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)

Section 501   Variety			2003 colorada	ay have to use a copy of	this return to sati	sfy state reporting	requirements.	Inspection
Section STIPLES   STOCK REFORM COORDINATION METWORK   Section STIPLES   Section ST	B		e 200 <u>2 calendar year, or tax year beginn</u>	ing				
Section 501(c)(s) organization and 4947(c)(s) organizati		Addre			<del></del>		<del></del>	ification number
Number and states (or P.O. box if mails in not delivered to street address)   Room/suite   E Telephone number	1	<b>"</b>	label or DRUG REFORM COORDIN	ATION NETWORK				
Total residence   City or form   Legal   SAD FLORS	-	┪	philit or   Humber and street (or P.O.	box if mail is not delivered	to street address	Room/suite		
Security S	-	┪	See 1623 CONNECTICUT AV	ENUE, NW	•		L reseptione fight	iber
City of town, state or country, and gift in the second of the process of the second of the process of the proce	$\vdash$	<b>⊣</b>	Specific 3RD FLOOR				(2021202	0240
Section 51(-(s)) organization and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).  Web site: \$\begin{array}{c c c c c c c c c c c c c c c c c c c	-	return	Instruc- City or town, state or country	, and ZIP + 4			F Accounting	
Section 301(c)(3) organizations and 4497(a)(1) nonexempt charitable virusis must statch a completed Schedule A (Form 990 or 9902-2).  G Web site: \$\sigma_{17} \text{Crick hire} Prime Pillor Pi	L.		WASHINGTON, DC 20005	<u> </u>				
## Web site: #STOPT VIED FILE MATERIAN R. ORG  Web site: #STOPT VIED FILE MATERIAN R. ORG  Organization type (check only one) ★ \$ 1010 (1 ← (inset no.) 49.47(a)(1) or 52 Hb) in the organization page (check only one) ★ \$ 1010 (1 ← (inset no.) 49.47(a)(1) or 52 Hb) in the organization page (check only one) ★ \$ 1010 (1 ← (inset no.) 49.47(a)(1) or 52 Hb) in the organization page (check only one) ★ \$ 1010 (1 ← (inset no.) 49.47(a)(1) or 52 Hb) in the organization page (check only one) ★ \$ 1010 (1 ← (inset no.) 49.47(a)(1) or 52 Hb) in the organization page (check only one) ★ \$ 1010 (1 ← (inset no.) 49.47(a)(1) or 52 Hb) in the organization page (check only one) ★ \$ 1010 (1 ← (inset no.) 49.47(a)(1) or 52 Hb) in the organization page (check only one) ★ \$ 1010 (1 ← (inset no.) 49.47(a)(1) or 52 Hb) in the organization page (check only one) ★ \$ 1010 (1 ← (inset no.) 49.47(a)(1) or 52 Hb) in the organization page (check only one) ★ \$ 1010 (1 ← (inset no.) 49.47(a)(1) or 52 Hb) in the organization page (check only one) ★ \$ 1010 (1 ← (inset no.) 49.47(a)(1) or 52 Hb) in the organization page (check only one) ★ \$ 1010 (1 ← (inset no.) 49.47(a)(1) or 52 Hb) in the organization page (check only one) ★ \$ 1010 (1 ← (inset no.) 49.47(a)(1) or 52 Hb) in the organization page (check only one) ★ \$ 1010 (1 + (inset no.) 49.47(a)(1) or 52 Hb) in the organization page (check only one) ★ \$ 1010 (1 + (inset no.) 49.47(a) (inset no.) 49.			<ul> <li>Section 501(c)(3) organizations an</li> </ul>	d 4947(a)(1) nonexempt	charitable	H and I are not an		
Conjustation by the (nexet only norm)   X   SOTIC   4   (misent no.)   4947(a)(1) or   527   High pre (nexet only norm)   X   SOTIC   4   (misent no.)   4947(a)(1) or   527   High pre (nexet only norm)   X   SOTIC   4   (misent no.)   4947(a)(1) or   527   High pre (nexet only norm)   X   SOTIC   4   (misent no.)   4947(a)(1) or   527   High pre (nexet only norm)   X   SOTIC   SOTIC   Norm an affidise including?   Yes   X   X   Sotiation   X   X   Sotiation   X   Sotiatio			trusts must attach a completed Sc	hedule A (Form 990 or 9	90-EZ).			
J Creambastation type (check only one) ► X strict X strict Main and the property of the comparization in the property of the comparization of the comparization in the property of the comparization in the property of the comparization of the compar	<u>G</u>	Web sit	e: DSTOPTHEDRUGWAR, ORG					
K Check here ▶	<u>J</u>	Organiz	ation type (check only one) > X 501(c) (4 )	(insert no.) 4947(a)(	1) or 527	1		
organization need not like a return with the IRS; but if the organization recoved a Form 990 Package in the mail, it should file a return without financial data, Some states require a complete return.    Correst moceipts: Add fines 8b, ab, ab, and 10b to line 12   170,130   1 Enter 4-rigit GEN   1 Enter 4-								Yes X N
In the mail, it should file a return without fanoncial data. Some states require a complete return.    Cross receipts: Add lines (b), (b), (b), (a), (c), (c), (c), (c), (c), (c), (c), (c		organiz	ation need not file a return with the IRS; but if the	organization received a Fo	m 990 Package			
Cross receipts: Add finus 6b, 8b, 8b, and 10b to line 12   170,130.   M Check   If the organization is not required to a technical control of the property of the instructions.)   In the organization is not required to a technical control of the property of the instructions.)   In the organization is not required to a technical control of the property of the instructions.)   In the organization is not required to a technical control of the property of the instructions.)   In the organization is not required to a technical control of the property of the instructions.)   In the organization is not required to a technical control of the property of the instructions.)   In the organization is not required to a technical control of the property of the instructions.)   In the organization is not required to a technical control of the property of the instructions.)   In the organization is not required to a technical control of the property of the instructions.)   In the organization is not required to a technical control of the property of the instructions.)   In the organization is not required to a technical control of the property of the property of the property of the property of the instructions.)   In the organization is not required to a technical control of the property of the property of the instructions.   In the organization is not required to a technical control of the property of the instructions.   In the organization is not required to a technical control of the property of the property of the property of the instructions.   In the organization is not required to the instructions of the property of the proper		in the m	ail, it should file a return without financial data. Some	states require a complete re	eturn			Yes X N
Part   Revenue, Expenses, and Changes in Net Assets or Fund Balances (See page 17 of the instructions.)							Y	<del></del>
Revenue, Expenses, and Changes in Net Assets or Fund Balances (See page 17 of the instructions.)  1 Contributions, gifts, grants, and similar amounts received: a Direct public support. b Indirect public support. c Government contributions (grants)  1 to 1 to 1 to 1 (and lines to shrough to) (cash 3	L	Gross n	eceipts: Add lines 6b, 8b, 9b, and 10b to line 12		170 120			
a Direct public support	Рa			Assets or Fund Balan	res (See page	17 of the instru	. B (FOM 990, 990-E2	2, or 990-PF).
a Direct public support. b Indirect public support. c Government contributions (grants)  d Total load lines 18 incupit 1st (such \$ 1.59,599 _ noncesh \$ ]  2 Program service revenue including government fees and contracts (from Part VIII, line 93) . 2  3 Membership dues and assessments . 3		1	Contributions, gifts, grants, and similar amou	nts received:	ces (See page	17 Of the instru	cuons.)	<del>.</del>
b Indirect public support  c Government contributions (grants)  d Total (add lines 1a brough to) (cash \$ 169,599   noncath \$ 1 to    d Total (add lines 1a brough to) (cash \$ 169,599   noncath \$ 2    Program service revenue including government (see and contracts (from Part VII, line 93)		a			140	160 ===		
d Total (set lines to attrough to) (cans \$ 1.69,599 noncests ) 1 dd 169,599  2 Program service revenue including government fees and contracts (from Part VII, line 93) . 2  3 Membership clues and assessments . 3		l t	Indirect public support			169,599.		
d Total fadd lines to through to (cash S 169,599noncest)			Government contributions (grants)			<del> </del>	-	
A program service revenue including government fees and contracts (from Part VII, line 93)  2		.	Total (add lines to through to) (and to			<del></del>		
Membership dues and assessments  Interest on savings and temporary cash investments  5 Dividends and interest from securities  5 Ga Gross rents  b Less: rental expenses  c Net rental income or (loss) (subtract line 6b from line 6a)  7 Other investment income (describe						)	<del></del>	169,599.
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 ► ) 7 8 a Gross amount from sales of assets other than inventory. 8 b Less: cost or other basis and sales expenses. 9 c Gain or (loss) (attach schedule) 10 special events and activities (attach schedule) 2 a Gross revenue (not including \$ of contributions reported on line 1a) 2 b Less: direct expenses other than fundraising expenses 9 c Net Income or (loss) from special events (subtract line 9b from line 9a) 10 a Gross revenue (not including \$ of contributions reported on line 1a) 4 b Less: cost of goods sold 5 c Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a) 10 a Gross revenue (from Part VII, line 103) 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)) 15 Fundraising (from line 44, column (C)) 16 Payments to affiliates (attach schedule) 17 Total expenses (add lines 16 and 44, column (C)) 18 Excess or (deficit) for the year (subtract line 107 from line 107, column (A)) 19 Potal assets or fund balances at beginning of year (from line 73, column (A)) 19 Potal assets or fund balances at end of year (combine lines 18, 19, and 20) 10 Paperwork Reduction Act Notice see the search insertate insertal insertate insertal insertate i		- 1					<u> </u>	
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 ► ) 7 8 a Gross amount from sales of assets other than inventory 8 b Less: cost or other basis and sales expenses c Gain or (loss) (statch 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 fundralsing 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, 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 Gayments to affiliates (attach schedule) 19 Nanagement and general (from line 44, column (C)) 18 Excess or (deficit) for the year (subtract line 17 from line 73, column (A)) 19 Payments to affiliates (attach schedule) 20 Other changes in net assets or fund balances at the ginning of year (from line 73, column (A)) 21 Page reverse Reduction Act Notice see the searce of the part of the reverse lines 18, 19, and 20) 21 Page repart Reduction Act Notice see the searce of the reverse incept the reverse incept to reverse the reservation tents of the reverse incept to reverse the reservation tents of the reverse to reverse the reservation tents of the reverse to reverse the reservation tents of the reverse to reverse to reverse the reverse to reverse the reverse to reverse the reverse to reverse the reverse to reverse t		1 .		•••••	• • • • • • • •	• • • • • • • • •		
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		1					4	502.
b Less: rental expenses c Net rental income or (loss) (subtract line 6b from line 6a) 7 Other investment income (describe 7 Other investment income (describe 8 a Gross amount from sales of assets other than inventory 8 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) 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 (cubtract line 17 from line 12). 19 Net assets or fund balances at beginning of year (from line 12), net assets or fund balances at end of year (combine line 18, 19, and 20) 19 Net assets or fund balances at end of year (combine lines 18, 19, and 20) 20 Paperwork Reduction At Notice see the search inventor line 18, 19, and 20) 21 Paperwork Reduction At Notice see the search inventor line 21, 21, 21, 21, 21, 21, 21, 21, 21, 21,		1	*		_		5	<del></del>
C Net rental income or (loss) (subtract line 6b from line 6a)  7 Other investment income (describe ► ) 7  8 a Gross amount from sales of assets other than inventory.  8 b Less: cost or other basis and sales expenses.  9 Gain or (loss) (attach schedule)  1 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)  b Less: cost of goods sold  c 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)  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)  10 ther revenue (from Part VII, line 103)  11 29  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))  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))  10 Net assets or fund balances at end of year (combine lines 18, 19, and 20)  20 Other changes in net assets or fund balances accepted inventors in a 19, and 20)  21 Paper work Reduction Act Notice see the secretal inventors in a 20, and 2		1 "						
7 Other investment income (describe   8 a Gross amount from sales of assets other than inventory .								
b Less: cost or other basis and sales expenses. c Gain or (loss) (attach schedule)	9		Other investment in come of (loss) (subtract line 6b tr	om line 6a)			6c	<del></del>
b Less: cost or other basis and sales expenses. c Gain or (loss) (attach schedule)	en	1					7	
b Less: cost or other basis and sales expenses. c Gain or (loss) (attach schedule)	₹e^	0 4		· · · · · · · · · · · · · · · · · · ·		Other		
C Gain or (loss) (attach schedule)	_	_			<del></del> -			
d Net gain or (loss) (combine line 8c, columns (A) and (B))  9 Special events and activities (attach schedule) a Gross revenue (not including \$		1			8b			
Special events and activities (attach schedule)  a Gross revenue (not including \$						·		
a Gross revenue (not including \$		"	Net gain or (loss) (combine line 8c, columns (A	N) and (B))			8d	
contributions reported on line 1a).  b Less: direct expenses other than fundraising expenses 9b  c Net income or (loss) from special events (subtract line 9b from line 9a)  10 a Gross sales of inventory, less returns and allowances 10a  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 173, column (A)).  10 Paperwork Reduction Act Notice see the spoarante inext sets.		-						
Contributions reported on line 1a).  b Less: direct expenses other than fundraising expenses		a		of			PUBLIC IN	SPECTION
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) 22 Net assets or fund balances at end of year (combine lines 18, 19, and 20) 23 Net assets or fund balances at end of year (combine lines 18, 19, and 20) 24 Net assets or fund balances at end of year (combine lines 18, 19, and 20) 25 Paperwork Reduction Act Natice see the separate instructions			contributions reported on line 1a)		9 a			
10 a Gross sales of inventory, less returns and allowances   10 a   10 b   10 b   10 b   10 c   10 c   10 c   11   11 c   12 c   170 c   12 c   170 c   13 c   13 c   13 c   14 c   15 c   15 c   15 c   16							ii.	. •
10 a Gross sales of inventory, less returns and allowances   10 a   10 b   10 b   10 b   10 c   10 c   10 c   11   11 c   12 c   170 c   12 c   170 c   13 c   13 c   13 c   14 c   15 c   15 c   15 c   16		C	Net income or (loss) from special events (sub	tract line 9b from line 9a)	.,		9c	
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)  Net assets or fund balances at end of year (combine lines 18, 19, and 20)  10 Paperwork Reduction Act Notice, see the separate instructions		10 a	Gross sales of inventory, less returns and allow	rances			2005. 9165.	-
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)  Net assets or fund balances at end of year (combine lines 18, 19, and 20)  10 Paperwork Reduction Act Notice, see the separate instructions		b	Less: cost of goods sold		0b			
11   29   12   170   130   12   170   130   13   14   156   150   15   156   150   15   150   15   150   15   150   15   15		С	Gross profit or (loss) from sales of inventory (	attach schedule) (subtract	line 10b from line	10a)	10c	
12   170tal revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)   12   170, 130   13   13   14   15   15   15   15   15   15   15		111	Other revenue (from Part VII, line 103)				11	29
13		+	1 otal revenue (add lines 1d, 2, 3, 4, 5, 6c, 7	7, 8d, 9c, 10c, and 11)			12	
Have a management and general (from line 44, column (C))  Fundraising (from line 44, column (D))  Payments to affiliates (attach schedule)  Total expenses (add lines 16 and 44, column (A)).  18 Excess or (deficit) for the year (subtract line 17 from line 12)  Net assets or fund balances at beginning of year (from line 73, column (A))  Other changes in net assets or fund balances (attach explanation)  Net assets or fund balances at end of year (combine lines 18, 19, and 20)  Or Paperwork Reduction Act Notice, see the separate instructions	un.	i	Program services (from line 44, column (B))					
17 Total expenses (add lines 16 and 44, column (A))	Set	14	Management and general (from line 44, column	n (C))				
17 Total expenses (add lines 16 and 44, column (A))	per	15	rundraising (from line 44, column (D))					
17 Fotal expenses (add lines 16 and 44, column (A))	Ж	16	rayments to amiliates (attach schedule)			-	16	30,033.
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 Paperwork Reduction Act Notice see the separate instructions		17	total expenses (add lines 16 and 44, colum	<u>n (A))</u>			17	104 970
Net assets or fund balances at beginning of year (from line 73, column (A))  Other changes in net assets or fund balances (attach explanation)  Net assets or fund balances at end of year (combine lines 18, 19, and 20)  Or Paperwork Reduction Act Notice, see the separate instructions	ets	18	Excess or (deficit) for the year (subtract line 17	from line 12)				
or Paperwork Reduction Act Notice, see the separate instructions.	88	19	Net assets or fund balances at beginning of ve	ar (from line 73, column (4	())	• • • • • • • • • • • • • • • • • • • •	19	
or Paperwork Reduction Act Notice, see the separate instructions.	et 7	20	Other changes in net assets or fund balances	(attach explanation)	·····	• • • • • • • • • • • • • • • • • • • •	20	~41,46U.
of Paperwork Reduction Act Notice, see the separate instructions			Net assets or fund balances at end of year (co	mbine lines 18, 19, and 20	· · · · · · · · · · · ·		21	22.000
	or P	aperw	ork Reduction Act Notice, see the separ	rate instructions.				

