, REACHING WELL OVER 20,000 E-MAIL SUBSCRIBERS. THE FOUNDATION EDUCATED THE PUBLIC THROUGH MEDIA WORK ON ISSUES RELATING TO THE LOSS OF FINANCIAL AID BY COLLEGE STUDENTS BECAUSE OF DRUG CONVICTIONS, AND TOOK INITIAL STEPS TOWARD CREATING A SCHOLARSHIP FUND FOR SUCH STUDENTS. THE FOUNDATION ALSO PUBLISHED ON-LINE TENS OF THOUSANDS OF PAGES OF THE FAMOUS NEW JERSEY RACIAL PROFILING ARCHIVE, OBTAINED FROM THE NEW JERSEY ATTORNEY GENERAL'S OFFICE IN LATE 2000.

	GRANTS	EXPENSES
TO FORM 990, PART III, LINE A		112,612.

FORM 990	STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	STATEMENT	4
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## DESCRIPTION OF PROGRAM SERVICE TWO

SUPPORT GRASSROOTS LOBBYING VIA THE INTERNET ON DRUG POLICY REFORM ISSUES, INCLUDING BUT NOT LIMITED TO: SUPPORTING PRO-MEDICAL MARIJUANA BILLS, ENDING MANDATORY MINIMUM SENTENCING, OPPOSING HARSH NEW PENALTIES FOR ECSTASY OFFENSES, REPEALING THE DRUG PROVISION OF THE HIGHER EDUCATION ACT, AND OPPOSING US POLICY PROMOTING A MILITARIZED DRUG WAR IN LATIN AMERICA.

	GRANTS	EXPENSES
TO FORM 990, PART III, LINE B	4,000.	4,000.

DRCNET FOUNDATION

52-2034867

FORM 990	CASH GRANTS AND ALLOCATIONS	STATEMENT	5
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CLASSIFICATION	DONEE'S NAME	DONEE'S ADDRESS	DONEE'S RELATIONSHIP	AMOUNT
GRASSROOTS LOBBYING	DRUG REFORM COORDINATION NETWORK	2000 P STREET, NW, SUITE 210, WASHINGTON, DC	RELATED ORGANIZATION	4,000.
TOTAL INCLUDED ON FORM 990, PART II, LINE 22				4,000.

FORM 990	DEPRECIATION OF ASSETS NOT HELD FOR INVESTMENT	STATEMENT	6
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DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE
TRANSFERRED COMPUTER EQUIPMENT	6,870.	4,580.	2,290.
ZIP DRIVE	165.	107.	58.
COMPUTER	715.	453.	262.
FURNITURE	1,405.	670.	735.
OFFICE EQUIPMENT	455.	303.	152.
RECORDER	103.	68.	35.
SOFTWARE	170.	170.	0.
HARD DRIVE DB	469.	266.	203.
HARD DRIVE AS	450.	218.	232.
COMPUTER	945.	378.	567.
2 LAPTOP	2,706.	947.	1,759.
RAM LAPTOP	252.	88.	164.
RAM LAPTOP	252.	84.	168.
HARD DRIVE	266.	49.	217.
COMPUTER	350.	41.	309.
TOTAL TO FORM 990, PART IV, LN 57	15,573.	8,422.	7,151.

FORM 990	IDENTIFICATION OF RELATED ORGANIZATIONS PART VI, LINE 80B	STATEMENT	7
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NAME OF ORGANIZATION	EXEMPT	NONEXEMPT
DRUG REFORM COORDINATION NETWORK 501(C)(4)	X	

Form  
(Rev. March 2002)  
Department of the Treasury  
Internal Revenue Service

4562

# Depreciation and Amortization

(Including Information on Listed Property) 990

► See separate instructions. ► Attach to your tax return.

OMB No. 1545-0172

2001

Attachment  
Sequence No. 67

Name(s) shown on return

Business or activity to which this form relates

Identifying number

DRCNET FOUNDATION

FORM 990 PAGE 2

52-2034867

## Part I Election To Expense Certain Tangible Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount. See instructions for a higher limit for certain businesses	1	24,000.
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	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2000 Form 4562	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 2002. Add lines 9 and 10, less line 12	13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

## Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.)

