

Form **990****Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

2004Department of the Treasury
Internal Revenue ServiceUnder 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.

Open to Public
Inspection**A For the 2004 calendar year, or tax year beginning****and ending****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
Instruc-
tions.**C Name of organization****DRUG REFORM COORDINATION NETWORK**

Number and street (or P.O. box if mail is not delivered to street address)

1623 CONNECTICUT AVENUE, NW

Room/suite

3RD FL

City or town, state or country, and ZIP + 4

WASHINGTON, DC 20009**D Employer identification number****52-2034866****E Telephone number****202-293-8340****F Accounting method:** ☐ Cash ☒ Accrual☐ Other
(specify) ▶• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts
must attach a completed Schedule A (Form 990 or 990-EZ).

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 ▶**H(c)** Are all affiliates included? **N/A** ☐ Yes ☐ No

(If "No," attach a list.)

H(d) Is this a separate return filed by an or-
ganization covered by a group ruling? ☐ Yes ☒ No**I** Group Exemption Number ▶**G Website:** ▶ **STOPTHEDRUGWAR.ORG****J Organization type** (check only one) ☒ 501(c) (**4**) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527**K** Check here ☐ 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.****L** Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶**117819.****M** Check ☐ if the organization is **not** required to attach
Sch. B (Form 990, 990-EZ, or 990-PF).**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances**

Revenue	1 Contributions, gifts, grants, and similar amounts received:				
	a Direct public support	1a	116770.		
	b Indirect public support	1b			
	c Government contributions (grants)	1c			
	d Total (add lines 1a through 1c) (cash \$ 116770. noncash \$)	1d	116770.		
	2 Program service revenue including government fees and contracts (from Part VII, line 93)	2			
	3 Membership dues and assessments	3			
	4 Interest on savings and temporary cash investments	4	66.		
	5 Dividends and interest from securities	5			
	6 a Gross rents	6a			
	b Less: rental expenses	6b			
	c Net rental income or (loss) (subtract line 6b from line 6a)	6c			
7 Other investment income (describe ▶)	7				
Expenses	8 a Gross amount from sales of assets other than inventory	(A) Securities	(B) Other		
	b Less: cost or other basis and sales expenses	8a	8b		
	c Gain or (loss) (attach schedule)	8c			
	d Net gain or (loss) (combine line 8c, columns (A) and (B))	8d			
	9 Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>				
	a Gross revenue (not including \$ of contributions reported on line 1a)	9a			
	b Less: direct expenses other than fundraising expenses	9b			
	c Net income or (loss) from special events (subtract line 9b from line 9a)	9c			
	10 a Gross sales of inventory, less returns and allowances	10a			
	b Less: cost of goods sold	10b			
	c Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	10c			
	11 Other revenue (from Part VII, line 103)	11	983.		
12 Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12	117819.			
Net Assets	13 Program services (from line 44, column (B))	13	104309.		
	14 Management and general (from line 44, column (C))	14	23071.		
	15 Fundraising (from line 44, column (D))	15	21074.		
	16 Payments to affiliates (attach schedule)	16			
	17 Total expenses (add lines 16 and 44, column (A))	17	148454.		
18 Excess or (deficit) for the year (subtract line 17 from line 12)	18	-30635.			
19 Net assets or fund balances at beginning of year (from line 73, column (A))	19	9465.			
20 Other changes in net assets or fund balances (attach explanation)	20	0.			
21 Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21	-21170.			

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LHA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

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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.

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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 \$ _____ noncash \$ _____)				
23	Specific assistance to individuals (attach schedule)				
24	Benefits paid to or for members (attach schedule)				
25	Compensation of officers, directors, etc.	21000.	9030.	5880.	6090.
26	Other salaries and wages	24887.	15079.	7862.	1946.
27	Pension plan contributions				
28	Other employee benefits	4049.	2604.	1012.	433.
29	Payroll taxes	4462.	2543.	1099.	820.
30	Professional fundraising fees				
31	Accounting fees	626.		626.	
32	Legal fees				
33	Supplies	1439.	870.	378.	191.
34	Telephone	4015.	1991.	571.	1453.
35	Postage and shipping	6005.	353.	371.	5281.
36	Occupancy	6588.	4239.	1657.	692.
37	Equipment rental and maintenance	744.	454.	185.	105.
38	Printing and publications	1823.	884.	217.	722.
39	Travel	2178.	1933.	24.	221.
40	Conferences, conventions, and meetings	190.	190.		
41	Interest	4750.	2925.	1275.	550.
42	Depreciation, depletion, etc. (attach schedule)				
43	Other expenses not covered above (itemize):				
a					
b					
c					
d					
e	See Statement 1	65698.	61214.	1914.	2570.
44	Total functional expenses (add lines 22 through 43). Organizations completing columns (B)-(D), carry these totals to lines 13-15.	148454.	104309.	23071.	21074.

