SCANNED DEC 2 1 2010

932001 02-04-10

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)

OMB No 1545-0047

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

Open to Public Inspection

A	For the	2009 ca	endar year, or tax year beginning	and	ending						
В	Check if applicable	Please use IRS	C Name of organization			D Employer ident	tificati	ion number			
Г	Addres	s label or	DRCNET FOUNDATION								
	Name change	type	Doing Business As			52-	-203	4867			
Ę	Initial return Termin	See Specific	Number and street (or P 0 box if mail is not delivered to street ad		Room/suite	E Telephone num					
F	ated	Instruc-	1623 CONNECTICUT AVENUE, NW		3RD FL		362	107677			
닏	return		City or town, state or country, and ZIP + 4			G Gross receipts \$		197677.			
L	tion pendin		WASHINGTON, DC 20009			H(a) is this a group	o retur				
			ne and address of principal officer DAVID BORDEN 3 CONNECTICUT AVENUE. NW, WASHIN	יוריייטי	N DC	for affiliates?		Yes X No			
_	Ψ				N, DC	H(b) Are all affiliates					
			us: X 501(c) (3) ◀ (insert no.)	527		1		. (see instructions)			
_			on X Corporation	-	I Veer	H(c) Group exemp		tate of legal domicile DC			
		Summ	· · · · · · · · · · · · · · · · · · ·		L Year	or formation 1997	1 M 20	ate of legal domicile DC			
	4		scribe the organization's mission or most significant activities:	ro El	DUCATE	THE PUBLT	C 0	N AND			
Activities & Governance	'		AWARENESS OF THE IMPACT OF CURI					THID			
ā	2	Check thi					t asset	'e			
Ş.	3		f voting members of the governing body (Part VI, line 1a)	J. G.OP C	300 01 111010	1	3	3			
Ğ	4		r~	4	2						
S.	5		f independent voting members of the governing body (Part VI, li ber of employees (Part V, line 2a)	F-	5	4					
itie	6		ber of volunteers (estimate if necessary)			—	6	3			
Ę	7a		s unrelated business revenue from Part VIII, column (C), line 12		7a	6678.					
⋖		Net unrela	[7	7b	5173.						
						Prior Year		Current Year			
Revenue	8	Contribut	ons and grants (Part VIII, line 1PECEIVED			199685	, .	190999.			
	9	Program s	service revenue (Part VIII, line 2g)								
ě	10	Investme	nt income (Part VIII, column (A), lines, 3, 4, and 76)	16							
•	11 (Other rev	enue (Part VIII, column (A) lines 5, 6d, 8c, 9c, 10c, and thie)	5503	₹.	6678.					
	12	Total reve	nue - add lines 8 through 11 (must equal Part VIII, column (A), lii	205204	t •	197677.					
	13	Grants an	d similar amounts paid (Part IX இற்றா (All ines 1 3)			9200.					
	14	Benefits p	oald to or for members (Part-IX, column (A); line 4)	10460							
es	15		other compensation, employee benefits (Part IX, column (A), line	s 5·10)	_	104600.		117529.			
Expenses	16a		nal fundraising fees (Part IX, column (A), line 11e)					2215.			
X	р.		draising expenses (Part IX, column (D), line 25)	4429	99.	124056		00404			
_	17 '		enses (Part IX, column (A), lines 11a-11d, 11f-24f)			124956		80484.			
	i .	-	enses. Add lines 13-17 (must equal Part IX, column (A), line 25)		<u> </u>	229556 -24352		209428.			
_ 6		Revenue	less expenses. Subtract line 18 from line 12		Do			-11751.			
sts		Tatal ass	A (Dark V. Inc. 40)		Ве	ginning of Current Yea		End of Year 54216.			
ASS	20		ets (Part X, line 16) lities (Part X, line 26)			12779		27826.			
Net Assets or	22		s or fund balances. Subtract line 21 from line 20			38141		26390.			
	art II		ture Block			50111		200301			
<u> </u>		Under pena	Ities of penury, I declare that I have examined this return, including accompanying sc	hedules an	d statements,	and to the best of my know	vledge a	nd belief, it is true, correct,			
		and comple	te Declaration of preparer (other than officer) is based on all information of which pre	parer has a	iny knowledge	. 11/15/	/10				
Sig	ın I		IN VE			11/12/	W				
He		Sigr	lature of officer			Date					
		DA	VID BORDEN, PRESIDENT AND €X€CV	NIT	E DIRE	CTOR					
		Тур	e or print name and title								
Pai	4	Preparer's	Mohool & Wein Crit	Date			eparer's i	identifying number			
_	parer's	signature	<u></u>	11/13/		ployed 🕨 🔲 🗀					
	e Only	Firm's name	MICHAEL D. WEIDER, F.C.			EIN ►					
Ual	. uni	self-employ address, an	a bibbi bindai, ivi "olo								
		ZIP + 4	WASHINGTON, DC 20005			Phone no	202	2-293-5344			
Ma	v the IF	RS discus	s this return with the preparer shown above? (see instructions)					Yes No			

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

Form **990** (2009)

Par	t III Statement of Program Service Accomplishments
1	Briefly describe the organization's mission: 68TO EDUCATE THE PUBLIC ON AND RAISE AWARENESS OF THE IMPACT OF
	CURRENT DRUG POLICIES; TO PROMOTE DEBATE ON DRUG PROHIBITION AND
	ALTERNATIVES TOO IT; TO PROMOTE POSITIVE REFORMS TO DRUG LAWS AND DRUG
	POLICIES; TO REDUCE THE HARMS ASSOCIATED WITH DRUG AND DRUG LAWS.
2	Did the organization undertake any significant program services during the year which were not listed on
	the prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	If "Yes," describe these changes on Schedule O.
4	Describe the exempt purpose achievements for each of the organization's three largest program services by expenses.
	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and
	allocations to others, the total expenses, and revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 68910 . including grants of \$ 1700 .) (Revenue \$) DRCNET FOUNDATION PUBLISHED THE "SPEAKEASY" DAILY BLOG, BUILT OUR WEB
	SITE READERSHIP TO OVER 1.8 MILLION UNIQUE VIEWERS AND PRODUCED AN
	ONLINE VIDEO "SWAT RAIDS: NO ONE IS SAFE", LAUNCHED A NEW "DRUG POLICY
	NEWS WRITING DEMONSTRATION PROJECT" AS WELL AS AS OTHER, GENERAL
	PROGRAMATIC WORK ON A DAY-TO-DAY BASIS THROUGHOUT THE YEAR AND
	ADMINISTERED THE JOHN W PERRY SCHOLARSHIP FUND FOR STUDENTS LOOSING
	FINANCIAL AID BECAUSE OF DRUG CONVICTIONS.
	56072
4b	(Code) (Expenses \$ 56073 • including grants of \$) (Revenue \$) DRCNET FOUNDATION PUBLISHED 49 ISSUES OF OUR ACCLAIMED ONLINE DRUG
	POLICY NEWSLETTER, DRUG WAR CHRONICLE.
	POLICI NEWSLETTER, DRUG WAR CHRONICHE.
4c	(Code.) (Expenses \$\frac{7500}{1000} \cdot \text{ including grants of \$\frac{7500}{1000} \cdot \text{)}}
	DRCNET FUNNDATION FUNDED GRASSROOTS LOBBYING ON A RANGE OF DRUG POLICY
	ISSUES CONSISTING OF DISTRIBUTING EMAIL AND WEB BASED ACTION ALERTS AND
	BUILDING A DATABASE OF CURRENT LEGISLATION.
4d	Other program services. (Describe in Schedule O.)
	(Expenses \$ 1310 • including grants of \$) (Revenue \$)
4e	Total program service expenses ►\$ 133793.
	Form 900 (2000)

