## Form **990**

Department of the Treasury Internal Revenue Service

# 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 527, or section 4947(a)(1) nonexempt charitable trust ► The organization may have to use a copy of this return to satisfy state reporting requirements.

, 2000, and ending

OMB No. 1545-0047

2000

Open to Public inspection

, 20

Ā	Fo	r the 2	2000 calendar year, or tax year period begit			00, and ending		, 20
В			Please C Name of organization, num	ber and street, city, tow	n, state, and	ZIP code		er identification number
		cable. ige of ac	USO IRS Delet Total annat	ional, Inc.				<u>0168558</u>
$\vdash$		nge of na	print or				-	one number
-		l return	See 5210 Auth Road				301	-316- <u>2900</u>
$\vdash$	l	return	Specific Suitland MD 20				F Check ▶	If application pending
-	l		tions.					
<u> </u>	АШе	nded ret	UM			Note: H and	l are not app	olicable to sec. 527 orgs.
G	A	1	tion type (check only one) $\blacktriangleright \boxed{X}$ 501(c)(3 ) $\blacktriangleleft$	(insert no.) 527 <b>or</b>	4947(a)(1)	H(a) is this a gi		□ ke
9	016	Canti	on 501(c)(3) organizations and 4947(a)(1) no	nevempt charitable tr	usts	<b>Н(b)</b> и чуез, те	nter number of a	iffikates
	This	Secur et atta	ich a completed Schedule A (Form 990 or S	100-EZ).		H(c) Are all afti	liates included?	Yes No
Т				(specify )		l		
			re if the organization's gross receipts	<u> </u>		H(d) is this a se organization	eparate return til	ed by an Yes X No
	\$25	000	The organization need not file a return with the	IRS; but if the organizati	on		git group exemp	
	rec	eived a	a Form 990 Package in the mail, it should file a	return without financial	data.			panization is not required
	So	me sta	ites require a complete return.			to attacl	h Schedule E	3 (Form 990 or 990-EZ)
F 5	Par	6.86	Revenue, Expenses, and Change	s in Net Assets o	Fund B	alances (Se	e Specific In:	structions.)
Ľ.		1	Contributions, gifts, grants, and similar amoun		-			
		•	Direct public support		1a	6,154	. 1000	
			Indirect public support		1b			
			Government contributions (grants)		1c			
	- 1	ب ر	Total (add lines 1a through 1c) (cash \$	6 154 none			) 1d	6,154.
			Program service revenue including governme	nt fees and contracts (fro	m Part VII.	line 93)		1,272.
		2	Membership dues and assessments	TIL 1665 AND CONTRACTS (III	,,,,,		3	75,539.
		3	Interest on savings and temporary cash inves	tmonte			4	3,345.
		4	Dividends and interest from securities	unionita			5	10,988.
		5			6a			
			Gross rents		6b	<u> </u>		
		b	Less: rental expenses	om line fal			6c	
	A	_		om me oa,			) 7	
	兄弟 マー・アンド	7	Other investment income (describe	(A) Securities		(B) Other	1886	
	Ĕ	oa	Gross amount from sales of assets other	59,197.	8a	(2, 0,1		
	N		than inventory	64,406.	8b			
	Ĕ	1	Less: cost/other basis & sales expenses	(5 0 0 0 \ D-	8c	<del>_</del>		
		C	Gain or (loss) (attach schedule)	(3,203.)				(5,209.)
			The Can or (loss) (combine line 8c, columns (	A) and (b))				
_				of				
		2	Gross revenue to tincluding \$	<del></del> "	9a			
566	. J!	UNL	contributions experted on line 1a)	nynaneae	9b			
3	·		Less: direct expresses other than fundraising Net Income of (ICss) from special events (sub				9c	
_	$\cap$	ÇĎ	Net income or (ICs) from special events (sub-	wancas	10a	5,686		
		- L	Less: cost of goods sold	ATTAI IOOO	10b	3,697		
		0	Gross profit or (loss) from sales of inventory	ettach echadula) (eubtra			——Pranzonia	1,989.
		l	Other revenue (from Part VII, line 103)				11	1,862.
		11	Other revenue (from Part VII, line 103)				<del></del>	95,940.
_	_	12	<b>Total revenue</b> (add lines 1d, 2, 3, 4, 5, 6c, 7 Program services (from line 44, column (B))	, ou, ou, rou, and rr)			13	60,540.
	X	13	Management and general (from line 44, column (b))	on (C))			<u> </u>	13,984.
	Ę	14	Fundraising (from line 44, column (D))	(0))			15	
	Ņ	15	Payments to affiliates (attach schedule)				16	
	EXPERSES	16	Payments to attiliates (attach schedule)  Total expenses (add lines 16 and 44, column				4= 1	74,524.
-		17	Excess or (deficit) for the year (subtract line	17 from line 12)				21,416.
	NS S	18	Net assets or fund balances at beginning of y	rear (from line 73 colum	n (A))			111,933.
	ASSET ET	19	Net assets or fund balances at beginning or y  Other changes in net assets or fund balances	s (ettech evolanation)			- <del>  </del> -	(144.)
		20	Net assets or fund balances at end of year (c	omhine lines 18 19 and	20)			133,205.
4			york Reduction Act Notice, see the separate		, <u>,</u>			Form <b>990</b> (2000
	(QF-#	γиреπγ	IOIY LIEGHTION VET MONEA, SAA NIG SAKELER	·				