NONE

NONE

11,812.

GRAND TOTALS

FORM 990, PART V - LIST OF OFFICERS, DIRECTORS, AND TRUSTEES 

52-2034866

1 U/:43P						
EXPENSE ACCT AND OTHER ALLOWANCES	NONE	NONE	NONE	NONE	NONE	
CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	NONE	NONE	NONE	NONE	NONE	
COMPENSATION	11,812.	NONE	NONE	NONE	NONE	
TITLE AND TIME DEVOTED TO POSITION	PRESIDENT, EXEC DIR 12.5	DIRECTOR 1	DIRECTOR 1	TREASURER 1	DIRECTOR 1	
NAME AND ADDRESS	DAVID BORDEN C/O DRCNET P.O. BOX 18402 WASHINGTON, DC 20036	KEITH CYLAR HOUSING WORKS	RICHARD M. EVANS NORTHAMPTON, MA	STEVEN D. PERSKY C/O DRCNET P.O. BOX 18402 WASHINGTON, DC 20036	JOEY TRANCHINA AIDS PREVENTION ACTION NETWORK REDWOOD CITY, CA	

φ

Form 990 (2002)

52-2034866

Р	art    Statement of Functional Expenses and s	ganiza	tions must complete column (/	A). Columns (B), (C), and (	(D) are required for eaction (	Page
	Do not include amounts reported on line	Committee on the	T/C/	ore a usus but optional for a	others. (See page 21 of the	out(c)(3) and (4) organization instructions.)
22	00, 80, 95, 10b, or 16 of Part I		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
	Grants and allocations (attach schedule	1	]	-		
23	(cash \$noncash \$	) 22				
24	Specific assistance to individuals (attach schedule) Benefits paid to or for members (attach schedule)					
25	Compensation of officers, directors, etc	24		<del></del> -		
26	Other salaries and wages		11,812.	8,310.	1,751.	
27	Pension plan contributions	26	21,328.	9,702.	5,808.	
28	Other employee benefits	27				
29	Payroll taxes	28				
30	Payroll taxes Professional fundraising fees	29	3,316.	1,679.	818.	819
31	Accounting fees	30				
32	Accounting fees	31	6,693.	2,579.	2,056.	2,058
33	Legal fees	32				
34	Supplies	33	841.	280.	299.	262
35	Telephone	34	1,362.	538.	411.	413
36	Postage and shipping	35	5,789.	529.	346.	4,914
37	Occupancy	36	7,195.	2,773.	2,210.	2,212
	Equipment rental and maintenance	37				
38	Printing and publications	38	3,100.	4.		3,096
39	Travel	39	1,870.	971.	169.	730
10	Conferences, conventions, and meetings	40				
11	Interest	41	5,013.	1,932.	1,540.	1,541
12	Depreciation, depletion, etc. (attach schedule)	42	****			
		43a	36,551.	26,703.	3,367.	6,481
0		43Ь				
C	~	43c	<u> </u>			
d	<del></del>	43d				
4	Total functional expenses (add lines 22 through 43). Organizations completing columns (B)-(D), carry these totals to lines 13-15	43e	104,870.	56,000.	18,775.	
re a "Ye ii) th Par	if you are follow in you are follow in you interest from a combined educational cas," enter (i) the aggregate amount of these joint amount allocated to Management and general Statement of Program Server	ampai nt cost eral \$ rice /	gn and fundraising solicitati s \$; ; a Accomplishments (	(ii) the amount allocate	ed to Program services	30,095  ▶ Yes X No \$
nai	is the organization's primary exempt purpose?	' ▶_	STMT 2			Program Service
	rganizations must describe their exempt pu lents served, publications issued, etc. Discu nizations and 4947(a)(1) nonexempt charitab	KS AC	DIGNAMONIC THAT ARE BALL	monouvefula /Ci'	F04/ 1/0)	Expenses Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for
	TMT_3					others.)
~			(Grants and a	allocations ¢		
	TMT_3		(Orang and a	mocations 5		<u>15,565</u> .
-		<b>-</b> -	(Grants and a	llocations \$	)	40,435.
_						
_			(Grants and a	llocations \$		
			(Grants and a	llocations \$		
0	ther program services (attach schedule) otal of Program Service Expenses (shou		(Grants and a	locations \$		<del></del>
-					. , , , , , , , , , , , , , , , , , , ,	

52-2034866

Form 990 (2002)
Page 1V | Ralance Shoots (See ages 24 of the control of the contr

	Part	V Balance Sheets (See page 24 of the instructions.)			1 age
_		: Where required, attached schedules and amounts within the description	(A)		(B)
_	-,	column should be for end-of-year amounts only.	Beginning of year		End of year
	45	Cash - non-interest-bearing	4,176	45	14,365
	46	Savings and temporary cash investments		46	NO:
					INOL
	47	Accounts receivable			
	1	Less: allowance for doubtful accounts 47b		47c	5,104
					5,104
	48	Pledges receivable			
	1	Less: allowance for doubtful accounts		48c	30,000
	49	Grants receivable	***	49	30,000
	50	Receivables from officers, directors, trustees, and key employees		<del>                                     </del>	
		(attach schedule)	554.	50	NON
	518	Other notes and loans receivable (attach			NON
Ø		schedule)			
Assets	i l	Less: allowance for doubtful accounts 51b		51c	
As	52	Inventories for sale or use	···	52	
	53	Prepaid expenses and deferred charges	1,144.		256
	54	Investments - securities (attach schedule) Cost FMV		54	230
	55a	Investments - land, buildings, and	<del></del>		
		equipment: basis55a			
	b	Less: accumulated depreciation (attach			
		schedule)		55c	
	56	Investments - other (attach schedule)		56	<del></del>
	57a	Land, buildings, and equipment: basis			
	b	Less: accumulated depreciation (attach			
		schedule)		57c	165
	58	Other assets (describe ► STMT 4 )	986.	58	2,695
	59	Total assets (add lines 45 through 58) (must equal line 74) · · · · · · · ·	6,885.	59	52,585
	60	Accounts payable and accrued expenses	14,580.	60	10,593.
	61 62	Grants payable		61	
s	63	Deferred revenue		62	
Ē	03	Loans from officers, directors, trustees, and key employees (attach			
abilities	645	schedule)		63	
2	U4a h	Tax-exempt bond liabilities (attach schedule)		64a	
	65	Mortgages and other notes payable (attach schedule)  Other liabilities (describe ► STMT 5 )		64b	
	0.5	Other liabilities (describe STMT 5 )	33,765.	65	18,192.
- 1	66	Total liabilities (add lines 60 through 65)	İ	İ	
+		Total liabilities (add lines 60 through 65)	48,345.	66	28,785.
		67 through 69 and lines 73 and 74.	<u>"</u>	13.44	
,	67	A			
alices	68	Unrestricted Temporarily restricted		67	23,800.
<u>0</u>	69	Permanently restricted		68	······································
	Orga	nizations that do not follow SFAS 117, check here		69	
	0.90	complete lines 70 through 74.			
-	70	Capital stock, trust principal, or current funds			
וכ	71	Paid-in or capital surplus, or land, building, and equipment fund		70	
: [		Retained earnings, endowment, accumulated income, or other funds		71	<del></del>
0 }	73	Total net assets or fund balances (add lines 67 through 69 or lines		72	
		70 through 72;			
1		column (A) must equal line 19; column (B) must equal line 21)	4		
	74	Total liabilities and net assets / fund balances (add lines 66 and 73)	-41,460.		23,800.
			6,885.	74	52,585.

