

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

1999

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

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

B Check if:

- Change of address
Initial return
Final return
Amended return (required also for state reporting)

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

C Name of organization, number and street, city, town, state, and ZIP code

React International, Inc.
5210 Auth Road
Suitland MD 20746-

D Employer identification number

51-0168558

E Telephone number

301-316-2900

F Check if exemption application is pending

G Type of organization - [X] Exempt under section 501(c) ( 3 ) (insert number) OR [ ] 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 [X] No
I If either box in H is checked "Yes," enter four-digit group exemption no. (GEN) [ ]

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

J Accounting method: [ ] Cash [X] Accrual

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

[ ] 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. Some states require a complete return.

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 (See Specific Instructions.)

SEP 14 '00

RECEIVED

Revenue

Table with columns for line number, description, sub-column (a, b, c), and total amount. Includes sections for Contributions, Program service revenue, Membership dues, Interest on savings, Dividends, Gross rents, Other investment income, Gross amount from sale of assets, Special events, Gross sales of inventory, and Other revenue.

Expenses

Net Assets

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Handwritten numbers 6, 10, 0

**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 Specific Instructions.)

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 \$ _____ non-cash \$ _____)				
23	Specific assistance to individuals (attach sch.)				
24	Benefits paid to or for members (attach sch.)				
25	Compensation of officers, directors, etc				
26	Other salaries and wages	18,428.	15,664.	2,764.	
27	Pension plan contributions				
28	Other employee benefits	100.		100.	
29	Payroll taxes	1,768.	1,503.	265.	
30	Professional fundraising fees				
31	Accounting fees	5,750.		5,750.	
32	Legal fees	964.	819.	145.	
33	Supplies	2,637.	2,241.	396.	
34	Telephone	3,941.	3,350.	591.	
35	Postage and shipping	3,853.	3,853.		
36	Occupancy	8,120.	8,120.		
37	Equipment rental and maintenance	7,855.	6,677.	1,178.	
38	Printing and publications	13,501.	13,501.		
39	Travel				
40	Conferences, conventions, and meetings	5,208.	5,208.		
41	Interest				
42	Depreciation, depletion, etc. (attach schedule)	922.	922.		
43	Other expenses (itemize): a SCHEDULE	5,514.	4,567.	947.	
b					
c					
d					
e					
44	<b>Total functional expenses</b> (add lines 22 through 43). Organizations completing columns (B)-(D), carry these totals to lines 13-15.	78,561.	66,425.	12,136.	

**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) amt. allocated to Prog. services .. \$ \_\_\_\_\_; (iii) the amount allocated to Management and general ..... \$ \_\_\_\_\_; and (iv) amt. allocated to Fundraising \$ \_\_\_\_\_

**Part III Statement of Program Service Accomplishments** (See Specific Instructions.)

What is the organization's primary exempt purpose? <b>CITIZENS RADIO SERVICE</b>	Program Service Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)
<b>a INSTRUCTIONAL AND INFORMATION PUBLICATION</b>	
(Grants and allocations \$ _____)	13,992.
<b>b INDIRECT MEMBER SERVICES</b>	
(Grants and allocations \$ _____)	52,433.
<b>c</b>	
(Grants and allocations \$ _____)	
<b>d</b>	
(Grants and allocations \$ _____)	
<b>e Other program services</b> (attach schedule) (Grants and allocations \$ _____)	
<b>f Total of Program Service Expenses</b> (should equal line 44, column (B), Program services)	66,425.