Part II Statement of

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) **Functional Expenses** (B) Program (C) Management (A) Total (D) Fundraising Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I Grants and allocations (attach schedule) ..... 22 noncash \$ 23 23 Specific assistance to individuals (attach schedule) 24 24 Benefits paid to or for members (attach schedule) .... 25 25 Compensation of officers, directors, etc ...... 17294 26 20346 3052. 26 27 27 28 28 857. 857. Other employee benefits ... ...... 29 29 220.  $\frac{187}{}$ 33. Payroll taxes..... 30 30 31 31 5160 5160 32 351. 298 53. 32 Legal fees....... 33 33 2872. 2441. 431. 34 34 3647. 3100. 547. 35 3757. 2681. 1076. 35 Postage and shipping ..... 36 36 8400 8120. 280. Occupancy..... 37 37 3555 3022 533. Equipment rental and maintenance .... 38 19291 19291 38 Printing and publications ...... 39 39 Travel... 40 <u>30</u>90. 40 3090. Conferences, conventions, and meetings . . . . . . . . 41 41 Interest... 42 42 310 310. Depreciation, depletion, etc. (attach schedule) ..... 475 43a 475 Other expenses (itemize): a AWARDS **b**FEES & MEMBERSHIPS 43b 504. 429. 75. 43c 302. 302. CBANK SERVICE CHARGES d ADVERTISING 43d 112. 112 43e 1275. **e**BOND INSURANCE 1275 Total functional expenses (add lines 22 Intowan 43).
Organizations completing columns (B)-(D),
carry these totals to lines 13-15 74524. 60540. 13984 Reporting of Joint Costs. Did you report in column (B) (Program services) any joint costs from a combined educational campaign and fundraising solicitation? .... ► Yes X No .... ........ : (ii) the amount allocated to Program services If "Yes," enter (i) aggregate amount of these joint costs \$ (iii) the amount allocated to Management and general \$ ; and (iv) the amount allocated to Fundraising \$ Part III Statement of Program Service Accomplishments (See Specific Instructions.) Program Service What is the organization's primary exempt purpose? ▶CITIZENS RADIO SERVICE Expenses (Required All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients for 501(c)(3) & (4) orgs 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.) & 4947(a)(1) trusts but optional for others.) aINSTRUCTIONAL AND INFORMATION PUBLICATION 19291. (Grants and allocations **b**INDIRECT MEMBER SERVICES 41249. (Grants and allocations \$ (Grants and allocations \$ (Grants and allocations (Grants and allocations • Other program services (attach schedule) \$ 60540.  $\triangleright$ 

#### Part IV Balance Sheets (See Specific Instructions.)

			tate to take a single probable of	(A)		(B)
MO		here required, attached schedules and amounts wolumn should be for end-of-year amounts only.	min me description	Beginning of year		End of year
	45			18,673.	45	2,745.
	_	Cash non-interest-bearing		10,0/3.	46	2,743.
	46	Savings and temporary cash investments			40	
			1 1			
	47a	Accounts receivable	47a			
	þ	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	d key employees			<u> </u>
		(attach schedule)			50	
ı	51a	Other notes and loans receivable (attach				
A		•	51a			
S	b	Less. allowance for doubtful accounts	1		51c	
Ĕ	52	Inventories for sale or use		8,398.	52	7,883.
T	53	Prepaid expenses and deferred charges		1,200.	53	721.
S	54	Investments securities (attach schedule)		42,608.	54	103,684.
	-	Investments land, buildings, and	Cost M TWV	42,000.		103,004
	JJa	equipment: basis	55a			
	<b>L</b>	• •	334			
	D	Less: accumulated depreciation (attach	55b		55c	
	EC	schedule)	L	04 437	56	65,516.
	56 57-	Investments other (attach schedule)	_	94,437.	36	65,516.
	_	Land, buildings, and equipment: basis	<b>57a</b> 24,561.			
	D	Less accumulated depreciation (attach	<b>676</b>	1 50	E74	1 220
	58	schedule)	<b>57b</b> 23,332.	1,538.	57c	1,229. 660.
		Other assels (describe   SCHEDULE	1	660.	36	660.
	50	T-1-111	-11 74	167 514	FO	100 400
	59	Total assets (add lines 45 through 58) (must equ		167,514.	59 60	182,438.
.	60	Accounts payable and accrued expenses		3,632.	61	2,060.
- h	61	Grants payable		F1 040		47 172
À	62	Deferred revenue		51,949.	62	47,173.
В	63	Loans from officers, directors, trustees, and key e				
Ľ		schedule)			63	
Ī		Tax-exempt bond liabilities (attach schedule)			64a	
T	65 65	Mortgages and other notes payable (attach sched	iule)		64b	
Ė	00	liabilities (describe	)		65	
S				EE 201		40.000
	66	Total liabilities (add lines 60 through 65)		55, <u>581.</u>	66	49,233.
-	Orga	nizations that follow SFAS 117, check here	► XI and complete lines 67			
		through 69 and lines 73 and 74.				
NF	67	Unrestricted		111,933.	67	133,205.
N F E U T N	68	Temporarily restricted			68	
ום	69	Permanently restricted			69	
<u>A</u> _	Orga	nizations that do not follow SFAS 117, check h	ere▶		.	
SA		lines 70 through 74.				
ĔÛ	70				70	
A B S A E L T A	71	Paid-in or capital surplus, or land, building, and ed	quipment fund		71	
	72	Retained earnings, endowment, accumulated inco			72	
O E R S	73	Total net assets or fund balances (add lines 67	-		.	
K S		through 72; column (A) must equal line 19 and co	lumn (B) must equal			
		line 21)		111,933.	73	133,205.
	74	Total liabilities and net assets / fund balances	167,514.	74	182,438.	

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.

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s per audited	а	73564.
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through (4).	Ь	73564.
17, a:		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
960.	d	960.
Form 990	L	-
even if not compens	<b>e</b> sated	74524.
Contributions to oyee benefit plans deferred comp		Expense account dother allowances
0		0
	Ļ	