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.

52-2034866

Page									n 990 (2002)	
er Audited penses per	of Expenses po nents with Ex	tion State	Reconciliation	Part IV-E		per Audited Revenue per instructions	nue /ith	nciliation of Reven icial Statements w n (See page 26 of t	rt IV-A	Pa
			Return expenses and			litisti delloris.)	t 🗟	ins, and other support	Total revenue	<u>—</u>
			d financial stateme		>	Application of the Manufacture Con-		cial statements >		
			nts included on line					on line a but not on		3
	DOLLIOL POLICE	III IÇ 4	17, Form 990:		44.44				line 12, Form	
				(1) Donated		a sparitual to Education		l	Net unrealized	(1)
			e of facilities \$	1 ' '			1.50	\$	on investments	
			ear adjustments		4.00		140		Donated service	(2)
			d on line 20,	· ·				\$	and use of facil	
			90 \$						Recoveries of p	(3)
				(3) Losses			1.00	\$	year grants	
			Form 990 \$					·	Other (specify):	
			***********	(4) Other (s			23			
CALL CONTROL OF THE PROPERTY O			specity):	(4) Other (s				\$		
					2		b	nes (1) through (4) >	Add amounts	
			\$				1	into (i) iniough (i) p		
-,	ıh (4) ▶ <u>b</u>	throu	ounts on lines (1) thr	Aud ame			. c	) <b>.</b>	Line a minus I	:
			minus line b its included on line				Ť		Amounts inclu	
	,								Form 990 but	
		ne a:	990 but not on line						Investment expe	
	17737 and 1774 27737 and 1774 2774 and 1774		ent expenses						not included on	
			uded on line		4 9 6 Y			¢	6b, Form 990	
			n 990 <b>\$</b>					3	Other (specify):	
			pecify):	(2) Other (s				i	outer (specify).	-,
								•		•
							D. G	3 (4) (40)	Add consumbs	•
			ounts on lines (1)				d	nes (1) and (2) ▶	rou amounts (	
			kpenses per line 1		,			line 12, Form 990		
	e		olus line d) · · · ·	(line c p			<u>e</u>	·····	line c plus line	- 1
d; see page 26 o	ot compensate	en if	st each one even	ployees (Lis	y Em	ees, and Ke	rus	ficers, Directors, Toons.)	the inst	
(E) Expense	D) Contributions to		(C) Compensation	tle and average	(B) Tit			ne and address	18	
account and other allowances	ployee benefit plans & eferred compensation		(If not paid, enter	irs per week ted to position		<u> </u>		- and address		
****	NON	2	11,812.		-				STATEMENT	EE
NON	NONE	-			1					
		ľ			]					
		_							<u> </u>	
					1	· · · · · · · · · · · · · · · · · · ·				
					7				<del> </del>	
<del></del>	<del></del>	$\dashv$			1	**				
					1	· · · · · · · · · · · · · · · · · · ·				
			- 110 AU							
	ŀ				1	-	•			
<del></del>		+		-					-	
					†	<del></del>				
	<del></del>	+-			<del>  -  </del>	-		· · · · · · · · · · · · · · · · · · ·		
				Ţ		· · · · · ·		<u> </u>		
		- -								
			ļ			·		· · · · · · · · · · · · · · · · · · ·		
						<del></del>				
							-	<del></del>		
·		丄			<u> </u>			or trustee or trust	d any officer d	Ð
	our —	from	ore than \$100,000 fro	pensation of m	ite com	receive aggrega	byee	n, u usiee, or key emplo	- any onneer, u	ים
es X No	i? ▶ 🔲 Y	zatior	the related organizat	ras provided by	),000 w	more than \$10	which	rated organizations, of w	gwinzauun and : "Yae " attaab - :	IF.
						ctions.	nstru	ule - see page 26 of the in	ies, allach so	11
es Fon	/our ;? ▶ ☐ Y	from	ore than \$100,000 from	pensation of m as provided by	ate com 0,000 w	i more than \$10	whic	or, trustee, or key emplo lated organizations, of w ule - see page 26 of the in	ganization and	Oi

