

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

OMB No. 1545-1150

**2014****Open to Public Inspection**Department of the Treasury  
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public.

▶ Information about Form 990-EZ and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

<b>A</b> For the 2014 calendar year, or tax year beginning <u>01/01</u> , 2014, and ending <u>12/31</u> , 20 <u>14</u>												
<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2"><b>C</b> Name of organization <b>DRUG REFORM COORDINATION NETWORK INC</b></td> <td><b>D</b> Employer identification number <b>52-2034866</b></td> </tr> <tr> <td colspan="2">Number and street (or P.O. box, if mail is not delivered to street address) Room/suite</td> <td><b>E</b> Telephone number <b>202-293-8340</b></td> </tr> <tr> <td colspan="2"><b>PO Box 9853</b></td> <td rowspan="2"><b>F</b> Group Exemption Number ▶</td> </tr> <tr> <td colspan="2">City or town, state or province, country, and ZIP or foreign postal code <b>Washington, DC, 20016</b></td> </tr> </table>	<b>C</b> Name of organization <b>DRUG REFORM COORDINATION NETWORK INC</b>		<b>D</b> Employer identification number <b>52-2034866</b>	Number and street (or P.O. box, if mail is not delivered to street address) Room/suite		<b>E</b> Telephone number <b>202-293-8340</b>	<b>PO Box 9853</b>		<b>F</b> Group Exemption Number ▶	City or town, state or province, country, and ZIP or foreign postal code <b>Washington, DC, 20016</b>	
<b>C</b> Name of organization <b>DRUG REFORM COORDINATION NETWORK INC</b>		<b>D</b> Employer identification number <b>52-2034866</b>										
Number and street (or P.O. box, if mail is not delivered to street address) Room/suite		<b>E</b> Telephone number <b>202-293-8340</b>										
<b>PO Box 9853</b>		<b>F</b> Group Exemption Number ▶										
City or town, state or province, country, and ZIP or foreign postal code <b>Washington, DC, 20016</b>												
<b>G</b> Accounting Method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual Other (specify) ▶ _____		<b>H</b> Check <input type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).										
<b>I</b> Website: ▶ <a href="http://stopthedrugwar.org">http://stopthedrugwar.org</a>												
<b>J</b> Tax-exempt status (check only one) — <input type="checkbox"/> 501(c)(3) <input checked="" type="checkbox"/> 501(c) ( <u>4</u> ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527												
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other _____												
<b>L</b> Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ . . . . . ▶ \$ <b>54,517</b>												

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (see the instructions for Part I)Check if the organization used Schedule O to respond to any question in this Part I ☒

<b>Revenue</b>	<b>1</b>	Contributions, gifts, grants, and similar amounts received . . . . .	<b>1</b>	51,485	
	<b>2</b>	Program service revenue including government fees and contracts . . . . .	<b>2</b>	0	
	<b>3</b>	Membership dues and assessments . . . . .	<b>3</b>	0	
	<b>4</b>	Investment income . . . . .	<b>4</b>	0	
	<b>5a</b>	Gross amount from sale of assets other than inventory . . . . .	<b>5a</b>	0	
	<b>5b</b>	Less: cost or other basis and sales expenses . . . . .	<b>5b</b>	0	
	<b>5c</b>	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . . . . .	<b>5c</b>	0	
	<b>6</b>	Gaming and fundraising events			
	<b>a</b>	Gross income from gaming (attach Schedule G if greater than \$15,000) . . . . .	<b>6a</b>	0	
<b>Expenses</b>	<b>b</b>	Gross income from fundraising events (not including \$ <u>0</u> of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) . . . . .	<b>6b</b>	0	
	<b>c</b>	Less: direct expenses from gaming and fundraising events . . . . .	<b>6c</b>	0	
	<b>d</b>	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) . . . . .	<b>6d</b>	0	
	<b>7a</b>	Gross sales of inventory, less returns and allowances . . . . .	<b>7a</b>	0	
	<b>b</b>	Less: cost of goods sold . . . . .	<b>7b</b>	0	
	<b>c</b>	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) . . . . .	<b>7c</b>	0	
	<b>8</b>	Other revenue (describe in Schedule O) . See Schedule O, Statement 1 . . . . .	<b>8</b>	3,032	
	<b>9</b>	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 . . . . . ▶	<b>9</b>	54,517	
	<b>Net Assets</b>	<b>10</b>	Grants and similar amounts paid (list in Schedule O) . . . . .	<b>10</b>	40
		<b>11</b>	Benefits paid to or for members . . . . .	<b>11</b>	0
<b>12</b>		Salaries, other compensation, and employee benefits . . . . .	<b>12</b>	13,884	
<b>13</b>		Professional fees and other payments to independent contractors . . . . .	<b>13</b>	380	
<b>14</b>		Occupancy, rent, utilities, and maintenance . . . . .	<b>14</b>	190	
<b>15</b>		Printing, publications, postage, and shipping . . . . .	<b>15</b>	74	
<b>16</b>		Other expenses (describe in Schedule O) . See Schedule O, Statement 2 . . . . .	<b>16</b>	38,070	
<b>17</b>		<b>Total expenses.</b> Add lines 10 through 16 . . . . . ▶	<b>17</b>	52,638	
<b>Net Assets</b>	<b>18</b>	Excess or (deficit) for the year (Subtract line 17 from line 9) . . . . .	<b>18</b>	1,879	
	<b>19</b>	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) . . . . .	<b>19</b>	-73,223	
	<b>20</b>	Other changes in net assets or fund balances (explain in Schedule O) . . . . .	<b>20</b>	44,527	
	<b>21</b>	Net assets or fund balances at end of year. Combine lines 18 through 20 . . . . . ▶	<b>21</b>	-26,817	