4836.	<ul> <li>b Amounts included or on line 17, Form 990</li> <li>(1) Donated services &amp; use of facilities.</li> <li>(2) Prior year adjustments reported on line 20, Form 990</li> <li>(3) Losses reported on line 20, Form 990</li> <li>(4) Other (specify):</li> <li>Add amounts on line</li> <li>c Line a minus line b</li> <li>d Amounts included or</li> </ul>	sin line a but not ob:  \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	b c	73564
4836.	<ul> <li>b Amounts included or on line 17, Form 990</li> <li>(1) Donated services &amp; use of facilities.</li> <li>(2) Prior year adjustments reported on line 20, Form 990</li> <li>(3) Losses reported on line 20, Form 990</li> <li>(4) Other (specify):</li> <li>Add amounts on line</li> <li>c Line a minus line b</li> <li>d Amounts included or</li> </ul>	\$ ses (1) through (4).	b	
4836.	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 line C Line a minus line b d Amounts included on	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$		
4836.	<ol> <li>(1) Donated services         <ul> <li>&amp; use of facilities</li> <li>(2) Prior year adjustments reported on line 20, Form 990</li> </ul> </li> <li>(3) Losses reported on line 20, Form 990</li> <li>(4) Other (specify):         <ul> <li>Add amounts on line</li> <li>c Line a minus line b</li> <li>d Amounts included on</li> </ul> </li> </ol>	\$ \$ \$ es (1) through (4).		
4836.	& 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 line  C Line a minus line b  d Amounts included on	\$		
4836.	<ul> <li>(2) Prior year adjustments reported on line 20, Form 990</li> <li>(3) Losses reported on line 20, Form 990</li> <li>(4) Other (specify):</li> <li>Add amounts on line</li> <li>c Line a minus line b</li> <li>d Amounts included on</li> </ul>	\$		
4836.	ments reported on line 20, Form 990 (3) Losses reported on line 20, Form 990 (4) Other (specify):  Add amounts on line C Line a minus line b d Amounts included on	\$ es (1) through (4).		
4836.	line 20, Form 990 (3) Losses reported on line 20, Form 990 (4) Other (specify):  Add amounts on line C Line a minus line b d Amounts included on	\$ es (1) through (4).		
4836.	(3) Losses reported on line 20, Form 990 (4) Other (specify):  Add amounts on line C Line a minus line b d Amounts included or	\$ es (1) through (4).		
4836.	Add amounts on line  Line a minus line b  Amounts included or	\$ es (1) through (4).		
4836.	Add amounts on line  Line a minus line b  Amounts included on	<b>•</b>		
4836.	Add amounts on line  C Line a minus line b  d Amounts included or	<b>•</b>		
	<ul><li>c Line a minus line b</li><li>d Amounts included or</li></ul>	<b>•</b>		
	<ul><li>c Line a minus line b</li><li>d Amounts included or</li></ul>	<b>•</b>		
	<ul><li>c Line a minus line b</li><li>d Amounts included or</li></ul>	<b>•</b>		
	d Amounts included or		c	
		n line 17,		73564
				· · · · · · · · · · · · · · · · · · ·
,	Form 990 but not on	rime <b>a:</b>		
	(1) Investment expense	es :		•
	not included on			
	line 6b, Form 990	\$		
	(2) Other (specify):			
1				
	SCHEDULE	<b>\$</b> 960.		
1104.	Add amounts on line	es (1) and (2)▶	d	960
	e Total expenses per l	line 17, Form 990		
59 <u>40.</u>		<u></u>	e	74524
and Key I	Employees (List each	n one even if not compens	sated; se	e Specific
	(C) Compensation (if	T (D) Contributions to	(E) C	pense account
age hours to position	not paid, enter -0)	(D) Contributions to employee benefit plans & deferred comp		her allowances
	inst pane, since s in	a deletted comp		
10		0	ļ	0
	,	<del>-</del>		<del></del>
		<del>-</del>	+	<del></del>
		<del></del>	-	
	<del> </del>	+		
		<del> </del>	<del> </del>	
		<del> </del>		
-		1		
			1	

rart vii	Allalysis of illcome-r	<del></del>			contine E10 E12 or i	=14 (-)
Enter gros indicated.	s amounts unless otherwise	(A) Business	(B)	(c)	section 512, 513, or 5 ( <b>D</b> )	Related or exempt
	am service revenue:	code	Amount	Exclusion cod	e Amount	function income
<b>a</b> ADV	VERT. REACTER					1,272.
b						
c						
<b>d</b>			<del>_</del> _			
e			<u>-</u> _			
f Medic	care/Medicaid payments		<u>-</u>			
<b>g</b> Fees	& contracts from govt. agencies					_
95 Interest	pership dues & assessments ton savings and temporary cash			14	3,34	75,539.
	ends & interest from securities			14	10,98	
	nal income or (loss) from real estate:			7		
	financed property	<u> </u>	· · . · . · . · . · . · . · . · .		<del> </del>	
	ebt-financed property	<del></del>	<del> </del>			
98 Net ren propert	ntal income or (loss) from personal y		<del></del>	-		
	r investment income r (loss) from sales of assets other			1.0		0 )
than in	ventory			18	(5,20	9.1
	ome or (loss) from special events					1 000
	profit/(loss) from sales of inventory					1,989.
	rrevenue: a LATE FEES					902.
PINS	S. REIMBURSE.					960.
c		ļ				
d						
е	<u> </u>				0 10	1 00 660
	otal (addicolumns (B) (D), and (E))				9,12	
	(add line 104, columns (B), (D), a					89,786.
	105 plus line 1d, Part I, should equ			T - 4 F A F	•	
Part VIII			<u>-</u>			
Line No. ▼	Explain how each activity for whorganization's exempt purposes	other than by	providing funds for s	uch purposes).		
93	TO PROMOTE THE U					
THRU	PERSONAL RADIO S					
103	FOR EMERGENCIES,	DISAST	ERS, AND O	THER FORM	S OF AID T	O THE PUBLIC.
Part IX	Information Regarding	Taxable Su	bsidiaries and	Disregarded E	Intities (See Spec	ific Instructions)
Name,	(A) address, and EIN of corporation, nership, or disregarded entity	(B) Percentaç ownership	ge of Nature	( <b>C</b> ) of activities	Total income	(E) End-of-year assets
			%			
			%			
			%			
	•		9/8			
Part X	Information Regarding	Transfers A	ssociated with	Personal Ber	nefit Contracts	(See Specific Instructions.)
(a) Did th	ne organization, during the year, re	eceive any fund:	s, directly or indirectl	y, to pay premiums	on a personal	
	fit contract?					Yes X No
Note: If "	Yes" to (b), file Form 8870 and Fe					
	Under penalties of perjury. I declare that	I have examined this	relum, including accompa	anying schedules and st edion all information of	atements, and to the best ownich preparer has any kno	of my knowledge and owledge (Important , 💋
				101	- 1	1 1 1
				<u> </u>	rederick U.	Lanshe Treas.
			Date	<b>/</b> Ty	pe or print name and	i title.
			4	Date / ./	Chack if sail-	Preparer's SSN or PTIN