Form 990 (2002)	52-2	2034866				⊃age
Part VI Other Information (See page 27 of the instructions.)					Yes	No
76 Did the organization engage in any activity not previously reported to the IRS?	If "Yes," attach a detaile	ed description of	each activity	76		х
77 Were any changes made in the organizing or governing documents but not rep	orted to the IRS?			77		x
If "Yes," attach a conformed copy of the changes.				200		
78 a Did the organization have unrelated business gross income of \$1,000 or more	during the year covered	by this return?		78a		x
b If "Yes," has it filed a tax return on Form 990-T for this year?				78b		х
vas there a liquidation, dissolution, termination, or substantial contraction dur	ing the year? If "Yes," att	ach a statement		79		х
80 a Is the organization related (other than by association with a statewide or natio	nwide organization) thro	ugh common				
membership, governing bodies, trustees, officers, etc., to any other exempt or r	onexempt organization?			80a	х	
b If "Yes," enter the name of the organization DRCNET FOUNDATION 50		<del></del> -			To an are post of	
and check whether it is X exem	pt or nonexemp	t.				
81 a Enter direct or indirect political expenditures. See line 81 instructions	• • • • • • • • • • • •	81a	<del></del>			
b Did the organization file Form 1120-POL for this year?				81b		<u>x</u>
82 a Did the organization receive donated services or the use of materials, equipmer	nt, or facilities at no charq	je				
or at substantially less than fair rental value?  b If "Yes," you may indicate the value of these items here. Do not include this amo				82a		X
		i ı				
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  b. Did the organization comply with the disclosure requirements and the relative to a little organization.	s and exemption applicati	ons?		83a	Х	
b Did the organization comply with the disclosure requirements relating to quid p  84a Did the organization solicit any contributions or gifts that were not try deduction.	ro quo contributions?	• • • • • • • •		83b	_ <b>x</b>	
<ul><li>84a Did the organization solicit any contributions or gifts that were not tax deductible</li><li>b If "Yes," did the organization include with every solicitation an express statement</li></ul>	9.4 	• • • • • • • •		84a	X	250 100 110
man militar account and discount of the state of						
85 501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible b	· · · · · · · · · · · · · · · · · · ·	• • • • • • • •		84b	x	
b Did the organization make only in-house lobbying expenditures of \$2,000 or less:  If "Yes" was answered to either 950 or 950 to 950 t	y members?	· • • • • • • • • • • • • • • • • • • •		85a	_X	
If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h b	elow unless the argenia	,		85b		X
received a waiver for proxy tax owed for the prior year.	elow umess the organiz	auon				
c Dues, assessments, and similar amounts from members		050				
d Section 162(e) lobbying and political expenditures	• • • • • • • • • • • • • • • • • • • •	85c 85d	~			
e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	• • • • • • • • • • • •	85e				
f Taxable amount of lobbying and political expenditures (line 85d less 85e)	• • • • • • • • • • •	056				
g Does the organization elect to pay the section 6033(e) tax on the amount on line	85f?	631			T. BERE	. Hand
h If section 6033(e)(1)(A) dues notices were sent, does the organization agree to	add the amount on line is	95f to its resease	blo	85g		
estimate of dues allocable to nondeductible lobbying and political expenditures	for the following tax year	2	nie	056	- 1	
86 501(c)(7) orgs. Enter: a Initiation fees and capital contributions included on line 1	2	86a	NT / 70	85h		TER (1975)
b Gross receipts, included on line 12, for public use of club facilities		86b	N/A N/A			2180
87 501(c)(12) orgs. Enter: a Gross income from members or shareholders		87a	N/A			
b Gross income from other sources. (Do not net amounts due or paid to other						
sources against amounts due or received from them.)		87b	N/A			
88 At any time during the year, did the organization own a 50% or greater interest i	п a taxable corporation o	r		in the second of the	: Blaintia - 17	1898 113
partnership, or an entity disregarded as separate from the organization under Re	gulations sections					
301.7701-2 and 301.7701-3? If "Yes," complete Part IX				88		x
<b>by a</b> 30 <i>f(c)(3) organizations.</i> Enter: Amount of tax imposed on the organization during	the year under:					
section 4911 ► N/A ; section 4912 ► N/A	; section 4955 ▶	·	_ N/A			
b 501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 ex	cess benefit transaction					tut ii eisese
during the year or did it become aware of an excess benefit transaction from a pri	or year? If "Yes," attach					
a statement explaining each transaction				89b		x
sections 4040, 4055 and 4055	ins during the year under			_		
sections 4912, 4955, and 4958			▶	N	I/A	
d Enter. Amount or tax on line 89c, above, reimbursed by the organization			<b>&gt;</b>		I/A	
of this feture is the property of this feture is filed DISTRICT OF COL	TIMIN A T A					
b Number of employees employed in the pay period that includes March 12, 2002 (	See instructions)		<del> 1</del>	90Ь 3		
THE ORGANIZATION		Telephone rio.	► <u>202-293</u>	-834	0	_
Localed at P 1623 CONN AVE, NW 3RD FLR. WASH, DC		710 . 4 . 6				
Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 104	11 - Check here				<b>▶</b>	
and enter the amount of tax-exempt interest received or accrued during the tax year	ar	<u></u>	92	N	/A	

Form **990** (2002)

