Form **990**

Department of the Treasury

Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

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

OMB No. 1545-0047
2009
Open to Public Inspection

Α	For the	e 2009 cal	lendar year, or tax year beginning and ending					
В	Check if applicabl	e: Please use IRS	C Name of organization	D Employer ider	ntification number			
	Addre chang Name	ss label or print or	DRUG REFORM COORDINATION NETWORK					
Ļ	chang	e type.	Doing Business As	52-	-2034866			
	Initial return Termin ated	D	Number and street (or P.O. box if mail is not delivered to street address) Room/s 1623 CONNECTICUT AVENUE, NW 3RD	· · ·				
	Amen	ded tions.	City or town, state or country, and ZIP + 4	G Gross receipts \$	37663.			
	Applic		WASHINGTON, DC 20009	H(a) Is this a grou				
F Name and address of principal officer:DAVID BORDEN for affiliates?								
		162	3 CONNECTICUT AVE., NW , WASHINGTON, DO		s included? Yes No			
ī	Tax-ex		us: X 501(c) (4		ch a list. (see instructions)			
			OPTHEDRUGWAR.ORG	H(c) Group exem				
					7 M State of legal domicile: DC			
	art I				- Fill Otata of regularitholic, 20			
a	1			ASE PUBLIC A	AWARENESS OF			
Activities & Governance		THE E	FFECTS OF DRUG POLICIES					
rus	2		s box 🕨 🔲 if the organization discontinued its operations or disposed of a	more than 25% of its ne	at assets.			
Ş.	3	Number o	of voting members of the governing body (Part VI, line 1a)	CO POS	_			
Ġ	4	Number o	f independent voting members of the governing body (Parts) line (b)		4 3			
SS	5	Total num	ber of employees (Part V, line 2a)		5 3			
ž	6	Total num	ber of volunteers (estimate if necessary)		3 3 4 3 5 3 6 3			
Ċţ	7a	Total gros	s unrelated business revenue from Part VIII, column (C), line 12	***************************************	7a 0.			
٩	ь	Net unrela	ated business taxable income from Form 990-T, line 34		7ь 0.			
				Prior Year	Current Year			
a)	8	Contributi	ions and grants (Part VIII, line 1h)	5511				
Ď			service revenue (Part VIII, line 2g)		9,003			
Revenue			nt income (Part VIII, column (A), lines 3, 4, and 7d)		1.			
α			enue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)					
			nue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	55110	6. 37663.			
			d similar amounts paid (Part IX, column (A), lines 1-3)		3,003.			
			paid to or for members (Part IX, column (A), line 4)					
Ø	1		other compensation, employee benefits (Part IX, column (A), lines 5-10)	992	7318.			
Expenses	16a		nal fundraising fees (Part IX, column (A), line 11e)		2215.			
cbe	ь		Iralising expenses (Part IX, column (D), line 25) 11093.		22131			
Щ	17		enses (Part IX, column (A), lines 11a-11d, 11f-24f)	1745	2. 27079.			
			enses. Add lines 13-17 (must equal Part IX, column (A), line 25)	27380				
	19		ess expenses. Subtract line 18 from line 12	27730				
ces	1			Beginning of Current Ye				
sets	20	Total asse	ets (Part X, line 16)	735				
ASS	21		ities (Part X, line 26)	7842				
Net Assets or Fund Balances	22		s or fund balances. Subtract line 21 from line 20	-7107				
P	art II		ture Block	1201.	70022			
		Under penal	ties of perjury, I declare that I have examined this return, including accompanying schedules and statem te. Declaration of preparer (other than officer) is based on all information of which preparer has any knowl	ents, and to the pest of my know	wledge and belief, it is true, correct,			
		and comple	us. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.	and the second s	,			
Sig	n		In but		5/10			
Her	·e	Sign	ature of officer	Date				
			VID BORDEN, EXECUTIVE DIRECTOR					
		Туре	or print name and title		·			
Paid	1	Preparer's	Michael h. Weing PP Date Misho	Check if Pr	eparer's identifying number			
Preparer's		signature	employed >	· · · · · · · · · · · · · · · · · · ·				
	Only	Firm's name yours if	HICHARD II. WELDER, P.C.	EIN ►				
	,	self-employs address, and	a brade room entered with 11340					
		ZIP + 4	WASHINGTON, DC 20005	Phone no.	202-293-5344			
May	/ the IF	RS discuss	s this return with the preparer shown above? (see instructions)		Yes No			
0000		111	A Far Defended Ask and December 1 Page 1 A 1 A 1 A 1 A 1 A 1 A 1 A 1 A 1 A 1					

