## Form 990-EZ Department of the Treasury Internal Revenue Service

Short Form
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)

2008

sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All organizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 at the end of the year may use this form 
The organization may have to use a copy of this return to satisfy state reporting requirements

Open to Public Inspection

Form 990-EZ (2008)

For the 2008 calendar year, or tax year beginning and ending Check if applicable D Employer identification number C Name of organization Please use IRS Address change label or Name change print of DRUG REFORM COORDINATION NETWORK 52-2034866 type Initial Number and street (or P O box, if mail is not delivered to street address) Room/suite E Telephone number Specific Termin 623 CONNECTICUT AVENUE, NW 3RD FI 202-293-8340 Instruc-City or town, state or country, and ZIP + 4 tions F Group Exemption WASHINGTON, DC 20009 Number - Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Cash X Accrual G Accounting method Schedule A (Form 990 or 990-EZ). Other (specify) ▶ ► STOPTHEDRUGWAR.ORG H Check ► Organization type (check only one)— X = 501(c) (4) (insert no.) 527 required to attach Schedule B (Form 990, 990-EZ, or 990-PF) 🔟 if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$1,000,000 or more, file Form 990 instead of Form 990-EZ 55116. Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I) Part I 55115. 1 Contributions, gifts, grants, and similar amounts received Program service revenue including government fees and contracts 2 3 3 Membership dues and assessments Investment income 4 Gross amount from sale of assets other than inventory Less cost or other basis and sales expenses Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (attach schedule) 5c Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here a Gross revenue (not including \$ reported on line 1) 6a 6b Less direct expenses other than fundraising expenses Net income or (loss) from special events and activities (Subtract line 6b from line 6a) 60 Gross sales of inventory, less returns and allowances 7a 7b Less cost of goods sold Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) C 7c 8 Other revenue (describe 8 55116. 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 9 10 Grants and similar amounts paid (attach schedule) 10 11 Benefits paid to or for members 11 9928. 12 Salaries, other compensation, and employee benefits 12 Expenses 1075. 13 Professional fees and other payments to independent contractors 13 2407. 14 Occupancy, rent, utilities, and maintenance 14 223. 15 Printing, publications, postage, and shipping 15 13747. 16 Other expenses (describe See Statement 1 16 27380. 17 Total expenses. Add lines 10 through 16 17 27736. 18 Excess or (deficit) for the year (Subtract line 17 from line 9 18 Net Assets Net assets or fund balances a begin high them (from line 27, column (A)) (must agree with end-of year ligure reported on prior year) return) 19 -98809. 19 Other changes in net assets or fund balances (attach explanation)
Net assets or fund balances about of real combine lines is through 20 20 20 -71073. 21 21 Part II **Balance Sheets** If Total assets on line 25, botumn (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ (See the instructions for Part I) (A) Beginning of year (B) End of year 3826. 587. 22 Cash, savings, and investment 22 23 Land and buildings 23 24 Other assets (describe See Statement 2 ) 4513. 24 6471 8339. 7058. 25 Total assets 25 107148. 78131. Total liabilities (describe ► ACCOUNTS PAYABLE 26 26 -71073. -98809. 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) 27