					52	-203486	ь		Page
Part VII	Analysis of Income-Produc				the instruc	tions.)			
<b>Note:</b> Enter g. Indicated.	ross amounts unless otherwise		lated business in	ncome	Excluded by	section 512	2, 513, or 514	(E	
	m service revenue:	(A) Business code	(B) Amour	nt	(C) Exclusion code	Am	D) lount	Relat exempt inco	function
c		ļ				- <u>-</u>			
e						·			
	e/Medicaid payments	<u> </u>				<u>-</u>			
	d contracts from government agencies						<del></del>		
	rship dues and assessments								
	n savings and temporary cash investments -	<del></del> .	·		14		502.	<u> </u>	
	ds and interest from securities			c-1.0.000 v-9.00		Name to the second	The state of the s		
	tal income or (loss) from real estate:				- C - C - C - C - C - C - C - C - C - C	55.248.88			Francisco de la Companya de la Companya de la Companya de la Companya de la Companya de la Companya de la Comp
	anced property								
	t-financed property					<del></del>			
	income or (loss) from personal property								
	nvestment income								
	oss) from sales of assets other than inventory					<del>.</del>			
	ome or (loss) from special events		<del></del>						
	ofit or (loss) from sales of inventory					<del>-</del>	<del></del>	<u> </u>	. <u>-</u> .
	NE ROYALTIES								
					15		29.		
		<b>-</b>	···				<del></del>		
e	<del></del>								
	(add columns (B), (D), and (E))								
)5 Total (ac ote: <i>Line 105</i>	dd line 104, columns (B), (D), and (E 5 plus line 1d, Part I, should equal th	)) ne amount on	line 12, Part I.						
75 Total (acote: <i>Line 108</i> Part VIII  Line No.   E	dd line 104, columns (B), (D), and (E 5 plus line 1d, Part I, should equal th Relationship of Activities to xplain how each activity for which	o the Acco	line 12, Part I.    Description	of Exem	pt Purpos	<b>es</b> (See n	▶age 32 of f	he instruction	
05 Total (adote: <i>Line 108</i> Part VIII  Line No.   E	dd line 104, columns (B), (D), and (E 5 plus line 1d, Part I, should equal th	o the Acco	line 12, Part I.    Description	of Exem	pt Purpos	<b>es</b> (See n	▶age 32 of f	he instruction	
05	dd line 104, columns (B), (D), and (E 5 plus line 1d, Part I, should equal th Relationship of Activities to xplain how each activity for which	o the Acco	line 12, Part I.    Description	of Exem	pt Purpos	<b>es</b> (See n	▶age 32 of f	he instruction	
ote: Line 103 Part VIII Line No.	dd line 104, columns (B), (D), and (E 5 plus line 1d, Part I, should equal th Relationship of Activities to explain how each activity for which f the organization's exempt purpos	o the Acco income is reject (other than	line 12, Part I.  omplishment ported in column in by providing fu	of Exem	pt Purpos rt VII contrib h purposes).	es (See p uted importar	age 32 of the according to the according	the instruction	ns.)
ote: Line 103 Part VIII Line No. E	dd line 104, columns (B), (D), and (E 5 plus line 1d, Part I, should equal th Relationship of Activities to explain how each activity for which if the organization's exempt purpose formation Regarding Taxabox (A)	o the Acco income is reject (other than	line 12, Part I.  Implishment ported in column in by providing fu	of Exem n (E) of Pai nds for suc	pt Purpos rt VII contrib h purposes).	es (See p uted importar	age 32 of the	the instruction	าร.)
ote: Line 103 Part VIII Line No. E V o	dd line 104, columns (B), (D), and (E 5 plus line 1d, Part I, should equal the Relationship of Activities to explain how each activity for which if the organization's exempt purposes formation Regarding Taxab	b)	line 12, Part I.  omplishment ported in column in by providing fu	of Exeminate of Exeminate of Parameter of Pa	pt Purpos rt VII contrib h purposes).	es (See p uted importar	age 32 of the according to the according	the instruction	ns.)
ote: Line 103 Part VIII Line No. E V o	dd line 104, columns (B), (D), and (E 5 plus line 1d, Part I, should equal the Relationship of Activities to explain how each activity for which if the organization's exempt purpose of the organization of t	b)	line 12, Part I.    Implishment	of Exeminate of Exeminate of Parameter of Pa	pt Purpos rt VII contrib h purposes).	es (See p uted importar	age 32 of the	he instruction complishment e instructions	ns.)
ote: Line 103 Part VIII Line No. E V o	dd line 104, columns (B), (D), and (E 5 plus line 1d, Part I, should equal the Relationship of Activities to explain how each activity for which if the organization's exempt purpose of the organization of t	b)	line 12, Part I.  complishment ported in column in by providing fu  iaries and Di (B)  Percentage of ownership interest	of Exeminate of Exeminate of Parameter of Pa	pt Purpos rt VII contrib h purposes).	es (See p uted importar	age 32 of the	he instruction complishment e instructions	ns.)
ote: Line 103 Part VIII Line No. E V o	dd line 104, columns (B), (D), and (E 5 plus line 1d, Part I, should equal the Relationship of Activities to explain how each activity for which if the organization's exempt purpose of the organization of t	b)	iaries and Di (B) Percentage of ownership interest	of Exeminate of Exeminate of Parameter of Pa	pt Purpos rt VII contrib h purposes).	es (See p uted importar	age 32 of the	he instruction complishment e instructions	ns.)
O5 Total (acote: Line 105 Part VIII Line No. E V o	dd line 104, columns (B), (D), and (E of plus line 1d, Part I, should equal the Relationship of Activities to explain how each activity for which of the organization's exempt purpose the organization of the	b)	iaries and Di Percentage of ownership interest	of Exem n (E) of Pai nds for such	pt Purpos rt VII contrib h purposes). ed Entities (C) of activities	es (See p uted importar	age 32 of the accordance (D)	the instruction complishment e instructions (E End-of asse	ns.)
OS Total (acote: Line 103 Part VIII Line No. E V o Part IX Ir Nan E Part X Ir (a) Did the o	dd line 104, columns (B), (D), and (E for plus line 1d, Part I, should equal the Relationship of Activities to explain how each activity for which if the organization's exempt purpose information Regarding Taxab (A) ne, address, and EIN of corporation, partnership, or disregarded entity information Regarding Transformation Regarding Transformation, during the year, receiving the state of the same and the same address and the same address.	ble Subsid	iaries and Di (B) Percentage of ownership interest % % Ociated with F	of Exem n (E) of Par nds for such sregarde Nature of	pt Purpos rt VII contrib h purposes).  ed Entities (C) of activities	es (See pace (See pace )  Tota  ontracts (See pace )	age 32 of the according to the according	instructions instructions End-of- asse	year ts
ote: Line 103 Part VIII Line No. E V o  Part IX Ir Nan (a) Did the o (b) Did the	dd line 104, columns (B), (D), and (E for plus line 1d, Part I, should equal the Relationship of Activities to explain how each activity for which if the organization's exempt purpose of the organization's exempt purpose of the organization of corporation, and EIN of corporation, partnership, or disregarded entity organization, during the year, received organization, during the year, partnership, or disregarding the year, partnership, and year, partnership, and year, partnership, and year, partnership, and year, partner	sfers Assove any funds, pay premiur	ine 12, Part I.  Implishment ported in column in by providing further  iaries and Di (B) Percentage of ownership interest % % % coiated with F directly or indines, directly or	of Exem n (E) of Pai nds for such sregarde Nature of	pt Purpos rt VII contrib h purposes).  ed Entities (C) of activities	es (See pace (See pace )  Tota  ontracts (See pace )	age 32 of the according to the according	instructions instructions End-of- asse	year ts
ote: Line 103 Part VIII Line No. E V o  Part IX Ir Nan (a) Did the o (b) Did the	dd line 104, columns (B), (D), and (E for plus line 1d, Part I, should equal the Relationship of Activities to explain how each activity for which if the organization's exempt purpose of the organization's exempt purpose of the organization regarding Taxabox (A) and address, and EIN of corporation, partnership, or disregarded entity organization, during the year, received organization, during the year, part to (b), file Form 8870 and Formation Regarding Transers to (b), file Form 8870 and Formation Regarding Transers to (b), file Form 8870 and Formation Regarding Transers to (b), file Form 8870 and Formation Regarding Transers to (b), file Form 8870 and Formation Regarding Transers to (b), file Form 8870 and Formation Regarding Transers to (b), file Form 8870 and Formation Regarding Transers to (b), file Form 8870 and Formation Regarding Transers to the file of the file	sfers Assove any funds, pay premiur 4720 (see	ine 12, Part I.  Implishment ported in column in by providing further  iaries and Di (B) Percentage of ownership interest % % % coiated with F directly or indimens, directly or	of Exem n (E) of Pai nds for such sregarde Nature of	pt Purpos rt VII contrib h purposes).  ed Entities (C) of activities  Benefit C / premiums o	es (See pac (See pac Tota ontracts (See paconal onal benefi	age 32 of the accordance and age 32 of the (D) I income  See page 3: benefit contract?	instructions instr	year ts  tions.)
Part X In  (a) Did the o  (b) Did the  Note: If "Yes	dd line 104, columns (B), (D), and (E for plus line 1d, Part I, should equal the Relationship of Activities to explain how each activity for which if the organization's exempt purpose of the organization's exempt purpose of the organization of corporation, and EIN of corporation, partnership, or disregarded entity organization, during the year, received organization, during the year, partnership, or disregarding the year, partnership, and year, partnership, and year, partnership, and year, partnership, and year, partner	sfers Assove any funds, pay premiur 4720 (see	ine 12, Part I.  Implishment ported in column in by providing further  iaries and Di (B) Percentage of ownership interest % % % coiated with F directly or indimens, directly or	of Exem n (E) of Pai nds for such sregarde Nature of	pt Purpos rt VII contrib h purposes).  ed Entities (C) of activities  Benefit C / premiums o	es (See pac (See pac Tota ontracts (See paconal onal benefi	age 32 of the accordance and age 32 of the (D) I income  See page 3: benefit contract?	instructions instr	year ts  tions.)