**Part IV Balance Sheets** (See Specific 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 .....	10,335.	45	18,673.
	46 Savings and temporary cash investments .....		46	
	47a Accounts receivable .....		47a	
	b Less: allowance for doubtful accounts .....		47b	47c
	48a Pledges receivable .....		48a	
	b Less: allowance for doubtful accounts .....		48b	48c
	49 Grants receivable .....		49	
	50 Receivables from officers, directors, trustees, and key employees (attach schedule) .....		50	
	51a Other notes and loans receivable (attach schedule) .....		51a	
	b Less: allowance for doubtful accounts .....		51b	51c
	52 Inventories for sale or use .....	10,419.	52	8,398.
	53 Prepaid expenses and deferred charges .....	660.	53	1,200.
	54 Investments -- securities (attach schedule) .....	49,451.	54	42,608.
	55a Investments -- land, buildings, and equipment: basis .....		55a	
	b Less: accumulated depreciation (attach schedule) .....		55b	55c
56 Investments -- other (attach schedule) .....	74,574.	56	94,437.	
57a Land, buildings, and equipment: basis .....	24,560.	57a		
b Less: accumulated depreciation (attach schedule) .....	23,022.	57b	57c	
58 Other assets (describe <b>SCHEDULE</b> ) .....	660.	58	660.	
59 <b>Total assets</b> (add lines 45 through 58) (must equal line 74) .....	148,558.	59	167,514.	
Liabilities	60 Accounts payable and accrued expenses .....	2,098.	60	3,632.
	61 Grants payable .....		61	
	62 Deferred revenue .....	54,436.	62	51,949.
	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 <b>SCHEDULE</b> ) .....		65	
66 <b>Total liabilities</b> (add lines 60 through 65) .....	56,534.	66	55,581.	
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 .....	92,024.	67	111,933.
	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 <b>Total net assets or fund balances</b> (add lines 67 through 69 OR lines 70 through 72; column (A) must equal line 19 and column (B) must equal line 21) .....	92,024.	73	111,933.	
74 <b>Total liabilities and net assets / fund balances</b> (add lines 66 and 73) .....	148,558.	74	167,514.	

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 Specific 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** 95,853.

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

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

(2) Donated services & 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** 95,853.

**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): SCHEDULE \$ 9,010.

Add amounts on lines (1) and (2) ..... ▶ **d** 9,010.

**e** Total revenue per line 12, Form 990 (line **c** plus line **d**) ..... ▶ **e** 104,863.

**a** Total expenses and losses per audited financial statements ..... ▶ **a** 75,944.

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

(1) Donated services & 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** 75,944.

**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): SCHEDULE \$ 2,617.

Add amounts on lines (1) and (2) ..... ▶ **d** 2,617.

**e** Total expenses per line 17, Form 990 (line **c** plus line **d**) ..... ▶ **e** 78,561.

**Part V List of Officers, Directors, Trustees, and Key Employees** (List each one even if not compensated; see Specific 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 comp.	(E) Expense account and other allowances
HARRY J. HAWKINS SAGINAW MI	PRESIDENT 10			
CHARLES A. THOMPSON UNIVERSITY PARK TX	VICE PRES 10			
LEE W. BESING SAN ANTONIO TX	SECRETARY 10			
FRED LANSHE ALLENTOWN PA	TREASURER 10			
FRANK JENNINGS POULSBO WA	CHAIRMAN 10			

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 Specific Instructions.

