## 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)

2007

OMB No 1545-0047

として Den to Public

Department of the Treasury Internal Revenue Service

► The organization may have to use a copy of this return to satisfy state reporting requirements

Open to Public Inspection

Α	For t	he 2007 ca	alendar	year, or tax yea	r beginning		, 200	07, and	d ending		, 20
В	Check if	applicable		C Name of organi							yer identification number
_		s change	use IRS label or			CONAL, INC				51-0	168558
=	Name o	-	print or type	Number and stre	eet (or PO box	of mail is not delivered	to street	address	) Room/suite		none number
$\equiv$	initial re	•	See	5210 AUT						301-	316-2900
=	Termina		Specific instruc-	City or town, sta	ate or country, a	and ZIP + 4				F Account	ing method: Cash X Accrual
=		ed return	tions	SUITLAND	, MD 20	<u>)746-4393</u>					ther (specify) ▶
=		tion pending	• Sec	tion 501(c)(3) or	ganizations an	nd 4947(a)(1) nonex	empt cha	ritable	H and I are no	ot applicabl	e to section 527 organizations
_	,-,	p=g	trus	sts must attach a	completed Sch	nedule A (Form 990 o	or 990-EZ)	-			n for affiliates? 🔲 Yes 🔀 No
G	Websit	te: 🕨									er of affiliates >
_			/-bb -	<del></del>	04(=) ( 2) -	(t ) [] 4047/	-)(4) [	7 507	H(c) Are all a		
<u></u>	Organi	zation type	(cneck o	nly one) ► X 5	01(c) ( ⊃) <b>⊲</b> (	(insert no )	a)(1) or <u>L</u>	527	, ,		t See instructions )
						pporting organization			H(d) is this a s	separate retu ion covered l	by a group ruling? Yes X No
				e a complete return	return is not re	quired, but if the organ	ization che	oses		xemption N	
											the organization is not required
L	Gross	receipts A	Add lines	s 6b, 8b, 9b, and	10b to line 1	2 ▶					Form 990, 990-EZ, or 990-PF)
P	art I	Reven	ue, Ex	penses, and	Changes i	in Net Assets o	r Fund	Bala	nces (See t	he instru	ıctions.)
	1					nounts received			•		
	a			donor advise			1a	1			
	b						1		6	95	
	C	-				e 1a)	1 .				
	d		•			cluded on line 1a)		<u> </u>			
	e					non-				1e	695
	2					ent fees and contr		m Par		. 2	0
~	3	-					-		•	3	49,799
8007	4		-			vestments				4	2,654
	5									5	6,256
<u>&gt;</u>	6a							i ·		•	
	b									i i	
MAI.	1					6b from line 6a				6c	0
. ≥				nt income (des				•		) 7	
Revenue	8a			from sales of a		(A) Securities		(8	3) Other		
ŭ Š Š		than inve					8a				
= -	b		•	er basis and sale		)	8b				
3				attach schedule	•		0 8c			0	
ó	d				•	s (A) and (B)				. 8d	0
	9					f any amount is from				]   ` '	
	a	Gross re	venue	(not including \$	3	of	:				
				ported on line			_9a				
	b	Less dir	ect exp	enses other th	an fundraisi	ing expenses .	9b	<u> </u>			
	С	Net inco	me or (	(loss) from spe	cial events	Subtract line 9b t	from line	9a		9c	0
	10a	Gross sa	ales of	inventory, less	returns and	allowances	10a	<u> </u>	2,7		
	b	Less: co	st of go	oods sold			10b		2,3	43	
	С					ach schedule) Sub	tract line	10b fro	om line 10a	. 10c	402
	11			(from Part VII,						. 11	625
	12					7, 8d, 9c, 10c, and	111 .	<u> </u>	· · · · · · · · · · · · · · · · · · ·	. 12	60,431
s	13	-		es (from line 4	•	,,		٠ نسب			52,943
Expenses	14					olumn (C))			RECE	N	10,107
ξ be	15									15	
Ŵ	16	Payment	ts to aff	filiates (attach :	schedule)			: :	APR 1	5 250	3 0
	17					lumn (A)		· · ·   Š	- 1. W. I.		
Net Assets	18	Excess	or (defic	cit) for the year	. Subtract li	ne 17 from line 1	2.	[	Lann	EN 18	(2,619)
Ass	19	Net asse	ets or fu	ind balances a	t beginning	of year (from line	73, col	umn 🕻	A)) . (الا	-	120,554
<u>K</u> et	20	Other ch	anges	in net assets o	r fund balan	ices (attach expla	ination)	19		. 20	(9,810)
_	21	MEL SSE	is or tur	nu palances at i	епа от уеаг.	Combine lines 18,	ıy, and	20	<u></u> .	. 21	108,125