Part X In  (a) Did the o  (b) Did the Note: If "Yes	dd line 104, columns (B), (D), and (E for plus line 1d, Part I, should equal the Relationship of Activities to explain how each activity for which if the organization's exempt purpose of the organization's exempt purpose of the organization regarding Taxabox (A) and address, and EIN of corporation, partnership, or disregarded entity organization, during the year, received organization, during the year, part to (b), file Form 8870 and Formation Regarding Transers to (b), file Form 8870 and Formation Regarding Transers to (b), file Form 8870 and Formation Regarding Transers to (b), file Form 8870 and Formation Regarding Transers to (b), file Form 8870 and Formation Regarding Transers to (b), file Form 8870 and Formation Regarding Transers to (b), file Form 8870 and Formation Regarding Transers to (b), file Form 8870 and Formation Regarding Transers to the file of the file	sfers Assove any funds, pay premiur 4720 (see	ine 12, Part I.  Implishment ported in column in by providing further  iaries and Di (B) Percentage of ownership interest % % % coiated with F directly or indimens, directly or	of Exem n (E) of Pai nds for such sregarde Nature of	pt Purpos rt VII contrib h purposes).  ed Entities (C) of activities  Benefit C / premiums o	es (See pac (See pac Tota ontracts (See paconal onal benefi	age 32 of the accordance and age 32 of the (D) I income  See page 3: benefit contract contract?	instructions instr	year ts  tions.)
Part X In  (a) Did the o  (b) Did the  Note: If "Yes	dd line 104, columns (B), (D), and (E for plus line 1d, Part I, should equal the Relationship of Activities to explain how each activity for which if the organization's exempt purpose the organization's exempt purpose (A) ne, address, and EIN of corporation, partnership, or disregarded entity organization, during the year, received organization, during the year, partnership, it is true, correct, and consider the property of the form 8870 and Form Under penalties of perjury, I declare and belief, it is true, correct, and consider the property of the form 8870 and Form Signature of officer	sfers Assove any funds, pay premiur 4720 (see	ine 12, Part I.  Implishment ported in column in by providing further  iaries and Di (B) Percentage of ownership interest % % % coiated with F directly or indimens, directly or	of Exem n (E) of Pai nds for such sregarde Nature of	pt Purpos rt VII contrib h purposes).  ed Entities (C) of activities  Benefit C / premiums o	es (See pace)  (See pace)  Tota  ontracts (see pace)  a personal onal benefication all informations and see pace)	age 32 of the accordance and age 32 of the (D) I income  See page 3: benefit contract contract?	instructions instr	year ts  tions.)
Part X In  (a) Did the o  (b) Did the Note: If "Yes	dd line 104, columns (B), (D), and (E for plus line 1d, Part I, should equal the Relationship of Activities to explain how each activity for which of the organization's exempt purpose information Regarding Taxab (A)  The address, and EIN of corporation, partnership, or disregarded entity  Information Regarding Transerganization, during the year, received organization, during the year, partnership, if to (b), file Form 8870 and Form Under penalties of perjury, I declare and belief, it is true, correct, and continued to the plant of the property of the penalties of perjury, I declare and belief, it is true, correct, and continued the plant is true.	sfers Assove any funds, pay premiur 4720 (see	ine 12, Part I.  Implishment ported in column in by providing further  iaries and Di (B) Percentage of ownership interest % % % coiated with F directly or indimens, directly or	of Exem n (E) of Pai nds for such sregarde Nature of	pt Purpos rt VII contrib h purposes).  ed Entities (C) of activities  Benefit C / premiums o	es (See pace)  (See pace)  Tota  ontracts (see pace)  a personal onal benefication all informations and see pace)	age 32 of the accordance and age 32 of the (D) I income  See page 3: benefit contract contract?	instructions instr	year ts  tions.)
Part X In  (a) Did the o  (b) Did the Note: If "Yes	dd line 104, columns (B), (D), and (E for plus line 1d, Part I, should equal the Relationship of Activities to explain how each activity for which if the organization's exempt purpose the organization's exempt purpose (A) ne, address, and EIN of corporation, partnership, or disregarded entity organization, during the year, received organization, during the year, partnership, it is true, correct, and consider the property of the form 8870 and Form Under penalties of perjury, I declare and belief, it is true, correct, and consider the property of the form 8870 and Form Signature of officer	sfers Assove any funds, pay premiur 4720 (see	ine 12, Part I.  Implishment ported in column in by providing further  iaries and Di (B) Percentage of ownership interest % % % coiated with F directly or indimens, directly or	of Exem n (E) of Pai nds for such sregarde Nature of	pt Purpos rt VII contrib h purposes).  ed Entities (C) of activities  Benefit C / premiums o , on a pers companying sofficer) is based	es (See pace (Se	age 32 of the accordance and age 32 of the (D) I income  See page 3: benefit contract? tatements, and on of which presented the age of the preparation of which presented the age of the preparation of the	instructions instr	year ts  tions.)  X No X No nowledge wledge.
Part IX In  (a) Did the of (b) Did the  Note: If "Yes ign  ere	dd line 104, columns (B), (D), and (E for plus line 1d, Part I, should equal the Relationship of Activities to explain how each activity for which if the organization's exempt purpose the organization's exempt purpose (A) ne, address, and EIN of corporation, partnership, or disregarded entity organization, during the year, received organization, during the year, part to (b), file Form 8870 and Form Under penalties of perjury, I declare and belief, it is true, correct, and control organization.  Signature of officer  Type or print name and title.	sfers Assove any funds, pay premiur 4720 (see that I have examplete. Declar	ine 12, Part I.  Implishment ported in column in by providing further  iaries and Di (B) Percentage of ownership interest % % % coiated with F directly or indimens, directly or	of Exeminate of Ex	pt Purpos rt VII contrib h purposes).  ed Entities (C) of activities  Benefit C / premiums o , on a pers companying sofficer) is based	es (See pace)  (See pace)  Tota  Ontracts (see pace)  onal benefication all information all information all information all seelf-employed	age 32 of the accordance and age 32 of the (D) I income  See page 3: benefit contract contract? tatements, and ion of which presente the transfer and the age of the presente the transfer and the age of the age	instructions instr	year ts  Stions.)  X No X No
Part IX In  Nan  Part X In  (a) Did the o  (b) Did the  Note: If "Yes  lease  ign  ere	dd line 104, columns (B), (D), and (E folus line 1d, Part I, should equal the Relationship of Activities to explain how each activity for which if the organization's exempt purpose in the organization's exempt purpose in the organization regarding Taxable (A) are, address, and EIN of corporation, partnership, or disregarded entity in the organization of the year, received organization, during the year, received organization, during the year, part to (b), file Form 8870 and Form Under penalties of perjury. I declare and belief, it is true, correct, and continue of officer  Type or print name and title.  Preparer's signature  Firm's name (or yours BOND	sfers Assove any funds, pay premiur 4720 (see that I have examplete. Declared asserts as the samplete and the second as the samplete as the sa	ine 12, Part I.  Implishment ported in column in by providing further  iaries and Di (B) Percentage of ownership interest % % % pociated with F directly or inding ins, directly or the instructions) camined this return ration of preparer	of Exem n (E) of Pai nds for such sregarde Nature of Personal ectly, to pay indirectly, including ac (other than of	pt Purpos rt VII contrib h purposes).  ed Entities (C) of activities  Benefit C / premiums o , on a pers companying sofficer) is based	es (See pace (Se	age 32 of the accordance and age 32 of the (D) I income  See page 3: benefit contract contract? tatements, and ion of which presente the transfer and the age of the presente the transfer and the age of the age	instructions instr	year ts  Stions.)  X No X No
Part IX In  (a) Did the of (b) Did the  Note: If "Yes ign  ere	dd line 104, columns (B), (D), and (E folus line 1d, Part I, should equal the Relationship of Activities to explain how each activity for which if the organization's exempt purpose in the organization's exempt purpose in the organization regarding Taxable (A) are, address, and EIN of corporation, partnership, or disregarded entity in the organization of the year, received organization, during the year, received organization, during the year, part to (b), file Form 8870 and Form Under penalties of perjury. I declare and belief, it is true, correct, and continue of officer  Type or print name and title.  Preparer's signature  Firm's name (or yours BOND	sfers Assove any funds, oay premium 4720 (see that I have examplete. Declared by the second by the s	ine 12, Part I.  Implishment ported in column in by providing further  iaries and Di (B) Percentage of ownership interest % % % coiated with F directly or indimens, directly or	of Exem n (E) of Pai nds for such sregarde Nature of Personal ectly, to pay indirectly, including ac (other than of	pt Purpos rt VII contrib h purposes).  ed Entities (C) of activities  Benefit C / premiums o , on a pers companying sofficer) is based	es (See pace)  (See pace)  Tota  Ontracts (See pace)  Tota  onal benefichedules and son all information all in	age 32 of the accordance and age 32 of the (D) I income  See page 3: benefit contract contract?  tatements, and ion of which presente the property of the prop	instructions instr	year ts  ctions.)  X N X N nowledge viedge.

