

Form

990

Return of Organization Exempt From Income Tax

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

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

OMB No. 1545-0047

1999

This Form is Open to Public Inspection

A For the 1999 calendar year, OR tax year period beginning

B Check if:

- Change of address
Initial return
Final return
Amended return

Please use IRS label or print or type. See Specific Instructions.

C Name of organization and ending
DRUG REFORM COORDINATION NETWORK
2000 P STREET, NW
WASHINGTON, DC 20036

D Employer identification number
52-2034866

E Telephone number
(202)293-8340

F Check if exemption application is pending

G Type of organization: Exempt under 501(c)(4) section 4947(a)(1) nonexempt charitable trust

Note: Section 501(c)(3) exempt organizations and 4947(a)(1) nonexempt charitable trusts MUST attach a completed Schedule A (Form 990).

H(a) Is this a group return filed for affiliates? Yes No

(b) If "Yes," enter the number of affiliates for which this return is filed:

I If either box in H is checked "Yes," enter four-digit group exemption number (GEN)

(c) Is this a separate return filed by an organization covered by a group ruling? Yes No

J Accounting method: Cash Accrual Other (specify)

K Check here if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS; but if it received a Form 990 Package in the mail, it should file a return without financial data.

Note: Form 990-EZ may be used by organizations with gross receipts less than \$100,000 and total assets less than \$250,000 at end of year.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances

Table with 21 rows and 4 columns. Rows include: 1 Contributions, gifts, grants, and similar amounts received; 2 Program service revenue; 3 Membership dues and assessments; 4 Interest on savings and temporary cash investments; 5 Dividends and interest from securities; 6 Gross rents; 7 Other investment income; 8 Gross amount from sale of assets other than inventory; 9 Special events and activities; 10 Gross sales of inventory; 11 Other revenue; 12 Total revenue; 13 Program services; 14 Management and general; 15 Fundraising; 16 Payments to affiliates; 17 Total expenses; 18 Excess or (deficit) for the year; 19 Net assets or fund balances at beginning of year; 20 Other changes in net assets or fund balances; 21 Net assets or fund balances at end of year.

LHA 923001 12-14-99

For Paperwork Reduction Act Notice, see page 1 of the separate instructions.

DRUG REFORM COORDINATION NETWORK

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Part II Statement of Functional Expenses

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others.

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.

	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22 Grants and allocations (attach schedule)				
cash \$ _____ noncash \$ _____	22			
23 Specific assistance to individuals (attach schedule)	23			
24 Benefits paid to or for members (attach schedule)	24			
25 Compensation of officers, directors, etc.	25 35,938.	26,235.	8,625.	1,078.
26 Other salaries and wages	26 28,106.	27,608.		498.
27 Pension plan contributions	27			
28 Other employee benefits	28 2,985.	2,374.	483.	128.
29 Payroll taxes	29 5,891.	5,198.	547.	146.
30 Professional fundraising fees	30			
31 Accounting fees	31 5,430.		5,430.	
32 Legal fees	32			
33 Supplies	33 2,808.	2,572.	186.	50.
34 Telephone	34 8,967.	8,410.	440.	117.
35 Postage and shipping	35 1,380.	1,201.	141.	38.
36 Occupancy	36 5,949.	4,819.	892.	238.
37 Equipment rental and maintenance	37 151.	122.	23.	6.
38 Printing and publications	38 3,040.	3,040.		
39 Travel	39 3,764.	22.	545.	3,197.
40 Conferences, conventions, and meetings	40 468.	468.		
41 Interest	41 1,246.		1,246.	
42 Depreciation, depletion, etc. (attach schedule) ...	42 264.	121.	127.	16.
43 Other expenses (itemize):				
a _____	43a			
b _____	43b			
c _____	43c			
d _____	43d			
e SEE STATEMENT 1	43e 9,197.	3,171.	5,961.	65.
44 Total functional expenses (add lines 22 through 43) Organizations completing columns (B)-(D), carry these totals to lines 13-15	44 115,584.	85,361.	24,646.	5,577.