Check if the organization used Schedule O to respond to any question in this Part II . . . . . ☒

Check if the organization used Schedule O to respond to any question in this Part IV . . . . . ☐

Form **990-EZ** (2014)

**Part V Other Information** (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V ☒

	Yes	No
<b>33</b> Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O . . . . .	<b>33</b>	<input checked="" type="checkbox"/>
<b>34</b> Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions) . . . . .	<b>34</b>	<input checked="" type="checkbox"/>
<b>35a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)? . . . . .	<b>35a</b>	<input checked="" type="checkbox"/>
<b>b</b> If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O . . . . .	<b>35b</b>	<input checked="" type="checkbox"/>
<b>c</b> Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III . . . . .	<b>35c</b>	<input checked="" type="checkbox"/>
<b>36</b> Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N . . . . .	<b>36</b>	<input checked="" type="checkbox"/>
<b>37a</b> Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ <b>37a</b> 0		
<b>b</b> Did the organization file <b>Form 1120-POL</b> for this year? . . . . .	<b>37b</b>	<input checked="" type="checkbox"/>
<b>38a</b> Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? . . . . .	<b>38a</b>	<input checked="" type="checkbox"/>
<b>b</b> If "Yes," complete Schedule L, Part II and enter the total amount involved . . . . . <b>38b</b>		
<b>39</b> Section 501(c)(7) organizations. Enter: . . . . .		
<b>a</b> Initiation fees and capital contributions included on line 9 . . . . . <b>39a</b>		
<b>b</b> Gross receipts, included on line 9, for public use of club facilities . . . . . <b>39b</b>		
<b>40a</b> Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶		
<b>b</b> Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I . . . . .	<b>40b</b>	<input checked="" type="checkbox"/>
<b>c</b> Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 . . . . . ▶ 0		
<b>d</b> Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization . . . . . ▶ 0		
<b>e</b> All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T . . . . .	<b>40e</b>	<input checked="" type="checkbox"/>
<b>41</b> List the states with which a copy of this return is filed ▶		
<b>42a</b> The organization's books are in care of ▶ <u>David Borden</u> Telephone no. ▶ <u>202-293-8340</u> Located at ▶ <u>PO Box 9853, Washington, DC 20016</u> ZIP + 4 ▶ <u>20016</u>		
<b>b</b> 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)? If "Yes," enter the name of the foreign country: ▶ . . . . .	<b>42b</b>	<input checked="" type="checkbox"/>
See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
<b>c</b> At any time during the calendar year, did the organization maintain an office outside the U.S.? . . . . . If "Yes," enter the name of the foreign country: ▶ . . . . .	<b>42c</b>	<input checked="" type="checkbox"/>
<b>43</b> Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> —Check here ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year . . . . . ▶ <b>43</b>		
<b>44a</b> Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ . . . . .	<b>44a</b>	<input checked="" type="checkbox"/>
<b>b</b> Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ . . . . .	<b>44b</b>	<input checked="" type="checkbox"/>
<b>c</b> Did the organization receive any payments for indoor tanning services during the year? . . . . .	<b>44c</b>	<input checked="" type="checkbox"/>
<b>d</b> If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O . . . . .	<b>44d</b>	
<b>45a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? . . . . .	<b>45a</b>	<input checked="" type="checkbox"/>
<b>b</b> Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions) . . . . .	<b>45b</b>	<input checked="" type="checkbox"/>