	m 990 (2009) DRUG REFORM COORDINATION NETWORK	52-2034866 Page 2
1	Int III Statement of Program Service Accomplishments Briefly describe the organization's mission:	
	TO INCREASE PUBLIC AWARENESS OF THE EFFECTS OF I PROMOTE DEBATE ON DRUG PROHIBITION AND ALTERNATI OF DRUG LAWS, PRIMARILY THROUGH LEGISLATIVE LOBI	IVES TO PROMOTE REFORM
2	Did the organization undertake any significant program services during the year which were not 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 proof "Yes," describe these changes on Schedule O.	gram services?Yes X No
4	Describe the exempt purpose achievements for each of the organization's three largest program Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report allocations to others, the total expenses, and revenue, if any, for each program service reported	t the amount of grants and
4a	(Code:)(Expenses \$ 15055. including grants of \$ THE DRUG REFORM COORDINATION NETWORK (DRCNET) DE ACTION ALERTS ON A RANGE OF DRUG POLICY ISSUES, PROVISION OF THE HIGHER EDUCATION ACT (HEA), MEI SENTENCING AND INCARCERATION, POLICE MILITARIZATION.	INCLUDING THE DRUG
4b	(Code:)(Expenses \$ 4392. including grants of \$ DRCNET CONTINUED TO COORDINATE THE COALITION FOR REFORM (CHEAR), SEEKING TO REPEAL THE DRUG PROVE EDUCAATION ACT THAT DELAYS OR DENIES FINANCIAL A PROGRESSED IN CONTINUING TO LOBBY FOR FULL REPEATED COALITION WORK TO ENCOMPASS RELATED ISSUES SUCH IN WELFARE AND PUBLIC HOUSING LAWS.	ISION OF THE HIGHER AID TO STUDENTS. WORK AL WHILE EXPANDING THE
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$
4d	Fred State (2000) (2000)	
4e	(Expenses \$ including grants of \$) (Revenue \$ Total program service expenses ► \$ 19447.)
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Part IV Checklist of Required Schedules Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? X If "Yes," complete Schedule A Х 2 Is the organization required to complete Schedule B, Schedule of Contributors? Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for 3 Х 3 public office? If "Yes," complete Schedule C, Part I Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II ... 4 Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and X reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III 5 Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to 6 X provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I 6 Did the organization receive or hold a conservation easement, including easements to preserve open space. 7 X the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II. Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Х 8 Schedule D, Part III Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide Х 9 credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? Х If "Yes," complete Schedule D, Part V 10 Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VIII, VIII, IX, or X 11 Х 11 as applicable • Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, • 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 16? 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 Х 12 Schedule D, Parts XI, XII, and XIII. Yes No 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 12A X Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 13 14a Did the organization maintain an office, employees, or agents outside of the United States? 14a b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, Χ and program service activities outside the United States? If "Yes," complete Schedule F, Part I 14b Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization 15 or entity located outside the United States? If "Yes," complete Schedule F, Part II Х 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals 16 Х located outside the United States? If "Yes," complete Schedule F, Part III 16 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 Х 17 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 Х 18 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," X complete Schedule G, Part III 19 Did the organization operate one or more hospitals? If "Yes," complete Schedule H

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Form 990 (2009) DRUG REFORM COORDINATION NETWORK 52-2034866 Page 4 Part IV Checklist of Required Schedules (continued) Yes No 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 Χ 21 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 Х Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current 23 and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J X 23 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 Schedule K. If "No", go to line 25 Х b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 24c d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? _____ 24d 25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I Χ 25a b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and 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 Χ 25b 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 Χ 26 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 Х 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): a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV Х 28a b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28ь c 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 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 29 Х Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M Х 30 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I Х 31 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II Χ 32 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I Х 33 34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1 Х 34 is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2

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Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2

and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI

Did the organization conduct more than 5% of its activities through an entity that is not a related organization

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?

Note. All Form 990 filers are required to complete Schedule O.

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52-2034866 DRUG REFORM COORDINATION NETWORK Statements Regarding Other IRS Filings and Tax Compliance Part V Yes No 1a Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of 0 U.S. Information Returns. Enter -0- if not applicable 1a 0 b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming 10 (gambling) winnings to prize winners? 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 Х b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions) Х 3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? 3a b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a Χ financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a **b** 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? b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?..... 5b c If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited 5¢ Tax Shelter Transaction? 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit Χ any contributions that were not tax deductible? 6a b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts 6b were not tax deductible? Organizations that may receive deductible contributions under section 170(c). 7 a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services X provided to the payor? 7a Х b If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required 7с to file Form 8282? e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f f For all contributions of qualified intellectual property, did the organization file Form 8899 as required? 7g h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? 7h 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 Sponsoring organizations maintaining donor advised funds. 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 10a b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders 11a b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)

