Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

2018

OMB No. 1545-1150

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.

▶ Go to www.irs.gov/Form990EZ for instructions and the latest information.

Open to Public Inspection

A F	or the	2018 calenda	ar year, or tax year beginning 01/01 , 2018, and	ending		12/31	, 20	18
B 0	heck if ap	pplicable:	C Name of organization		D Em	oloyer id	lentification numb	er
	Address c	change	DRUG REFORM COORDINATION NETWORK INC			5	2-2034866	
	Name change Number and street (or P.O. box, if mail is not delivered to street address) Room/suite E Tele							
=	nitial retu		20	02-293-8340				
=	Amended	rn/terminated	City or town, state or province, country, and ZIP or foreign postal code		F Gro	oup Exe	emption	
=		on pending	Washington, DC, 20016		Nu	mber 🕨	•	
G A	Account	ting Method:	☐ Cash 🗸 Accrual Other (specify) ►		H Check	▶ □ i	if the organization	n is not
ΙV	Vebsite	e: ► https	://stopthedrugwar.org				ach Schedule B	
J Ta	ax-exen			527	(Form	990, 99	0-EZ, or 990-PF)	
			✓ Corporation ☐ Trust ☐ Association ☐ Other					
			7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more,	or if to	otal assets	3		
(Par	t II, col	umn (B)) are \$	500,000 or more, file Form 990 instead of Form 990-EZ			▶ \$	3	15,264
P	art I	Revenu	e, Expenses, and Changes in Net Assets or Fund Balances (see th	ne instru	ictions		
			the organization used Schedule O to respond to any question in th					. 🗸
	1		ons, gifts, grants, and similar amounts received			1		15,229
	2		ervice revenue including government fees and contracts			2		0
	3	-	ip dues and assessments			3		0
	4	Investment	•			4		0
	5a	Gross amo	unt from sale of assets other than inventory 5a		(
	b		or other basis and sales expenses		(_		
	С		ss) from sale of assets other than inventory (Subtract line 5b from line 5	ia) .		5c		0
	6	Gaming an						
	а	Gross inc	ome from gaming (attach Schedule G if greater than					
ne		\$15,000) .						
Revenue	b	Gross inco	me from fundraising events (not including \$ 0 of cor					
è		from fundr						
_		sum of suc						
	С	Less: direc	t expenses from gaming and fundraising events 6c		(
	d	Net income						
		line 6c) .				6d		0
	7a	Gross sale	s of inventory, less returns and allowances		(
	b	Less: cost	of goods sold		(
	С	Gross prof	it or (loss) from sales of inventory (Subtract line 7b from line 7a)			7c		0
	8	Other reve	nue (describe in Schedule O) . See Schedule O, Statement 1	<u>. </u>	<u></u> .	8		35
	9		nue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8			9		15,264
	10		similar amounts paid (list in Schedule O)			10		0
	11	Benefits pa	aid to or for members			11		0
BS	12	Salaries, of	ther compensation, and employee benefits			12		23
us	13	Profession	al fees and other payments to independent contractors	13		0		
Expenses	14	Occupancy	, rent, utilities, and maintenance			14		318
й	15		ublications, postage, and shipping	15		84		
	16	Other expe	enses (describe in Schedule O) See Schedule O, Statement 2	<u> </u>	<u></u> .	16		18,884
	17		enses. Add lines 10 through 16			17		19,309
S	18	Excess or	deficit) for the year (Subtract line 17 from line 9)			18		-4,045
set	19	Net assets	or fund balances at beginning of year (from line 27, column (A)) (mu					
As		end-of-yea	r figure reported on prior year's return)			19		12,129
Net Assets	20	Other char	ges in net assets or fund balances (explain in Schedule O) .See Schedu	ıle O, S	Statemer .	20		-345
Z	21	Net assets	or fund balances at end of year. Combine lines 18 through 20		▶	21		7,739
_							- 000 E7	,