14	Special depreciation allowance for certain property (other than listed property) acquired after September 10, 2001 (see instructions)	14	
15	Property subject to section 168(f)(1) election (see instructions)	15	
16	Other depreciation (including ACRS) (see instructions)	16	2,967.

## Part III MACRS Depreciation (Do not include listed property.) (See instructions.)

### Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2001	17	
18	If you are electing under section 168(i)(4) to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>		

### Section B - Assets Placed in Service During 2001 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property	/		27.5 yrs.	MM	S/L	
i Nonresidential real property	/		27.5 yrs.	MM	S/L	
	/		39 yrs.	MM	S/L	
	/			MM	S/L	

### Section C - Assets Placed in Service During 2001 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 40-year	/		40 yrs.	MM	S/L	

## Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr.	22	2,967.
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

**Part V Listed Property** (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement.)**Note:** For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.**Section A - Depreciation and Other Information** (Caution: See instructions for limits for passenger automobiles.)**24a** Do you have evidence to support the business/investment use claimed? ☐ Yes ☐ No **24b** If "Yes," is the evidence written? ☐ Yes ☐ No

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation deduction	(i) Elected section 179 cost
--	-------------------------------------	--	-------------------------------	--	---------------------------	------------------------------	----------------------------------	---------------------------------------

**25** Special depreciation allowance for listed property acquired after September 10, 2001,  
and used more than 50% in a qualified business use

25

**26** Property used more than 50% in a qualified business use:

		%						
		%						
		%						

**27** Property used 50% or less in a qualified business use:

		%				S/L -		
		%				S/L -		
		%				S/L -		

**28** Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1

28

**29** Add amounts in column (i), line 26. Enter here and on line 7, page 1

29

**Section B - Information on Use of Vehicles**

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person.

If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

	(a) Vehicle	(b) Vehicle	(c) Vehicle	(d) Vehicle	(e) Vehicle	(f) Vehicle
<b>30</b> Total business/investment miles driven during the year (do not include commuting miles)						
<b>31</b> Total commuting miles driven during the year						
<b>32</b> Total other personal (noncommuting) miles driven						
<b>33</b> Total miles driven during the year. Add lines 30 through 32						
<b>34</b> Was the vehicle available for personal use during off-duty hours?	Yes	No	Yes	No	Yes	No
<b>35</b> Was the vehicle used primarily by a more than 5% owner or related person?						
<b>36</b> Is another vehicle available for personal use?						

**Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees**

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons.

<b>37</b> Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?	Yes	No
<b>38</b> Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See instructions for vehicles used by corporate officers, directors, or 1% or more owners		
<b>39</b> Do you treat all use of vehicles by employees as personal use?		
<b>40</b> Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
<b>41</b> Do you meet the requirements concerning qualified automobile demonstration use?		

**Note:** If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles.**Part VI Amortization**

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
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**42** Amortization of costs that begins during your 2001 tax year:


**43** Amortization of costs that began before your 2001 tax year

43

**44** Total. Add amounts in column (f). See instructions for where to report

44

Form **8868**

(December 2000)

Department of the Treasury  
Internal Revenue Service**Application for Extension of Time To File an  
Exempt Organization Return**

OMB No. 1545-1709

▶ File a separate application for each return.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box. ☒
- If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

Note: Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

**Part I Automatic 3-Month Extension of Time** - Only submit original (no copies needed)

Note: Form 990-T corporations requesting an automatic 6-month extension - check this box and complete Part I only ☐

All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax returns. Partnerships, REMICs and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041.

Type or print	Name of Exempt Organization	Employer identification number
	DRCNET FOUNDATION	52-2034867
	Number, street, and room or suite no. If a P.O. box, see instructions. 2000 P ST 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):

- |  |   |                                    |
|--|---|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation)                 | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL         | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ         | <input type="checkbox"/> Form 990-T (trust other than above)      | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF         | <input type="checkbox"/> Form 1041-A                              | <input type="checkbox"/> Form 8870 |

- If the organization does **not** have an office or place of business in the United States, check this box ☐
- If this is for a **Group Return**, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the **whole** group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension will cover.