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12a

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

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

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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			-	
_				Yes	No
	Enter the number of voting members of the governing body	1a	3		
b	Enter the number of voting members that are independent		3		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh	ip with any other			
	officer, director, trustee, or key employee?		2		Х
3	Did the organization delegate control over management duties customarily performed by or under the	he direct supervision	1		
	of officers, directors or trustees, or key employees to a management company or other person?		З		Х
4	Did the organization make any significant changes to its organizational documents since the prior F	orm 990 was filed?	4		Х
5	Did the organization become aware during the year of a material diversion of the organization's asset	ets?	5		Х
6	Does the organization have members or stockholders?		6	-	X
7a		embers of the		ļ .	
	governing body?		7a	,	Х
ь	Are any decisions of the governing body subject to approval by members, stockholders, or other pe	ersons?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken	during the year		****	
	by the following:	radiling the year			
a	The governing body?		(00)00000 G+	Х	1888
ь	Each committee with authority to act on behalf of the governing body?	***************************************	8a	Λ	7.7
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea		<u>8</u> b		X
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	ached at the			٦,
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal F		9		X
	The internal F	revenue Code.)		·	
10a	Does the organization have local chapters, branchos, or offiliated			Yes	No
b	Does the organization have local chapters, branches, or affiliates?		10a		<u>X</u>
~	If "Yes," does the organization have written policies and procedures governing the activities of such		.	ļ	
11	and branches to ensure their operations are consistent with those of the organization?		105		
	Has the organization provided a copy of this Form 990 to all members of its governing body before f	filing the form?	11	X	
100	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		8888		
120 h	Does the organization have a written conflict of interest policy? If "No," go to line 13		12a	X	
	Are officers, directors or trustees, and key employees required to disclose annually interests that co to conflicts?		12b	x	
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If	"Yes," describe		.,	
13	in Schedule O how this is done Does the organization have a written whistleblower policy?	•••••••••••••••••••••••••••••••••••••••	12c	X	
14	Does the organization have a written document rotaction and doctruction and				X
15	Does the organization have a written document retention and destruction policy?		14	C 50 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	X
. •	Did the process for determining compensation of the following persons include a review and approximate a comparability data and approximate a comparability data and approximate a comparability data and approximate a comparability data.	al by independent	9000000		
_	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				
a L	The organization's CEO, Executive Director, or top management official		15a	_X	
ь	Other officers or key employees of the organization		15b		X
16-	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)				
ioa	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arranger				
	taxable entity during the year?	***************************	16a		Χ
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to eva	luate its participation			
	in Joint venture arrangements under applicable federal tax law, and taken steps to safeguard the org	anization's			
	exempt status with respect to such arrangements?		166		
eci	ion C. Disclosure				
17	List the states with which a copy of this Form 990 is required to be filed ▶DC				
81	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-7	(501(c)(3)s only) avail	able for		
	public inspection. Indicate how you make these available. Check all that apply. Own website Another's website X Upon request	(J. J		
19	Open reducal				
-	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, c statements available to the public.	onflict of interest polic	y, and finar	ncial	
20	State the name, physical address, and telephone number of the person who possesses the books at	nd records of the orga	nization: ►		
	1110 ORGANIZATION - 202-293-8340				
	1623 CONNECTICUT AVE, NW, 3RD FLR, WASHINGTON, DC	20009			
			Form S	990 tz	009

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Part VIII 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."

Check this box if the organization did not compensate any current officer, director, or trustee.

- 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) Name and Title	(B) Average hours		(C) Position (check all that apply)		(D) Reportable compensation	(E) Reportable compensation	(F) 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 PRES., TREASURER & EXEC.	22.50			Х			2625.	0.	0.
JOEY TRANCHINA DIRECTOR	1.00			Х			0.	0.	0.
SHAWN HELLER DIRECTOR	1.00			х			0.	0.	0.
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Day (2009) DROG REF	JRM COOL	RD.	LΝ	AT.	<u>10.</u>	N .	NE	TWORK	52-2	034866	Page
Part VII Section A. Officers, Directors, Tru	ıstees, Key Eı	mple	oyee	s, a	nd	High	nest	Compensated Employ	(ees (continued)		
(A)	(B)			(0	C)			(D)	(E)		(F)
Name and title	Average			Pos				Reportable	Reportable	e Es	timated
	hours	(c	heck	(all	that	app	oly)	compensation	compensati		ount of
	per	ē				T		from	from relate		other
	week	ndividual trustee or director		ĺ		ļ.,		the	organizatio		рельation
		\ ₩	38			Sala		organization	(W-2/1099-MI		om the
	ļ	truste	Institutional trustee		8 €	Tipe.		(W-2/1099-MISC)		orga	anization
		dual	<u>ā</u> .	_	월	St co				and	i related
		Indiv	#EEE	Officer	Kcy employee	Highest compensaled employee	Former			orga	nizations
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1b Total						┢		2625.		0.	0.
2 Total number of individuals (including but no	ot limited to the	osel	iste	d ab	ove) wh	o re	ceived more than \$100	ODO in reportable		
compensation from the organization						,		SON COMMON MAN WIND	oco in reportabl	8	r
						_	_				(
3 Did the organization list any former officer, o	director or true	too.	kov	a m r	بدمام		arhi	ah aat		500000000	res No
line 1a? If "Yes," complete Schedule J for su	ich individual										
4 For any individual listed on line 1a is the sur	n of ropostable									3	X
4 For any individual listed on line 1a, is the sur	OOO3 K IIV II	COI	пре	nsat	tion	and	oth	er compensation from t	he organization		
and related organizations greater than \$150 Did any person listed on line 1a receive or or	,000 <i>rii</i> res,	con	npie:	te Si	che	dule	J to	or such individual		4	<u> X</u>
Person libror on line the receive of ac	crue compen:	satio	n fr	om a	any	unre	elate	d organization for servi	ces rendered to	li i i i i i i i i i i i i i i i i i i	
the organization? If "Yes," complete Schedu Section B. Independent Contractors	<u>le J for such p</u>	<u>erso</u>	<i>n</i>						******************************	5	X
1 Complete this table for your five highest con	rpensated inde	eper	nder.	it co	ntra	actor	rs th	at received more than \$	3100,000 of com	pensation fro	m
the organization. INOINE											
(A)							ĺ	(B)		(C)	
Name and business a	ddress						İ	Description of se	ervices	Compens	ation
							\neg				
							Ì		1		
							+		-		
			-								
									1		
2 Total											
2 Total number of independent contractors (inc	cluding but not	t limi	ited	to th	ose	e list	ed a	above) who received mo	re than		
\$100,000 in compensation from the organiza	tion 🕨				0						
					_					Form OC	10 (2000)