#### SCHEDULE A (Form 990 or 990-EZ)

#### 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

2000

OMB No. 1545-0047

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 **Employer identification number** Name of the organization 51-0168558 React International, Inc. Part 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.") (e) Expense account and other allowances (d) Contributions to (b) Title and average hours (a) Name and address of each employee paid more (c) Compensation empl. benefit plans & than \$50,000 per week devoted to position deferred compensation NONE Total number of other employees paid over 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 

Sche	edule A (Form 990 or 990-EZ) 2000 React International, Inc. 51-01	.685 <u>5</u>	<u>8 P</u>	age a
Pá	Statements About Activities		Yes	No
2	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.  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:	-		X
а	Sale, exchange, or leasing of property?	2a	<u> </u>	X
b	Lending of money or other extension of credit?	2b	   <del></del>	х
С	Furnishing of goods, services, or facilities?	2c		X <sub>-</sub>
d	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2d	Х	
е	Transfer of any part of its income or assets?	2e		х
_	Does the organization make grants for scholarships, fellowships, student loans, etc.?  Do you have a section 403(b) annuity plan for your employees?  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 the instructions.)	3 4a		X
5 6 7 8 9 10 11a 11b 12	Section 170(b)(1)(A)(vi). (Also complete the <b>Support Schedule</b> in Part IV-A.)  A community trust. Section 170(b)(1)(A)(vi). (Also complete the <b>Support Schedule</b> in Part IV-A.)  An organization that normally receives: (1) <b>more than 33 1/3%</b> of its support from contributions, membership fees, and g receipts from activities related to its charitable, etc., functions subject to certain exceptions, and (2) <b>no more than 3</b> support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses accorganization after June 30, 1975. See section 509(a)(2). (Also complete the <b>Support Schedule</b> in Part IV-A.)  An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizates 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). (section 509(a)(3).)  Provide the following information about the supported organizations. (See the instructions.)	b)(1)(A)(i :. gross i <b>3 1/3%</b> o quired by	iv).  of its the	nber
	(a) Name(s) of supported organization(s)		m abo	
<u>14</u>	An organization organized and operated to test for public safety. Section 509(a)(4) (See the 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 t	ne worksneet in the in	structions for converting	inom the accrual to the	a cash meulog of accor	unung.
Calend	tar year (or fiscal year beginning in)	(a) 1999	(b) 1998	(c) 1997	(d) 1996	(●) Total
15	Gifts, grants, and contributions received (Do not include unusual					
	grants. See line 28.)	3,660.	1,489.	4,037.	4,008.	13,194.
16	Membership fees received	79,449.	86,653.	94,152.	113,255.	373,509.
17	Gross receipts from admissions merchandise sold or services performed, or furnishing of facilities in sny activity that is not a business unrelated to the organization's chantable etc., purpose	7,515.	6,519.	7,372.	11,990.	33,396.
18	Gross income from interest dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business axable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	11,574.	10,153.	10,414.	7,635.	39,776.
19	Net income from unrelated business activities not included in line 18					
20	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21	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 turnished to the public without charge.					
22	Other income. Attach a schedule.		·			
	Do not include gain or (ioss) from sale of capital assets	3,502.	3,261.	2,906.	2,156.	11,825.
23	Total of lines 15 through 22	105,700.		118,881.	139,044.	471,700.
24	Line 23 minus line 17	98,185.	101,556.	111,509.	127,054.	438,304.
25	Enter 1% of line 23	1,057.	1,081.	1,189.	1,390.	
26	Organizations described on l	lines 10 or 11:	a Enter 2% of amount i	n column (e), line 24	▶ 26a	
b	Attach a list (which is not open person (other than a governme through 1999 exceeded the am	ntal unit or publicly sup	pported organization) wh	ose total gifts for 1996	ľ	
_	Total support for section 509(a)	v(1) toet: Enter line 24	column (a)		▶ 26c	
	Add: Amounts from column (e)		coluitiii (e)	19	200	
u	Add. Amounts from column (e)	22	<del> </del>	26b	► 26d	
_	Public support (line 26c minus l	_			▶ 26e	
	Public support percentage (li			nominator))		9%
27 b	Organizations described on I attach a list (which is not open person." Enter the sum of such (1999)  For any amount included in line	line 12: a For to public inspection) to amounts for each yea (1998)	amounts included in line show the name of, and ir:  (199 from a nondisqualified p	es 15, 16, and 17 that total amounts received  7)  erson, attach a list to s	were received from a "c d in each year from, each (1996) how the name of, and a	disqualified person,"  ch "disqualified  amount received
	for each year, that was more the in lines 5 through 11, as well as (1) or (2), enter the sum of these	an the larger of (1) to individuals.) After corse differences (the exc	he amount on line 25 for mputing the difference be ess amounts) for each y	the year or (2)\$5,00 etween the amount rec rear:	0 (Include in the list orgen and the larger and th	ganizations described
	(1999)		(199			
С	Add: Amounts from column (e)	for lines: 15 _	13,194.	<b>16</b> 373,5	09.	
	<b>17</b> 3	3,396. <b>20</b>	<del></del>	21	▶ 27c	420,099.
d		a	ind line 27b total		▶ 2/0	
е	Public support (line 27c total mi	inus line 27d total)			▶ 27e	420,099.
	Total support for section 509(a)					
	Public support percentage (li					
h	Investment income percenta	ge (line 18, column (	e) (numerator) divided	by line 27f (denomin	nator)) ▶ 27h	
28	Unusual Grants: For an organ (which is not open to public insi- description of the nature of the	ization described in lin pection) for each year grant. Do not include t	ne 10, 11, or 12 that rece showing the name of the bese grants in line 15, 75	ived any unusual grant e contributor, the date a See the instructions )	ts during 1996 through and amount of the gran	1999, attach a list t, and a brief