Form 990-EZ (2018) Page **2**

га	t II Balance Sheets (see the instructions f	or Part II)				
	Check if the organization used Schedule	O to respond to ar	ny question in this	Part II		.
				(A) Beginning of year		(B) End of year
22	Cash, savings, and investments			6,297	22	6,344
23	Land and buildings		[23	0
24	Other assets (describe in Schedule O) See.Sche	edule O, Statement 4.		19,271	24	12,290
25	Total assets			25,568		18,634
26	Total liabilities (describe in Schedule O) See Sc	hedule O, Statement.	5	13,439		10,895
27	Net assets or fund balances (line 27 of column			12,129	-	7,739
Par	,	<u> </u>				, -
	Check if the organization used Schedule	•		•		Expenses
What		drug policy reform a	• •		,	quired for section
	ribe the organization's program service accomplis			rogram convices		(c)(3) and 501(c)(4) anizations; optional for
as m	heasured by expenses. In a clear and concise mons benefited, and other relevant information for ea	anner, describe the			_	ers.)
28	Drug Reform Coordination Network provided information	ation on federal and	state legislation, and	on the actions		
	and statements of elected officials and candidates for	or office. Staff joined	Capitol Hill meetings	addressing		
	(Continued on Schedule O, Statement 6)					
	(Grants \$ 0) If this amount	includes foreign gra	nts, check here .	▶ 🗌	28a	4,871
29	The organization provided the email and web platform	ms for the widely-rea	d Drug War Chronic	le newsletter,		
	published at the web site https://stopthedrugwar.org					
	(Continued on Schedule O, Statement 7)					
		includes foreign gra	nts, check here .	▶ □	29a	6,915
30		<u> </u>	,			
	(Grants \$) If this amount	includes foreign gra	nts. check here .	▶ □	30a	a
31	Other program services (describe in Schedule O)					
		includes foreign gra			31a	a 0
32						-
		hrough 31a)			32	11 786
	Total program service expenses (add lines 28a t			🕨	32 nstru	1.77.00
Pari	Total program service expenses (add lines 28a t	Employees (list each	one even if not com	▶ pensated—see the in	nstru	ctions for Part IV)
	Total program service expenses (add lines 28a t	Employees (list each	n one even if not com ny question in this (c) Reportable compensation (Forms W-2/1099-MISC	pensated—see the in Part IV (d) Health benefits, contributions to employ benefit plans, and	nstru 	ctions for Part IV)
Part	Total program service expenses (add lines 28a to List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title	Complete Character Charact	n one even if not coming question in this (c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	pensated—see the in Part IV (d) Health benefits, contributions to employ benefit plans, and deferred compensation	ee (e)	ctions for Part IV)
Pari	Total program service expenses (add lines 28a to List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title	Complete Character Charact	n one even if not com ny question in this (c) Reportable compensation (Forms W-2/1099-MISC	pensated—see the in Part IV (d) Health benefits, contributions to employ benefit plans, and deferred compensation	nstru 	ctions for Part IV)
Pari David	Total program service expenses (add lines 28a to 10 List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title d Borden ctor, President, Executive Director	Complete Character Charact	n one even if not coming question in this (c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	pensated—see the in Part IV (d) Health benefits, contributions to employ benefit plans, and deferred compensation	ee (e)	ctions for Part IV)
David Direct Marc	Total program service expenses (add lines 28a to List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title d Borden etor, President, Executive Director to Perduca	Complete Character Charact	n one even if not coming question in this (c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	pensated—see the in Part IV (d) Health benefits, contributions to employ benefit plans, and deferred compensation	ee (e)	ctions for Part IV)
David Direct Marct Direct	Total program service expenses (add lines 28a to List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title d Borden etor, President, Executive Director to Perduca etor, Secretary	Complete Character Charact	n one even if not com ny question in this (c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	pensated—see the ii Part IV (d) Health benefits, contributions to employ benefit plans, and deferred compensation	nstru ee (e)	ctions for Part IV) Stimated amount of other compensation 0
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Other Information (Note the Schedule A and personal benefit contract statement requirements in the Part V instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V Yes No 33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a 33 34 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 34 35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business 35a If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O 35b 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 35c 36 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 36 Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a 37a 37b 38a 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? 38a 1 If "Yes," complete Schedule L, Part II and enter the total amount involved 2.000 39 Section 501(c)(7) organizations. Enter: 39a Gross receipts, included on line 9, for public use of club facilities Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ ; section 4912 ► ; section 4955 ► 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 40b / 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, 0 Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶ 0 All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter List the states with which a copy of this return is filed ▶ 41 **42a** The organization's books are in care of ▶ David Borden 202-293-8340 Telephone no. ▶ Located at ► PO Box 9853, Washington, DC 20016 ZIP + 4 ▶ 20016 **b** At any time during the calendar year, did the organization have an interest in or a signature or other authority over Yes No a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 42b If "Yes," enter the name of the foreign country ▶ See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). At any time during the calendar year, did the organization maintain an office outside the United States? 42c If "Yes," enter the name of the foreign country ▶ Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here 43 and enter the amount of tax-exempt interest received or accrued during the tax year 43 Yes No 44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be 44a Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be 44b If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an 44d 45a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 45a 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 45b