Form 990 (2009) DRUG REFORM COORDINATION NETWORK 52-2034866 P								866 Page 9	
Pa	Part VIII Statement of Revenue								
						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1	а	Federated campaigns	1a					
ar a		b	Membership dues	1b					
S, S		c	Fundraising events	1c					
gift ar		d	Related organizations	1d	7500.				
Β,			Government grants (contributi						
lior Is			All other contributions, gifts, grant						
the			similar amounts not included above	1 1	30163.				
e di			Noncash contributions included in lines						
မှ ငိ		-	Total, Add lines 1a-1f		—	37663.			
					Business Code				
بو	2	а				s de la company de participa de la company de la company de participa de la company de participa de la company	A secure of the contract of th		
Zi.		ь							
Se		c			· · · · · · · · · · · · · · · · · · ·				
e a		q							· · · · · · · · · · · · · · · · · · ·
Program Service Revenue		e							
<u>r</u>			All other program service rever						
			Total. Add lines 2a-2f		<u> </u>				
	3		Investment income (including						
			other similar amounts)						
	4		Income from investment of tax	exempt bond p	roceeds				
	5		Royalties						
			•	(i) Real	(ii) Personal				
	6	а	Gross Rents						
			Less: rental expenses						
			Rental income or (loss)						
			Net rental income or (loss)		>		240 / 400 / 000 / 240 / 000 / 000 / 000 / 000	************************	X 00 00 00 00 00 00 00 00 00 00 00 00 00
	7		Gross amount from sales of	(i) Securities	(ii) Other				
			assets other than inventory	- ()	(0) = 0.101				
		b	Less: cost or other basis						
		_	and sales expenses						
			Gain or (loss)						
			Net gain or (loss)				******************		***********************
	8		Gross income from fundraising						
Other Revenue	_	_	including \$						
eve			contributions reported on line						
Œ.			Part IV, line 18						
‡		b	Less: direct expenses						
0			Net income or (loss) from fund						24.20.000.000.000.000.000.000.00
ŀ	9		Gross income from gaming ac						
ļ			Part IV, line 19						
ŀ		b	Less: direct expenses						
			Net income or (loss) from gam			******************************		***************************************	**************************************
į	10		Gross sales of inventory, less	-					
			and allowances						
		b	Less: cost of goods sold	b					
1			Net income or (loss) from sale						
			Miscellaneous Revenu	e	Business Code				
	11	а							
		b							l !
		C							
			All other revenue				200000000000000000000000000000000000000		
Ì		е	Total. Add lines 11a-11d						
93200	12		Total revenue. See instructions.			37663.	0.	0.	0.
50200	٠, ٠								Form 000 (0000)

Form 990 (2009)

52-2034866 Page 10

Part IX Statement of Functional Expenses

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

	All other organizations must comp		ations must complete a e not required to compl		d (D).
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21			<u> </u>	
2	Grants and other assistance to individuals in				
•	the U.S. See Part IV, line 22				
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	<u> </u>			
5	Compensation of current officers, directors, trustees, and key employees	2625.	1233.	696.	696.
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)		12331	. 000.	050.
7	Other salaries and wages	1895.	747.	574.	574.
8	Pension plan contributions (include section 401(k)				
9	and section 403(b) employer contributions)	2436.	1209.	# 3 O	
10	Other employee benefits Payroll taxes	362.	1209.	538. 102.	689.
11	Fees for services (non-employees):	302.	120.	102.	102.
	Management				
b	Legal				
c	Accounting	1099.	477.	311.	311.
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17	2215.			2215.
f	Investment management fees				
g	Other	247.	247.		
12 13	Advertising and promotion	856.	166.	100	
14	Office expenses Information technology	030.	100.	106.	584.
15	Royalties				
16	Occupancy	1252.	536.	358.	358.
17	Travel	78.	19.	330.	59.
18	Payments of travel or entertainment expenses			:	
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	2045.	889.	791.	365.
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	77.	-221.	438.	-140.
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	13851.	10960.	136.	2755.
b	BANK AND CREDIT CARD CH	2508.		711.	709.
C	TELEPHONE	2306.	1002.	652.	652.
đ	MISCELLANEOUS REPAIRS	645.	260.	205.	180.
e		33.	15.	9.	9.
f 25	All other expenses	2082. 36612.	662.	445.	975.
26	Joint costs. Check here if following	30012.	19447.	6072.	11093.
	SOP 98-2. Complete this line only if the organization	,			
	reported in column (B) joint costs from a combined				•
	educational campaign and fundraising solicitation				
033046	02-04-10		!		