22b 23 24 25a	Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.  Grants paid from donor advised funds (attach schedule) (cash \$	22a	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22b 23 24 25a	(cash \$ noncash \$) If this amount includes foreign grants, check here ▶ □ Other grants and allocations (attach schedule)	22a	!			
22b 23 24 25a	If this amount includes foreign grants, check here ▶ ☐ Other grants and allocations (attach schedule)	22a				
22b 23 24 25a	Other grants and allocations (attach schedule)	220	ol			
23 24 25a	· · · · · · · · · · · · · · · · · · ·					
23 24 25a	(Cash w Honcash w )					
23 24 25a	If this amount includes foreign grants, check here	22b	0		*	•
24 25a	Specific assistance to individuals (attach					
25a	schedule)	23	0		*	
25a	Benefits paid to or for members (attach	24	0			
	schedule)	24	<del></del>			**
	Compensation of current officers, directors, key employees, etc listed in Part V-A	25a	o			
	Compensation of former officers, directors,	250				
	key employees, etc. listed in Part V-B	25b	0			
	Compensation and other distributions, not					
	included above, to disqualified persons (as					
	defined under section 4958(f)(1)) and persons		o		Į.	
	described in section 4958(c)(3)(B)	25c	- 0			
	Salaries and wages of employees not included on lines 25a, b, and c	26	16,503	14,028	2,475	
	Pension plan contributions not included on	-			, , ,	
	lines 25a, b, and c	27	0			
	Employee benefits not included on lines					
	25a – 27	28	0			·-
29	Payroll taxes	29	1,280	1,088	192	
	Professional fundraising fees	30	0		2 000	·
	Accounting fees	31	3,920	1 043	3,920	
	Legal fees	32	1,227	1,043 1,139	184 201	,
	Supplies	33	1,884	1,601	283	
	Telephone	35	1,622	1,622	203	
	Postage and shipping	36	10,260	8,721	1,539	
	Occupancy	37	4,259	3,620	639	
	Printing and publications	38	18,176	18,176		
	Travel	39	0			
40	Conferences, conventions, and meetings	40	647	647		
	Interest	41	0			
	Depreciation, depletion, etc. (attach schedule)	42	0			
43	Other expenses not covered above (itemize): MEMBERSHIP MATERIALS	42-	442	442		
	WORKERS COMP INSURANCE	43a 43b	225	442	225	<del></del> -
	AWARD	43b	66	66	223	<del></del>
	MEMBERSHIP	43d	750	750		
e	BANK SERVICE CHARGES	43e	449		449	<del>-</del>
f		43f	0			
9		43g	0			
1	Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B)–(D), carry these totals to lines 13–15)	44	63,050	52,943	10,107	
Joint	Costs. Check ▶ ☐ if you are following SOP y joint costs from a combined educational campaign a		fraising solicitation i	reported in (B) Prod	aram services? ▶	Yes ⊠N

Part III	Statement of Program	Service A	ccomplishments	(See the	instructions )
	Otatement of Floridin	OUITIOG F	1000IIIDIIGIIIICIIIG		111344 4040113.7

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.