932002 02-04-10

Form 990 (2009) DRCNET FOUNDATION Part IV Checklist of Required Schedules

			Yes	No
1	is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	is the organization required to complete Schedule B, Schedule of Contributors?	_2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3_		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4	Х	
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and			
	reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5]
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide			
	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments?			
	If "Yes," complete Schedule D, Part V	10		Х
11	is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable	11	Х	
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI.			
•	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.			
•	Did the organization report an amount for investments · program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 169 If "Yes," complete Schedule D, Part VIII			
•	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX			
•	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.			
•	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI, XII, and XIII.	12		X
12A	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization			
	or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals			
	located outside the United States? If "Yes," complete Schedule F, Part III	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	-		
	1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		Х
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		X
		_	000	0000

Form **990** (2009)

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the			
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,			
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	_22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			v
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			Х
	Schedule K. If "No", go to line 25	24a 24b		
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	240		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	24c	'	
	any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a	240		
2 5a	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
ь				
Ü	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		Х
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified			
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete			
	Schedule L, Part III	27	<u> </u>	X
28	Was the organization a party to a business transaction with one of the following parties, (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions).			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was			
	an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	_29	1	X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			17
	contributions? If "Yes," complete Schedule M	30	_	X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			J
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	32		х
	Schedule N, Part II	32	-	_ A
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	33		Х
24	sections 301.7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33	-	**
34	Was the organization related to any tax-exempt or taxable entity?	34	X	
25	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1 Is any related organization a controlled entity within the meaning of section 512(b)(13)?	-		
35	If "Yes," complete Schedule R, Part V, line 2	35		x
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	-		
50	If "Yes," complete Schedule R, Part V, line 2	36	Х	
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	1	1	
٠.	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?		1	
	Note. All Form 990 filers are required to complete Schedule O	38		Х
			000	(0000

	990 (2009) DRCNET FOUNDATION 52-2034	86/	<u> </u>	age 5
Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of			
	U.S. Information Returns. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 4			
ь	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a	X	
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	X	,
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
ь	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.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited			
Ť	Tax Shelter Transaction?	5c		
Ra	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	-00		\vdash
Vu	any contributions that were not tax deductible?	6a		Х
h	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	- 50		 -
b	were not tax deductible?	6ь		
7	Organizations that may receive deductible contributions under section 170(c).	00	,	\vdash
7	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services	·		1
a	provided to the payor?	7a	Х	
.	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	7.5		\vdash
C	to file Form 8282?	7c		x
		10	-	
		1		
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal	7.		Х
	benefit contract?	7e 7f		X
'	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7g		<u> </u>
9	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7 <u>9</u> 7h		
	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	-/-	,	-
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the			
	supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings			
^	at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			1
a	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12	1		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	1		
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders	1		
Ь	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)]		

Form **990** (2009)

b | | f "Yes," enter the amount of tax-exempt interest received or accrued during the year

12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?

Form 990 (2009) DRCNET FOUNDATION 52-2034867 Page

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions.

Sec	tion A. Governing Body and Management		· · · · · · · · · · · · · · · · · · ·					
			1	_	Yes	No		
1a	Enter the number of voting members of the governing body	1a		3				
b	Enter the number of voting members that are independent	1b		2				
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	ip with	any other					
	officer, director, trustee, or key employee?			2		<u>X</u>		
3	Did the organization delegate control over management duties customarily performed by or under the	he dire	ct supervision			v		
	of officers, directors or trustees, or key employees to a management company or other person?			3		-X		
4	Did the organization make any significant changes to its organizational documents since the prior Fo		0 was filed?	4		X X X		
5	Did the organization become aware during the year of a material diversion of the organization's asse	ets		5		X		
6	Does the organization have members or stockholders?		f +b -	6				
/a	Does the organization have members, stockholders, or other persons who may elect one or more me	iember	s or the	7a		Y		
_	governing body? Are any degrees of the accompling body subject to approval by members, stockholders, or other pa	mone,	,	7b		X		
_	Are any decisions of the governing body subject to approval by members, stockholders, or other pe Did the organization contemporaneously document the meetings held or written actions undertaken			76				
8	y the year							
а	by the following: The governing body?			8a	х			
b	Each committee with authority to act on behalf of the governing body?			8b		Х		
9								
•	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	aonea	at the	9		X		
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal F	Revenu	re Code)					
	The state of the section of the sect	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			Yes	No		
10a	Does the organization have local chapters, branches, or affiliates?			10a		X		
	If "Yes," does the organization have written policies and procedures governing the activities of such	n chap	ters, affiliates,					
	and branches to ensure their operations are consistent with those of the organization?	-		10b				
11	Has the organization provided a copy of this Form 990 to all members of its governing body before f	filing tl	ne form?	11	X			
11A	Describe in Schedule O the process, if any, used by the organization to review this Form 990.							
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13							
b	b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise							
	to conflicts?			12b	<u></u>	<u>X</u>		
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If	f "Yes,	' describe					
	in Schedule O how this is done			12c	X			
13	Does the organization have a written whistleblower policy?			13	ļ	X		
14	Does the organization have a written document retention and destruction policy?			14		A		
15	Did the process for determining compensation of the following persons include a review and approv		ndependent					
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	7		45-		х		
a	The organization's CEO, Executive Director, or top management official			15a 15b	х	Λ.		
D	Other officers or key employees of the organization			130	Α_			
16-	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	emen t	with a					
. 04	taxable entity during the year?	oment	********	16a		Х		
h	If "Yes," has the organization adopted a written policy or procedure requiring the organization to eva	aluate	its participation	100				
~	in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the org							
	exempt status with respect to such arrangements?	9		16b				
Sec	tion C. Disclosure				•			
17	List the states with which a copy of this Form 990 is required to be filed ▶DC							
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-	-T (501	(c)(3)s only) availab	le for				
	public inspection, Indicate how you make these available. Check all that apply.	•	•••					
	Own website Another's website X Upon request							
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents,	conflic	t of interest policy,	and fina	ancial			
	statements available to the public.							
20	State the name, physical address, and telephone number of the person who possesses the books a	and re	cords of the organi	zation:	-			
	DAVID BORDEN, EXECUTIVE DIRECTOR - 202-293-8340							
	1623 CONNECTICUT AVE, NW 3RD FL, WASHINGTON, DC	200)9					
				Form	990	(2009)		