932010 02-04-10

Form 990 (2009)

	990 ()	2009) DRUG REFORM COORDINATION NETW Balance Sheet	ORK	52-	2034866 Page 11
		Balance onect	(A)		(B)
			Beginning of year	<u> </u>	End of year
	1	Cash · non-interest-bearing	585	1	532.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net	1274.	3	
	4	Accounts receivable, net		4	
	5	Receivables from current and former officers, directors, trustees, key			
		employees, and highest compensated employees. Complete Part II			
		of Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section			
		4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete			
		Part II of Schedule L	,	6	
ş	7	Notes and loans receivable, net	,	7	
Assets	8	Inventories for sale or use		8	
Ř	9	Prepaid expenses and deferred charges		9	4422.
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D10a			
	b	Less: accumulated depreciation 10b		10c	
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11		12	
	13	investments · program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)			4954.
	17	Accounts payable and accrued expenses			74976.
	18	Grants payable	·	18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
S	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	<u></u>
itie	22	Payables to current and former officers, directors, trustees, key employees,			
iabilities		highest compensated employees, and disqualified persons. Complete Part II			
⊐		of Schedule L	p-10-10-10-10-10-10-10-10-10-10-10-10-10-	22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities. Complete Part X of Schedule D		25	
i	26	Total liabilities. Add lines 17 through 25			74976.
		Organizations that follow SFAS 117, check here X and complete			
SS		lines 27 through 29, and lines 33 and 34.			
č	27	Unrestricted net assets	-71073.	27	-70022.
ala	28	Temporarily restricted net assets		28	
벌	29	Permanently restricted net assets	-	29	
.투		Organizations that do not follow SFAS 117, check here and			
Net Assets or Fund Balances		complete lines 30 through 34.			
ets.	30	Capital stock or trust principal, or current funds		30	
SS	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
۲ ۲	32	Retained earnings, endowment, accumulated income, or other funds		32	
ž	33	Total net assets or fund balances			-70022.
	34	Total liabilities and net assets/fund balances			4954.
		and the decess to the conditions	(331)	1 34	Form 990 (2009)

Form **990** (2009)

		2034866	Pa	ge 12
Har	t XI Financial Statements and Reporting			,
			Yes	Nο
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.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a	, or exemple,	Х
	Were the organization's financial statements audited by an independent accountant?			X
	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?	20		
	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			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Aud	lit	condition sugar	000000914-004
	Act and OMB Circular A-133?	3a		Х
	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required aud	*****		
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits.			
		Form	990 (2009)

Schedule D

Department of the Treasury Internal Revenue Service

(Form 990)

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.