37 Total lobbying expenditures to influence a legislative body (direct 38 Total lobbying expenditures (add lines 36 and 37) 39 Other exempt purpose expenditures 40 Total exempt purpose expenditures (add lines 38 and 39) 41 Lobbying nontaxable amount. Enter the amount from the follow if the amount on line 40 is The lobbying nontaxable amount. Enter the amount from the follow Over \$500,000	group. ontrol" provisions apply. tures or incurred.)		(a)	
Limits on Lobbying Expendit  (The term "expenditures" means amounts paid 36 Total lobbying expenditures to influence public opinion (grassro 37 Total lobbying expenditures to influence a legislative body (dire 38 Total lobbying expenditures (add lines 36 and 37) 39 Other exempt purpose expenditures 40 Total exempt purpose expenditures (add lines 38 and 39) 41 Lobbying nontaxable amount. Enter the amount from the follow if the amount on line 40 is  Not over \$500,000	tures or incurred.)		(a)	
(The term "expenditures" means amounts paid 36 Total lobbying expenditures to influence public opinion (grassro 37 Total lobbying expenditures to influence a legislative body (dire 38 Total lobbying expenditures (add lines 36 and 37) 39 Other exempt purpose expenditures 40 Total exempt purpose expenditures (add lines 38 and 39) 41 Lobbying nontaxable amount. Enter the amount from the follow if the amount on line 40 is  Not over \$500,000	or incurred.)			(P)
36 Total lobbying expenditures to influence public opinion (grassro 37 Total lobbying expenditures to influence a legislative body (dired 38 Total lobbying expenditures (add lines 36 and 37)			Affiliated group totals	To be completed for ALL electing organizations
37 Total lobbying expenditures to influence a legislative body (direct 38 Total lobbying expenditures (add lines 36 and 37) 39 Other exempt purpose expenditures 40 Total exempt purpose expenditures (add lines 38 and 39) 41 Lobbying nontaxable amount. Enter the amount from the follow if the amount on line 40 is The lobbying nontaxable amount. Enter the amount from the follow Over \$500,000	Maria (Unitroducia)	26		organizations
38 Total lobbying expenditures (add lines 36 and 37) 39 Other exempt purpose expenditures 40 Total exempt purpose expenditures (add lines 38 and 39) 41 Lobbying nontaxable amount. Enter the amount from the follow if the amount on line 40 is  Not over \$500,000		36	<u> </u>	
40 Total exempt purpose expenditures (add lines 38 and 39) 41 Lobbying nontaxable amount. Enter the amount from the follow if the amount on line 40 is The lobbying nontaxable amount.  Not over \$500,000		38		
40 Total exempt purpose expenditures (add lines 38 and 39) 41 Lobbying nontaxable amount. Enter the amount from the follow if the amount on line 40 is  Not over \$500,000		39	<u> </u>	<del></del>
41 Lobbying nontaxable amount. Enter the amount from the follow if the amount on line 40 is  Not over \$500,000		40	<u> </u>	
If the amount on line 40 is  Not over \$500,000				
Not over \$500,000				
Over \$500,000 but not over \$1,000,000 \$100,000 plus 15% of Over \$1,000,000 but not over \$1,500,000 \$175,000 plus 10% of Over \$1,500,000 but not over \$17,000,000 \$225,000 plus 5% of Over \$17,000,000 \$1				
Over \$1,000,000 but not over \$1,500,000 \$175,000 plus 10% of Over \$1,500,000 but not over \$17,000,000 \$225,000 plus 5% of Over \$17,000,000 \$1,00				
Over \$1,500,000 but not over \$17,000,000 \$225,000 plus 5% of the Over \$17,000,000 \$1,000	the excess over \$1,000,000	41	· · · · · · · · · · · · · · · · · · ·	
Over \$17,000,000 \$1,000,000  42 Grassroots nontaxable amount (enter 25% of line 41)  43 Subtract line 42 from line 36. Enter -0- if line 42 is more than line 44 Subtract line 41 from line 38. Enter -0- if line 41 is more than line 45 or line 41 is more than line 45 or line 44, you  4-Year Averagin  (Some organizations that made a section 501(h) See the instruction of the section set of the section section set of the section set of	he excess over \$1,500,000			
42 Grassroots nontaxable amount (enter 25% of line 41) 43 Subtract line 42 from line 36. Enter -0- if line 42 is more than lir 44 Subtract line 41 from line 38. Enter -0- if line 41 is more than lir  Caution: If there is an amount on either line 43 or line 44, you  4-Year Averagin  (Some organizations that made a section 501(h) See the instru  Lobbyi  Calendar year (or fiscal year beginning in) ▶ 2000 1999  45 Lobbying nontaxable amount  46 Lobbying ceiling amount (150% of line 45(e))				
43 Subtract line 42 from line 36. Enter -0- if line 42 is more than line 44 Subtract line 41 from line 38. Enter -0- if line 41 is more than line  Caution: If there is an amount on either line 43 or line 44, you  4-Year Averagin  (Some organizations that made a section 501(h)  See the instruction of the companies of the compani		42		
44 Subtract line 41 from line 38. Enter -0- if line 41 is more than line  Caution: If there is an amount on either line 43 or line 44, you  4-Year Averagin  (Some organizations that made a section 501(h) See the instru  Lobbyin  Calendar year (or fiscal year beginning in) ▶ 2000 1999  45 Lobbying nontaxable amount  46 Lobbying ceiling amount (150% of line 45(e))		43		
Caution: If there is an amount on either line 43 or line 44, you  4-Year Averagin  (Some organizations that made a section 501(h) See the instru  Lobbyi  Calendar year (or fiscal year beginning in) ▶ 2000 1999  45 Lobbying nontaxable amount  46 Lobbying ceiling amount (150% of line 45(e))		44		
4-Year Averagin (Some organizations that made a section 501(h) See the instru  Lobbyi  Calendar year (or fiscal year beginning in) ▶ 2000 1999  45 Lobbying nontaxable amount  46 Lobbying ceiling amount (150% of line 45(e))				
4-Year Averagin (Some organizations that made a section 501(h) See the instru  Lobbyi  Calendar year (or fiscal year beginning in) ▶ 2000 1999  45 Lobbying nontaxable amount  46 Lobbying ceiling amount (150% of line 45(e))	must file Form 4720.			
Calendar year (or fiscal year beginning in) > 2000 1999  45 Lobbying nontaxable amount  46 Lobbying ceiling amount (150% of line 45(e))	election do not have to com	plete all of	in) the five columns	below.
Calendar year (or fiscal year beginning in) ▶ 2000 1999  45 Lobbying nontaxable amount  46 Lobbying ceiling amount (150% of line 45(e))	actions for lines 45 through 5	_	raging Period	
year beginning in) ▶ 2000 1999  45 Lobbying nontaxable amount  46 Lobbying ceiling amount (150% of line 45(e))	ng Expenditures During 4-	- 10AF AVE	(d)	(e)
nontaxable amount  46 Lobbying ceiling amount (150% of line 45(e))	(c) 1998		1997	Total
46 Lobbying ceiling amount (150% of line 45(e))				
amount (150% of line 45(e))				
47				
47 Total lobbying		}		
expenditures	_			
48 Grassroots				
nontaxable amount				
49 Grassroots ceiling amount (150%				
amount (150% of line 48(e))				
50 Grassroots lobbying				
expenditures			<del></del>	
Part VI-B Lobbying Activity by Nonelecting F	Public Chardies	o inetructic	me l	
(For reporting only by organizations that did not			<del>-   -   -   -   -   -   -   -   -   -  </del>	<del>-  </del>
During the year, did the organization attempt to influence national,	state or local legislation, incl	uding any	Yes 1	No Amount
attempt to influence public opinion on a legislative matter or referen			<del>  -  </del>	
a Volunteers				
b Paid staff or management (Include compensation in expense Media advertisements				Personal Curios te 1900 Euris Ha
				<del>-  </del>
Publications, or published or broadcast statements  Grants to other organizations for lobbying purposes				
	als, or a legislative body		<del>   </del>	<u> </u>
	ectures, or any other means			<del> </del>
<ul><li>i Total lobbying expenditures (add lines c through h)</li></ul>	ocaros, or any orner means			
i rotal lobbying expenditures (add lines is through in)			benediction.	
If "Yes" to any of the above, also attach a statement giving a	detailed description of the k	obbying ac	tivities.	_