Reporting of Joint Costs. - Did you report in column (B) (Program services) any joint costs from a combined educational campaign and fundraising solicitation? Yes No
 If "Yes," enter (i) the aggregate amount of these joint costs \$ _____; (ii) the amount allocated to Program services \$ _____; (iii) the amount allocated to Management and general \$ _____; and (iv) the amount allocated to Fundraising \$ _____

Part III Statement of Program Service Accomplishments

What is the organization's primary exempt purpose? **SEE STATEMENT 2**

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)

Program Service Expenses
(Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)

a SEE STATEMENT 3				
		(Grants and allocations \$ _____)		50,203.
b SEE STATEMENT 4				
		(Grants and allocations \$ _____)		35,158.
c _____				
		(Grants and allocations \$ _____)		
d _____				
		(Grants and allocations \$ _____)		
e Other program services (attach schedule)		(Grants and allocations \$ _____)		
f Total of Program Service Expenses (should equal line 44, column (B), Program services)				85,361.

Part IV Balance Sheets

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A) Beginning of year		(B) End of year
Assets	45 Cash - non-interest-bearing	1,834.	45	4,807.
	46 Savings and temporary cash investments	12.	46	41.
	47 a Accounts receivable			
	b Less: allowance for doubtful accounts		47c	
	48 a Pledges receivable			
	b Less: allowance for doubtful accounts		48c	
	49 Grants receivable		49	
	50 Receivables from officers, directors, trustees, and key employees		50	
	51 a Other notes and loans receivable			
	b Less: allowance for doubtful accounts		51c	
	52 Inventories for sale or use	300.	52	300.
	53 Prepaid expenses and deferred charges	519.	53	2,286.
	54 Investments - securities		54	
	55 a Investments - land, buildings, and equipment: basis			
	b Less: accumulated depreciation		55c	
56 Investments - other		56		
57 a Land, buildings, and equipment: basis	792.			
b Less: accumulated depreciation STMT 5	418.			
58 Other assets (describe SEE STATEMENT 6)	638.	57c	374.	
	3,237.	58	986.	
59 Total assets (add lines 45 through 58) (must equal line 74)	6,540.	59	8,794.	
Liabilities	60 Accounts payable and accrued expenses	556.	60	5,046.
	61 Grants payable		61	
	62 Deferred revenue		62	
	63 Loans from officers, directors, trustees, and key employees	3,700.	63	1,662.
	64 a Tax-exempt bond liabilities		64a	
	b Mortgages and other notes payable		64b	
	65 Other liabilities (describe SEE STATEMENT 7)	5,920.	65	20,082.
66 Total liabilities (add lines 60 through 65)	10,176.	66	26,790.	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.			
	67 Unrestricted	<3,636.>	67	<17,996.>
	68 Temporarily restricted		68	
	69 Permanently restricted		69	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74			
	70 Capital stock, trust principal, or current funds		70	
	71 Paid-in or capital surplus, or land, building, and equipment fund		71	
	72 Retained earnings, endowment, accumulated income, or other funds		72	
73 Total net assets or fund balances (add lines 67 through 69 OR lines 70 through 72; column (A) must equal line 19 and column (B) must equal line 21)	<3,636.>	73	<17,996.>	
74 Total liabilities and net assets / fund balances (add lines 66 and 73)	6,540.	74	8,794.	

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

Form 990 (1999)

DRUG REFORM COORDINATION NETWORK

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Part VI Other Information

		Yes	No
76	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	76	X
77	Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes.	77	X
78 a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a	X
b	If "Yes," has it filed a tax return on Form 990-T for this year? N/A	78b	
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement;	79	X
80 a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	80a	X
b	If "Yes," enter the name of the organization DRCNET FOUNDATION 501(C)(3) and check whether it is <input checked="" type="checkbox"/> exempt OR <input type="checkbox"/> nonexempt.		
81 a	Enter the amount of political expenditures, direct or indirect, as described in the instructions for line 81	81a	0.
b	Did the organization file Form 1120-POL for this year?	81b	X
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82a	X
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions for reporting in Part III.) N/A	82b	
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	X
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b	X
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?	85a	X
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.	85b	X
c	Dues, assessments, and similar amounts from members	85c	N/A
d	Section 162(e) lobbying and political expenditures	85d	N/A
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e	N/A
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	N/A
g	Does the organization elect to pay the section 6033(e) tax on the amount in 85f?	85g	N/A
h	If section 6033(e)(1)(A) dues notice were sent, does the organization agree to add the amount in 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h	N/A
86	501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 12	86a	N/A
b	Gross receipts, included on line 12, for public use of club facilities	86b	N/A
87	501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders	87a	N/A
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	87b	N/A
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX	88	X
89 a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 N/A ; section 4912 N/A ; section 4955 N/A		
b	501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year? If "Yes," attach a statement explaining each transaction	89b	X
c	Enter: Amount of tax imposed on the organization, managers or disqualified persons during the year under sections 4912, 4955, and 4958		0.
d	Enter: Amount of tax in 89c, above, reimbursed by the organization		0.
90 a	List the states with which a copy of this return is filed DISTRICT OF COLUMBIA		
b	Number of employees employed in the pay period that includes March 12, 1999	90b	8