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

	11990-EZ (2000) DROG REPORT COORDINATION			<u> </u>	20340	100 raye 2
	art III Statement of Program Service Accomplishme		Part III )			kpenses .
Wh	at is the organization's primary exempt purpose? See Statement	- 4			(Required	for 501(c)(3)
Des	cribe what was achieved in carrying out the organization's exempt purposes. In	a clear and concise manner, d	escribe the services		4947(a)(1	ganizations and ) trusts, optional
	vided, the number of persons benefited, or other relevant information for each p				for others	
	SEE STATEMENT 5				<del>                                     </del>	· <u> </u>
20		<del>-</del> -	<del></del>			
			<del></del>			
	(Grants \$ ) If this amount includes foreign	grants, check here	<u> </u>		28a	5352.
29	SEE STATEMENT 6				1 1	
	(Grants \$ ) If this amount includes foreign	grants check here	•		29a	8135.
30	Totalite w / It this amount includes loreign	grants, check here			250	
30	-					
		·			1	
	(Grants \$ ) If this amount includes foreign	grants, check here	<u> </u>		30a	
31	Other program services (attach schedule)					
	(Grants \$ ) If this amount includes foreign	grants, check here	•		31a	
32	Total program service expenses (add lines 28a through 31a)	grantoj oncolt noro	<del></del>		32	13487.
	ert IV List of Officers, Directors, Trustees, and Key E	mnlovees		<b>10 11-</b>		
	art 14   List of Officers, Directors, Trustees, and Key I	Litipioyees. List each one e	ven if not compensated			
		(b) Title and average hours	(c) Compensation	, ,	ontributions employee	(e) Expense
	(a) Name and address	per week devoted to	(If not paid, enter		efit plans &	account and
	. ,	position	-0)		leferred	other allowances
		,	,	com	pensation	
$\overline{D}P$	AVID BORDEN, 1623 CONNECTICUT	PRESIDENT & T	REASURER			
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	DEY TRANCHINA, 1623 CONNECTICUT	SECRETARY	0123.			
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Pa	rt V Other Information (Note the statement requirements in the instructions for Part VI.)		<del></del> -			
	•		Yes			
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33		_X_		
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes	34	<u> </u>	Х		
35	5 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but <b>not</b>					
	reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T					
а	Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting, and proxy					
	tax requirements?	35a	<u></u>	_X_		
b	If "Yes," has it filed a tax return on Form 990-T for this year?	35b	N/			
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Sch. N	36	$oxed{oxed}$	X		
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions	] !				
b	Did the organization file Form 1120-POL for this year?	37b		X		
38 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made					
	in a prior year and still unpaid at the start of the period covered by this return?	38a	ļl	X		
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b N/A					
39	Section 501(c)(7) organizations Enter			:		
а	Initiation fees and capital contributions included on line 9 39a N/A					
b	Gross receipts, included on line 9, for public use of club facilities 39b N/A					
40 a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under					
	section 4911 $\blacktriangleright$ N/A , section 4912 $\blacktriangleright$ N/A , section 4955 $\blacktriangleright$ N/A					
b	Section 501(c)(3) and (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," complete Schedule L, Part I	40b	ļl	X		
C	Enter amount of tax imposed on organization managers or disqualified persons during the year under					
	sections 4912, 4955, and 4958	:				
	Enter amount of tax on line 40c reimbursed by the organization					
6	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter					
	transaction? If "Yes," complete Form 8886-T	40e		X		
41	List the states with which a copy of this return is filed DC	12 0	240			
42 a	The books are in care of ► THE ORGANIZATION Telephone no ► 202-29					
		2000	<del></del>			
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority		V	NI.		
	over a financial account in a foreign country (such as a bank account, securities account, or other financial	401	Yes	No X		
	account)?	42b				
	If "Yes," enter the name of the foreign country					
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	40-	1	Х		
C	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c	لـــــــــــــــــــــــــــــــــــــ			
	If "Yes," enter the name of the foreign country					
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here	N/A		ш		
	and enter the amount of tax-exempt interest received or accrued during the tax year	IV/ A				
			Vac	No		
	Did the annual to an advantage of the decided of the second of	F	res	140		
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of	44		Х		
4E	Form 990-EZ	44	ļ			
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be	45	1	Х		
	completed instead of Form 990-EZ	<del></del>	90-EZ			
		I VIIII 2	JU LE	, _ , , , , , ,		