MYA

A. 1941 A. A. S.	Exempt Organ	nizations (Se	e the instructions.)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	and Holamonompo William	101101100		
51 Did th			<del></del>	owing with	any other organization described in sec	ction 501(	c) of	
the Co	ode (other than section 5	501(c)(3) organia	zations) or in section 527, rela	ating to poli	itical organizations?			
a Transf	fers from the reporting o	organization to a	noncharitable exempt organi:	zation of:			Yes	No
						51a(i)		X
(ii) (	Other assets					a(ii)		X
	transactions:							
	•		, -			b(i)		X
					• • • • • • • • • • • • • • • • • • • •	b(ii)		X
						b(iii) b(iv)		X
1. 1	•					b(v)		X
	-					b(vi)		X
C Sharin	ng of facilities, equipmen	nt, mailing lists, c	ther assets, or paid employed	es		C		X
<b>d</b> If the a	answer to any of the abo	ove is "Yes," cor	nplete the following schedule	. Column (t	<ul> <li>should always show the fair market on received less than fair market value if ervices received:</li> </ul>	alue of the	ie	
goods or sha	, other assets, or servic iring arrangement, show	r in column (d) th	reporting organization. If the die value of the goods, other a	organization issets, or se	ervices received:	n any trar	isaciio	л
(a)	(P)		(c)		(d)			
Line no.	Amount involved	Name of non	charitable exempt organization	on Des	scription of transfers, transactions, & sl	naring arra	angem	ents
_					<del></del>			
-								
						<del></del>		
	<del> </del>					-		
		_						
					<del>_</del>			
section	•	her than section	d with, or related to, one or m 501(c)(3)) or in section 527?		empt organizations described in	Yes	<b>X</b>	No
	(a) Name of organization	n	Type of organization		Description of relationsh	nip		
	<del></del>							
<u>-</u>	<u></u>					<del></del>		
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#### Schedule B (Form 990 or 990-EZ)

#### Schedule of Contributors

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Supplementary Information for line 1d of Form 990 and line 1 of Form 990-EZ (see instructions)

2000

Name of organization
React International, Inc.

Organization type (check one)- Section

#### Note: This form is generally not open to public inspection except for section 527 organizations.

#### **General Instructions**

#### Purpose of Form

Schedule B (Form 990 or 990-EZ) is used by organizations required to file Form 990, Return of Organization Exempt From Income Tax, or Form 990-EZ. Short Form Return of Organization Exempt From Income Tax, to provide the information regarding their contributors that is required for line 1d of Form 990 (or line 1 of Form 990-EZ).

Attach the Schedule B (Form 990 or 990-EZ) to Form 990 or 990-EZ. Attach Schedule B after Schedule A (Form 990 or 990-EZ), Organization Exempt Under Section 501(c)(3), if that return is required for the organization.

#### Who Must File Schedule B (Form 990 or 990-EZ)

**All organizations** must file Schedule B (Form 990 or 990-EZ) unless they certify that they do not meet the filing requirements of Schedule B (Form 990 or 990-EZ) by checking the box in item L of the heading of their Form 990 or Form 990-EZ.

See the instructions for item L in the Instructions for Form 990 and Form 990-EZ.

**Caution:** Schedule B (Form 990 or 990-EZ) is not a substitute for the list of "contributors" required for Part IV-A, Support Schedule of Schedule A (Form 990 or 990-EZ).

#### **Public Inspection**

Schedule B (Form 990 or 990-EZ) is:

- Open to public inspection for a section 527 political organization.
- Generally not open to public inspection for the other organizations that must file this form.

If a non-section 527 organization files a copy of Form 990, or Form 990-EZ, and attachments with any state, it should not include its Schedule B (Form 990 or 990-EZ) in the attachments for the state, unless a schedule of contributors is specifically required by the state. States that do not require the information might make the schedule available for public inspection along with the rest of the Form 990 or Form 990-EZ.

See the instructions for Form 990 and Form 990-EZ for phone help and the public inspection rules for those forms and their attachments, which include Schedule B (Form 990 or 990-EZ).

#### Contributors Required To Be Listed on Part I

"Contributor" includes individuals, fiduciaries, partnerships, corporations, associations, trusts, and exempt organizations.

**General Rule**–Unless the organization is covered by one of the special rules below, it must list on Part I every contributor who, during the year, gave the organization directly or indirectly, money, securities, or any other type of property totaling \$5,000 or more for the year. Also complete Part II for a noncash contribution. In determining the \$5,000 amount, total all of the contributor's gifts of \$1,000 or more for the year.