91 The books are in care of **THE ORGANIZATION** Telephone no. **202-293-8340**

Located at **2000 P STREET, NW, SUITE 210, WASHINGTON, DC** ZIP + 4 **20036**

92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041-Check here and enter the amount of tax-exempt interest received or accrued during the tax year **92** **N/A**

Part VII Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclu- sion code	(D) Amount	
93 Program service revenue:					
(a) _____					
(b) _____					
(c) _____					
(d) _____					
(e) _____					
(f) Medicare/Medicaid payments					
(g) Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			14	56.	
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate:					
(a) debt-financed property					
(b) not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue:					
a ROYALTY AFFINITY CC			15	110.	
b ON LINE ROYALTIES			15	2,292.	
c WRITE OFF DEBT			01	1,971.	
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E))		0.		4,439.	0.
105 TOTAL (add line 104, columns (B), (D), and (E))					4,439.

Note: (Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I.)

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
▼	

Part IX Information Regarding Taxable Subsidiaries (Complete this Part if the "Yes" box on 88 is checked.)

Name, address, and employer identification number of corporation or partnership	Percentage of ownership interest	Nature of business activities	Total income	End-of-year assets
N/A	%			
	%			
	%			
	%			

Please Sign Here: 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. (Important: See General Instruction U.)

Signature of officer: *[Signature]* Date: 09/14/00 DAVID BORDEN, President & Executive Direct

Paid Preparer's Use Only: Preparer's signature: _____ Date: 09/14/00 Check if self-employed: Preparer's SSN or PTIN: _____

Firm's name (or yours if self-employed) and address: MAY & BARNHARD, PC, CPA
4840 CORDELL AVENUE
BETHESDA, MD

EIN: _____ ZIP+4: 20814

DRUG REFORM COORDINATION NETWORK

52-2034866

FORM 990	OTHER EXPENSES			STATEMENT	1
DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING	
ADVERTISING	210.		210.		
BANK CHARGES	1,234.		1,234.		
DUES & SUBSCRIPTIONS	1,584.	1,547.	29.		8.
INSURANCE	1,421.	1,195.	178.		48.
MISCELLANEOUS	252.	252.			
REPAIRS & MAINTENANCE	219.	177.	33.		9.
TAXES-OTHER	3,240.		3,240.		
FINES AND PENALTIES	1,037.		1,037.		
TOTAL TO FM 990, LN 43	9,197.	3,171.	5,961.		65.

FORM 990 STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE STATEMENT 2
PART III

EXPLANATION

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

FORM 990 STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS STATEMENT 3

DESCRIPTION OF PROGRAM SERVICE ONE

ISSUED LEGISLATIVE ACTION ALERTS ON A RANGE OF DRUG POLICY ISSUES, INCLUDING SENTENCING, ASSET FORFEITURE, NEEDLE EXCHANGE, MEDICAL MARIJUANA AND OTHERS. NEARLY 7,000 PEOPLE USED OUR E-MAIL TO CONGRESS OR STATE LEGISLATURE WEB SITES TO SPEAK THEIR MINDS ON CRITICAL ISSUES.

TO FORM 990, PART III, LINE A

GRANTS	EXPENSES
	50,203.

FORM 990 STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS STATEMENT 4

DESCRIPTION OF PROGRAM SERVICE TWO

COORDINATED A CAMPUS-BASED CAMPAIGN TO OVERTURN A NEW LAW MAKING STUDENTS CONVICTED OF DRUG OFFENSES INELIGIBLE FOR FEDERAL FINANCIAL AID. NEARLY 20 STUDENT GOVERNMENTS ENDORSED A RESOLUTION CALLING FOR THE LAW'S REPEAL. A LETTER SIGNED BY MORE THAN 30 ORGANIZATIONS SUCH AS THE NAACP, ACLU AND NOW, WAS SENT TO CONGRESS, CALLING FOR THE REPEAL OF THIS LAW. THE CAMPAIGN GARNERED EXTENSIVE PUBLICITY IN CAMPUS NEWSPAPERS, AS WELL AS IN PUBLICATIONS SUCH AS THE BOSTON GLOBE, CHRONICLE OF HIGHER EDUCATION, THE BLACK WORLD TODAY, AND ELSEWHERE.