Page 3

Form 990-	EZ (2018)						P	age 4				
							Yes	No				
46	Did the organization engage, directly or in	ndirectly, in political c	ampaign activities	on behalf of	or in opposit	tion						
	o candidates for public office? If "Yes," o		, Part I			. 46		'				
Part V	()()	•	47 401	1.50								
	All section 501(c)(3) organization	is must answer que	stions 47–49b ar	nd 52, and o	complete th	e tables f	or line	es				
	50 and 51.				,,							
	Check if the organization used Sc	neaule O to respond	i to any question i	n this Part v	1	<u></u>						
47 [Did the organization engage in lobbying	activities or have a	acation EO1/b) aloc	tion in office	t during the	tov	Yes	No				
	rear? If "Yes," complete Schedule C, Par				a during the	. 47						
-	•				 =							
	•	ne organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E										
	f "Yes," was the related organization a se	-	_			. 49b						
	Complete this table for the organization's						es, an	d key				
	employees) who each received more than											
		(b) Average	(c) Reportable		Ith benefits,							
	(a) Name and title of each employee	hours per week	compensation	henefit plan	ns to employee as, and deferred	(e) Estimate other con						
		devoted to position	(Forms W-2/1099-MIS		pensation							
None												
f 7	otal number of other employees paid ov	rer \$100 000	•									
	Complete this table for the organization			ent contracto	ors who each	received	more	than				
\$	5100,000 of compensation from the orga	anization. If there is no	one, enter "None."									
	(a) Name and business address of each independ	dent contractor	(b) Type of	service	(c)	Compensati	on					
					,							
None			_									
			_									
			-									
			1									
			1									
d T	otal number of other independent contra	actors each receiving	over \$100,000 .	.▶	•							
	oid the organization complete Schedu	ule A? Note: All se	ection 501(c)(3) or	ganizations	must attach	n a						
	completed Schedule A					.► Yes		No				
	alties of perjury, I declare that I have examined this					nowledge and	l belief,	it is				
true, corre	ct, and complete. Declaration of preparer (other tha	n officer) is based on all info	ormation of which prepai	rer nas any knov	vieage.							
Sian	Signature of officer				Noto							
Sign				L	Date							
Here	David Borden, President Type or print name and title											
		Preparer's signature		Date		PTIN						
Paid	Print/Type preparer's name				Check L self-emplo	if						
Prepa	l			-	Firm's EIN ►							
Use O	Firm's address ► Phone no.											
May the	IRS discuss this return with the prepare	r shown above? See i	instructions			►		No				

SCHEDULE L (Form 990 or 990-EZ)

Transactions With Interested Persons

► Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

► Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

► Go to www.irs.gov/Form990 for instructions and the latest information.