Part VI Other Information (See Specific Instructions.)		Yes	No
<b>76</b>	Did organization engage in any activity not previously reported to IRS? If "Yes," attach detailed description of each activity	<b>76</b>	X
<b>77</b>	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.	<b>77</b>	X
<b>78a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	<b>78a</b>	X
<b>b</b>	If "Yes," has it filed a tax return on Form 990-T for this year?	<b>78b</b>	
<b>79</b>	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	<b>79</b>	X
<b>80a</b>	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?	<b>80a</b>	X
<b>b</b>	If "Yes," enter the name of the organization _____ and check whether it is <input type="checkbox"/> exempt OR <input type="checkbox"/> nonexempt.		
<b>81a</b>	Enter the amount of political expenditures, direct or indirect, as described in the instructions for line 81	<b>81a</b>	
<b>b</b>	Did the organization file Form 1120-POL for this year?	<b>81b</b>	X
<b>82a</b>	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?	<b>82a</b>	X
<b>b</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.)	<b>82b</b>	
<b>83a</b>	Did the organization comply with the public inspection requirements for returns and exemption applications?	<b>83a</b>	X
<b>b</b>	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	<b>83b</b>	X
<b>84a</b>	Did the organization solicit any contributions or gifts that were not tax deductible?	<b>84a</b>	X
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	<b>84b</b>	
<b>85</b>	501(c)(4), (5), or (6) organizations. <b>a</b> Were substantially all dues nondeductible by members?	<b>85a</b>	
<b>b</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.	<b>85b</b>	
<b>c</b>	Dues, assessments, and similar amounts from members	<b>85c</b>	
<b>d</b>	Section 162(e) lobbying and political expenditures	<b>85d</b>	
<b>e</b>	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	<b>85e</b>	
<b>f</b>	Taxable amount of lobbying and political expenditures (line 85d less 85e)	<b>85f</b>	
<b>g</b>	Does the organization elect to pay the section 6033(e) tax on the amount in 85f?	<b>85g</b>	
<b>h</b>	If section 6033(e)(1)(A) dues notices 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?	<b>85h</b>	
<b>86</b>	501(c)(7) orgs. Enter: <b>a</b> Initiation fees and capital contributions included on line 12	<b>86a</b>	
<b>b</b>	Gross receipts, included on line 12, for public use of club facilities	<b>86b</b>	
<b>87</b>	501(c)(12) orgs. Enter: <b>a</b> Gross income from members or shareholders	<b>87a</b>	
<b>b</b>	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	<b>87b</b>	
<b>88</b>	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	<b>88</b>	X
<b>89a</b>	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 _____; section 4912 _____; section 4955 _____		
<b>b</b>	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	<b>89b</b>	X
<b>c</b>	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		
<b>d</b>	Enter: Amount of tax on line 89c, above, reimbursed by the organization		
<b>90a</b>	List the states with which a copy of this return is filed <b>IL</b>		
<b>b</b>	Number of employees employed in the pay period that includes March 12, 1999 (See inst.)	<b>90b</b>	1
<b>91</b>	The books are in care of <b>REACT INTERNATIONAL INC</b> Telephone no. <b>301-316-2900</b> Located at <b>5210 AUTH RD, STE 403, SUITLAND, MD</b> ZIP +4 <b>20746-4325</b>		
<b>92</b>	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 -- Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year	<b>92</b>	

**Part VII Analysis of Income-Producing Activities** (See Specific Instructions.)

	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	
Enter gross amounts unless otherwise indicated:					
<b>93</b> Program service revenue:					
<b>a</b> ADVERT. REACTER					20.
<b>b</b> TRAINING INCOME					24.
<b>c</b>					
<b>d</b>					
<b>e</b>					
<b>f</b> Medicare/Medicaid payments					
<b>g</b> Fees and contracts from govt. agencies					
<b>94</b> Membership dues and assessments					84,097.
<b>95</b> Interest on savings and temporary cash investments			14	2,399.	
<b>96</b> Dividends and interest from securities			14	9,175.	
<b>97</b> Net rental income or (loss) from real estate:					
<b>a</b> debt-financed property					
<b>b</b> not debt-financed property					
<b>98</b> Net rental income or (loss) from personal property					
<b>99</b> Other investment income					
<b>100</b> Gain or (loss) from sales of assets other than inventory			18	(56.)	
<b>101</b> Net income or (loss) from special events					
<b>102</b> Gross profit/(loss) from sales of inventory					2,042.
<b>103</b> Other revenue: <b>a</b> LATE FEES					885.
<b>b</b> INS. REIMBURSE.					2,617.
<b>c</b>					
<b>d</b>					
<b>e</b>					
<b>104</b> Subtotal (add columns (B), (D), and (E))				11,518.	89,685.
<b>105</b> Total (add line 104, columns (B), (D), and (E))					101,203.