Section 501(c) (3) organizations. For an organization described in section 501(c) (3) that meets the 33 1/3% support test of the Regulations under sections 509(a) (1) /170(b) (1) (A) (vi) (whether or not the organization is otherwise described in section 170(b) (1) (A)-

List in Part I only those contributors whose contribution of \$5,000 or more is greater than 2% of the amount reported on line 1d of Form 990 (or line 1 of Form 990-EZ) (Regulations section 1.6033-2(a)(2)(iii)(a)).

**Example:** A section 501(c) (3) organization, of the type described above, reported \$700,000 in total contributions, gifts, grants, and similar amounts received on line 1d of its Form 990. The organization is only required to list in Parts I and II of its Schedule B (Form 990 or 990-EZ) each person who contributed more than the greater of \$5,000 or \$14,000 (2% or \$700,000). Thus, a contributor who gave a total of \$11,000 would not be reported in Parts I and II for this section 501(c)(3) organization. Even though the \$11,000 contribution to the organization exceeded \$5,000, it did not exceed \$14,000.

Section 501(c) (7), (8), or (10) organizations. For noncharitable contributions to one of these organizations, list in Part I contributors who gave \$5,000 or more as described in the **General rule** discussed above.

Schedule B (Form 990 or Name of organization	r 990-EZ) (2000)	Employe	Page 1 of 1
	ational, Inc.		168558
Part I: Contributors			
(a) No	(b)  Name, address and zip code	(c) Aggregate contributions	(d) Type of contribution
1		\$ 2,422.	Individual Payroll Noncash (Complete Part II if a
(a) No.	d zip code	(c) Aggregate contributions	noncash contribution). (d) Type of contribution
2		\$ 2,950.	Individual X Payroll Noncash
(a)	- <u></u>	(c)	(Complete Part II if a noncash contribution).
No.	Name, address and zip code	Aggregate contributions	Type of contribution
		\$	Individual Payroll Noncash
<del></del>			(Complete Part II if a noncash contribution).
(a) No	(b) Name, address and zip code	(c) Aggregate contributions	(d) Type of contribution
		s	Individual Payroll Noncash
			(Complete Part II if a noncash contribution).
(a) No.	(b)  Name. address and zip code	(c) Aggregate contributions	(d) Type of contribution
		\$	Individual Payroll Noncash
			(Complete Part II if a noncash contribution).
(a)	(b)	(c)	(d)

No.

Individual Payroll Noncash

Type of contribution

(Complete Part II if a noncash contribution).

Aggregate contributions

Name, address and zip code

Sale of Securities

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

						Accumulated
Description STOCKS MUTUAL FUND	Date Acquired	Date Sold	Sales Price	Cost/Basis	Selling Expense	Depreciation
STOCKS	04/13/1999	08/01/2000	10,217.	7,482.		
MITTIAL FINE	12/31/1996	11/09/2000	48,980.	56,924.		
INDIONE TONE	12/31/1330	11,05,2000	59,197.	64,406.		
			39,197.	04,400.		
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US

51-0168558 Gross Profit on Sales of Inventory
990: Page 1, Line 10; 990-EZ: Page 1, Line 7; 990-PF: Page 1, Line 10c US 2000 Gross Sales Cost of Gross Less Returns Goods Sold Description Profit SALE OF REACT MATERIALS 5,686. 3,697. 1,989. 5,686. 3,697. 1,989.

FORM 990 REACT INTERNATIONAL, INC. PAGE 2 FYE: 12/31/00 EIN: 51-0168558

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

	BASIŞ	ACC.DEPR.	2000	ACC.DEPR.	
<u>DESCRIPTION</u>	12/31/00	12/31/99	DEPR	12/31/99	BOOK
COMPUTER EQUIPMENT	\$18,093	\$16,554	\$310	\$16,864	\$1,229
FURNITURE & EQUIPMENT	6,468	6,468	0	6,468	0_
	\$24,561	\$23,022	\$310	\$23,332	\$1,229

Form 990 - Page 3, line 54
US Investments - Securities

2000

US	Investments - Sec	curities	2000
	Description	Cost	Market Value
TOCKS			25,33
ORPORATE BONDS			54,47
.S. GOVERNMENT BONI	ns		23.87
.B. GOVERNMENT BON	75		23,87 103,68
			103,00
			_

Other Investments

990: Page 3, Line 56; 990-PF: Page 2, Line 13

2000

05		990: Page 3, Line 56; 990-PF: Page 2, Line 13				
	Description	Book Value	Market Value			
ONEY	MARKET ACCOUNTS	65,516.	65,516.			
.01121		65,516.	65,516			
			00,010			
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US

Land, Buildings and Equipment 990: Page 3, Line 57; 990-PF: Page 2, Line 14

2000

		Accumulated	
Description	Cost / Basis	Depreciation	Book Value
MPUTER EQUIPMENT	18,093.	16,864.	1,229
JRNITURE	6,468.	6,468.	
	24,561.	23,332	1,229
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US

Name: React International, Inc.	ID number: 51-0168558
Description: FORM 990 PARTI LINE20, OTHER CHANGES	
Туре	Amount
JNREALIZED GAIN (LOSS) ON INVESTMENTS	(144.)
Total	(144.)

Name: React International, Inc.	ID number:	51-0168558
HODWOOD PARM IN LINE CT OFFIED ACCEME		
Description: FORM990 PART IV LINE 57 OTHER ASSETS	<u>-</u>	<del></del>
Тур•		Amount
SECURITY DEPOSIT		660.
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Total	<u></u>	660.

Name: React International, Inc.	ID number: 51-0168558
Description: FORM990 PG4 PART IV-A LINE d2 OTHER ADJ	
	Amount
JNREALIZED LOSS ON INVESTMENTS	144.
INSURANCE REIMBURSEMENT	960.
MOOIGENCE RELIBOROEMENT	
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Tatal	1.104
Total	1,104.

Name: React International, Inc.	ID number	: 51-0168 <u>558</u>
Description: FORM990 PG4 PART IV-B LINE 2d		
Туре		Amount
NSURANCE REIMBURSEMENT	_	960.
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		<u></u>
Total		960.