**46** Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I . . . . .

	Yes	No
<b>46</b>		<input checked="" type="checkbox"/>

**Part VI Section 501(c)(3) organizations only**

All section 501(c)(3) organizations must answer questions 47–49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI . . . . . ☐

**47** Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II . . . . .

	Yes	No
<b>47</b>		

**48** Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . .

<b>48</b>		
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**49a** Did the organization make any transfers to an exempt non-charitable related organization? . . . . .

<b>49a</b>		
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**b** If "Yes," was the related organization a section 527 organization? . . . . .

<b>49b</b>		
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**50** Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
None				

**f** Total number of other employees paid over \$100,000 . . . . . ▶

**51** Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation
None		

**d** Total number of other independent contractors each receiving over \$100,000 . . . . . ▶

**52** Did the organization complete Schedule A? **Note.** All section 501(c)(3) organizations must attach a completed Schedule A . . . . . ☐ Yes ☐ No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

<b>Sign Here</b>	Signature of officer	Date
	David Borden, President Type or print name and title	

<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name ▶	Firm's EIN ▶			
	Firm's address ▶	Phone no. ▶			

May the IRS discuss this return with the preparer shown above? See instructions . . . . . ☐ Yes ☐ No

**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2014**

**Open to Public  
Inspection**

Name of the organization

DRUG REFORM COORDINATION NETWORK INC

Employer identification number

52-2034866

Form 990-EZ, Part I, Line 10 - fundraiser for Florida medical marijuana initiative campaign

Form 990-EZ, Part I, Line 20 - The organization owed a debt of \$45,065 to a related nonprofit, from loans made to the organization during the years 2006-2011. Due to changes in the economy and in our field's funding structure, which dramatically reduced the organization's revenues, it was determined that the organization had no foreseeable way to repay the debt. It was agreed that writing it off was therefore in the best interests of both organizations. The difference of \$538 to leave a total adjustment of \$44,526 was from minor accounting adjustments and corrections to past accounting classifications.

Form 990-EZ, Part V, Line 35b - The organization will file a 990-T, but at the time of this filing it is not yet due.

**Schedule O, Statement 1**

Form: 990-EZ

Page: 1

Line Number: Part I Line 8

**DRUG REFORM COORDINATION NETWORK INC****52-2034866****Other Revenue Structured Explanation**

Description	Amount
Miscellaneous	7
Web Site Ads	3,025
<b>Total:</b>	<b>3,032</b>

**Schedule O, Statement 2**

Form: 990-EZ

Page: 1

Line Number: Part I Line 16

**DRUG REFORM COORDINATION NETWORK INC****52-2034866****Other Expenses Structured Explanation**

<b>Description</b>	<b>Amount</b>
Accounting Software	393
Bank Service Charges	620
Credit Card Merchant Fees	2,170
Directors and Officers Insurance	215
Dues and Subscriptions	6
Interest Paid on Loan from Related Nonprofit three years worth	7,106
Licenses and Permits	107
Local Travel	77
Meals	44
Miscellaneous	33
Office Supplies	9
Travel	115
Web Site Hosting	25,654
Payroll Administration	1,521
<b>Total:</b>	<b>38,070</b>

**Schedule O, Statement 3**

Form: 990-EZ

Page: 2

Line Number: Part II Line 24

**DRUG REFORM COORDINATION NETWORK INC****52-2034866****Other Assets Structured Explanation**

Description	EOY Amount
Prepaid Accounts	1,757
<b>Total:</b>	<b>1,757</b>



**Schedule O, Statement 4**

Form: 990-EZ

Page: 2

Line Number: Part II Line 26

**DRUG REFORM COORDINATION NETWORK INC****52-2034866****Other Liabilities Structured Explanation**

Description	EOY Amount
Accounts Payable	17,219
Old Lease Balance	12,115
<b>Total:</b>	<b>29,334</b>

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**First Program Service Accomplishments Description**

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**Description**

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platforms for the widely-read Drug War Chronicle newsletter, published at the web site <http://stopthedrugwar.org>, paying the full cost of both platforms in order to maintain the organization's ability to report on elected officials and candidates while complying with IRS regulations. The organization also maintained a variety of write-to-Congress web forms. The organization participated in a range of DC working groups on legislative issues in sentencing reform, drug policy, and related areas, and did effective recruitment of organizational endorsers onto a range of sign-on letters developed through these working groups and other allies that were submitted to Congress. The organization also did preparatory work for a new, US-based coalition that works on international drug policy.