FORM 990, PART II - OTHER EXPENSES				
DESCRIPTION	TOTAL	PROGRAM SERVICES	MANAGEMENT AND GENERAL	FUNDRAISING
DUES & SUBSCRIPTIONS	75.	75.		
INSUFANCE MISCELLANEOUS	4,137.	1,598.	1,269.	1,270.
REPAIRS & MAINTENANCE	550.	213	, 50°	20.
WEB SITE EXPENSE	17,027.	16,601.	12.	169. 414.
SEVENTEDING OPERIOR EXPENSE	2,514.	2,514.		• • • •
CONSULTING EXPENSE	71.	29.		42.
BANK SERVICE CHARGES		3,331.		
PHONE FUNDRAISING	3,910.	1,507.	1,201.	1,202.
MOVING EXPENSES	7,698.			2,698.
DAVECT: ADMINISTRATION	274.	106.	84.	84.
NOTIFIC TRIVES	1,894.	730.	582.	582.
P. LATION			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	36,551.	26,703.	3,367.	6,481.
	## ## ## ## ## ## ## ## ## ## ## ## ##			11 11 11 11 11 11 11

STATEMENT

52-2034866

FORM 990, PART III - ORGANIZATION'S PRIMARY EXEMPT PURPOSE

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, PART III - STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS 

DESCRIPTION

INCLUDING LATIN AMERICA, THE HIGHER EDUCATION ACT (HEA) DRUG LEGISLATIVE ACTION ALERTS ON A RANGE OF DRUG POLICY ISSUES, THE DRUG REFORM COORDINATION NETWORK (DRCNET) DISTRIBUTED PROVISION, MEDICAL MARIJUANA, SENTENCING AND OTHER AREAS.