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 Specific 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).
93	TO PROMOTE THE USE OF THE CITIZEN BAND RADIO SERVICES AND OTHER THRU PERSONAL RADIO SERVICES AS AN ADDITIONAL SOURCE OF COMMUNICATION FOR EMERGENCIES, DISASTERS, AND OTHER FORMS OF AID TO THE PUBLIC.
103	

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities** (See Specific Instructions.)

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

Including accompanying schedules and statements, and to the best of my knowledge and belief, the information reported on this return (and any other information reported by the preparer) is based on all information of which the preparer has any knowledge. Important:

6/26/00  
Date

Fred J. Lashle  
Treasurer  
Type or print name and title.

**SCHEDULE A  
(Form 990)**

**Organization Exempt Under Section 501(c)(3)**

(Except Private Foundation) and Section 501(e), 501(f), 501(k),  
501(n), or Section 4947(a)(1) Nonexempt Charitable Trust

OMB No. 1545-0047

**1999**

Department of the Treasury  
Internal Revenue Service

**Supplementary Information -- (See separate instructions.)**

▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

Name of the organization: **React International, Inc.** Employer identification number: **51-0168558**

**Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees**  
(See the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to empl. benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				

Total number of other employees paid over \$50,000 ..... ▶

**Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services**  
(See the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		

Total number of others receiving over \$50,000 for professional services ..... ▶

**Part III** **Statements About Activities**

		Yes	No
<b>1</b>	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? ..... If "Yes," enter total expenses paid or incurred in connection with the lobbying activities ▶ \$ _____ Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes," must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.		X
<b>2</b>	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any of its trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary:		
<b>a</b>	Sale, exchange, or leasing of property? .....		X
<b>b</b>	Lending of money or other extension of credit? .....		X
<b>c</b>	Furnishing of goods, services, or facilities? .....		X
<b>d</b>	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? .....	X	
<b>e</b>	Transfer of any part of its income or assets? .....		X
	If the answer to any question is "Yes," attach a detailed statement explaining the transactions.		
<b>3</b>	Does the organization make grants for scholarships, fellowships, student loans, etc.? .....		X
<b>4a</b>	Do you have a section 403(b) annuity plan for your employees? .....		X
<b>b</b>	Attach a statement to explain how the organization determines that individuals or organizations receiving grants or loans from it in furtherance of its charitable programs qualify to receive payments. (See instructions.) .....		

**Part IV** **Reason for Non-Private Foundation Status** (See instructions.)

The organization is not a private foundation because it is: (Please check only **ONE** applicable box.)

- 5**  A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- 6**  A school. Section 170(b)(1)(A)(ii). (Also complete Part V, page 4.)
- 7**  A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8**  A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9**  A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). **Enter the hospital's name, city, and state ▶**
- 10**  An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)
- 11a**  An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 11b**  A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 12**  An organization that normally receives: **(1) more than 33 1/3%** of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions -- subject to certain exceptions, and **(2) no more than 33 1/3%** of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the **Support Schedule** in Part IV-A.)
- 13**  An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in: **(1)** lines 5 through 12 above; or **(2)** section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). (See section 509(a)(3).)

Provide the following information about the supported organizations. (See instructions.)

(a) Name(s) of supported organization(s)	(b) Line number from above
NONE	

- 14**  An organization organized and operated to test for public safety. Section 509(a)(4). (See instructions.)