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees, and former such persons.

(A)	(B)			(C) Position				(D)	(E)	(F)
Name and Title	Average hours	(c	(check all				ly)	Reportable compensation	Reportable compensation	Estimated amount of
	per week	Individual trustee or director	Institutional trustee	Officer		Highest compensated employee	·	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
DAVID BORDEN	20.00									
PRESIDENT AND TREASURER JOEY TRANCHINA	30.00	_		X		<u> </u>	ļ	29082.	0.	0
DIRECTOR	1.00			x				0.	0.	0
SHAWN HELLER	1.00	 -		<u> </u>				•		
SECRETARY	1.00		L	X		<u> </u>		0.	0.	0
Particular										
										
	7.1									
						 -			,	
									.,	
0-100		-								
						-			<u> </u>	

932007 02-04-10

Par	t VII Section A. Officers, Directors, Tru	istees, Key Er	nplo	yee	s, a	nd l	High	est	Compensated Employ	ees (continued)				
	(A)	(B)			-	C)			(D)	(E)		(F)	
	Name and title	Average	/61		Pos		app	.1. ()	Reportable compensation	Reportable	į.			
		hours per week	Individual frustee or director	Institutional frustee	Officer		Highest compensated 5		from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC))	ot compe	her ensati n the ization	ion on d
											_			
							-							
														
	<u>-</u>													
							 							
1 b	Total	•					▶		29082.	().			0.
2	Total number of individuals (including but r	ot limited to th	ose	liste	ed a	bov	e) wl	ho r	eceived more than \$100	,000 in reportable				_
	compensation from the organization												'es	<u>0</u> No
3	Did the organization list any former officer,			e, ke	y en	nplo	yee,	or h	highest compensated er	nployee on			es	X
4	line 1a? If "Yes," complete Schedule J for s For any individual listed on line 1a, is the si and related organizations greater than \$15	ım of reportab	le co							the organization		4		<u>х</u> х
5	Did any person listed on line 1a receive or									ices rendered to	-	7	\top	
Sec	the organization? If "Yes," complete Schedition B. Independent Contractors	lule J for such	pers	on								5		X
1	Complete this table for your five highest countered the organization.	mpensated in	depe	ende	ent c	ont	racto	ors t	that received more than	\$100,000 of comp	ensati	ion fro	m	
	(A) Name and business	address							(B) Description of s	services	Cor	(C)	ation	1
									<u></u>					
									- / - / - / - / - / - / - / - / - / - /					
	Total number of independent continue (nodudice but -	o+ 1-		مقاسم		oc li	at a :	d abovo) who recent	and then				
	Total number of independent contractors (\$100,000 in compensation from the organi		.01 11		10		0	31 0 (a above, who received h	iore urali	E,	orm 9	<u> </u>	

Pa	rt V	II Statement of Rever	nue					
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
ts	1 :	Federated campaigns	1a					
E		Membership dues	1b					
g,E		Fundraising events	1c					
Contributions, gifts, grants and other similar amounts		Related organizations	1d					
S, S		Government grants (contribut	 	-				
is is		All other contributions, gifts, gran	, 					
Fe E		similar amounts not included abo	1 1	190999.				
<u> </u>		Noncash contributions included in lines						
a S		Total. Add lines 1a-1f	. ia-ii \$	•	190999.			
$\overline{}$		Total. Add lines 12 11		Business Code				
	2 :			Business Code				
Program Service Revenue								
Ser						= :=		
E S		; 1						
P		-						
P.		All other program condec rove						
		All other program service reve	enue					
	3	Total. Add lines 2a-2f Investment income (including	dividende inter					
		other similar amounts)	dividends, intere	-st, and				
	4	Income from investment of ta	v-avamet band r	rocodo				
	5	Royalties	x-exempt bond p	Dioceeus -				
	3	noyalles	(ı) Real	(II) Personal			7 1111 111 1711	
		Gross Rents	(I) neal	(II) Personal				
	6							
		Less: rental expenses						
		Rental income or (loss)						
İ		Net rental income or (loss)	(1) (2)					
	/ :	Gross amount from sales of	(i) Securities	(II) Other				
		assets other than inventory		+				
		b Less cost or other basis						
		and sales expenses						
		Gain or (loss)						
		d Net gain or (loss)						
ne	8	Gross income from fundraisin						
Other Revenue		including \$	of					
Re		contributions reported on line	-					
Jer		Part IV, line 18	a .					
ਰ		Less direct expenses	b					
:		Net income or (loss) from fund						
	9	Gross income from gaming ad						
		Part IV, line 19	a					
		Less: direct expenses	b					
		Net income or (loss) from gan						
	10	Gross sales of inventory, less						
		and allowances	a					
		Less: cost of goods sold	b	———				
	•	Net income or (loss) from sale						
		Miscellaneous Revenu	ie	Business Code 541800	6678.		6678.	
		<u>ADVERTISING</u>		241000	00/8.		00/8.	
		b	<u> </u>					
		·						- -
		d All other revenue			6670	'		
		Total. Add lines 11a-11d			6678.		6630	
	12	Total revenue. See instructions			197677.	0.	6678.	0.