Name	of the organization							Employ	/er idei	ntificat	ion nu	mber		
DRU	G REFORM COORDINA	ATION NETWOR	K INC							52-2	20348	66		
Par								1(c)(29) organiza a or 25b, or For				V, line	40b.	
1	(a) Name of disqualified		(b) Relationship be	tween	disqualified	person and		(c) Description	. of tuo		_		(d) Cor	rected?
	(a) Name of disqualified	person		organiz	ation			(c) Description	i oi trai	isactio	T1			No
(1)														
(2)														
(3)														
(4)														
(5)														
(6)								 						
2	Enter the amount		, ,		•	•	•	•	ring t	he ye	ar			
_	under section 4958									!	•	<u> </u>		
3	Enter the amount o	t tax, it any, on	line 2, above,	reimb	oursed by	the organ	izatior	1		!	•	<u> </u>		
Par		or From Inter			Form 00	0 EZ Dort	V line	38a or Form 99)O Do	v+ I\/	lina O	G. or i	f tha	
		eported an am						soa or Form 98	ю, га	urt iv,	iii le 2	.o, or 1	ıııe	
		T				1								
(a) N	lame of interested person	(b) Relationship	(c) Purpose of		oan to or	(e) Origin		(f) Balance due	(g) In o	default?				ritten
		with organization	loan		om the inization?	principal an	nount					oard or nittee?	agree	ment?
				То		1			Vaa	Na	Vaa	Na	Vaa	Na
(1)	David Davidson	Due side at an d	to conclude a	10	From		2 000	2.000	Yes	No 🗸	Yes	No	Yes	No
(1) (2)	David Borden	President and	to conclude a				2,000	2,000						
(3)														
(4)														
(5)														
(6)														
(7)														
(8)														
(9)														
(10)														
Total				·	<u> </u>		. ▶	\$ 2,000						
Part		sistance Bene												
	Complete if th	e organization				0, Part IV, I	ine 27	'.						
(a) Name of interested persor	n (b) Relations	ship between intere	ested	(c) Amount	of assistance		d) Type of assistanc	e	(e) Purpo	se of a	ssistan	се
	· ·	person a	and the organizatio	n										
(1)														
(2)														
(3)														
(4)														
(5)														
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(7)														
(8)														
(9)														
(10)														

Schedule L	. (Form 990 or 990-EZ) 2018				F	Page 2
Part IV	Business Transactions Invo Complete if the organization a	olving Interested Persons. answered "Yes" on Form 990	, Part IV, line 28a, 2	8b, or 28c.		
	(a) Name of interested person	(b) Relationship between interested person and the organization	(d) Description of transaction	(e) Sharing of organization's revenues?		
					Yes	No
(1)					100	
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
(10)						
Part V	Supplemental Information.		· · · · · · · · · · · · · · · · · · ·			
	Provide additional information	n for responses to questions of	on Schedule L (see	instructions).		
			<u>`</u>	·		

SCHEDULE O (Form 990 or 990-EZ)

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.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service

Name of the organization

► Attach to Form 990 or 990-EZ.

► Go to www.irs.gov/Form990 for the latest information.

DRUG REFORM COORDINATION NETWORK INC	52-2034866
Form 990-EZ, Header, Line B - A \$50 liability was recategorized. An explanation was determined for a	\$343 change to fund balances.
Further explanation was provided for the purpose of a small loan to an officer.	