**Part IV-A Support Schedule** (Complete only if you checked a box on line 10, 11, or 12.) **Use cash method of accounting.**

**Note:** You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in)	(a) 1998	(b) 1997	(c) 1996	(d) 1995	(e) Total
<b>15</b> Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	1,489.	4,037.	4,008.	5,731.	15,265.
<b>16</b> Membership fees received	86,653.	94,152.	113,255.	117,239.	411,299.
<b>17</b> Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is not a business unrelated to the organization's charitable, etc., purpose	6,519.	7,372.	11,990.	9,946.	35,827.
<b>18</b> Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	10,153.	10,414.	7,635.	5,094.	33,296.
<b>19</b> Net income from unrelated business activities not included in line 18					
<b>20</b> Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
<b>21</b> The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge					
<b>22</b> Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets	3,261.	2,906.	2,156.	2,194.	10,517.
<b>23</b> Total of lines 15 through 22	108,075.	118,881.	139,044.	140,204.	506,204.
<b>24</b> Line 23 minus line 17	101,556.	111,509.	127,054.	130,258.	470,377.
<b>25</b> Enter 1% of line 23	1,081.	1,189.	1,390.	1,402.	

<b>26 Organizations described on lines 10 or 11:</b>	<b>a</b> Enter 2% of amount in column (e), line 24	<b>26a</b>
<b>b</b> Attach a list (which is not open to public inspection) showing the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 1995 through 1998 exceeded the amount shown in line 26a. Enter the sum of all these excess amounts		<b>26b</b>
<b>c</b> Total support for section 509(a)(1) test: Enter line 24, column (e)		<b>26c</b>
<b>d</b> Add: Amounts from column (e) for lines:	<b>18</b> _____ <b>19</b> _____ <b>22</b> _____ <b>26b</b> _____	<b>26d</b>
<b>e</b> Public support (line 26c minus line 26d total)		<b>26e</b>
<b>f</b> Public support percentage (line 26e (numerator) divided by line 26c (denominator))		<b>26f</b> %

**27 Organizations described on line 12:** **a** For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," attach a list to show the name of, and total amounts received in each year from, each "disqualified person." Enter the sum of such amounts for each year:

(1998) \_\_\_\_\_ (1997) \_\_\_\_\_ (1996) \_\_\_\_\_ (1995) \_\_\_\_\_

**b** For any amount included in line 17 that was received from a nondisqualified person, attach a list to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11, as well as individuals.) After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year:

(1998) \_\_\_\_\_ (1997) \_\_\_\_\_ (1996) \_\_\_\_\_ (1995) \_\_\_\_\_

<b>c</b> Add: Amounts from column (e) for lines:	<b>15</b> 15,265. <b>16</b> 411,299. <b>17</b> 35,827. <b>20</b> _____ <b>21</b> _____	<b>27c</b> 462,391.
<b>d</b> Add: Line 27a total _____ and line 27b total _____		<b>27d</b> _____
<b>e</b> Public support (line 27c total minus line 27d total)		<b>27e</b> 462,391.
<b>f</b> Total support for section 509(a)(2) test: Enter amount on line 23, column (e)	<b>27f</b> 506,204.	
<b>g</b> Public support percentage (line 27e (numerator) divided by line 27f (denominator))		<b>27g</b> 91.34 %
<b>h</b> Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))		<b>27h</b> 6.58 %

**28 Unusual Grants:** For an organization described in line 10, 11, or 12 that received any unusual grants during 1995 through 1998, attach a list (which is not open to public inspection) for each year showing the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not include these grants in line 15. (See instructions.)

Part VI-A Lobbying Expenditures by Electing Public Charities (See instructions.)

(To be completed ONLY by an eligible organization that filed Form 5768)

Check here a if the organization belongs to an affiliated group.
Check here b if you checked "a" above and "limited control" provisions apply.

Table with columns: Limits on Lobbying Expenditures, (a) Affiliated group totals, (b) To be completed for ALL electing organizations. Rows include Total lobbying expenditures, Total exempt purpose expenditures, and Lobbying nontaxable amount.

Caution: If there is an amount on either line 43 or line 44, you must file Form 4720.

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 45 through 50.)

Table: Lobbying Expenditures During 4-Year Averaging Period. Columns: (a) 1999, (b) 1998, (c) 1997, (d) 1996, (e) Total. Rows: 45 Lobbying nontaxable amount, 46 Lobbying ceiling amount, 47 Total lobbying expenditures, 48 Grassroots nontaxable amount, 49 Grassroots ceiling amount, 50 Grassroots lobbying expenditures.