۸ł	at is the organization's primary exempt purpose? ▶ PUBLIC SERVICE COMMUNICATIONS	Program Service
All.	organizations must describe their exempt purpose achievements in a clear and concise manner. State the number clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4)	Expenses (Required for 501(c)(3) and (4) orgs, and 4947(a)(1)
	anizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	trusts, but optional for others)
а	EDUCATING 2,530 MEMBERS AND THE PUBLIC THROUGH A BI-MONTHLY	
	NEWSLETTER ABOUT USING PERSONAL RADIO SERVICES FOR EMERGENCY	
	AID TO INDIVIDUALS, PROMOTE TRANSPORTATION SAFETY	
	(Grants and allocations \$ ) If this amount includes foreign grants, check here ▶ □	18,176
b	PROVIDES PUBLIC SERVICE COMMUNICATIONS TO INDIVIDUALS,	•
	ORGANIZATIONS, AND GOVERNMENT AGENCIES TO SAVE LIVES, PREVENT	
	INJURIES AND GIVE ASSISTANCE WHEREVER AND WHENEVER NEEDED.	
	ESTABLISHED A MONITORING NETWORK OF TRAINED VOLUNTEER CITIZEN	5
	BASED COMMUNICATORS MADE UP OF 193 TEAMS	
	(Grants and allocations \$ ) If this amount includes foreign grants, check here ▶ □	34,767
С		34,707
•		
	(Grants and allocations \$ ) If this amount includes foreign grants, check here ▶ □	
d		
	(Grants and allocations \$ ) If this amount includes foreign grants, check here ▶ □	
е	Other program services (attach schedule)	·
	(Grants and allocations \$ ) If this amount includes foreign grants, check here ▶ □	
f	Total of Program Service Expenses (should equal line 44, column (B), Program services) ▶	52,943

Form **990** (2007)

Ľ	art IV	Balance Sheets (See the instructions	s. <i>)</i>				
1	Note:	Where required, attached schedules and amounts column should be for end-of-year amounts only	within the	e description	(A) Beginning of year		(B) End of year
	45	Cash—non-interest-bearing			1,938		1,649
	46	Savings and temporary cash investments .			16,905	46	9,606
	470	Accounts receivable	47a	209			
	1	Less allowance for doubtful accounts	47b		33	47c	209
	"	Less allowance for doubtful accounts .	77.0			110	
	48a	Pledges receivable	48a				
	1	Less: allowance for doubtful accounts .	48b			48c	0
	49	Grants receivable				49	<u> </u>
	50a	Receivables from current and former officers key employees (attach schedule)	, directo	rs, trustees, and		50a	_
	h	Receivables from other disqualified persons (					
		4958(f)(1)) and persons described in section 495				50b	
s	51a	Other notes and loans receivable (attach	51a				
ssets		schedule)	51b			51c	n
As	52	Less. allowance for doubtful accounts .			14,219		12,428
	53	Inventories for sale or use			5,517	53	6,352
		Investments—publicly-traded securities			103,945		99,648
		Investments—other securities (attach schedu				54b	337010
		Investments—land, buildings, and	11C) P		- · · · · · · · · · · · · · · · · · · ·	V	
	33a	equipment basis	55a			*	
	b	Less: accumulated depreciation (attach	SEL				0
		schedule)	55b		<u>.</u>	55c	0
	56	Investments—other (attach schedule)	15701	• • • • • •		56	<u> </u>
		Land, buildings, and equipment basis	57a				
	b	Less accumulated depreciation (attach	57b			57c	0
	58	schedule)				370	
	36	(describe ►	sunents	,	660	58	660
	59	Total assets (must equal line 74) Add lines	45 throu	ugh 58	143,217	59	130,552
	60	Accounts payable and accrued expenses .			2,983		5,587
	61	Grants payable				61	
	62	Deferred revenue			19,680	62	11,340
es	63	Loans from officers, directors, trustees, and	kev em	plovees (attach			
Ξ		schedule)				63	5,500
Liabilitie	64a	Tax-exempt bond liabilities (attach schedule)				64a	
	b	Mortgages and other notes payable (attach s	chedule	)		64b	
	65	Other liabilities (describe		)		65	
	66	Total liabilities. Add lines 60 through 65 .			22,663	66	22,427
	Orga	nizations that follow SFAS 117, check here ▶	▶ 🔲 an	d complete lines	<u> </u>	` %	
ý,		67 through 69 and lines 73 and 74.					
၂၄	67	Unrestricted			117,534	67	105,105
alaı	68	Temporarily restricted			3,020	68	3,020
Ö	69	Permanently restricted			<del></del>	69	
Net Assets or Fund Balances	Orga	nizations that do not follow SFAS 117, check complete lines 70 through 74.	here ►	and			
6	70	Capital stock, trust principal, or current funds		L		70	
its	71	Paid-in or capital surplus, or land, building, ai				71	
SS	72	Retained earnings, endowment, accumulated	income	, or other funds		72	
ا ک		Total net assets or fund balances. Add line					
Š		70 through 72 (Column (A) must equal line			100 551		100 107
		equal line 21)			120,554	73	108,125
- 1	74	iviai naviilles and net assets/tund balance	s. Add III	nes of and /3	143.217	74	130.552