Form 990 (2009) DRCNET FOUNDATION Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

_	All other organizations must complete include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
_ <u>-</u> -	Bb, 9b, and 10b of Part VIII.		expenses	general expenses	expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	7500.	7500.		
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	1700.	1700.		
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	29082.	13654.	7471.	7957.
	trustees, and key employees	29002.	13034.	/4/1•	1951
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and				
7	persons described in section 4958(c)(3)(B)	73119.	46318.	13643.	13158.
7 8	Other salaries and wages Pension plan contributions (include section 401(k)	73117.	403101	13013.	13130
J	and section 403(b) employer contributions)				
9	Other employee benefits	7151.	4791.	1180.	1180.
10	Payroll taxes	8177.	4808.	1685.	1684.
11	Fees for services (non-employees)				
а	Management				
ь	Legal				
c	Accounting	2200.	1454.	373.	373.
d	Lobbying	2015			0015
е	Professional fundraising services See Part IV, line 17	2215.			2215
f	Investment management fees	1005	1005		
9	Other	1085.	1085.		
12	Advertising and promotion	1545.	706.	180.	659
13	Office expenses	1545.	700.	100.	0.55
14	Information technology				
15 16	Royalties	21591.	14274.	3658.	3659.
17	Occupancy	3499.	3350.	3030.	149.
18	Payments of travel or entertainment expenses	31330	30001		
.0	for any federal, state, or local public officials		:		
19	Conferences, conventions, and meetings				
20	Interest	2739.	1813.	463.	463
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	1397.		1397.	
23	Insurance	1339.	885.	227.	227
24	Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
а	WEB SITE HOSTING	13009.	10987.		2022.
b	MEMBER PREMIIUMS	6951.			6951
¢	VIDEO PRODUCTION	6203.	6200.		3.
d	MEDIA RELATIONS	3519.	3519.		
е	TRANSLATION	2960.	2960.	1050	
f	All other expenses	12447.	7789.	1059.	3599
25	Total functional expenses. Add lines 1 through 24f	209428.	133793.	31336.	44299
26	Joint costs. Check here				
	SOP 98-2 Complete this line only if the organization			1	
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation]			Form 990 (2000)

Pa	rtΧ	Balance Sheet					
	,		_		(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			7052.	1	1257.
	2	Savings and temporary cash investments			*****	2	
	3	Pledges and grants receivable, net				3	10000.
	4	Accounts receivable, net		•	40810.	4	38275.
	5	Receivables from current and former officers, di	rectors	. trustees, kev			
		employees, and highest compensated employe		- 1			
		of Schedule L		'		5	
	6	Receivables from other disqualified persons (as	define	d under section	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
		4958(f)(1)) and persons described in section 49		i			
		Part II of Schedule L	(-/(-/			6	
s	7	Notes and loans receivable, net		Ī		7	
Assets	8	Inventories for sale or use		ļ		8	
As	9	Prepaid expenses and deferred charges	· · ·	9	3023.		
	-	Land, buildings, and equipment: cost or other	1	ļ.	······································		
		basis. Complete Part VI of Schedule D	10a	13601.			
	h	Less: accumulated depreciation	10b	11940.	3058.	10c	1661.
	11	Investments - publicly traded securities		11			
	12	Investments - other securities. See Part IV, line		12			
	13	investments - program-related See Part IV, line		13			
	14	Intangible assets	·····	14			
	15	Other assets. See Part IV, line 11				15	
	16	Total assets. Add lines 1 through 15 (must equ	50920.	16	54216.		
	17	Accounts payable and accrued expenses	12779.	17	27826.		
	18	Grants payable		18			
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
ro.	21	Escrow or custodial account liability. Complete	Part IV	of Schedule D		21	
Liabilities	22	Payables to current and former officers, directo				-	
Ē		highest compensated employees, and disqualif				1	
Ë		of Schedule L	iou poi	oono, compioto i art ii		22	
	23	Secured mortgages and notes payable to unrel	ated th	ird parties		23	
	24	Unsecured notes and loans payable to unrelate		The state of the s		24	
	25	Other liabilities. Complete Part X of Schedule D		pu		25	
	26	Total liabilities. Add lines 17 through 25			12779.	26	27826.
		Organizations that follow SFAS 117, check h	ere 🕨	X and complete			
ý		lines 27 through 29, and lines 33 and 34.					
၁	27	Unrestricted net assets			38141.	27	26390.
ala	28	Temporarily restricted net assets				28	
<u>В</u>	29	Permanently restricted net assets				29	
Ë		Organizations that do not follow SFAS 117, o	heck h	nere 🕨 🔲 and			
P		complete lines 30 through 34.					
şţ	30	Capital stock or trust principal, or current funds	3			30	
SSe	31	Paid-in or capital surplus, or land, building, or e		ent fund		31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated in				32	
ž	33	Total net assets or fund balances	.,		38141.	33	26390.
	34	Total liabilities and net assets/fund balances			50920.		54216.

Form **990** (2009)

Pa	rt XI Financial Statements and Reporting							
			Yes	No				
1	Accounting method used to prepare the Form 990: Cash X Accrual Other							
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			į				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a	_	Х				
b	Were the organization's financial statements audited by an independent accountant?	2b		X				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,							
	review, or compilation of its financial statements and selection of an independent accountant?	2c		l				
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	,	' ''					
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a							
	consolidated basis, separate basis, or both:							
	Separate basis Consolidated basis Both consolidated and separate basis			l				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit			ĺ				
	Act and OMB Circular A-133?	3a		_X_				
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit							
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3ь		l				
	Form 990 (