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See instructions.)

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:

- a Volunteers
b Paid staff or management (Include compensation in expenses reported on lines c through h.)
c Media advertisements
d Mailings to members, legislators, or the public
e Publications, or published or broadcast statements
f Grants to other organizations for lobbying purposes
g Direct contact with legislators, their staffs, government officials, or a legislative body
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means
i Total lobbying expenditures (add lines c through h)

Table with columns: Yes, No, Amount. Rows corresponding to items a through i.

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities.

**Part VII** Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See instructions.)

51 Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

a Transfers from the reporting organization to a noncharitable exempt organization of:

- (i) Cash .....
- (ii) Other assets .....

b Other transactions:

- (i) Sales or exchanges of assets with a noncharitable exempt organization .....
- (ii) Purchases of assets from a noncharitable exempt organization .....
- (iii) Rental of facilities, equipment, or other assets .....
- (iv) Reimbursement arrangements .....
- (v) Loans or loan guarantees .....
- (vi) Performance of services or membership or fundraising solicitations .....

c Sharing of facilities, equipment, mailing lists, other assets, or paid employees .....

	Yes	No
51a(i)		X
a(ii)		X
b(i)		X
b(ii)		X
b(iii)		X
b(iv)		X
b(v)		X
b(vi)		X
c		X

d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received:

(a) Line no.	(b) Amount involved	(c) Name of noncharitable exempt organization	(d) Description of transfers, transactions, & sharing arrangements

52a Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527?  Yes  No

b If "Yes," complete the following schedule:

(a) Name of organization	(b) Type of organization	(c) Description of relationship

## Sale of Securities

US

990: Page 1, Line 8; 990-EZ: Page 1, Line 5; 990PF: Page 11, Line 8

1999

Description	Date Acquired	Date Sold	Sales Price	Cost/Basis	Selling Expense	Accum Deprec
STOCK	03/01/1999	04/16/1999	2,801.	2,644.		
BONDS	01/14/1993	05/19/1999	10,142.	10,188.		
T-NOTE	10/31/1994	10/31/1999	7,000.	7,158.		
FHLMC	03/01/1996	03/01/1999	5,000.	5,009.		
			24,943.	24,999.		

## Gross Profit on Sales of Inventory

US 990: Page 1, Line 10; 990-EZ: Page 1, Line 7; 990-PF: Page 1, Line 10c

1999

Description	Gross Sales less Returns	Cost of Goods Sold	Gross Profit
SALE OF REACT MATERIALS	7,515. 7,515.	5,473. 5,473.	2,042. 2,042.

**FORM 990, PART I, LINE 10C - SALES OF INVENTORY**

<u>DESCRIPTION</u>	<u>GROSS SALES</u>	<u>COST OF GOODS</u>	<u>GROSS PROFIT</u>
REACT ID MATERIAL	\$7,515	\$5,473	<u>\$2,042</u>

**FORM 990, PART I, LINE 8C GAIN OR (LOSS)**

<u>DESCRIPTION</u>	
REALIZED GAIN (LOSS) ON SALE OF SECURITIES	<u>(\$56)</u>

**FORM 990, PART I, LINE 20 - OTHER CHANGES IN NET ASSETS OR FUND BALANCES**

<u>DESCRIPTION</u>	
UNREALIZED GAIN (LOSS) ON INVESTMENTS	<u>\$6,393</u>

**FORM 990, PART II, LINE 42 - DEPRECIATION**

<u>DESCRIPTION</u>	<u>BASIS</u> <u>12/31/99</u>	<u>ACC.DEPR.</u> <u>12/31/98</u>	<u>1999</u> <u>DEPR</u>	<u>ACC.DEPR.</u> <u>12/31/99</u>	<u>BOOK</u>
COMPUTER EQUIPMENT	\$18,092	\$16,245	\$309	\$16,554	\$1,538
FURNITURE & EQUIPMENT	6,468	5,856	612	6,468	0
	<u>\$24,560</u>	<u>\$22,101</u>	<u>\$921</u>	<u>\$23,022</u>	<u>\$1,538</u>