- 1 I request an automatic 3-month (6-month, for 990-T corporation) extension of time until AUGUST 15, 2002 to file the exempt organization return for the organization named above. The extension is for the organization's return for:
- ▶ ☒ calendar year 2001 or
- ▶ ☐ tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_

- 2 If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period

- 3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions \$ \_\_\_\_\_

- b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit \$ \_\_\_\_\_

- c **Balance Due.** Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions \$ N/A

**Signature and Verification**

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature ▶ Title ▶ PRESIDENT

Date ▶

LHA For Paperwork Reduction Act Notice, see instruction

Form 8868 (12-2000)

Form 8868 (12-2000)

Page 2

• If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** and check this box ☒ **X**

**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 1).

**Part II Additional (not automatic) 3-Month Extension of Time - Must file Original and One Copy.**

Type or print.  File by the extended due date for filing the return. See instructions.	Name of Exempt Organization	Employer identification number
	DRUG REFORM COORDINATION NETWORK	52-2034866
	Number, street, and room or suite no. If a P.O. box, see instructions. 2000 P STREET, NW, NO. 210	For IRS use only
	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):

☒ Form 990   
 ☐ Form 990-EZ   
 ☐ Form 990-T (sec. 401(a) or 408(a) trust)   
 ☐ Form 1041-A   
 ☐ Form 5227   
 ☐ Form 8870  
☐ Form 990-BL   
☐ Form 990-PF   
☐ Form 990-T (trust other than above)   
☐ Form 4720   
☐ Form 6069

**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 organization does **not** have an office or place of business in the United States, check this box ☐  
 • If this is for a **Group Return**, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the **whole** group, check this box ☐. If it is for **part** of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until NOVEMBER 15, 2002.  
 5 For calendar year 2001, or other tax year beginning \_\_\_\_\_ and ending \_\_\_\_\_.  
 6 If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period  
 7 State in detail why you need the extension  
TAXPAYER NEEDS ADDITIONAL TIME TO FILE A COMPLETE AND ACCURATE RETURN.  
EXECUTIVE DIRECTOR HAS BEEN ON EXTENSIVE TRAVEL. TAXPAYER WILL FILE 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 \$ \_\_\_\_\_  
 b 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 \$ N/A

**Signature and Verification**

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

**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 shown 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 time for elections otherwise 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 an extension of time to 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 return for which an extension was requested.  
☐ Other \_\_\_\_\_

By: \_\_\_\_\_

Director

Date \_\_\_\_\_

**Alternate Mailing Address** - Enter the address if you want the copy of this application for an additional 3-month extension returned to an address different than the one entered above.

Type or print	Name MAY & BARNHARD, PC, CPA
	Number and street (include suite, room, or apt. no.) Or a P.O. box number 4840 CORDELL AVENUE
	City or town, province or state, and country (including postal or ZIP code) BETHESDA, MD 20814

123832  
07-16-01



Government of the District of Columbia  
Office of the Chief Financial Officer  
Office of Tax and Revenue

**FR-128: 2001 Extension of  
Time to File D.C. Franchise  
or Partnership Return**



FEDERAL EMPLOYER ID NUMBER

52-2034867

SOC. SEC. NO. (IF SELF-EMPLOYED)

TAXABLE YEAR ENDING

12/31/2001

BUSINESS NAME

DRCNET FOUNDATION

MAILING ADDRESS LINE #1

2000 P STREET, NW, SUITE 210

MAILING ADDRESS LINE #2

CITY

WASHINGTON

STATE

DC

ZIP + 4

20036

**Submit this form along with your payment of any tax due as shown on Line 6 below.**

1. A 6-month extension of time to file until 8/15, 2002, for the calendar year 2001, or a 6-month extension of time to file until , 200 , for a fiscal year ending , 200 is hereby requested to file the following District of Columbia return (check one):

FORM 990

Corporation Franchise Tax Return,  
Form D-20

Unincorporated Business Franchise Tax Return,  
Form D-30

Partnership Return of Income,  
Form D-65

2. TOTAL TAX LIABILITY FOR THE PERIOD ..... \$

3. ESTIMATED FRANCHISE TAX PAYMENTS (Include any overpayment credit) ..... \$

4. OTHER PAYMENTS ..... \$

5. TOTAL PAYMENTS AND CREDITS (Add Lines 3 and 4) ..... \$

6. BALANCE DUE (Line 2 minus Line 5). Payment in full must be submitted with this form or your request will not be accepted. (Note: You will be subject to the failure-to-pay penalty and interest on any amount of tax due and not paid with this request) ..... \$

PLEASE

Under penalties of law, I declare that I have examined this return and, to the best of my knowledge it is correct.  
If prepared by a person other than the taxpayer, this declaration is based on all information available to the preparer.