Pa	rt IV-A . Reconciliation of Revenue per Au instructions.)	dited Financial Staten	nents With Re	venue pe	r Return	(See the
a b	Total revenue, gains, and other support per audi Amounts included on line a but not on Part I, lin				а	50,621
1	Net unrealized gains on investments		b1			
2	Donated services and use of facilities		b2			
3	Recoveries of prior year grants		_b3		] .	
4	Other (specify):					
			_b4			_
	Add lines b1 through b4				b	<u> </u>
С					С	50,621
ď	Amounts included on Part I, line 12, but not on li		اسما			
1 2	Investment expenses not included on Part I, line Other (specify) NET UNREALIZED LOS	SES ON	d1			
_	TAILECTMENTC		d2	9,810		
				-,	d	9,810
е	Total revenue (Part I, line 12). Add linesc and c	1		•	e	60,431
Pa	rt IV-B Reconciliation of Expenses per A				er Retu	
а	Total expenses and losses per audited financial	statements			а	63 <b>,</b> 050
b	Amounts included on line a but not on Part I, line	e 17:				
1	Donated services and use of facilities		b1			
2	Prior year adjustments reported on Part I, line 20		b2			
3	Losses reported on Part I, line 20		b3			
4	Other (specify).					
			b4			0
С	Add lines b1 through b4				C	63,050
d	Amounts included on Part I, line 17, but not on li					33733
1	Investment expenses not included on Part I, line		d1			
2	Other (specify):					
			d2			
	Add lines <b>d1</b> and <b>d2</b>				d	0
е	Total expenses (Part I, line 17). Add lines c and				<u>e</u>	63,050
Pal	rt V-A Current Officers, Directors, Trustees or key employee at any time during the year.	s, and Key Employees ar even if they were not o	(List each perso compensated.) (	on who was See the ins	an office structions	r, director, trustee, )
	(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0)	benefit plan	ons to employed as & deferred ation plans	(E) Expense account and other allowances
SEE	E ATTACHED LIST OF ALL OFFICE	RS			- piuno	
		OFFICERS 10	0		(	0
		-				
		-				
		_				
		-				
				<del> </del> -		<del></del>
		•				
				<del> </del>		
		-				
			· · · · · · · · · ·	1		
				_		
	<del></del>	1		<u>.</u>		<u> </u>