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No 1545-0047

Open to Public Inspection

Name of the organization

Employer identification number

		DRCNET	FOUNDATION						52	<u>-2034</u>	867	
Part	Reason	for Public Char	ity Status (All organiz	ations mu	st complet	e this part	.) See inst	ructions.				
he org	anization is not a	private foundation	because it is: (For lines 1	through 1	11, check	only one b	ox.)					
1	A church, co	nvention of churches	s, or association of churc	ches desc	ribed in se	ction 170	(b)(1)(A)(i)					
2	A school des	cribed in section 17	0(b)(1)(A)(ii). (Attach Sc	hedule E.)								
з 🗆	A hospital or	a cooperative hospi	tal service organization of	described	ın section	170(b)(1)	A)(iii).					
4	-		operated in conjunction					(b)(1)(A)(ii	i). Enter th	e hospital	's name	e.
	city, and stat		•		•				•			•
5			benefit of a college or ur	niversity ov	wned or or	erated by	a governr	mental uni	t described	d in		
		(b)(1)(A)(iv). (Comple				•	3					
6	7		ent or governmental unit	t described	d in sectio	n 170(b)(1)(A)(v).					
7 X	7	-	eives a substantial part					r from the	general n	ublic desc	rihed ir	,
• ===	•	b)(1)(A)(vi). (Comple		or its supp	ort morni a	governine	intai onii o	1 110111 1110	generalp	dono dese	i i i i i i i i i i i i i i i i i i i	
8	¬ '		ection 170(b)(1)(A)(vi). ((Complete	Part II \							
9 -	¬ .		eives: (1) more than 33 1		•	om contri	butions m	omborehi	n foot one	d groce ro	oointo f	rom
о _	_	-	nctions - subject to certa						•	•	•	
		•	axable income (less sect	•						-		
		509(a)(2). (Complete	·	ilon o i i ta	D, 110111 50	311103303 0	ioquii cu b	y the orga	onzacion ai	iter dune e	0, 157	•
10 🗆	7		perated exclusively to te	st for publi	ic safety 5	ee sectio	n 509(a)(4	1)_				
11 =	¬	•	perated exclusively for the	•	-			-	v out the c	ournoses o	of one c	or
	-	•	itions described in section		•				•			-
		• • •	organization and comple	• • • •	•		,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		-/(-/-			
	a Type	-·· -· - -	n		e III - Func		egrated		d 🗀	Type III - 0	Other	
e 🗌	¬		t the organization is not	• • •		•	-	r more disc		• •		า
	• -	-	han one or more publicly		-	_	•		•			
f			ten determination from t								(-7(-7	
		rganization, check th			•	, , , ,	, , ,					
g		-	rganization accepted ar	ny aift or c	ontribution	from any	of the follo	owing pers	sons?			
Ū	_		rectly controls, either al			-					Yes	No
		•	upported organization?	•				,,,,,,		11g(i)		
	(ii) A family	member of a persor	described in (i) above?							11g(ii)		
	(iii) A 35%	controlled entity of a	person described in (i) o	or (II) above	e?					11g(iii)		
h			about the supported or									
		-										
(i) Na	me of supported	(ii) EIN	(iii) Type of	(iv) Is the c	organization	(v) Did you	notify the	(vi) is	the	(vii) An	nount of	 F
	rganization	(.,	organization (described on lines 1-9		sted in your			organization (i) organiz			port	
			above or IRC section	governing	document?	(I) of your	support?	US	2			
			(see instructions))	Yes	No	Yes	No	Yes	No			
									\perp			
				ļ <u>.</u>	<u> </u>			ļ				
									i i			
					1				1			
				ļ				-	 			
F. 4 - '												
<u> Fotal</u>		<u> </u>		<u> </u>	<u> </u>		<u> </u>	1	<u> </u>			

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

Schedule A (Form 990 or 990-EZ) 2009

Schedule A (Form 990 or 990-EZ) 2009 DRCNET FOUNDATION 52-2034867 Page 2

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Sec	tion A. Public Support						
Cale	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not	200575.	200863.	223734.	199685.		024057
_	Include any "unusual grants.")	200373.	200863.	223/34.	199005.		824857.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
_	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	200575.	200863.	223734.	199685.		824857.
5	The portion of total contributions	2003/30	200003.		133003.		0210371
•	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						153095.
6	Public support. Subtract line 5 from line 4						671762.
	tion B. Total Support						
Cal	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7	Amounts from line 4	200575.	200863.	223734.	199685.		824857.
8	Gross income from interest,	:					
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital	ļ					
	assets (Explain in Part IV.)						024057
	Total support. Add lines 7 through 10	<u></u>					824857.
	Gross receipts from related activities,	•	•			12	
13	First five years. If the Form 990 is for	J	tirst, second, thire	d, fourth, or fifth ta	ix year as a sectio	n 501(c)(3)	▶□
Sai	organization, check this box and storection C. Computation of Publ		rcentage				
	Public support percentage for 2009 (olumn (fl)		14	81.44 %
	Public support percentage from 2008	• • • • • • • • • • • • • • • • • • • •	•	Oldifilit (1))		15	%
	33 1/3% support test - 2009.If the o			line 13, and line 1	4 is 33 1/3% or m		
	stop here. The organization qualifies				7.000 7.070 01 11	0.0, 0.100.	► X
Ŀ	33 1/3% support test - 2008.If the o		-		line 15 is 33 1/3%	or more, check t	
	and stop here. The organization qual	-					▶□
17a	10% -facts-and-circumstances tes	•			13, 16a, or 16b, a	nd line 14 is 10%	or more,
	and if the organization meets the "fac	=					
	meets the "facts-and-circumstances"		·	•	•		>
b	10% -facts-and-circumstances tes	•	•		•	7a, and line 15 is	10% or
	more, and if the organization meets the						
	organization meets the "facts-and-circ	cumstances" test.	The organization o	qualifies as a public	cly supported orga	anization	▶ □
18	Private foundation. If the organization						ns ►
					Sche	edule A (Form 99	0 or 990-EZ) 2009

Schedule A (Form 990 or 990-EZ) 2009 Part III | Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I) Section A. Public Support (c) 2007 Calendar year (or fiscal year beginning in) (a) 2005 (b) 2006 (d) 2008 (e) 2009 (f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose 3 Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 5 The value of services or facilities furnished by a governmental unit to the organization without charge 6 Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year c Add lines 7a and 7b 8 Public support (Subtract line 7c from line 6) Section B. Total Support (c) 2007 Calendar year (or fiscal year beginning in) (a) 2005 (b) 2006 (d) 2008 (e) 2009 (f) Total 9 Amounts from line 6 10a Gross income from interest. dividends, payments received on securities loans, rents, royalties and income from similar sources b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on 12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.) 13 Total support (Add lines 9, 10c, 11, and 12) 14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f) 15 % 16 % 16 Public support percentage from 2008 Schedule A, Part III, line 15 Section D. Computation of Investment Income Percentage 17 % 17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f)) 18 Investment income percentage from 2008 Schedule A, Part III, line 17 18 %

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2009

19a 33 1/3% support tests - 2009. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not

b 33 1/3% support tests - 2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

Schedule A

Identification of Excess Contributions Included on Part II, Line 5

2009

** Do Not File ** *** Not Open to Public Inspection ***

Contributor's Name	Total Contributions	Excess Contributions
	104595.	88098
	17000.	503
	30000.	13503
	33000.	16503
	26982.	10485
	40500.	24003
•		
		.
	-	
otal Excess Contributions to Schedule A, Part II, Line 5	1	153095

15.1

09501113 743107 DRCNET990 2009.05000 DRCNET FOUNDATION

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Complete if the organization is described below.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Inspection

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities), then Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.

- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax), then

• 5	Section 501(c)(4), (5), or (6) organizat	ions: Complete Part III.			
Nam	e of organization			Emplo	oyer identification number
		FOUNDATION		_	52-2034867
Pa	rt I-A Complete if the org	anization is exempt unde	er section 501(c)	or is a section 527 or	ganization.
1	Provide a description of the organiz	ation's direct and indirect politica	l campaign activities		
2	Political expenditures			▶\$	
3	Volunteer hours				
Pa	rt I-B Complete if the org	panization is exempt unde	er section 501(c)	(3).	
1	Enter the amount of any excise tax	·		▶\$	
2	Enter the amount of any excise tax	incurred by organization manager	rs under section 4955	5 ▶\$	
3	If the organization incurred a sectio	n 4955 tax, did it file Form 4720 f	or this year?		Yes No
4a	Was a correction made?				Yes No
b	If "Yes," describe in Part IV.				
Pa	rt I-C Complete if the org	janization is exempt unde	er section 501(c)	, except section 501(c)(3).
1	Enter the amount directly expended	by the filing organization for sec	tion 527 exempt func	tion activities	
2	Enter the amount of the filing organ	ization's funds contributed to oth	er organizations for s	ection 527	
	exempt function activities			▶\$	
3	Total exempt function expenditures	. Add lines 1 and 2 Enter here an	id on Form 1120-POL		
	line 17b			▶\$	
	Did the filing organization file Form	•			Yes No
5	Enter the names, addresses and en	•	•	_	
	For each organization listed, enter t				
	that were promptly and directly deli (PAC). If additional space is needed		nization, such as a se	eparate segregated fund or a	political action committee
		•	4) 5111	T.,	
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's	(e) Amount of political contributions received and
				funds. If none, enter -0	promptly and directly
					delivered to a separate
					political organization. If none, enter -0
				_	,
		· · · · · · · · · · · · · · · · · · ·			
_					

932041 02-04-10

LHA

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

Schedule C (Form 990 or 990-EZ) 2009

	Lobbying Expendit	ures During 4-Year	Averaging Period		
Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(ർ) 2009	(e) Total
2a Lobbying nontaxable amount	35361.	45790.	45911.	1500.	128562.
b Lobbying ceiling amount (150% of line 2a, column(e))				,	192843.
c Total lobbying expenditures	6618.		6000.	7500.	20118.
d Grassroots nontaxable amount	8840.	11448.	11478.	375.	32141.
e Grassroots celling amount (150% of line 2d, column (e))		1.			48212.
f Grassroots lobbying expenditures	6000.		6000.	7500.	19500.

Schedule C (Form 990 or 990-EZ) 2009

09501113 743107 DRCNET990

Schedule C (Form 990 or 990-EZ) 2009 DRCNET FOUNDATION 52-2034867 Page 3

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

	(a)	(b)
	Yes	No	Amo	unt
During the year, did the filing organization attempt to influence foreign, national, state or				
local legislation, including any attempt to influence public opinion on a legislative matter				
or referendum, through the use of:				
a Volunteers?		X		
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		X	***************************************	*****
c Media advertisements?		X	4	
d Mailings to members, legislators, or the public?		X		
e Publications, or published or broadcast statements?		X		
f Grants to other organizations for lobbying purposes?		X		
g Direct contact with legislators, their staffs, government officials, or a legislative body?		X		
activities? If "Yes," describe in Part IV Add lines 1c through 1i e activities in line 1 cause the organization to be not described in section 501(c)(3)? s, enter the amount of any tax incurred under section 4912 s, enter the amount of any tax incurred by organization managers under section 4912 filling organization incurred a section 4912 tax, did it file Form 4720 for this year? Complete if the organization is exempt under section 501(c)(4), section 501(c)(6). Substantially all (90% or more) dues received nondeductible by members? The organization make only in-house lobbying expenditures of \$2,000 or less? The organization agree to carryover lobbying and political expenditures from the prior year? Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if P "Yes." Cassessments and similar amounts from members on 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenditures)		X		
i Other activities? If "Yes," describe in Part IV		X		
j Total. Add lines 1c through 1i				
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?	ļ <u></u>			
b If "Yes," enter the amount of any tax incurred under section 4912				
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
	ion 501(c)	(5), or se	ection	
			Yes	N
Were substantially all (90% or more) dues received nondeductible by members?		1		
Did the organization make only in-house lobbying expenditures of \$2,000 or less?				
. Die the organization make only in house loodying expenditures of ψε,σου οι less:		2		
3 Did the organization agree to carryover lobbying and political expenditures from the prior year? Part III-B Complete if the organization is exempt under section 501(c)(4), sect 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, lines 1 and 1 are answered "No" OR if Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, lines 1 and 1 are answered "No" OR if Part III-A, lines 1 and 1 are answered "No" OR if Part III-A, lines 1 are answered "No" OR if Part III-A, lines 1 and 1 are answered "No" OR if Part III-A, lines 1 are answered "No" OR if Part III-A, lines 1 are answered "No" OR if Part III-A, lines 1 are answered "No" OR if Part III-A, lines 1 are answered "No" OR if Part III-A, lines 1 are answered "No" OR if Part III-A, lines 1 are answered "No" OR if Part III-A, lines 1 are answered "No" OR if Part III-A, lines 1 are answered "No" OR if Pa		3 (5), or se		
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Schedule D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

► Attach to Form 990. ► See separate instructions.