DRUG REFORM COORDINATION NETWORK INC

Form: Form 990-EZ (2018) EIN: 52-2034866
Page: 1 Part I, Line 8

Page: 1

Other Revenue Structured Explanation

Description	Amount
cash back on debit card transactions	35
Total:	35

DRUG REFORM COORDINATION NETWORK INC

Form: **Form 990-EZ (2018)** EIN: **52-2034866**

Page: 1

Part I, Line 16

Other Expenses Structured Explanation

Description	Amount
bank service charges	304
credit card merchant fees	748
depreciation expense	57
directors and officers insurance	312
dues and subscriptions	25
government fees	310
local travel	212
meals	96
miscellaneous	26
payroll administration	728
supplies	12
travel	2
web site hosting	15,872
unrelated business income tax back year	180
Total:	18,884

DRUG REFORM COORDINATION NETWORK INC

Part I, Line 20

Form: **Form 990-EZ (2018)** EIN: **52-2034866**

Page: **2**

Other Changes In Net Assets Structured Explanation

Description	Amount
reconciliation discrepancies	-2
correction made to 2015 accounts payable balance	-343
Total:	-345

DRUG REFORM COORDINATION NETWORK INC

Form: **Form 990-EZ (2018)** EIN: **52-2034866**

Page: **2**

Part II, Line 24

Other Assets Structured Explanation

Description	EOY Amount
donations receivable	335
expenses due from partner organization	9,447
loan to officer	2,000
prepaid accounts	508
Total:	12,290

Description
prior year taxes
old lease

DRUG REFORM COORDINATION NETWORK INC

Form: Form 990-EZ (2018) EIN: 52-2034866
Page: 2 Part II, Line 26

Other Liabilities Structured Explanation

	Other Liabilities Structured Explanation						
EOY Amount							
180							
10,715							

Total: 10,895

DRUG REFORM COORDINATION NETWORK INC

Form: Form 990-EZ (2018) EIN: 52-2034866
Page: 2 Part III, Line 28

First Program Service Accomplishments Description

Description

the human rights situation in the Philippines drug war. Staff 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 administration and UN, the latter as part of a coalition we coordinate on international drug policy.

DRUG REFORM COORDINATION NETWORK INC

Form: Form 990-EZ (2018) EIN: **52-2034866** Page: 2

Second Program Service Accomplishments Description

Part III, Line 29

Description

maintain the organization's ability to report on elected officials and candidates while complying with IRS regulations.

*** Form 990 Online Filers: Please sign and date in Part II and then email a scanned PDF copy of the signed form to signatureforms@form990.org or fax it to 866-699-3916 OMB No. 1545-1879

Form **8453-E0**

Exempt Organization Declaration and Signature for Electronic Filing

For calendar year 2018, or tax year beginning 01/01 , 2018, and ending 12/31 , 20 18

Internal Revenue Service

For use with Forms 990, 990-EZ, 990-PF, 1120-POL, and 8868 Department of the Treasury **Employer identification number** Name of exempt organization 52-2034866 DRUG REFORM COORDINATION NETWORK INC 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. □ **b** Total revenue, if any (Form 990, Part VIII, column (A), line 12) . . 1h Form 990 check here ▶ **b Total revenue,** if any (Form 990-EZ, line 9) 15,264 Form 990-EZ check here ▶ 2a □ b Total tax (Form 1120-POL, line 22). . . . 3h Form 1120-POL check here ▶ □ **b** Tax based on investment income (Form 990-PF, Part VI, line 5) 4b Form 990-PF check here ▶ 4a Balance due (Form 8868, line 3c) Form 8868 check here ▶ □ b 5a **Declaration of Officer** Part II 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 2018 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. David Borden, President Sign Signature of officer Here Declaration of Electronic Return Originator (ERO) and Paid Preparer (see instructions) Part III 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. ERO's SSN or PTIN Check if Date FRO's also paid signature ERO's EIN Firm's name (or Use yours if self-employed), Phone no. address, and ZIP code 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. Check if PTIN Date Preparer's signature Print/Type preparer's name **Paid** employed

Firm's name ▶

Firm's address

Preparer

Use Only

Firm's EIN ▶

Phone no.

