

Form **990**

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

2002

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the 2002 calendar year, or tax year beginning , **2002, and ending**

B Check if applicable:

Address change

Name change

Initial return

Final return

Amended return

Application pending

C Name of organization
DRUG REFORM COORDINATION NETWORK

Number and street (or P.O. box if mail is not delivered to street address) Room/suite
1623 CONNECTICUT AVENUE, NW

3RD FLOOR

City or town, state or country, and ZIP + 4
WASHINGTON, DC 20009

D Employer identification number
52-2034866

E Telephone number
(202) 293-8340

F Accounting method: Cash Accrual
 Other (specify) ►

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

H and I are not applicable to section 527 organizations.

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

H(b) If "Yes," enter number of affiliates ►

H(c) Are all affiliates included? Yes No
(If "No," attach a list. See instructions.)

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

I Enter 4-digit GEN ►

M Check if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF).

G Web site: ► **STOPTHEDRUGWAR.ORG**

J Organization type (check only one) ► 501(c) (**4**) (insert no.) 4947(a)(1) or 527

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 the organization received a Form 990 Package in the mail, it should file a return without financial data. **Some states require a complete return.**

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ► **170,130.**

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See page 17 of the instructions.)

Revenue	1 Contributions, gifts, grants, and similar amounts received:				
	a Direct public support	1a		169,599.	
	b Indirect public support	1b			
	c Government contributions (grants)	1c			
	d Total (add lines 1a through 1c) (cash \$ 169,599. noncash \$)	1d			169,599.
	2 Program service revenue including government fees and contracts (from Part VII, line 93)	2			
	3 Membership dues and assessments	3			
	4 Interest on savings and temporary cash investments	4			502.
	5 Dividends and interest from securities	5			
	6 a Gross rents	6a			
	b Less: rental expenses	6b			
	c Net rental income or (loss) (subtract line 6b from line 6a)	6c			
7 Other investment income (describe ►)	7				
8 a Gross amount from sales of assets other than inventory	(A) Securities	8a			
	(B) Other	8b			
	Less: cost or other basis and sales expenses	8c			
	d Net gain or (loss) (combine line 8c, columns (A) and (B))	8d			
9 Special events and activities (attach schedule)	a Gross revenue (not including \$ _____ of contributions reported on line 1a)	9a			
	b Less: direct expenses other than fundraising expenses	9b			
	c Net income or (loss) from special events (subtract line 9b from line 9a)	9c			
10 a Gross sales of inventory, less returns and allowances		10a			
	b Less: cost of goods sold	10b			
	c Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	10c			
11 Other revenue (from Part VII, line 103)	11			29.	
12 Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12			170,130.	
Expenses	13 Program services (from line 44, column (B))	13		56,000.	
	14 Management and general (from line 44, column (C))	14		18,775.	
	15 Fundraising (from line 44, column (D))	15		30,095.	
	16 Payments to affiliates (attach schedule)	16			
	17 Total expenses (add lines 16 and 44, column (A))	17			104,870.
Net Assets	18 Excess or (deficit) for the year (subtract line 17 from line 12)	18		65,260.	
	19 Net assets or fund balances at beginning of year (from line 73, column (A))	19		-41,460.	
	20 Other changes in net assets or fund balances (attach explanation)	20			
	21 Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21			23,800.

PUBLIC INSPECTION COPY

For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2002)

DRUG REFORM COORDINATION NETWORK

FORM 990, PART V - LIST OF OFFICERS, DIRECTORS, AND TRUSTEES

52-2034866

NAME AND ADDRESS	TITLE AND TIME DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
DAVID BORDEN C/O DRCNET P.O. BOX 18402 WASHINGTON, DC 20036	PRESIDENT, EXEC DIR 12.5	11,812.	NONE	NONE
KEITH CYLAR HOUSING WORKS [REDACTED] NEW YORK, NY [REDACTED]	DIRECTOR 1	NONE	NONE	NONE
RICHARD M. EVANS [REDACTED] NORTHAMPTON, MA [REDACTED]	DIRECTOR 1	NONE	NONE	NONE
STEVEN D. PERSKY C/O DRCNET P.O. BOX 18402 WASHINGTON, DC 20036	TREASURER 1	NONE	NONE	NONE
JOEY TRANCHINA AIDS PREVENTION ACTION NETWORK [REDACTED] REDWOOD CITY, CA [REDACTED]	DIRECTOR 1	NONE	NONE	NONE
GRAND TOTALS		11,812.	NONE	NONE

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. (See page 21 of the instructions.)