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? ☐ Yes ☒ No

If "Yes," enter (i) the aggregate amount of these joint costs \$ _____; (ii) the amount allocated to Program services \$ _____;

(iii) the amount allocated to Management and general \$ _____; and (iv) the amount allocated to Fundraising \$ _____

Part III Statement of Program Service AccomplishmentsWhat 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.)

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

a	SEE STATEMENT 3	(Grants and allocations \$ 15000.)	25896.
b	SEE STATEMENT 4	(Grants and allocations \$)	78413.
c		(Grants and allocations \$)	
d		(Grants and allocations \$)	
e	Other program services (attach schedule)	(Grants and allocations \$)	
f	Total of Program Service Expenses (should equal line 44, column (B), Program services)		104309.

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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
Assets	45 Cash - non-interest-bearing	1558.	4679.
	46 Savings and temporary cash investments		
	47 a Accounts receivable	13815.	
	b Less: allowance for doubtful accounts		
	48 a Pledges receivable		
	b Less: allowance for doubtful accounts		
	49 Grants receivable	25000.	14500.
	50 Receivables from officers, directors, trustees, and key employees		
	51 a Other notes and loans receivable		
	b Less: allowance for doubtful accounts		
	52 Inventories for sale or use		
	53 Prepaid expenses and deferred charges	250.	1415.
	54 Investments - securities		
	55 a Investments - land, buildings, and equipment: basis		
	b Less: accumulated depreciation		
56 Investments - other			
57 a Land, buildings, and equipment: basis			
b Less: accumulated depreciation			
58 Other assets (describe SECURITY DEPOSIT)	2300.	2300.	
59 Total assets (add lines 45 through 58) (must equal line 74)	51250.	36709.	
Liabilities	60 Accounts payable and accrued expenses	41785.	57879.
	61 Grants payable		
	62 Deferred revenue		
	63 Loans from officers, directors, trustees, and key employees		
	64 a Tax-exempt bond liabilities		
	b Mortgages and other notes payable		
	65 Other liabilities (describe)		
66 Total liabilities (add lines 60 through 65)	41785.	57879.	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.		
	67 Unrestricted	9465.	-31170.
	68 Temporarily restricted		10000.
	69 Permanently restricted		
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.		
	70 Capital stock, trust principal, or current funds		
	71 Paid-in or capital surplus, or land, building, and equipment fund		
	72 Retained earnings, endowment, accumulated income, or other funds		
	73 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)	9465.	-21170.
	74 Total liabilities and net assets / fund balances (add lines 66 and 73)	51250.	36709.

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.

Part IV-B	Reconciliation of Expenses per Audited Financial Statements with Expenses per Return
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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	

(A) Name and address

(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 C/O DRCNET, PO BOX 18402 WASHINGTON, DC 20036	PRESIDENT, EXEC DIR 22.5	21000.	0.	0.
KEITH CYLAR [REDACTED] NEW YORK, NY [REDACTED]	DIRECTOR 1	0.	0.	0.
RICHARD M. EVANS [REDACTED] NORTHAMPTON, MA [REDACTED]	DIRECTOR 1	0.	0.	0.
STEVEN D. PERSKY C/O DRCNET, PO BOX 18402 WASHINGTON, DC 20036	TREASURER 1	0.	0.	0.
JOEY TRANCHINA [REDACTED] NEW YORK, NY [REDACTED]	DIRECTOR 1	0.	0.	0.

☐ Yes ☒ No

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Part VII Analysis of Income-Producing Activities (See page 33 of the instructions.)

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	66.	
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 LIST RENTAL					983.
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0.		66.	983.
105 Total (add line 104, columns (B), (D), and (E))					1049.