TO FORM 990, PART III, LINE B

GRANTS	EXPENSES
	35,158.

4562

Form Department of the Treasury Internal Revenue Service (99)

Depreciation and Amortization (Including Information on Listed Property) 990

OMB No. 1545-0172

1999

Attachment Sequence No. 67

See separate instructions. Attach this form to your return.

Name(s) shown on return

Business or activity to which this form relates

Identifying number

DRUG REFORM COORDINATION NETWORK

FORM 990 PAGE 2

52-2034866

Part I Election To Expense Certain Tangible Property (Section 179) (Note: If you have any "listed property," complete Part V before you complete Part I.)

Table with 5 rows for lines 1-5. Line 1: Maximum dollar limitation. Line 2: Total cost of section 179 property. Line 3: Threshold cost of section 179 property. Line 4: Reduction in limitation. Line 5: Dollar limitation for tax year.

Table with 3 columns: (a) Description of property, (b) Cost (business use only), (c) Elected cost. Rows 6-13.

Table with 2 columns: Line number, Amount. Lines 7-13.

Note: Do not use Part II or Part III below for listed property (automobiles, certain other vehicles, cellular telephones, certain computers, or property used for entertainment, recreation, or amusement). Instead, use Part V for listed property.

Part II MACRS Depreciation For Assets Placed in Service ONLY During Your 1999 Tax Year (Do Not Include Listed Property.)

Section A - General Asset Account Election

14 If you are making the election under section 168(i)(4) to group any assets placed in service during the tax year into one or more general asset accounts, check this box. See instructions

Section B - General Depreciation System (GDS) (See instructions.)

Table with 7 columns: (a) Classification of property, (b) Month and year placed in service, (c) Basis for depreciation, (d) Recovery period, (e) Convention, (f) Method, (g) Depreciation deduction. Rows 15-19.

Section C - Alternative Depreciation System (ADS) (See instructions.)

Table with 7 columns: (a) Class life, (b) Month and year placed in service, (c) Basis for depreciation, (d) Recovery period, (e) Convention, (f) Method, (g) Depreciation deduction. Rows 16-18.

Part III Other Depreciation (Do Not Include Listed Property.) (See instructions.)

Table with 2 columns: Line number, Amount. Lines 17-19.

Part IV Summary (See instructions.)

Table with 2 columns: Line number, Amount. Lines 20-22.

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

Part V Listed Property - Automobiles, Certain Other Vehicles, Cellular Telephones, Certain Computers, and Property Used for Entertainment, Recreation, or Amusement
 Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 23a, 23b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A - Depreciation and Other Information (Caution: See instructions for limits for passenger automobiles.)

23a Do you have evidence to support the business/investment use claimed? Yes No 23b If "Yes," is the evidence written? Yes No

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation deduction	(i) Elected section 179 cost
--	-------------------------------------	--	-------------------------------	--	---------------------------	------------------------------	----------------------------------	---------------------------------------

24 Property used more than 50% in a qualified business use:

		%						
		%						
		%						

25 Property used 50% or less in a qualified business use:

		%				S/L -		
		%				S/L -		
		%				S/L -		

26 Add amounts in column (h). Enter the total here and on line 20, page 1 26

27 Add amounts in column (i). Enter the total here and on line 7, page 1 27

Section B - Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

	(a) Vehicle		(b) Vehicle		(c) Vehicle		(d) Vehicle		(e) Vehicle		(f) Vehicle	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
28 Total business/investment miles driven during the year (DO NOT include commuting miles)												
29 Total commuting miles driven during the year												
30 Total other personal (noncommuting) miles driven												
31 Total miles driven during the year. Add lines 28 through 30												
32 Was the vehicle available for personal use during off-duty hours?												
33 Was the vehicle used primarily by a more than 5% owner or related person?												
34 Is another vehicle available for personal use?												

Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons.