*** Form 990 Online Filers: Please sign and date in Part II and then email a scanned PDF copy of the signed form to signatureforms@form990.org or fax it to 866-699-3916

Form **8453-E0**

Exempt Organization Declaration and Signature for Electronic Filing

For calendar year 2018, or tax year beginning 01/01 , 2018, and ending 12/31 , 20 18

OMB No. 1545-1879

Departmen			For	use with For	ms 990, 9	90-EZ, 990-PF	, 1120-POL,	and 8868		
Name of ex	_		1					Emp	loyer identification	number
DRUG R	EFOR	M COOR	DINATION NETWO	ORK INC					52-20348	366
Part I	Ty	ype of I	Return and Re	turn Inform	ation (W	hole Dollars C	Only)			
check th leave line applicab	e 1b, 2 le line	on line 2b, 3b, 4 below.	type of return b 1a, 2a, 3a, 4a, o b, or 5b, whiche Do not complete	or 5a below and the second s	nd the am ble, blank ne line in l	nount on that ling (do not enter : Part I.	ne of the retu -0-). If you en	rn being filed v tered -0- on the	vith this form w e return, then e	as blank, then nter -0- on the
2a For 3a For 4a For	rm 990 rm 11: rm 990	0-EZ ch 20-POL 0-PF ch	here ▶ □ b eck here ▶ ✓ check here ▶ eck here ▶ □ k here ▶ □ b	b Total re b Total b Total	evenue, if al tax (For sed on in	y (Form 990, Pa any (Form 990 rm 1120-POL, I vestment inco 8868, line 3c)	-EZ, line 9) . ine 22) me (Form 990		. 2b . 3b ne 5) 4b	15,264
Part II	D	eclarat	ion of Officer						-	
6 🗆	withdorgan I mus date. inform	rawal (di nization's st contac I also au nation ne	e U.S. Treasury a frect debit) entry federal taxes owe the U.S. Treasuruthorize the financeessary to answe	to the financied on this return y Financial Agorial institutions r inquiries and	ial instituti rn, and the ent at 1-8 involved resolve is	ion account indefinancial institutes 88-353-4537 no in the processir sues related to financial for the processir sues related to financial for the processir sues related to financial for the processir sues related to fin	licated in the ution to debit to later than 2 bing of the elections.	tax preparation he entry to this usiness days pronic payment	n software for paccount. To revior to the paymof taxes to receive	payment of the oke a payment, ent (settlement) vive confidential
	execu	uted the	is return is being electronic disclos ecifically identified	sure consent of	contained	within this retur	n allowing dis	ert of the IRS Fe sclosure by the	d/State progran	n, I certify that I m 990/990-EZ/
organizatrue, com return. I to the IR	tion's a rect, and conser S and proces	2018 ele nd comp nt to allo to recei	rjury, I declare the ctronic return and lete. I further declaw my intermediative from the IRS (a return or refund, a of officer	d accompanying are that the are service proven an acknowle	ng schedu mount in P ider, trans edgement	les and statemer Part I above is the mitter, or electro of receipt or rea	ents, and, to t e amount sho onic return ori ason for reject	he best of my l wn on the copy ginator (ERO) to	knowledge and of the organizate send the organ mission, (b) the	belief, they are ion's electronic nization's return
Part III	D	eclarat	ion of Electror	nic Return C	Originato	or (ERO) and	Paid Prepar	er (see instru	ctions)	
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Form 990-EZ E-filing Receipt - IRS Status: Accepted

990 Online Tech Support <Support@Form990.org>

Mon 2/11/2019 10:42 AM

Organization: DRUG REFORM COORDINATION NETWORK INC

EIN: 52-2034866

Return Type: Form 990-EZ

Return Year: 2018

Submission ID: 8600762019042c308239 Return Timestamp: 2/11/2019 10:22:25 AM

Accepted Date: 2/11/2019

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 efiling systems.

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

e-file.form990.org technical support Phone: 888-666-1773 (toll free) email: Support@Form990.org