2009
Open to Public Inspection

Name of the organization

DRCNET FOUNDATION

Employer identification number 52-2034867

Par	Organizations Maintaining Donor Advise	d Funds or Other Similar Fund	s or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line		,
	organization and the territory	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		· · · · · · · · · · · · · · · · · · ·
2	Aggregate contributions to (during year)	-	
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
-	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advi	sed funds
_	are the organization's property, subject to the organization's		Yes No
6	Did the organization inform all grantees, donors, and donor a	-	e used only
_	for charitable purposes and not for the benefit of the donor of		
	impermissible private benefit?		Yes No
Par		ganization answered "Yes" to Form 990,	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organizat	ion (check all that apply).	
	Preservation of land for public use (e.g., recreation or p		storically important land area
	Protection of natural habitat		rtified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form	n of a conservation easement on the last
	day of the tax year.		
	•		Held at the End of the Tax Year
а	Total number of conservation easements		2a
ь	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic sti	ructure included in (a)	2c
d	Number of conservation easements included in (c) acquired	after 8/17/06	2d
3	Number of conservation easements modified, transferred, re	eleased, extinguished, or terminated by the	ne organization during the tax
	year ▶		
4	Number of states where property subject to conservation ea	sement is located	
5	Does the organization have a written policy regarding the pe	riodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements		└ Yes
6	Staff and volunteer hours devoted to monitoring, inspecting		
7	Amount of expenses incurred in monitoring, inspecting, and		
8	Does each conservation easement reported on line 2(d) abo	ve satisfy the requirements of section 17	
	and section 170(h)(4)(B)(ii)?		└── Yes
9	In Part XIV, describe how the organization reports conservation		
	include, if applicable, the text of the footnote to the organization	ation's financial statements that describe	s the organization's accounting for
D	conservation easements. †	of Art Historical Traceures or	Other Similar Assets
Pal	★ III ■ Organizations Maintaining Collections of Complete if the organization answered "Yes" to Form	•	Other Similar Assets.
	Complete if the organization answered Tes to Form	1 950, Fait IV, line 0.	
4.	If the organization elected, as permitted under SFAS 116, no	et te report in its revenue statement and	halance sheet works of art, historical
ıa	treasures, or other similar assets held for public exhibition, e		
	the footnote to its financial statements that describes these		able service, provide, in Fart Art, the text of
	If the organization elected, as permitted under SFAS 116, to		ance sheet works of art, historical treasures
ь	or other similar assets held for public exhibition, education,		
	these items:	or research in further arioe or public service	oo, provide the fellowing amounts relating to
	(i) Revenues included in Form 990, Part VIII, line 1		▶ \$
	(ii) Assets included in Form 990, Part X		► \$ ► \$
2	If the organization received or held works of art, historical tre	easures, or other similar assets for financ	
2	the following amounts required to be reported under SFAS		3 protice
а	Revenues included in Form 990, Part VIII, line 1		▶ \$
b	Assets included in Form 990, Part X		► \$ ► \$
	, access moradou in Form coop Fair A		·

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Schedule D (Form 990) 2009

С	Net investment earnings, gains, and losses		
d	Grants or scholarships		J
e	Other expenditures for facilities		
	and programs		
f	Administrative expenses		
g	End of year balance		
2	Provide the estimated percentage of the year	ar end balance held	as:
а	Board designated or quasi-endowment		%
b	Permanent endowment	%	

DRCNET FOUNDATION

Schedule D (Form 990) 2009

(check all that apply). Public exhibition

on Form 990, Part X?

d Additions during the year

1a Beginning of year balance

b Contributions

Distributions during the year

b |f "Yes," explain the arrangement in Part XIV.

c Beginning balance

Ending balance

Scholarly research

Preservation for future generations

reported an amount on Form 990, Part X, line 21.

2a Did the organization include an amount on Form 990, Part X, line 21?

c Term endowment 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization

(a) Current year

ı	by:		res	No
((i) unrelated organizations	3a(i)		
((ii) related organizations	3a(ii)		·
	If "Yes" to 3a(II), are the related organizations listed as required on Schedule R?	3b		
1	Describe in Part XIV the intended uses of the organization's endowment funds.			
ari	t VI Investments - Land, Buildings, and Equipment, See Form 990, Part X, line 10			

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment	j	11628.	10219.	1409.
e Other		1973.	1721.	252.
Total, Add lines 1a through 1e. (Column (d) mus	t equal Form 990. Part X. colur	nn (B), line 10(c).)	•	1661.

Schedule D (Form 990) 2009

(a) Description of security or category (including name of security)	(b) Book value		c) Method of valuat or end-of-year mark	
inancial derivatives				
losely-held equity interests				
ther			·	
				
		· <u></u>	<u> </u>	
otal. (Col (b) must equal Form 990, Part X, col (B) line 12)				
Part VIII Investments - Program Related.		B.		
· · · · · · · · · · · · · · · · · · ·	1	(c) Method of valua	
(a) Description of investment type	(b) Book value	Cost	or end-of-year marl	et value
				·
			•	
			*	
		 		
		<u> </u>		
		······································	***************************************	
Total. (Col (b) must equal Form 990, Part X, col (B) line 13)				
Part IX Other Assets. See Form 990, Part X, III				(b) Book value
	a) Description			(D) BOOK Value
				.
V				
·				
	· · · · · · · · · · · · · · · · · · ·			
	·			
otal. (Column (b) must equal Form 990, Part X, col (B)			_ _	
Part X Other Liabilities. See Form 990, Part	X, line 25.			****
(a) Description of liability		(b) Amount		
ederal income taxes				
ederal income taxes				
ederal income taxes				
ederal income taxes				
ederal income taxes				
ederal income taxes				
ederal income taxes				
Federal income taxes				
ederal income taxes				
Federal Income taxes				

2. FIN 48 Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48.

932053 02-01-10 OMB No 1545-0047 SCHEDULE

(Form 990)			Grants and Governments	Grants and Other Assistance to Organizations, Governments, and Individuals in the United States	to Organizations in the United Stat	, is		2009
Department of the Treasury Internal Revenue Service		Comple	Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. ▶ Attach to Form 990.	n answered "Yes" on Fo ► Attach to Form 990.	on Form 990, Par n 990.	t IV, line 21 or 22.		Open to Public Inspection
Name of the organization	on DRCNET FOUNDATION	UNDATION						Employer identification number 52-2034867
Part : General In	General Information on Grants and Assistance	nd Assistance						
1 Does the organiz	Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection	to substantiate the	amount of the grants	or assistance, the	grantees' eligibility	for the grants or ass	istance, and the select	iton
criteria used to a 2 Describe in Part	criteria used to award the grants of assistance ? Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States	stance? ocedures for monit	oring the use of grant	funds in the United	States			
art #	Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any	Governments and	Organizations in the	United States. C	omplete if the orga	inization answered "Y	es" to Form 990, Part	IV, line 21, for any
recipient th	recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed	\$5,000. Check this	box if no one recipien	t received more th	an \$5,000. Use Pa	rt IV and Schedule I-1	(Form 990) if addition	al space is needed
1 (a) Name and ac or gov	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DRUG REFORM CORDINATION NETWORK,	NATION NETWORK,							TO FUND GRASS ROOTS
INC - 1623 CONNE	- 1623 CONNECTICUT AVEENUE,							LOBBYING ON A RANGE OF
NW - WASHINGTON, DC 20009	DC 20009	52-2034866		7500.	0.			DRUG POLICY ISSUES
2 Enter total numb	Enter total number of section 501(c)(3) and government organizations	ind government org	ganizations					A
3 Enter total numb	Enter total number of other organizations	S						1.
_	For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.	ction Act Notice,	see the Instructions	for Form 990.				Schedule 1 (Form 990) 2009