	Yes	No
35 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		
36 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See instructions for vehicles used by corporate officers, directors, or 1% or more owners		
37 Do you treat all use of vehicles by employees as personal use?		
38 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
39 Do you meet the requirements concerning qualified automobile demonstration use?		

Note: If your answer to 35, 36, 37, 38, or 39 is "Yes," you need not complete Section B for the covered vehicles.

Part VI Amortization

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
40 Amortization of costs that begins during your 1999 tax year:					
41 Amortization of costs that began before 1999					41
42 Total. Enter here and on "Other Deductions" or "Other Expenses" line of your return					42

Form **2758**
(Rev. June 1998)

**Application for Extension of Time To File
Certain Excise, Income, Information, and Other Returns**

OMB No. 1545-0148

Department of the Treasury
Internal Revenue Service

▶ File a separate application for each return.

Please type or print. File the original and one copy by the due date for filing your return.

Name: **DRUG REFORM COORDINATION NETWORK**

Employer identification number: **52 2034866**

Number, street, and room or suite no. (or P.O. box no. if mail is not delivered to street address):
2000 P STREET, NW, NO. 210

City, town, or post office, state, and ZIP code. For a foreign address, see instructions.
WASHINGTON, DC 20036

Note: Corporate income tax return filers must use Form 7004 to request an extension of time to file. Partnerships, REMICS, and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041.

1 I request an extension of time until OCTOBER 15, 2000, to file (check only one):

<input type="checkbox"/> Form 706-GS(D)	<input type="checkbox"/> Form 990-T (sec.401(a) or 408(a) trust)	<input type="checkbox"/> Form 1120-ND (sec. 4951 taxes)	<input type="checkbox"/> Form 8612
<input type="checkbox"/> Form 706-GS(T)	<input type="checkbox"/> Form 990-T (trust other than above)	<input type="checkbox"/> Form 3520-A	<input type="checkbox"/> Form 8613
<input checked="" type="checkbox"/> Form 990 or 990-EZ	<input type="checkbox"/> Form 1041 (estate)	<input type="checkbox"/> Form 4720	<input type="checkbox"/> Form 8725
<input type="checkbox"/> Form 990-BL	<input type="checkbox"/> Form 1041-A	<input type="checkbox"/> Form 5227	<input type="checkbox"/> Form 8804
<input type="checkbox"/> Form 990-PF	<input type="checkbox"/> Form 1042	<input type="checkbox"/> Form 6069	<input type="checkbox"/> Form 8831

If the organization does not have an office or place of business in the United States, check this box

2a For calendar year 1999, or other tax year beginning _____ and ending _____

b If this tax year is for less than 12 months, check reason: Initial return Final return Change in accounting period

3 Has an extension of time to file been previously granted for this tax year? Yes No

4 State in detail why you need the extension

OUR INDEPENDENT CERTIFIED PUBLIC ACCOUNTANTS HAVE REQUESTED INFORMATION FROM A THIRD PARTY. ADDITIONAL TIME IS NEEDED TO FILE A COMPLETE AND ACCURATE TAX RETURN.

5a If this form is for Form 706-GS(D), 706-GS(T), 990-BL, 990-PF, 990-T, 1041 (estate), 1042, 1120-ND, 4720, 6069, 8612, 8613, 8725, 8804, or 8831, enter the tentative tax, less any nonrefundable credits. \$ _____

b If this form is for Form 990-PF, 990-T, 1041 (estate), 1042, or 8804, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit \$ _____

c **Balance due.** Subtract line 5b from line 5a. Include your payment with this form, or deposit with FTD coupon if required. \$ **N/A**

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete; and that I am authorized to prepare this form.

Signature [Signature] Title CPA Date 8/11/2000

FILE ORIGINAL AND ONE COPY. The IRS will show below whether or not your application is approved and will return the copy.

Notice to Applicant - To Be Completed by IRS

- We **HAVE** approved your application. Please attach this form to your return.
- We **HAVE NOT** approved your application. However, we have granted a 10-day grace period from the later of the date shown below or the due date of your return (including any prior extensions). This grace period is considered a valid extension of time for elections otherwise required to be made on a timely return. Please attach this form to your return.
- We **HAVE NOT** approved your application. After considering your reasons stated in item 4, we cannot grant your request for an extension of time to file. We are not granting the 10-day grace period.
- We cannot consider your application because it was filed after the due date of the return for which an extension was requested.
- Other: _____

EXTENSION APPROVED

Extension granted until 11-15-00 By: _____ Date AUG 24 2000

If you want a copy of this form to be returned to an address other than that shown above, please enter the address to which the copy should be sent.