Paid Preparer's Signature Michael Usin, cra  Date  Preparer's signature Michael Usin, cra  Date  Preparer's ldentifying Number (See instr.)  Preparer's ldentifying Number (See instr.)  Preparer's ldentifying Number (See instr.)  Preparer's ldentifying Number (See instr.)  Preparer's ldentifying Number (See instr.)  Preparer's ldentifying Number (See instr.)  Preparer's ldentifying Number (See instr.)  Preparer's ldentifying Number (See instr.)  Preparer's ldentifying Number (See instr.)  Preparer's ldentifying Number (See instr.)  Preparer's ldentifying Number (See instr.)  Preparer's ldentifying Number (See instr.)  Preparer's ldentifying Number (See instr.)  Phone   Phone   NASHINGTON, DC 20005	Part V	Section 501(c)(3) organizations only. All section 5 tables for lines 50 and 51.	501(c)(3) organizations mus	st answer question	s 46-49 and co	mple	te the	
147	46 Did t	the organization engage in direct or indirect political campaign activities of	n behalf of or in opposition to c	candidates for public			Yes	No
48   Is the organization operating a school as described in section 17(0)(1)(1)(1)(1)(1) **(*Yes*,* complete Schedule E   48   49   49   49   49   49   49   49	offic	e? If "Yes," complete Schedule C, Part I		•		46		
493 bit the organization make any transfers to an exampt non-charable related organization?  193 bit 17 ssr, was the related organization (s) a section 527 organization?  195 Complete this table for the five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization if there is none, enter 'None'  190 (a) Name and address of each employee paid more than \$100,000  190 (b) Complete this table for the five highest compensated independent contractors who each received more than \$100,000 organization (c) Complete this stable for the five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization if the single paid of the advance of other employees paid over \$100,000  190 (b) Type of service (c) Compensation from the organization if the single paid of the advance of other employees paid over \$100,000  190 (b) Type of service (c) Compensation from the organization if the single paid of th	<b>47</b> Did t	the organization engage in lobbying activities? If "Yes," complete Sche	edule C, Part II			47		
10 Complete this table for the five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,00 of compensation from the organization if there is none, enter None  (a) Name and address of each employee paid more than \$100,000  N/A  (b) Title and average hours per week devoked to position  (c) Compensation  (d) Contributions to employees account and other allowance of the employees account and other allowance of the employees paid over \$100,000  N/A  (a) Name and address of each independent contractor who each received more than \$100,000 of compensation from the organization lift is none, enter None  N/A  (a) Name and address of each independent contractor paid more than \$100,000 of compensation from the organization lift is none, enter None  N/A  (a) Name and address of each independent contractor paid more than \$100,000  (b) Type of service  (c) Compensation  (d) Compensation  (e) Compensation  (b) Type of service  (c) Compensation  (e) Type of service  (f) Compensation  (g) Trust more received more than \$100,000 of compensation from the organization lift is none, enter None  N/A  (a) Name and address of each independent contractor paid more than \$100,000  (b) Type of service  (c) Compensation  (d) Type of service  (e) Compensation  (e) Compensation  (f) Contributions to enter the organization lift is none, enter None  (e) Livye of service  (f) Expense  (f)	<b>48</b> Is th							
Complete this table for the five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization if there is none, enter "None"  (a) Name and address of each employee paid more than \$100,000  N/A  (b) Title and average hours per week devoted to position  (c) Compensation  (d) Contributions to employee benefit pairs 8 account and deferred compensation. N/A  Total number of other employees paid over \$100,000  Total number of other employees paid over \$100,000  N/A  (a) Name and address of each undependent contractors who each received more than \$100,000 of compensation from the organization if this is none, enter "None"  N/A  (a) Name and address of each undependent contractor paid more than \$100,000  (b) Type of service  (c) Compensation  Total number of other independent contractors each receiving over \$100,000  Total number of other independent contractors each receiving over \$100,000  Total number of other independent contractors each receiving over \$100,000  Total number of other independent contractors each receiving over \$100,000  Total number of other independent contractors each receiving over \$100,000  Total number of other independent contractors each receiving over \$100,000  Total number of other independent contractors each receiving over \$100,000  Total number of other independent contractors each receiving over \$100,000  Total number of other independent contractors each receiving over \$100,000  Total number of other independent contractors each receiving over \$100,000  Total number of other independent contractors each received more than \$100,000 of compensation from the organization if the received in the received more than \$100,000 of compensation from the organization if the received in the received more than \$100,000 of compensation if the received more than \$100,000 of compensation if the received more than \$100,000 of compensation if the received more than \$100,000 of compensation if the rec	49a Did t	the organization make any transfers to an exempt non-charitable related o	rganization?			49a	L	<b>↓</b>
(a) Name and address of each employee paid more than \$100,000		- , ,			_			<u> </u>
(a) Name and address of each employee paid more than \$100,000    N/A			fficers, directors, trustees and	key employees) who	each received mo	ore th	an \$10	000,01
Total number of other independent contractors each receiving over \$100,000  Total number of other independent contractors each receiving over \$100,000  Under pending of penjury, declare that officer is based on all information of which preparer has any knowledge  Under pending of penjury, declare that there examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, control to complete Confliction of preparer (other than officer) is based on all information of which preparer has any knowledge  Under pending of penjury, declare that it have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, control to complete Confliction of preparer (other than officer) is based on all information of which preparer has any knowledge  Under pending to penjury, declare that it have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, control to the pentile of		than \$100,000	per week devoted to	(c) Compensation	to employee benefit plans & deferred	( a	ccoun	t and
Total number of other independent contractors each receiving over \$100,000  Total number of other independent contractors each receiving over \$100,000  Under pending of perjury, lededare that there examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, contractors to signature of officer  Date  Preparer's signature of officer  Type or print name and title  Preparer's signature of officer  Type or print name and title  Preparer's signature of officer  Wilson Date  Date  Check if self-employed  Initiative (your steelers) for your steelers in the preparer to independent contractors who each received more than \$100,000 of compensation if the is none, enter 'None'  N/A  (a) Name and address of each independent contractor paid more than \$100,000  (b) Type of service  (c) Compensation  (b) Type of service  (c) Compensation  Total number of other independent contractors each receiving over \$100,000  Index pending of perjury, jecclars that it have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, control to the pending of the pending of which preparer has any knowledge  Index pending of the pending of the pending of the pending of which preparer has any knowledge  Date  Date  Preparer's signature of officer  Type or print name and title  Preparer's signature of officer  Type or print name and title  Preparer's signature of officer  Type or print name and title  Preparer's light title true, control to the best of my knowledge and belief, it is true, control to the pest of my knowledge and belief, it is true, control to the pest of my knowledge and belief, it is true, control to the pest of my knowledge and belief, it is true, control to the pest of my knowledge and belief, it is true, control to the pest of my knowledge and belief, it is true, control to the pest of my knowledge and belief, it is true, control to the pest of my knowledge and belief, it is true, control to th			-					
Under penetites of penjury, 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, a complete Deglaration of preparer (other than officer) is based on all information of which preparer has any knowledge    Very period of the preparer	<b>51</b> Com	nplete this table for the five highest compensated independent contractors one, enter "None" ${ m N/A}$		·				
Under penalties of penjury, 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, an admitted penjaration of preparer (other than officer) is based on all information of which preparer has any knowledge    Vision   V								
Signature of officer  David Borden, President & Executive Director  Paid Preparer's Signature Michael Wing, cra  Date  Date  Preparer's Identifying Number (See instr.)  Preparer's Use Only  Firm's name (or yours if self-employed).  address, and ZIP+4  WASHINGTON, DC 20005  President & Executive Director  Date  Date  Date  Preparer's Identifying Number (See instr.)  Preparer's Identifying Number (See instr.)  Preparer's Identifying Number (See instr.)  Phone Phone Phone Phone	Total num		<b>&gt;</b>			-1 -1 -1		
Preparer's Use Only  Preparer's Signature    Preparer's Signature   Preparer's Signature   Preparer's Identifying Number (See instr.)	_	Signature of officer Disvid Borden, President &	1 .		<u>  11/15/1/</u>	q	s true,	
Use Only   Firm's name (or yours if self-employed).   address. and ZIP+4   WASHINGTON, DC 20005     DC 202-293-5344     DC 202-293-29344     DC 202-293-29344       DC 202-293-29344     DC 202-293-29344     DC 202-29344     DC		Preparer's signature			arer's Identifying Nu	ımber	(See ins	tr )
# self-employed). address, and ZIP+4 WASHINGTON, DC 20005 Phone ► 00 202-293-5344		MICHAEL L WEISED D.C.	<del></del>	<del></del>	<b>&gt;</b>			
		if self-employed). 1201 15th STREET, NW #		Phon	e <b>►</b>	3.	.534	4
	May the IE	·				$\neg$		No