SIGN

HERE

TAXPAYER'S SIGNATURE

TITLE

DATE

Telephone Number of Person to Contact

CORPORATE  
SEAL

PREPARER'S SIGNATURE (If other than taxpayer)

DATE

P00008841

Preparer's PTIN

PAID

PREPARER

ONLY

MAY & BARNHARD, PC  
FIRM NAME

203-38-6641  
Preparer's SSN

4840 CORDELL AVE  
FIRM STREET ADDRESS

52-1644925  
Preparer's Federal Employer ID Number

BETHESDA  
CITY

MD 20814  
STATE ZIP + 4

Mail return and payment to: D.C. Office of Tax and Revenue, 6<sup>th</sup> Floor, 941 North Capitol St., N.E. Washington, D.C. 20002.  
Make check or money order payable to the D.C. Treasurer. Include your Federal Employer ID number or SSN,  
"FR-128" and tax year on your payment.





Government of the District of Columbia  
Office of the Chief Financial Officer  
Office of Tax and Revenue

FR-128: 2001 Extension of  
Time to File D.C. Franchise  
or Partnership Return



\*011280211039\*

FEDERAL EMPLOYER ID NUMBER  
52-2034866

SOC. SEC. NO. (IF SELF-EMPLOYED)

TAXABLE YEAR ENDING  
12/31/2001

BUSINESS NAME

DRUG REFORM COORDINATION NETWORK

MAILING ADDRESS LINE #1

2000 P STREET, NW, SUITE 210

MAILING ADDRESS LINE #2

CITY  
WASHINGTON

STATE ZIP + 4  
DC 20036

Submit this form along with your payment of any tax due as shown on Line 6 below.

1. A 6-month extension of time to file until 11/15, 2002, for the calendar year 2001, or a 6-month extension of time to file until , 200 , for a fiscal year ending , 200 is hereby requested to file the following District of Columbia return (check one):

FORM 990

Corporation Franchise Tax Return,  
Form D-20

Unincorporated Business Franchise Tax Return,  
Form D-30

Partnership Return of Income,  
Form D-65

2. TOTAL TAX LIABILITY FOR THE PERIOD ..... \$ 0

3. ESTIMATED FRANCHISE TAX PAYMENTS (Include any overpayment credit) ..... \$

4. OTHER PAYMENTS ..... \$

5. TOTAL PAYMENTS AND CREDITS (Add Lines 3 and 4) ..... \$

6. BALANCE DUE (Line 2 minus Line 5). Payment in full must be submitted with this form or your request will not be accepted. (Note: You will be subject to the failure-to-pay penalty and interest on any amount of tax due and not paid with this request) ..... \$ 0

PLEASE Under penalties of law, I declare that I have examined this return and, to the best of my knowledge it is correct.  
If prepared by a person other than the taxpayer, this declaration is based on all information available to the preparer.

SIGN

HERE

CORPORATE SEAL	TAXPAYER'S SIGNATURE	TITLE	DATE	Telephone Number of Person to Contact
PAID	PREPARER'S SIGNATURE (If other than taxpayer)	DATE	P00008841 Preparer's PTIN	
PREPARER ONLY	MAY & BARNHARD, PC FIRM NAME	203-38-6641 Preparer's SSN		
	4840 CORDELL AVE FIRM STREET ADDRESS	52-1644925 Preparer's Federal Employer ID Number		
	BETHESDA CITY	MD 20814 STATE ZIP + 4		

Mail return and payment to: D.C. Office of Tax and Revenue, 6<sup>th</sup> Floor, 941 North Capitol St., NE, Washington, D.C. 20002.  
Make check or money order payable to the D.C. Treasurer. Include your Federal Employer ID number or SSN,  
"FR-128" and tax year on your payment.