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 page 34 of the instructions.)

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).

140 LIST RENTAL TO ANOTHER NONPROFIT

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See page 34 of the instructions.)

(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 page 34 of the instructions.)

(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 11/15/05
Paid Preparer's Use Only	Preparer's signature	Date 11/14/05
	Firm's name (or yours if self-employed), address, and ZIP + 4	Check if self-employed <input type="checkbox"/>
423161 01-13-05	MICHAEL L. WEISER, P.C. 1201 15th STREET, NW WASHINGTON, DC 20005	Preparer's SSN or PTIN EIN Phone no. 202-293-5344

DRUG REFORM COORDINATION NETWORK

52-2034866

Form 990	Other Expenses			Statement 1
Description	(A) Total	(B) Program Services	(C) Management and General	(D) Fundraising
BANK AND CREDIT CARD				
CHARGES	2135.	1275.	621.	239.
WEB SITE	12185.	11923.		262.
INSURANCE	611.	442.	103.	66.
PAYROLL				
ADMINISTRATION	492.	236.	216.	40.
MISCELLANEOUS	4024.	2290.	974.	760.
CONSULTING	23620.	22417.		1203.
GRANTS	15000.	15000.		
MEDIA RELATIONS	7503.	7503.		
DUES AND				
SUBSCRIPTIONS	128.	128.		
Total to Fm 990, ln 43	65698.	61214.	1914.	2570.

Form 990	Statement of Organization's Primary Exempt Purpose Part III	Statement	2
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Explanation

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

Form 990	Statement of Program Accomplishments Part III	Statement	3
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Explanation

The Drug Reform Coordination Network (DRCNet) distributed legislative action alerts on a range of drug policy issues, including the drug provision of the Higher Education Act (HEA), medical marijuana, sentencing and incarceration and other issues.

Form 990	Statement of Program Accomplishments Part III	Statement	4
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Explanation

DRCNet continued its major focus on the HEA reform campaign, in particular conducting outreach in states around the country to build support in the states and districts of key US senators and representatives for legislation to repeal the HEA drug provision. DRCNet built the Coalition for Higher Education Reform to nearly 200 groups nationwide and garnered a near-unanimous resolution by the Delaware General Assembly calling on Congress to repeal the drug provision.

Form 8868 (Rev. 12-2004)

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- 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.	Name of Exempt Organization	Employer identification number
	DRUG REFORM COORDINATION NETWORK	52-2034866
File by the extended due date for filing the return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 1623 CONNECTICUT AVENUE, NW, No. 3RD FL	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. WASHINGTON, DC 20009	

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.

- The books are in the care of **THE ORGANIZATION**
- Telephone No. **202-293-8340** FAX No. _____
- 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, 2005**.
- 5 For calendar year **2004**, 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 **SEE STATEMENT ATTACHED.**

- 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 M. J. [Signature] Date 8/14/05

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. If we are not approving this application, we must do so by the 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 a 10-day grace period.
- ☐ We cannot consider this application because it was filed after the extended due date of the return for which an extension was requested.
- ☐ Other _____

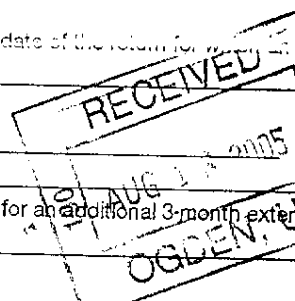
Director _____ By: _____

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

Name _____

Number and street (include suite, room, or apt. no.) or a P.O. box number _____

City or town, province or state, and country (including postal or ZIP code) _____



EXTENSION APPROVED

SEP 01 2005

FIELD DIRECTOR,
SUBMISSION PROCESSING, OGDEN

7005 1160 0001 5445 9244

U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT <i>(Domestic Mail Only; No Insurance Coverage Provided)</i>	
OFFICIAL USE For delivery information visit our website at www.usps.com	
Network Postage Certified Fee Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required) Total Postage & Fees	\$ 2.83 2.30 1.75 \$ 4.88
Sent To: Internal Revenue Service Street, Apt. No., or PO Box No. City, State, ZIP+4	
Darden, VT 84201-0027	
PS Form 3800, June 2002 See Reverse for Instructions	