DRCNET CONTINUED ITS WORK ON THE HEA REFORM CAMPAIGN THROUGH THE DRCNET-COORDINATED COALITION FOR HEA REFORM, ORGANIZED A NATIONAL SIGN-ON LETTER & A MAY 2002 PRESS CONFERENCE AT THE GRASSROOTS & MEDIA ACTIVISM. WORKING UNDER THE AUSPICES OF US CAPITOL, PLAYING A ROLE IN GARNERING 67 COSPONSORS FOR H.R. 685, A BILL TO REPEAL THE HEA DRUG PROVISION.

15,565.

40,435.

56,000.

TOTAL

52-2034866

FORM 990, PART IV - OTHER ASSETS

COMPUTER HARDWARE POSTAGE METER PAYPAL

868. 57.

-1,516.

2,695.

TOTALS

52-2034866

FORM 990, PART IV - OTHER LIABILITIES

DESCRIPTION BOOK VALUE

CREDIT CARDS PAYABLE

DUE TO DRCNET FOUNDATION

20,385.

-2,193.

TOTALS 18,192.

FROM : DRONet

Aug. 06 2003 07:07PM P2

(December 2000)

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

OMB No. 1545-1709

Internal Revenue		► File a separate application for each return.	
• If you are	filing for a	an Automatic 3-Month Extension, complete only Part I and check this box	
		an Additional (not automatic) 3-Month Extension, complete only Part II (on page 2	of this form).
Note: Do no		e Part II unless you have already been granted an automatic 3-month extension on a	
Form 8868.			
Part I Note: Form	990-T cor	tic 3-Month Extension of Time—Only submit original (no copies needed) porations requesting an automatic 6-month extension—check this box and complete Part I	only 🕨 🗖
All other co.	rporations	(including Form 990-C filers) must use Form 7004 to request an extension of time to f	île income tax
Type or print	Name of	Exempt Organization 1	identification number
File by the due date for filing your	1623	street, and room or suite no. If a P.O. box, see instructions.	
return. See instructions.	City tow	n or post office, state, and ZIP code. For a foreign address, see instructions.	
Check type	of return	to be filed (file a separate application for each return):	
Form 99	0	Form 990-T (corporation)	720
Form 99		Form 990-T (sec. 401(a) or 408(a) trust) Form 5:	
Form 99		Form 990-T (trust other than above) Form 60	
• If the orga	nization d	oes not have an office or place of business in the United States, check this box	)/U
<ul> <li>If this is for for the who</li> </ul>	or a <b>Group</b> le group, «	Return, enter the organization's four digit Group Exemption Number (GEN) check this box ▶ ☐ . If it is for part of the group, check this box ▶ ☐ and attachmembers the extension will cover.	. If this is a list with the
to file t	the exemp calendar y	tomatic 3-month (6-month, for <b>990-T corporation</b> ) extension of time until Adjust organization return for the organization named above. The extension is for the organization of the organ	土. 以 , 20 23. zation's return for:
▶ □	tax year t	peginning, 20, and ending	, 20
2 If this t	ax year is	for less than 12 months, check reason:   Initial return   Final return   Change	in accounting period
3a If this a nonrefu	application Indable cri	n is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any edits. See instructions	\$
<b>b</b> If this a made. I	pplication Include an	is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments y prior year overpayment allowed as a credit	\$
e <b>Balanc</b> with F1 instruct	in combo	btract line 3b from line 3a. Include your payment with this form, or, if required, deposit n or, if required, by using EFTPS (Electronic Federal Tax Payment System). See	\$
Under penalties t is true, correct	of perjury, t c , and comple	Signature and Verification declare that I have examined this form, including accompanying schedules and statements, and to the best of rate, and that I am authorized to prepare this form.	· · · · · · · · · · · · · · · · · · ·
Gignature ► —	<b>)</b>	$\Lambda$ . $1 \cdot 1$	5/14/03
or Paperwor	k Reductio	n Act Notice, see Instruction Cat No 27015D	- 0000

Cat. No. 27916D

Form **8868** (12-2000)

	(27	Page 2
n 8868 (12-	-2000) O	DOX
you are fil	ling for an Additional (not automatic) 3-Month Extension, complete only are unit and an automatic 3-month extension on a previous omplete Part II if you have already been granted an automatic 3-month extension on a previous	sly filed Form 8868.
e; Only co	a de la complete only Part I for page U.	
irt II	Additional (not automatic) 3-Month Extension of Time - Must file Original	and One Copy.
N	ame of Exempt Organization	Employer identification number
e or		52-2034866
t. DF	RUG REFORM COORDINATION NETWORK	For IRS use only
ry the N	lumber, street, and room or suite no. If a P.O. box, see instructions.	
tate for 2 (	000 P STREET, NW, NO. 210  City, town or post office, state, and ZIP code. For a foreign address, see instructions.	
n See Cotions. TAT 7	Sity, town or post office, state, and 21P code. For a loreign address, see well as ASHINGTON, DC 20036	
VV Z	of return to be filed (File a separate application for each return):	
Form 9		Form 5227 Form 8870
Form 9	Form 4720	Form 6069
20.0	ot complete Part II if you were not already granted an automatic 3-month extension on a previ	ously filed Form 8868.
OP: Do no	ot complete Fait in you were not all the life of States, shock this box	<b>&gt;</b>
the orga	inization does not have an office or place of business in the United States, check this box	this is for the whole group, check this
this is fo	or a <b>Group Return,</b> enter the organization's four digit Group Exemption Number (deriv	all members the extension is for.
<b>►</b> L	. If it is for part of the group, check this box	
	est an additional 3-month extension of time until NOVEMBER 105 2003.	
i reque	and ending	
If this	tax year is for less than 12 months, check reason: Initial return	Change in accounting period
	in the substance of the extension	AXPAYER NEEDS ADD'L
EXE	CUTIVE DIRECTOR HAS BEEN ON EXTENISIVE TRAVELS. I	AAPAIER NEEDO 1200 1
TIM	E FILE A COMPLETE AND ACCURATE RETURN.	
a Ifthis	application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any	<b>\$</b>
nonre	fundable credits. See instructions	
lf this	application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated	
tax pa	ayments made, include any prior year overpayment allowed as a cledit and any amount plant	<u> </u>
-	and the second s	with FTD
: Balar	nce Due. Subtract line 8b from line 8a. include your payment with this form, or, in requised on or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions	\$ N/A
	Signature and Verification	
	ties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and	to the best of my knowledge and belief,
nder penait is true, cor	rect, and complete, and that I mave examined this form.	
$\nearrow$		Date > \$   4 -3
gnature 🕨	Notice to Applicant - To Be Completed by the IRS	
<u>-</u>	in the plant which this form to the organization's return.	
		of the date shown below or the due
مغمام	of the organization's return (including any prior extensions). This grace period is considered to the	Antiquestable de fine los elections
otho	revise required to be made on a timely return. Please attach this form to the organization a return.	) (T)
☐ We t	nave not approved this application. After considering the reasons stated in item 7, we cannot grant	April 1 as William of the state
fila '	We are not granting the 10-day grace period.	
☐ We o	cannot consider this application because it was filed after the due date of the return for which a	EVERTAINING
Othe	er	EXTENSION APPROVED
	•	1
N	By:	AUG 1 8 2003
Director	Mailing Address - Enter the address if you want the copy of this application for an additional 3	
	Mailing Address - Enter the address if you want the copy of this application to an address han the one entered above.	LINDAWEISKOPF, FIELD DIRECTOR,
- THE SHILL		SUBMISSION PROCESSING, OGDEN
	Name MAY & BARNHARD, PC, CPA	
Type	Number and street (include suite, room, or apt. no.) Or a P.O. box number	
or print	4840 CORDELL AVENUE	
	City or town, province or state, and country (including postal or ZIP code)	•
23832	репия SDA MD 20814	