Schedule I (Form 990) 2009 (f) Description of non-cash assistance (e) Method of valuation (book, FMV, appraisal, other) Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use Part IV and Schedule I-1 (Form 990) if additional space is needed. Part IV | Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information. (d) Amount of non-cash assistance ٥. 1700. 29 (c) Amount of cash grant (b) Number of recipients DRCNET FOUNDATION (a) Type of grant or assistance Schedule 1 (Form 990) 2009 SCHOLARSHIP Part III

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52-2034867

SCHEDULE O

(Form 990)

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information. ► Attach to Form 990.

OMB No 1545-0047 Open to Public

Department of the Treasury Inspection internal Revenue Service Name of the organization **Employer identification number** DRCNET FOUNDATION 52-2034867 Form 990, Part VI, Section A, line 8b: THERE ARE NO COMMITTEES Form 990, Part VI, Section B, line 11: BOARD MEMBERS ARE PROVIDED COPIES OF THE 990 AND ALLOWED FEED BACK IF THEY HAVE ANY QUESTIONS. Form 990, Part VI, Section B, Line 12c: EXECUTIVE DIRECTOR MONITORS ACTIVITIES TO ENSURE COMPLIANCE WITH POLICIES Form 990, Part VI, Section B, Line 15b: EXECUTIVE DIRECTOR LOOKED UP COMPENSATION LEVELS FOR COMPARABLE ORGANIZATIONS USING INFORMATION FROM "AMERICAN SOCIETY OF ASSOCIATION EXECUTIVES" Form 990, Part VI, Section C, Line 18: DRCNET FOUNDATION PROVIDES COPIES FOR THOSE REQUESTING THEM Form 990, Part VI, Section C, Line 19: DRCNET PROVIDES COPIES FOR THOSE REQUESTING THEM

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2009 Open to Public Inspection

Employer identification number 52-2034867 Direct controlling Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.) End-of-year assets <u>e</u> ► Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37. Total income ত ► See separate instructions. Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.) Legal domicile (state or foreign country) ▶ Attach to Form 990. Primary activity DRCNET FOUNDATION Name, address, and EIN of disregarded entity Name of the organization Department of the Treasury Internal Revenue Service Part II Part

(a)	(q)	(၁)	(q)	(e)	(J)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign country)	Exempt Code section	Public charity status (if section 501(c)(3))	Direct controlling entity
DRUG REFORM COORDINATION NETWORK -	ADVOCATE FOR REFORM OF DRUG				
52-2034866, 1623 CONNECTICUT AVE., NW 3RD	LAWS AND THE CRIMINAL				
FLOR WASHINGTON, DC 20009	JUSTICE SYSTEM		501(c)(4)		DRCNET FOUNDATION
	1				

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Schedule R (Form 990) 2009

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Schedule R (Form 990) 2009 DRCNET FOUNDATION

Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.) Part III

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)		(f) Share of total Income		(g) Share of end-of-year assets	(h) Disproportion- ate allocations? Yes No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	General or managing partner? System (Second or managing partner) Pes No
Dart IV Identification of Related Org	Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related	oration or	Trust (Complete If t	he organizatı	on answered "	Yes' to Fo	rm 990, Part	IV, line 34	because It	had one or more	related
	poration or trust during the tax	year.)					•				
(a) Name, address, and EIN of related organization	Z a	P. Brit	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity		(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income		(g) Share of Fend-of-year assets	(h) Percentage ownership
				-							
				-					···		
932162 07-21-10			32			-			Sch	Schedule R (Form 990) 2009	990) 2009

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Part V Transactions With Related Organizations (Complete If the organization answered "Yes" to Form 990, Part IV, line 34, 35, or 36,)

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.			Yes	ŝ
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		, .		
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity		1a		×
b Gift, grant, or capital contribution to other organization(s)		₽	×	
c Gift, grant, or capital contribution from other organization(s)		10		×
d Loans or loan guarantees to or for other organization(s)		5		×
e Loans or loan guarantees by other organization(s)		1		×
f Sala of assate to other organization(e)		=		×
		Ę		×
b Exchange of assets		=		×
		<u> </u> ;		>
i Lease of facilities, equipment, or other assets to other organization(s)		-		<
j Lease of facilities, equipment, or other assets from other organization(s)		;		×
k Performance of services or membership or fundraising solicitations for other organization(s)		¥		×
l Performance of services or membership or fundraising solicitations by other organization(s)		=		×
m Sharing of facilities, equipment, mailing lists, or other assets		1m	×	
n Sharing of paid employees		1n		×
o Reimbursement paid to other organization for expenses		t	×	
p Reimbursement paid by other organization for expenses		t		×
		,]		
q Other transfer of cash or property to other organization(s)		-		×
r Other transfer of cash or property from other organization(s)		7		×
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.	nsaction thresholds.			
(a) Name of other organization(s)	(b) Transaction	(c) Amount involved) nvolved	
	(12) 22(;		
(1) DRUG REFORM COORDINATION NETWORK, INC.	В		7500.	o o
(2) DRUG REFORM COORDINATION NETWORK, INC.	¥		21591.	<u>.</u>
(3) DRUG REFORM COORDINATION NETWORK, INC.	0		14120	0
(4)				
(5)				
(9)				
33	Sche	Schedule B (Form 990) 2009	990) 2	600

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Schedule B (Form 990) 2009 DRCNET FOUNDATION

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

triat was not a related of gallization occurs instructions regarding excusion of	5	10)	5	(9)	٤	10)	3
(e)	á)	2	ĵ		€ ,	6	
Name, address, and EIN of entity	Primary activity	Legal domicile (state or foreign	Are all partners section 501(c)(3) organizations?	Share of end-of- year assets	Dispropor- tionate allocations?	amount in box 20	General or managing partner?
		country)	Yes No		Yes No	(Form 1065)	1 1
							_
							_
					_		
					-		
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Schedule R (Form 990) 2009