Table with 5 columns: (A) Total, (B) Program services, (C) Management and general, (D) Fundraising. Rows include: 22 Grants and allocations, 23 Specific assistance to individuals, 24 Benefits paid to or for members, 25 Compensation of officers, directors, etc., 26 Other salaries and wages, 27 Pension plan contributions, 28 Other employee benefits, 29 Payroll taxes, 30 Professional fundraising fees, 31 Accounting fees, 32 Legal fees, 33 Supplies, 34 Telephone, 35 Postage and shipping, 36 Occupancy, 37 Equipment rental and maintenance, 38 Printing and publications, 39 Travel, 40 Conferences, conventions, and meetings, 41 Interest, 42 Depreciation, depletion, etc., 43 Other expenses not covered above, 44 Total functional expenses.

Joint Costs. Check [] if you are following SOP 98-2. Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? [] Yes [X] 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 (See page 24 of the instructions.)

Table with 2 columns: Description, Program Service Expenses. Row a: STMT 3 (Grants and allocations \$) 15,565. Row b: STMT 3 (Grants and allocations \$) 40,435. Row c: (Grants and allocations \$) . Row d: (Grants and allocations \$) . Row e: Other program services (attach schedule) (Grants and allocations \$) . Row f: Total of Program Service Expenses (should equal line 44, column (B), Program services) 56,000.

Part IV Balance Sheets (See page 24 of the instructions.)

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	4,176.	45	14,365.	
	46 Savings and temporary cash investments	25.	46	NONE	
	47a Accounts receivable	47a	5,104.		
	b Less: allowance for doubtful accounts	47b		47c	
				5,104.	
	48a Pledges receivable	48a	30,000.		
	b Less: allowance for doubtful accounts	48b		48c	
				30,000.	
	49 Grants receivable			49	
	50 Receivables from officers, directors, trustees, and key employees (attach schedule)		554.	50	NONE
	51a Other notes and loans receivable (attach schedule)	51a			
	b Less: allowance for doubtful accounts	51b		51c	
	52 Inventories for sale or use			52	
	53 Prepaid expenses and deferred charges		1,144.	53	256.
54 Investments - securities (attach schedule)	<input type="checkbox"/> Cost <input type="checkbox"/> FMV		54		
55a Investments - land, buildings, and equipment: basis	55a				
b Less: accumulated depreciation (attach schedule)	55b		55c		
56 Investments - other (attach schedule)			56		
57a Land, buildings, and equipment: basis	57a	847.			
b Less: accumulated depreciation (attach schedule)	57b	682.	57c	165.	
58 Other assets (describe <input type="checkbox"/> STMT 4)		986.	58	2,695.	
59 Total assets (add lines 45 through 58) (must equal line 74)		6,885.	59	52,585.	
Liabilities	60 Accounts payable and accrued expenses	14,580.	60	10,593.	
	61 Grants payable		61		
	62 Deferred revenue		62		
	63 Loans from officers, directors, trustees, and key employees (attach schedule)			63	
	64a Tax-exempt bond liabilities (attach schedule)			64a	
	b Mortgages and other notes payable (attach schedule)			64b	
65 Other liabilities (describe <input type="checkbox"/> STMT 5)		33,765.	65	18,192.	
66 Total liabilities (add lines 60 through 65)		48,345.	66	28,785.	
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	-41,460.	67	23,800.	
	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; column (B) must equal line 21)		-41,460.	73	23,800.	
74 Total liabilities and net assets / fund balances (add lines 66 and 73)		6,885.	74	52,585.	

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.

Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return (See page 26 of the instructions.)

Part IV-B Reconciliation of Expenses per Audited Financial Statements with Expenses per Return

a Total revenue, gains, and other support per audited financial statements . . . ▶ **a**

b Amounts included on line a but not on line 12, Form 990:

(1) Net unrealized gains on investments . . \$

(2) Donated services and use of facilities \$

(3) Recoveries of prior year grants \$

(4) Other (specify):

\$

Add amounts on lines (1) through (4) ▶ **b**

c Line a minus line b ▶ **c**

d Amounts included on line 12, Form 990 but not on line a:

(1) Investment expenses not included on line 6b, Form 990 . . . \$

(2) Other (specify):

\$

Add amounts on lines (1) and (2) . . ▶ **d**

e Total revenue per line 12, Form 990 (line c plus line d) ▶ **e**

a Total expenses and losses per audited financial statements ▶ **a**

b Amounts included on line a but not on line 17, Form 990:

(1) Donated services and use of facilities \$

(2) Prior year adjustments reported on line 20, Form 990 \$

(3) Losses reported on line 20, Form 990 \$

(4) Other (specify):

\$

Add amounts on lines (1) through (4) . . ▶ **b**

c Line a minus line b ▶ **c**

d Amounts included on line 17, Form 990 but not on line a:

(1) Investment expenses not included on line 6b, Form 990 . . . \$

(2) Other (specify):

\$

Add amounts on lines (1) and (2) . . ▶ **d**

e Total expenses per line 17, Form 990 (line c plus line d) ▶ **e**

Part V List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated; see page 26 of the instructions.)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
SEE STATEMENT 6		11,812.	NONE	NONE

75 Did any officer, director, trustee, or key employee receive aggregate compensation of more than \$100,000 from your organization and all related organizations, of which more than \$10,000 was provided by the related organizations? Yes No
If "Yes," attach schedule - see page 26 of the instructions.