**FORM 990, PART II, LINE 43B - OTHER EXPENSES**

<u>DESCRIPTION</u>	<u>TOTAL</u>	<u>PROGRAM</u> <u>SERVICES</u>	<u>MANAGE. &amp;</u> <u>GENERAL</u>
CONTRACT LABOR	\$4,160	\$3,536	\$624
MEMBERSHIP MATERIALS	491	491	-0-
DUES & SUBSCRIPTIONS	635	540	95
BANK SERVICE CHARGES	228	0	228
	<u>5,514</u>	<u>4,567</u>	<u>947</u>

**FORM 990, PART IV, LINE 54 - INVESTMENTS IN SECURITIES**

DESCRIPTION

STOCKS	\$21,158
CORPORATE BONDS	21,450
US TREAS. & FED HOME MTG	0
	<u>\$42,608</u>

**FORM 990, PART IV, LINE 56 - OTHER INVESTMENTS**

DESCRIPTION

MUTUAL FUNDS	\$43,863
MONEY MARKET FUNDS	50,574
	<u>\$94,437</u>

**FORM 990, PART IV, LINE 57 - BASIS & ACCUMULATED DEPRECIATION**

DESCRIPTION

	BASIS 12/31/99	ACC.DEPR. 12/31/98	1999 DEPR	ACC.DEPR. 12/31/99	BOOK 12/31/99
COMPUTER EQUIPMENT	\$18,092	\$16,245	\$309	\$16,554	\$1,538
FURNITURE & EQUIPMENT	6,468	5,856	612	6,468	0
	<u>\$24,560</u>	<u>\$22,101</u>	<u>\$921</u>	<u>\$23,022</u>	<u>\$1,538</u>

**FORM 990, PART IV, LINE 58 - OTHER ASSETS**

DESCRIPTION

RENT DEPOSIT	<u>\$660</u>
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**FORM 990, PART IV-A, LINE D2 - OTHER ADJUSTMENTS**

DESCRIPTION

UNREALIZED LOSS ON INVESTMENTS	\$6,393
INSURANCE REIMBURSEMENT	<u>2,617</u>
	<u>\$9,010</u>

**FORM 990, PART IV-B, LINE D2 - OTHER ADJUSTMENTS**

DESCRIPTION

INSURANCE REIMBURSEMENT	<u>\$2,617</u>
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**SCHEDULE A PART IV-A, LINE 22 - OTHER INCOME**

<u>DESCRIPTION</u>	<u>1998</u>	<u>1997</u>	<u>1996</u>	<u>1995</u>
MISCELLANEOUS	\$1,812	\$1,768	\$942	\$2,194
REACTOR SUB.		950	740	
INSURANCE REIMBURSEMENT	1,449			
TRAINING		188	474	
	<u>\$3,261</u>	<u>\$2,906</u>	<u>\$2,156</u>	<u>\$2,194</u>

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. See instructions on page 2.

Name: React International, Inc. Employer ID number: 510168558. Address: 5210 Auth Road, Suitland MD.

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 08/15/2000 to file (check only one): Form 706-GS(D), Form 706-GS(T), 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) (see instructions), 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

4 State in detail why you need the extension: Tax return can not be completed until the audit for 1999 is complete.

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. See instructions \$ -0-
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 \$ -0-
c Balance due. Subtract line 5b from line 5a. Include your payment with this form, or deposit with FTD coupon if required. See instructions. \$ -0-

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: Anne A. Olante Title: CPA Date: 5/12/2000

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 the 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 to be 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 the 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:

By: Director Date:

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

Name: Singleton & Bardowski, LLC. Address: 9316 Brandywine Road, Clinton MD 20735.