OMB No. 1545-0047

Name of the organization

Employer identification number

Partition Comparization Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered 'Yes' to Form 990, Part IV. line 6. Total number at end of year		DRUG REFORM COORDIN	52-2034866	
organization answered "Yes" to Form 990, Part IV, line 6. 1 Total number at ond of year 2 Aggregate contributions to during year) 3 Aggregate grains from (culture) year? 4 Aggregate value at end of year 5 Did the organization inform all others and denor advisedrs in writing that the assets held in denor advised funds are the organization property, subject to the organization's exclusive legal contro? 5 Did the organization inform all others and denor advisers in writing that the assets held in denor advised funds are the organization property, subject to the organization's exclusive legal contro? 6 Did the organization inform all grantees, denors, and denor adviser in writing that grant funds can be used only for chartcable purposes and not for the benefit of the denor or denor advisor, or for any other purpose conferring impermisable bridge brights benefit? 7 Perspective of the purposes and not for the benefit of the denor or denor advisor, or for any other purpose conferring impermisable bridge brights benefit of the denor or denor advisor, or for any other purpose conferring impermisable bridge bridge benefit and the purpose conferring impermisable bridge	Par	t Organizations Maintaining Donor Advised	f Funds or Other Similar Funds	or Accounts. Complete if the
Total number at end of year 2. Aggregate contributions to (during year) 3. Aggregate claims from (during year) 4. Aggregate value at end of year 5. Did the organization informal donors and donor advisors in writing that the assets held in donor advised funds are the organization property, subject to the organization's exclusive legal control? 6. Did the organization informal grantees, denors, and donors advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring important informal grantees, and consequence in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring important is property in the donor or donor advisor, or for any other purpose conferring important is property in the organization check all that apoly). 6. Proservation Easements. Complete if the organization check all that apoly). 6. Proservation of a conservation easements held by the organization (check all that apoly). 7. Proservation of a conservation easement held by the organization check all that apoly). 8. Proservation of a conservation easement on the last day of the tax year. 9. Total number of conservation easements and a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. 9. Total number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year. 9. Total number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year. 9. Total number of states where property subject to conservation easements further in (c) aparticles that grant funds and progrant or onservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year. 9. No the property subject to conservation easements fo		······································	6.	
2 Aggregate contributions to (during year) Aggregate grants from iduring year) Aggregate value at each of year Did the organization inform, all donors and donor advisors in writing that the assets held in donor advised funds are the organization inform, all donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring representation purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring representation benefit? Potential Conservation Easements. Compute if the organization answered "Yes" to Form 990, Part IV, line 7. Proservation of land for public uses (e.g., recreation or pleasure) Preservation of land for public use (e.g., recreation or pleasure) Preservation of a confident public use (e.g., recreation or pleasure) Preservation of a conservation easement and by the organization contribution in the form of a conservation easement on the preservation of a conservation easement on the last day of the tax year. The first interpretation of a conservation easements and advisor in the first interpretation of a conservation easement on a certified historic structure included in (e) Total number of conservation easements and eartified historic structure included in (e) Number of conservation easements included in (e) acquired after 8/17/06 Number of conservation easements madified, transferred, released, extinguished, or terminated by the organization during the tax year No Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Soe see the conservation easement in historical mentioning, inspecting, and enforcing conservation easements during the year Soe see the conservation easement in the organization was advised to expenization in easements in the reverue statement and balance sheet, and includes in a department of the footnote to the organization records conservation easements			(a) Donor advised funds	(b) Funds and other accounts
3 Aggregate parts from (during year) 4 Aggregate value at end of year 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization form all grantees, denors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impormissible private benefit? Purpose(s) of conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization exceeded "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization exceeded "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization exceeded "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization exceeded "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization exceeded "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements on the last apply). Preservation of land for public use (e.g., recreation or pleasure) Preservation of an initionically important land area Protection of natural habitat Protection of natural habitat Preservation of a confirmation of a conservation easement of the last day of the tax year. 3 Total number of conservation easements Protection of a conservation easement of the last time to the form of a conservation easement of the last time to the conservation easement included in (a) Quality Protection of conservation easements included in (a) Quality Qu	1	Total number at end of year		
4 Aggregate value at end of year 5 Did the organization inform all donors and clonor advisors in writing that the assets held in donor advised funds are the organization inform all grantees, denote, and donor advisors in writing that the assets held in donor advised funds are the organization inform all grantees, denote, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, for any other purpose conferring memoralise private benefit? Pair	2	Aggregate contributions to (during year)		
to the organization inform all donors and clonor advisors in writing that the assets he'd in donor advised funds are the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring Impermissble purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring Impermissble purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring Impermissble purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring Impermissble purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring Impermissble purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring Impermissble purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring Impermissble purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring Impermissble purposes and not for the benefit of the donor of donor advisor. It is preservation essements held by the organization or pleasure)	3	Aggregate grants from (during year)		
are the organization's property, subject to the organization's exclusive legal control?	4	Aggregate value at end of year		
the bill the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor of donor advisor, or for any other purpose conferring inpormissible private benefit? Purpose(s) do conservation easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically important land area Protection of natural habitat Preservation of open space Complete lines 2 at through 2 dil the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Total number of conservation easements Total number of conservation easements Total number of conservation easements on a certified historic structure included in (a) Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year. Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year. Number of states where property subject to conservation easement is located Number of expenses incurred in monitoring, inspecting, and enforceming conservation easements during the year No Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year No Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year No No Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year No No Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet works of art, historical treasures, or other similar assets held for public archibition, education, or research i	5	Did the organization inform all donors and donor advisors in w	riting that the assets held in donor advis	sed funds
for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring moemissible private benefit? Pair		are the organization's property, subject to the organization's e	exclusive legal control?	Yes No
Moneymissible private benefit?	6	Did the organization inform all grantees, donors, and donor ad	lvisors in writing that grant funds can be	used only
Part III Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. 1 Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically important land area Preservation of open space Preservation of open space Preservation of open space Preservation of open space Preservation of open space Preservation of open space Preservation of open space Preservation contribution in the form of a conservation easement on the last day of the tax year. a Total number of conservation easements 2a		for charitable purposes and not for the benefit of the donor or	donor advisor, or for any other purpose	conferring
Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically important land area Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Total number of conservation easements Total number of conservation easements Number of conservation easements to a certified historic structure included in (a) Number of conservation easements included in (b) acquired after 8/17/66 Number of conservation easements included in (c) acquired after 8/17/66 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year Number of states where property subject to conservation easement is located Number of states where property subject to conservation easements it located Number of states where property subject to conservation easement is located Number of states where property subject to conservation easements it located Number of states where property subject to conservation easements is located Number of states where property subject to conservation easements is located Number of states where property subject to conservation easements is located Number of states where property subject to conservation easements is located Number of states where property subject to conservation easements is located Number of states where property subject to conservation easements is located Number of states where property subject to conservation easements is located Number of states where property subject to conservation easements is located Number of states where property subject to conservation easements is located Number of states where property subject to conservation easements in located Number of states where property subject to conservation easements is located Number of states where property	r sana			
Preservation of land for public use (e.g., recreation or pleasure) Protection of natural habitat Proservation of passes Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. a Total number of conservation easements b Total acreage restricted by conservation easements Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. a Total number of conservation easements Direction of conservation easements Complete in the structure included in (a) Complete in the structure included in (b) Conservation easements included in (c) Conservation easements included in (c) Conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements in holds? Does each conservation easement reported to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year No Bose seach conservation easement reported on line 2(a) above satisfy the requirements of section 170(h)(4)(E)(i) and section 170(h)(4)(E)(ii) and section 170(h)(4)(E)(ii) and section 170(h)(4)(E)(ii) and section 170(h)(4)(E)(ii) and section 170(h)(4)(E)(ii) and section 170(h)(4)(E)(ii) and section 170(h)(4)(E)(ii) and section 170(h)(4)(E)(ii) and section 170(h)(4)(E)(ii) and section 170(h)(4)(E)(ii) and section 170(h)(4)(E)(ii) and section 170(h)(4)(E)(iii) and section 170(h)(4)(E)(iii) and section 170(h)(4)(E)(iii	Pa	till Conservation Easements. Complete if the orga	anization answered "Yes" to Form 990, I	Part IV, line 7.
Protection of natural habitat	1	Purpose(s) of conservation easements held by the organization	n (check all that apply).	
Preservation of open space Complete lines 2 a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. A Total acreage restricted by conservation easements 2a 2a		Preservation of land for public use (e.g., recreation or ple	·	
Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.		Protection of natural habitat	Preservation of a cer	tified historic structure
a Total number of conservation easements . 2a b Total acreage restricted by conservation easements . 2b c Number of conservation easements on a certified historic structure included in (a) . 2c d Number of conservation easements included in (a) . 2d 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year Number of states where property subject to conservation easement is located Number of states where property subject to conservation easement is located Number of states where property subject to conservation easement is located Number of states where property subject to conservation easement is located Number of states where property subject to conservation easement is located Number of states where property subject to conservation easement is located Number of states where property subject to conservation easements in located Number of states where property subject to conservation easements under the conservation easement of the conservation easement of the conservation easements of section 170(h)(4)(H)(H)(H)(H)(H)(H)(H)(H)(H)(H)(H)(H)(H)				
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a Revenues included in Form 990, Part Vill, line 1	2			al gain, provide
b Assets included in Form 990, Part X	_	The following amounts required to be reported under SFAS 11	6 relating to these items:	
▶ \$	a	Accete included in Form 990, Part VIII, line 1		
	D	Assets included in Form 990, Part A		🟲 \$