Part VI Other Information (See page 27 of the instructions.)

		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?	78b	X
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 direct or indirect political expenditures. See line 81 instructions	81a	
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 in Part III.)	82b	N/A
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	
d	Section 162(e) lobbying and political expenditures	85d	
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e	
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g	
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h	
86	501(c)(7) orgs. 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) orgs. 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) orgs. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior 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		N/A
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization		N/A
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, 2002 (See instructions)	90b	3
91	The books are in care of THE ORGANIZATION Located at 1623 CONN AVE, NW 3RD FLR, WASH, DC	Telephone no.	202-293-8340
		ZIP + 4	20009
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 (See page 31 of the instructions.)

Note: 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) Exclusion 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	502.	
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 _____					
b ONLINE ROYALTIES			15	29.	
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E))				531.	
105 Total (add line 104, columns (B), (D), and (E))					531.

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 (See page 32 of the instructions.)

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 and Disregarded Entities (See page 32 of the instructions.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See page 33 of the instructions.)

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Yes No

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Yes No

Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

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.

Signature of officer _____ Date _____

Type or print name and title. _____

Paid Preparer's Use Only

Preparer's signature **BOND BEEBE** Date _____ Check if self-employed Preparer's SSN or PTIN (See Gen. Inst. W)

Firm's name (or yours if self-employed), address, and ZIP + 4 **7315 WISCONSIN AVE, SUITE 200W** EIN _____ Phone no. **301-272-6000**

BETHESDA, MD 20814-3208

FORM 990, PART II - OTHER EXPENSES
 =====

DESCRIPTION	TOTAL	PROGRAM SERVICES	MANAGEMENT AND GENERAL	FUNDRAISING
DUES & SUBSCRIPTIONS				
INSURANCE	75.	75.		
MISCELLANEOUS	4,137.	1,598.	1,269.	1,270.
REPAIRS & MAINTENANCE	70.		50.	20.
WEB SITE EXPENSE	550.	212.	169.	169.
ADVERTISING	17,027.	16,601.	12.	414.
OFFICE EXPENSE	2,514.	2,514.		
CONSULTING EXPENSE	71.	29.		42.
BANK SERVICE CHARGES	3,331.	3,331.		
PHONE FUNDRAISING	3,910.	1,507.	1,201.	1,202.
MOVING EXPENSES	2,698.			2,698.
PAYROLL ADMINISTRATION	274.	106.	84.	84.
	1,894.	730.	582.	582.
TOTALS	36,551.	26,703.	3,367.	6,481.

DRUG REFORM COORDINATION NETWORK

52-2034866

FORM 990, PART III - ORGANIZATION'S PRIMARY EXEMPT PURPOSE
=====

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, PART III - STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

DESCRIPTION

EXPENSES

THE DRUG REFORM COORDINATION NETWORK (DRCNET) DISTRIBUTED LEGISLATIVE ACTION ALERTS ON A RANGE OF DRUG POLICY ISSUES, INCLUDING LATIN AMERICA, THE HIGHER EDUCATION ACT (HEA) DRUG PROVISION, MEDICAL MARIJUANA, SENTENCING AND OTHER AREAS.

15,565.

DRCNET CONTINUED ITS WORK ON THE HEA REFORM CAMPAIGN THROUGH GRASSROOTS & MEDIA ACTIVISM. WORKING UNDER THE AUSPICES OF THE DRCNET-COORDINATED COALITION FOR HEA REFORM, ORGANIZED A NATIONAL SIGN-ON LETTER & A MAY 2002 PRESS CONFERENCE AT THE US CAPITOL, PLAYING A ROLE IN GARNERING 67 COSPONSORS FOR H.R. 685, A BILL TO REPEAL THE HEA DRUG PROVISION.

40,435.

TOTAL

56,000.

DRUG REFORM COORDINATION NETWORK

52-2034866

FORM 990, PART IV - OTHER ASSETS

=====

DESCRIPTION	ENDING BOOK VALUE
-----	-----
DEPOSITS	3,286.
COMPUTER HARDWARE	-1,516.
POSTAGE METER	868.
PAYPAL	57.
TOTALS	----- 2,695. =====

DRUG REFORM COORDINATION NETWORK

52-2034866

FORM 990, PART IV - OTHER LIABILITIES

=====

DESCRIPTION

ENDING
BOOK VALUE

CREDIT CARDS PAYABLE
DUE TO DRCNET FOUNDATION

20,385.