Pai	rt V-A . Current Officers, Directors, Trustees, and Key Employees (continued)		Yes	No						
75a	Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings									
b	b Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships 2 if "Yes" attached a statement that identifies the industries and explains the relationship (a)									
	relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s)	75b		X						
С	Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other									
	organizations, whether tax exempt or taxable, that are related to the organization? See the instructions for	75c		X						
d	the definition of "related organization."	75d	X							
_	TV-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Bene officer, director, trustee, or key employee received compensation or other benefits (described below) during person below and enter the amount of compensation or other benefits in the appropriate column. See the inst	fits (If	any f	ormei st tha						
	(A) Name and address  (B) Loans and Advances  (C) Compensation (if not paid, enter -0-) (II) Contributions to employee benefit plans & deferred compensation plans	accou	Expen nt and owance	other						
NON										
Par	t VI Other Information (See the instructions.)		Yes	No						
76	Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a									
	detailed statement of each change	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								
78a	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								
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79		X						
80a	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		Χ						
	If "Yes," enter the name of the organization ▶  and check whether it is □ exempt or □ nonexempt  Fator direct and industry additional part of the organization ▶									
b a	Enter direct and indirect political expenditures (See line 81 instructions.)  Did the organization file Form 1120-POL for this year?	81b		Χ						

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Pai	rt VI Other Information (continued)		Yes	No
82a	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	ļ	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.)	83a	X	ļJ
	Did the organization comply with the public inspection requirements for returns and exemption applications?	83b	X	<del> </del>
	Did the organization comply with the disclosure requirements relating to <i>quid pro quo</i> contributions?	84a		X
	If "Yes," did the organization include with every solicitation an express statement that such contributions or	0.0		
D	gifts were not tax deductible?	84b		ļ
85a	501(c)(4), (5), or (6). Were substantially all dues nondeductible by members?	85a		
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	85b		ļ
	If "Yes" was answered to either 85a or 85b, <b>do not</b> complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.			
C	Dues, assessments, and similar amounts from members	-		P
	Section 162(e) lobbying and political expenditures	-		
	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	-		
	Taxable amount of lobbying and political experiorities (line obt less obe) [50.]	85g		
•	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	osy		5 1
n	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			$\vdash \vdash$
	Gross receipts, included on line 12, for public use of club facilities	1		
87	501(c)(12) orgs Enter a Gross income from members or shareholders 87a	]		
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)		×	
88a	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	88a		X
b	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the	88b	-	Х
89a	meaning of section 512(b)(13)? If "Yes," complete Part XI		-	ð
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
С	Enter Amount of tax imposed on the organization managers or disqualified			
	persons during the year under sections 4912, 4955, and 4958 ▶			
	Enter Amount of tax on line 89c, above, reimbursed by the organization ▶			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter	89e		X
f	transaction?	89f		X
	For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the			<u></u>
9	supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings	90.0		X
90-	at any time during the year?	89g		
b	Number of employees employed in the pay period that includes March 12, 2007 (See			
01-	Instructions)	6-2	000	
	Located at $\triangleright$ 3210 AUTH RD, #403 CAMP SPRINGS MD ZIP+4 $\triangleright$ 20/46-4325	6-2	900	
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority	ſ	Yes	No
	over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	91b	. 63	X
	16 MA D I II GAI G			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			

Pa	_	۵	Я

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Form	990	(2007)