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. 932051 02-01-10

Schedule D (Form 990) 2009

Sche	dule D (Form 990) 2009 DRUG REI	FORM COORD	INATION NE	ETWORK		52-	2034866	5 Page 2		
	till Organizations Maintaining C	·····		· · · · · · · · · · · · · · · · · · ·	or Other					
3	Using the organization's acquisition, accession									
	(check all that apply):		.,							
а	Public exhibition	d	Loan or exc	change prog	rams					
b	Scholarly research	e		go p,og						
c	Preservation for future generations		***************************************							
4	Provide a description of the organization's co	allections and explain	n how they further:	the organiza	tion's avemn	t nurnosa in	Part XIV			
5	During the year, did the organization solicit o						I CALL MIV,			
•	to be sold to raise funds rather than to be maintained as part of the organization's collection?									
Par	t IV Escrow and Custodial Arran							<u> </u>		
	reported an amount on Form 990, Par		eta ii organization e	miswered it	sa to ronnia	990, Fait 19 ₁ 1	aic 3, 0i			
1a	is the organization an agent, trustee, custodi		diany for contribution	ne or other a	seate not inc					
10	on Form 990, Part X?						Yes	No		
h	If "Yes," explain the arrangement in Part XIV						res	NO		
U	in res, explain the analysment in Part Aiv	and complete the ro	mowing table.				A			
_	Realizate halance						Amount			
	Beginning balance					1c	·····			
	Additions during the year					1d				
	Distributions during the year					;	·			
f O-	Ending balance					1f				
	Did the organization include an amount on Fo		21?			****************	Yes	No		
	If "Yes," explain the arrangement in Part XIV.	· · · · · · · · · · · · · · · · · · ·		000 0						
ra	t V Endowment Funds. Complete i		r'	1			·			
		(a) Current year	(b) Prior year	(c) Two ye	ars back ! (d)	Three years b	ack (e) Four	years back		
	Beginning of year balance	-								
	Centributions			100000000000000000000000000000000000000	8 (0.08)					
	Net investment earnings, gains, and losses									
	Grants or scholarships									
е	Other expenditures for facilities		_							
	and programs			100000000000000000000000000000000000000						
	Administrative expenses			i se se se se se se se se se se se se se						
g	End of year balance									
2	Provide the estimated percentage of the year	r end balance held a	as:							
	Board designated or quasi-endowment		%							
b	Permanent endowment	%								
С	Term endowment	%								
За	Are there endowment funds not in the posse	ssion of the organiz	ation that are held	and administ	ered for the	organization	_			
	by:							Yes No		
	(i) unrelated organizations					*****************	3a(i)			
	(ii) related organizations		*************************				3a(ii)			
b	If "Yes" to 3a(ii), are the related organizations	s listed as required o	on Schedule R?			* *******************	3b			
4	Describe in Part XIV the intended uses of the	organization's endo	owment funds.							
Par	t VI Investments - Land, Building	s, and Equipm	ent. See Form 990	0, Part X, line	10.					
	Description of investment	(a) Cost or o		t or other		umulated	(d) Book	c value		
		basis (investr	ment) basis	(other)		ciation	1-7	,		
1a	Land			· · · · · · · · · · · · · · · · · · ·						
	Buildings									
c	Leasehold improvements							·		
d	Equipment									
	Other									
	. Add lines 1a through 1e. (Column (d) must e		X. column (B), line	10(c).)	1.	>	······································	0.		

Schedule D (Form 990) 2009

Part VIII Investments - Other Securities, See Form 990, Part X, Ino 12. (a) Description of security or category (b) Book via the Cost or end-of-year market value		COORDINATION		52-2034866 Page 3
including name of security) Financial derivatives Closely* eld equity interests Other Total, (Cs) (b) must secusif rcm 890. Part X, col (B) fine 12.) ▶ Pairt VIII. Investments - Program Related. See Form 990. Part X, inc (B) Mount of valuation: (a) Description of investment type (b) Book value Cost or end-of-year market value Total, (Cs) (b) must secusif rcm 890. Part X, col (B) ine 13.) ▶ Pairt IX! Other Assets. See Form 990, Part X, ine 15. (b) Description (c) Description (d) Description (e) Description (b) Amount (d) Book value Total, Column (c) must secusif form 890, Part X, col (B) fine 15. Pairt X. Other Liabilities, see Form 990, Part X, line 25. (d) Description of siability (e) Description of siability (f) Amount (g) Amount (g) Part X column (g) must secusif form 890, Part X, col (B) fine 15. Pairt X. Other Liabilities, see Form 990, Part X, line 25. (g) Description of siability (h) Amount (h) Amount (h) Amount (h) Pairt X other Liabilities, see Form 990, Part X, col (B) fine 25.	Epidemical de Autoria	e Form 990, Part X, line 12	2.	
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Pairt VIII Investments - Program Related. See Form 990, Part X, Jine 13. (c) Method of valuation: Cost or enc-of-year market value	Total (Col/h) must equal Form 990, Part Y, col (R) line 12.)			
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Federal income taxes Total. (Column (b) must equal Form 990, Part X, col (B) line 25.) ▶	20/4///////////////////////////////////	line 25.	(h) Amount	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25.)▶			(b) Amount	-
				+
			· · · · · · · · · · · · · · · · · · ·	
				_
				-
				-
	Total, (Column (b) must equal Form 900, Part V, col (P) line	25)		-
			financial statement	s that reports the organization's liability for