Name: **MAY & BARNHARD, PC, CPA**

Number, street and room or suite no. (or P.O. box no. if mail is not delivered to street address):
4840 CORDELL AVENUE

City, town, or post office, state, and ZIP code. For a foreign address, see instructions.
BETHESDA, MD 20814

RICHARD GREINER, DIRECTOR
GOLDEN CLERKSHIP PROCESSING CENTER

8

Application for Extension of Time To File Certain Excise, Income, Information, and Other Returns

OMB No. 1545-0148

File a separate application for each return.

Department of the Treasury Internal Revenue Service

Employer identification number 52 2034866

Please type or print. File the original and one copy by the due date for filing your return.

Name: DRUG REFORM COORDINATION NETWORK
Number, street, and room or suite no. (or P.O. box no. if mail is not delivered to street address): 2000 P STREET, NW, NO. 615
City, town, or post office, state, and ZIP code. For a foreign address, see instructions. WASHINGTON, DC 20036

Note: Corporate income tax return filers must use Form 7004 to request an extension of time to file. Partnerships, REMICS, and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041.

- 1 I request an extension of time until AUGUST 15, 2000, to file (check only one):
Form 706-GS(D)
Form 706-GS(T)
[X] Form 990 or 990-EZ
Form 990-BL
Form 990-PF
Form 990-T (sec. 401(a) or 408(a) trust)
Form 990-T (trust other than above)
Form 1041 (estate)
Form 1041-A
Form 1042
Form 1120-ND (sec. 4951 taxes)
Form 3520-A
Form 4720
Form 5227
Form 6069
Form 8612
Form 8613
Form 8725
Form 8804
Form 8831

If the organization does not have an office or place of business in the United States, check this box

- 2a For calendar year 1999, or other tax year beginning and ending
b If this tax year is for less than 12 months, check reason: Initial return, Final return, Change in accounting period
3 Has an extension of time to file been previously granted for this tax year? Yes No [X]

4 State in detail why you need the extension
OUR INDEPENDENT CERTIFIED PUBLIC ACCOUNTANTS HAVE NOT COMPLETED THEIR EXAMINATION OF OUR BOOKS. ADDITIONAL TIME IS NEEDED TO FILE A COMPLETE AND ACCURATE RETURN.

- 5a If this form is for Form 706-GS(D), 706-GS(T), 990-BL, 990-PF, 990-T, 1041 (estate), 1042, 1120-ND, 4720, 6069, 8612, 8613, 8725, 8804, or 8831, enter the tentative tax, less any nonrefundable credits.
b If this form is for Form 990-PF, 990-T, 1041 (estate), 1042, or 8804, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.
c Balance due. Subtract line 5b from line 5a. Include your payment with this form, or deposit with FTD coupon if required. N/A

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete; and that I am authorized to prepare this form.

Signature: [Handwritten Signature] Title: CA Date: 5/14/2000

FILE ORIGINAL AND ONE COPY. The IRS will show below whether or not your application is approved and will return the copy.

Notice to Applicant - To Be Completed by IRIS

- [] We HAVE approved your application. Please attach this form to your return.
[] We HAVE NOT approved your application. However, we have granted a 10-day grace period from the later of the date shown below or the due date of your return (including any prior extensions). This grace period is considered a valid extension of time for elections otherwise required to be made on a timely return. Please attach this form to your return.
[] We HAVE NOT approved your application. After considering your reasons stated in item 4, we cannot grant your request for an extension of time to file. We are not granting the 10-day grace period. EXTENSION APPROVED
[] We cannot consider your application because it was filed after the due date of the return for which an extension was requested.
[] Other:

MAY 25 2000

By: Director Date

If you want a copy of this form to be returned to an address other than that shown above, please enter the address to which the copy should be sent.

Please Type or Print Name: MAY & BARNHARD, PC, CPA
Number, street and room or suite no. (or P.O. box no. if mail is not delivered to street address): 4840 CORDELL AVENUE
City, town, or post office, state, and ZIP code. For a foreign address, see instructions. BETHESDA, MD 20814