Form **8453-EO**

**Exempt Organization Declaration and Signature for Electronic Filing**

OMB No. 1545-1879

For calendar year 2014, or tax year beginning 01/01, 2014, and ending 12/31, 20 14

**2014**

Department of the Treasury  
Internal Revenue Service

**For use with Forms 990, 990-EZ, 990-PF, 1120-POL, and 8868**

Name of exempt organization

Employer identification number

**DRUG REFORM COORDINATION NETWORK INC**

**52-2034866**

**Part I Type of Return and Return Information (Whole Dollars Only)**

Check the box for the type of return being filed with Form 8453-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a below and the amount on that line of the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). If you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

1a Form 990 check here <input type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12) . . . . .	1b	
2a Form 990-EZ check here <input checked="" type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9) . . . . .	2b	<b>54,517</b>
3a Form 1120-POL check here <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22) . . . . .	3b	
4a Form 990-PF check here <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5) . . . . .	4b	
5a Form 8868 check here <input type="checkbox"/>	b Balance due (Form 8868, Part I, line 3c or Part II, line 8c) . . . . .	5b	

**Part II Declaration of Officer**

- 6 ☐ I authorize the U.S. Treasury and its designated Financial Agent to initiate an Automated Clearing House (ACH) electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment.
- ☐ If a copy of this return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I certify that I executed the electronic disclosure consent contained within this return allowing disclosure by the IRS of this Form 990/990-EZ/990-PF (as specifically identified in Part I above) to the selected state agency(ies).

Under penalties of perjury, I declare that I am an officer of the above named organization and that I have examined a copy of the organization's 2014 electronic return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund.

Sign  
Here


Signature of officer

Date

David Borden, President  
Title

**Part III Declaration of Electronic Return Originator (ERO) and Paid Preparer (see instructions)**

I declare that I have reviewed the above organization's return and that the entries on Form 8453-EO are complete and correct to the best of my knowledge. If I am only a collector, I am not responsible for reviewing the return and only declare that this form accurately reflects the data on the return. The organization officer will have signed this form before I submit the return. I will give the officer a copy of all forms and information to be filed with the IRS, and have followed all other requirements in Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns. If I am also the Paid Preparer, under penalties of perjury I declare that I have examined the above organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. This Paid Preparer declaration is based on all information of which I have any knowledge.

<b>ERO's Use Only</b>	ERO's signature 	Date <u>4/10/15</u>	Check if also paid preparer <input type="checkbox"/>	Check if self-employed <input type="checkbox"/>	ERO's SSN or PTIN
	Firm's name (or yours if self-employed), address, and ZIP code				EIN
				Phone no.	

Under penalties of perjury, I declare that I have examined the above return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer is based on all information of which the preparer has any knowledge.

<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name				Firm's EIN
	Firm's address				Phone no.

[Print](#)[Close](#)

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## Form 990-EZ E-filing Receipt - IRS Status: Accepted

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From: **efiletechsupport@urban.org**

Sent: Fri 4/10/15 5:03 PM

To: **borden@drcnet.org**

Organization: DRUG REFORM COORDINATION NETWORK INC

EIN: 52-2034866

Return Type: Form 990-EZ

Return Year: 2014

Submission ID: 7800582015100e189602

Return Timestamp: 4/10/2015 4:59:00 PM

Accepted Date: 4/10/2015

Thank you for using the 990 Online system for preparing and electronically filing your Form 990 EZ return. This email contains some important identifying information about the return we transmitted. You may want to keep this email in case you need to contact the IRS regarding your return.

The return described above was transmitted to the IRS. The IRS has ACCEPTED the return. Congratulations.

NOTE: The IRS does NOT reject returns for being late. If this return was transmitted to the IRS after the due date, and your organization has not filed a Form 8868 (Request for Extension), you may receive a letter from the IRS indicating whether your organization owes any penalties or other fees.

Please visit <http://efile.form990.org> to stay informed of enhancements to our efilings systems.

Once again, thank you for using the 990 Online system.

-----  
e-file.form990.org technical support

Phone: 888-666-1773 (toll free)

email: [efiletechsupport@urban.org](mailto:efiletechsupport@urban.org)