uncertain tax positions under FIN 48. 932053 02-01-10

1	dule D (Form 990) 2009 DRUG REFORM COORDINATION NE			-2034866 Page 4
Pa	t XI Reconciliation of Change in Net Assets from Form 990 to	···		
1	Total revenue (Form 990, Part VIII, column (A), line 12)		1	37663.
2	Total expenses (Form 990, Part IX, column (A), line 25)			36612.
3	Excess or (deficit) for the year. Subtract line 2 from line 1			1051.
4	Net unrealized gains (losses) on investments			
5	Donated services and use of facilities			
6	Investment expenses			
7	Prior period adjustments			
8	Other (Describe in Part XIV.)			
9	Total adjustments (net). Add lines 4 through 8			
				1051
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and			1051.
	† XII Reconciliation of Revenue per Audited Financial Stateme			m
1	Total revenue, gains, and other support per audited financial statements			
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 1		
а	Net unrealized gains on investments			
b	Donated services and use of facilities			
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIV.)	2d		
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1			
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
ь	Other (Describe in Part XIV.)			
С	Add lines 4a and 4b	· · · · · · · · · · · · · · · · · · ·	4c	58
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			
Par	TXIII Reconciliation of Expenses per Audited Financial Stateme	ents With	Expenses per Ret	urn
1	Total expenses and losses per audited financial statements			ui ii
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		1	
~ a		1		
_	Donated services and use of facilities			
	Prior year adjustments			
	Other losses			
	Other (Describe in Part XIV.)			
	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b			
þ	Other (Describe in Part XIV.)	4b		
c	Add lines 4a and 4b		4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	
	t XIV Supplemental Information			
X, line	olete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III e 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also compl	, lines 1a and ete this part	I 4; Part IV, lines 1b and to provide any addition	12b; Part V, line 4; Part al information.
·	· · · · · · · · · · · · · · · · · · ·			
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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 Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

DRUG REFORM COORDINATION NETWORK 52-2034866
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 THE POLICIES
Form 990, Part VI, Section B, Line 15a: 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

	Related Organizations and Unrelated Partnerships Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.	Related Organizations and Unrelated Partnerships nization answered "Yes" to Form 990, Part IV, line 33, 3 tach to Form 990. ► See separate instructions.	k3, 34, 35, 36, or 37 ons.		2009 2009 Open to Public Inspection
Name of the organization DRUG REFORM CO	COORDINATION NETWORK			En	Employer identification number 52-2034866
Partile Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.)	ete if the organization answered "Yes" t	o Form 990, Part IV, line 33.)	-		
(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
					A CONTRACTOR OF THE CONTRACTOR
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.)	ations (Complete if the organization an	swered "Yes" to Form 990, Par	t IV, line 34 becaus	it had one or more r	elated tax-exempt
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity
DRCNET FOUNDATION - 52-2034867 1623 CONNECTICUT AVENUE, NW WASHINGTON, DC 20009	TO EDUCATE THE PUBLIC ON AND RAISE PUBLIC AWARENESS DF THE IMPACT OF CURRENT		501(c)(3)		
	DRUG POLICIES				
					70.000
LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.	ce, see the Instructions for Form 990				Schedule R (Form 990) 2009

 Ξ

General or managing partner? Yes No

Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)

Page 2

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Schedule R (Form 990) 2009

cation 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 at a corporation or trust during the tax year.) tification 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 pizations treated as a partnership during the tax year.) ate allocations? Yes No Dispropertion-Share of total income (g) Share of end-of-year assets Type of entity (C corp, S corp, or trust) Share of total income Predominant income (related, unrelated, excluded from tax under sections 512-514) (e) Legal domicite (state or foreign country) Ö (d)
-| Direct controlling |
entity m 990) 2009 DRUG REFORM COORDINATION NETWORK Primary activity Legal domicite (state or foreign country) <u>(၁</u> Primary activity <u>@</u> Name, address, and EIN of related organization ddress, and EIN ed organization Schedule R (Form 990) 2009 7500. 14120. Page 3 21591. $|\times|\times|$ $\times \times$ × × (c) Amount involved Yes Ē 19 52-2034866 10 1p 무 ပ္ ₽ £ ne, including covered relationships and transaction thresholds (b)
Transaction type (a-r) × д Ö organizations listed in Parts II·IV? Part IV, line 34, 35, or 36.)

Percentage ownership

(g) Share of end-of-year assets

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