# REACT International, Inc. 5210 Auth Road - Suite 403 Suitland, MD 20746

(301)316-2900 Office (301)316-2903 Fax e-mail: <react@reactintl.org> <http://www/reactintl.org>

# **Contact Directory**

## OFFICERS & BOARD OF DIRECTORS - 2000-2001

<u>Officers</u>	Contact	<u>Title</u>
Charles A. Thompson 2909 Rosedale Ave. University Park, TX 75205-1532	HP (214)368-8223 Fax (214)691-2322 e-mail: <cthompson@reactintl.org></cthompson@reactintl.org>	President and General Counsel
Lee W. Besing 8607 Timber Ash San Antonio, TX 78250	HP/Fax (210)680-2680 e-mail: <lbesing@reactintl.org></lbesing@reactintl.org>	Secretary
Fred Lanshe 630 Washington St. Allentown, PA 18102	HP: Fax (610)434-3235 e-mail: <flanshe@reactintl.org></flanshe@reactintl.org>	Vice President and Treasurer
Dick Cooper 24 Thropp Ave. Hamilton, NJ 08610	HP (609)888-3506 Fax (609)888-3509 e-mail: <dcooper@reactintl.org></dcooper@reactintl.org>	Executive Vice President
Board of Directors Frank Jennings 19933 Nilsen Lane NW Poulsbo, WA 98370	Contact HP (360)779-4125 Fax (360)779-2468 e-mail: <fjennings@reactintl.org></fjennings@reactintl.org>	Title/Region Assigned Chairman of the Board Region 6 AK, HI, WA, OR, ID, MT, WY Life Membership Committee Bylaws, Policies & Procedures
Fred Lanshe 630 Washington St. Allentown, PA 18102	HP FAX (610)434-3235 e-mail: <flanshe@reactintl.org></flanshe@reactintl.org>	Region I ME, VT, NH, MA, CT, RI, NY, PA Public Relations Committee Voluntary Agencies Committee Rapid Deployment Teams
		(Continued on next page)

(Continued on next page)

NOTE: If both home phone and fax are listed as the same number in this directory, please call first by voice during normal hours to have them activate their fax on the next call.

#### OFFICERS & BOARD OF DIRECTORS - 1999-2000 (Continues)

Board\_of Directors

Dick Cooper 24 Thropp Ave. Hamilton, NJ 08610

George T. Holmes 214 Queens Road Jacksonville, NC 28540

Jack Murrell 2937 N. Arthington Indianapolis. IN 46218-3113

Laurence O. "Larry" Fry 833 Cornelia Street Janesville, WI 55545-1609

Lee W. Besing 8607 Timber Ash San Antonio, TX 78250

Jesse Mauk 3630 Armitage St. San Diego, CA 92117-1004

Ron Faulkner 189 Sydenham Woodstock, Ontario N4S-7B8 Canada Contact

HP (609)888-3506 Fax (609)888-3509

e-mail: <dcooper@reactintl.org>

HP (910)346-2577

Fax

e-mail: <gholmes@reactintl.org>

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Title/Region Assigned

Region 2

DL, NJ, MD, VA, KY, WV Membership Committee

Region 3

TN, NC, SC, MS, AL, GA, FL Convention 2000 Committee

Region 4 MI, IN, OH

Amateur, GMRS, CB Committee

Region 5

ND, SD, NE, MN, IA, WI, IL

Junior REACT

Region 7

AR, LA, NM, CO, KS, MO, OK, TX

Computer Committee

Region 8

CA, NV, UT, AZ

Awards & Recognition Committee

Site Selection Committee

Region 9

Canada, W. Indies, PR, UK, Germany

Highway Safety Committee

Training Committee

# Forin **886**8

(December 2000) Department of the Treasury Internal Revenue Service

# Application for Extension of Time to File an Exempt Organization Return

OMB No 1545-1709

Department of the Treas		<b>-</b>	xempt Organi.	Zalion neli	urn		
mtemal Revenue Servic	•		File a separate application	on for each return		1	
If you are filing	for an Addit	tional (not automatic)	nsion, complete only Par ) 3-Month Extension, co eady been granted an a	mplete only Part I	I (on page 2 of this fo	om).	,
			Only submit original (no co		extension of a pre	TIOUSIY INGU FO	// 111 0000.
			matic 6-month extension-c		omplete Part Look		
other corporation	ns (including	Form 990-C filers) mu	ist use Form 7004 to requi	est an extension of t	time to file income ta	x returns Partn	ershins
			extension of time to file F			A COLOTTO	crampa,
pe or Nam	e of Exempt	Organization				Employer iden	ntification numb
		nternationa				51-01685	558
AMICE FOR			a P.O. box, see instruction	ons.		-	
. c., <del></del>		th Road	<u></u>				
etions City,			code. For a foreign addre	ss, see instructions.	•		
St	<u> iitland</u>	d MD 20746	<u> </u>				
Form 990-BL Form 990-EZ Form 990-PF			Form 990-T (corporation) Form 990-T (sec. 401(a) o Form 990-T (trust other tha Form 1041-A		F	orm 4720 orm 5227 orm 6069 orm 8870	
	ot organizatio	on return for the organi	<b>90-T corporation</b> ) extens exation named above. The			n for:	
REGEN		<u> </u>	. 20	and ending			, 20
f this tax year is	tor less the	n 12 months, check re	ason:   Initial return	Final return	Change in acc	ounting period	
			T, 4720, or 6069, enter th				
f this application	is for Form	990-PF or 990-T, ente	er any refundable credits a	nd estimated tax pa	yments made. Inclu	de any	·
Balance Due. S	Subract line 3	3b from line 3a. Include	e your payment with this for x Payment System). See	orm, or, if required, o	deposit with FTD cou	ipon or,	
			Signature and Ver	ification			
penalties of penury   mplete, and that I am			uding accompanying schedules ar		best of my knowledge and	t belief, it is true, com	rect,
. an	~ (	200	<del>/-</del>	001		اسر	1.010.
aperwork Redu	ction Act N	otice, see Instruction	Tille ▶	<u> </u>	270160	Date > 3/	9968