-2,193.

TOTALS

18,192.

=====

Form **8868**
(December 2000)
Department of the Treasury
Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

► File a separate application for each return.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box
 - If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).
- Note: Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.**

Part I Automatic 3-Month Extension of Time—Only submit original (no copies needed)
Note: Form 990-T corporations requesting an automatic 6-month extension—check this box and complete Part I only

All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax returns. Partnerships, REMICs and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041.

Type or print File by the due date for filing your return. See instructions.	Name of Exempt Organization <i>Drug Reform Coordination Network</i>	Employer identification number <i>52 : 2034866</i>
	Number, street, and room or suite no. If a P.O. box, see instructions. <i>1623 Connecticut Ave. NW 3rd floor</i>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <i>Washington, DC 20009</i>	

- Check type of return to be filed** (file a separate application for each return):
- | | | |
|--|---|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation) | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 8870 |

- If the organization does **not** have an office or place of business in the United States, check this box
- If this is for a **Group Return**, enter the organization's four digit Group Exemption Number (GEN) _____ . If this is for the **whole** group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension will cover.

1 I request an automatic 3-month (6-month, for **990-T corporation**) extension of time until August 15, 2003, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- calendar year 2002 or
- tax year beginning _____, 20____, and ending _____, 20____.

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

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions \$ _____

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

c **Balance Due.** Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions \$ _____

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 ► *President* Date ► *5/14/03*

Form 8868 (12-2000) **67**

You are filing for an **Additional (not automatic) 3-Month Extension**, complete only Part II and check this box **X**

Note: Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

If you are filing for an **Automatic 3-Month Extension**, complete only Part I (on page 1).

Part II Additional (not automatic) 3-Month Extension of Time - Must file Original and One Copy.

Name of Exempt Organization DRUG REFORM COORDINATION NETWORK	Employer identification number 52-2034866
	Number, street, and room or suite no. If a P.O. box, see instructions. 2000 P STREET, NW, NO. 210
City, town or post office, state, and ZIP code. For a foreign address, see instructions. WASHINGTON, DC 20036	For IRS use only

Check type of return to be filed (File a separate application for each return):

Form 990 Form 990-EZ Form 990-T (sec. 401(a) or 408(a) trust) Form 1041-A Form 5227 Form 8870

Form 990-BL Form 990-PF Form 990-T (trust other than above) Form 4720 Form 6069

NOTE: Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

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

If this is for a **Group Return**, enter the organization's four digit Group Exemption Number (GEN) _____ . If this is for the **whole** group, check this box . If it is for **part** of the group, check this box and attach a list with the names and EINs of all members the extension is for.

I request an additional 3-month extension of time until NOVEMBER 10th 2003.

For calendar year 2002, or other tax year beginning _____ and ending _____

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

State in detail why you need the extension
EXECUTIVE DIRECTOR HAS BEEN ON EXTENSIVE TRAVEL. TAXPAYER NEEDS ADD'L TIME FILE A COMPLETE AND ACCURATE RETURN.

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions \$ _____

8b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868 \$ _____

8c **Balance Due.** Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions \$ _____ **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, its true, correct, and complete, and that I am authorized to prepare this form.

Signature [Signature] Title CIA Date 8/18/03

Notice to Applicant - To Be Completed by the IRS

We **have** approved this application. Please attach this form to the organization's return.

We **have not** approved this application. However, we have granted a 10-day grace period from the later of the date shown below or the due date of the organization's return (including any prior extensions). This grace period is considered to be a valid extension of time for elections otherwise required to be made on a timely return. Please attach this form to the organization's return.

We **have not** approved this application. After considering the reasons stated in item 7, we cannot grant your request for an extension of time to file. We are not granting the 10-day grace period.

We **cannot consider** this application because it was filed after the due date of the return for which a

Other _____

RECEIVED
AUG 12 2003

EXTENSION APPROVED

AUG 18 2003

LINDA WEISKOPF, FIELD DIRECTOR,
SUBMISSION PROCESSING, OGDEN

Director _____ By: _____

Alternate Mailing Address - Enter the address if you want the copy of this application for an additional 3 different than the one entered above.

Type or print	Name MAY & BARNHARD, PC, CPA
	Number and street (include suite, room, or apt. no.) Or a P.O. box number 4840 CORDELL AVENUE
	City or town, province or state, and country (including postal or ZIP code) BETHESDA, MD 20814