Form 990-EZ	Other Expenses	· <del>- ·- ·- ·</del>	Statement 1
Description			Amount
PAYROLL TAXES			794.
INTERNET ACCESS			180.
TELEPHONE			2368.
FINANCE CHARGES			1600.
INSURANCE			. 653.
HEALTH INSURANCE			1720.
CREDIT CARD FEES			1232.
PAYROLL ADMINISTRATION BANK CHARGES			350. 1676.
WEB SITE HOSTING			3780.
MISCELLANEOUS			-606.
Total to Form 990-EZ, line 16			13747.
Taxan 000 BZ	Other Person		Glalamani 2
Form 990-EZ	Other Assets		Statement 2
Description		Beg. of Year	End of Year
ACCOUNTS RECEIVABLE		1033.	2125.
PREPAID EXPENSES		3480.	4346.
Total to Form 990-EZ, line 24		4513.	6471.

FO	ORM 990-EZ Information Regarding Transfers Associated with Personal Benefit Contrac	Information Regarding Transfers Associated with Personal Benefit Contracts			Statement				
A)	Did the organization, during the year, receive any fur directly or indirectly, to pay premiums on a personal benefit contract?	L	[	]	Yes	[X]	No		
B)	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract	t? .	. [	]	Yes	[X]	No		

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Statement

4

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

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## DRUG REFORM COORDINATION NETWORK

Statement of Program Accomplishments Form 990 EZ Statement 5 Part III

## Explanation

The DRCNet continued to coordinate the Coalition for Higher Education Act Reform (CHEAR) seeking to repeal the drug provision of the Higher Education Act that delays or denies financial aid to students. Work progressed in continuing to lobby for full repeal while expanding the coalition work to encompass related issues such as the drug provisions in welfare and public housing law

Form 990 EZ Statement of Program Accomplishments Statement 6 Part III

## **Explanation**

The 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, police militarization and other issues