art						Yes No
c,	At any time during the calendar year, did the	organization ma	intain an office o	utside of the	United States?	91c X
	f "Yes," enter the name of the foreign country Section 4947(a)(1) nonexempt charitable trust		O in line of Enem	4044 Choo	le bara	. □
	and enter the amount of tax-exempt interest re	s <i>illing Form 99</i> 0 eceived or accru	ed during the tax	vear	× 11 e1 e	
	VII Analysis of Income-Producing Ac				- 102	
_	Enter gross amounts unless otherwise		ousiness income		tion 512, 513, or 514	(E)
	ed	(A)	(B)	(C)	(D)	Related or exempt function
	Program service revenue	Business code	Amount	Exclusion code		income
а						
b						
C		_				
t						
9		_	<u> </u>	ļ		
f	Medicare/Medicaid payments					<del></del>
3	Fees and contracts from government agencies	s				40 700
	Membership dues and assessments		<u> </u>	1.4	2 (54	49,799
	Interest on savings and temporary cash investment	s		14	2,654 6,256	
	Dividends and interest from securities	* ** ***		*;	8,230	
	Net rental income or (loss) from real estate:	,	<del> </del>			
a	debt-financed property					
b	not debt-financed property					
	Other investment income					
	Gain or (loss) from sales of assets other than inventory	,				
	Net income or (loss) from special events .	'				
	Gross profit or (loss) from sales of inventory					402
	Other revenue a LATE FEES	_				490
b	PUBLICATION ADVERTISING	51120	135			
С		_		_		
d		_				
е			135		0.010	EO CO1
	Subtotal (add columns (B), (D), and (E))	<u> </u>	<del> </del>	388	8,910	50,691
۵.	Total (add line 104, columns (B), (D), and (E)) Line 105 plus line 1e, Part I, should equal the	amount on line	12 Part I			59,736
	Relationship of Activities to the Ac			nees (See th	ne instructions )	
	No. Explain how each activity for which income					ccomplishment
<b>▼</b>	of the organization's exempt purposes (oth				inportaintly to the a	Complishment
}	TO TO PROMOTE THE USE OF C				AND OTHE	R PERSONA
	03 RADIO SERVICES AS AN AD					
	DISASTERS AND OTHER FOR	MS OF AID	TO THE PU	BLIC		
rt	X Information Regarding Taxable Sub		isregarded Entit	ies (See the	instructions )	
	Name, address, and EIN of corporation,	(B) Percentage of	(C)		_ (D)	<b>(E)</b> End-of-year
	partnership, or disregarded entity ov	vnership interest	Nature of ac	tivities	Total income	assets
		%				
		%				
		%				
.,	Information Describes Transfers Asset	%	namal Danset Co	ntenata (Cari	the instructions \	
	<del></del>			· · · · · · · · · · · · · · · · · · ·	<del>- · · · · · · · · · · · · · · · · · · ·</del>	
4	Did the organization, during the year, receive any funds, o					☐ Yes 🏻 No
1)						
	Did the organization, during the year, pay prei : If "Yes" to (b), file Form 8870 and Form 47			personal ben	efit contract? [	☐ Yes ☒ No

			<del></del>			Yes	No
106	Did the reporting organization ma the Code? If "Yes," complete the			ned in section 51	12(b)(13) of		Х
	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Descriptio transfe		(D) Amount of		fer
a							
b			,				
С							
	Totals	\$	ÿ.	*			
107	Did the reporting organization rec 512(b)(13) of the Code? If "Yes," of				on	Yes	No X
	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description transfer		(D) Amount of		fer
а							
b							
С							
	Totals	· 🐉 ,	<. ***	*, \			
108	Did the organization have a bindin rents, royalties, and annuities desc			6, covering the i	nterest,	Yes	No X
Pleas Sign Here	Under penalties of perjury, I declare that I and belief it is true, correct, and complet	have examined this return, inclu	ding accompanying schedu	les and statements, a all information of white Date	on preparer has a	ny know ny know	vledge
Paid Prepare		laste CPA TON & BARDOWSK	02/04/08 self	ployed ▶ □ 261	2-116095	54	
Jse On	ly if self-employed).			AD Phone no ►	301-627	7-79	(20)

#### **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 4947(a)(1) Nonexempt Charitable Trust

2007

Employer identification number

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

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

Supplementary Information—(See separate instructions.)

REACT INTERNATIONAL, INC.	51-0168558
Compensation of the Five Highest Paid Employees Other That (See page 1 of the instructions. List each one. If there are none, or	
(a) Name and address of each employee paid more than \$50,000 (c) Composition	ensation (d) Contributions to employee benefit plans & account and other deferred compensation allowances
NONE	
Total number of other employees paid over \$50,000 . ▶	
Part II-A Compensation of the Five Highest Paid Independent Contractor (See page 2 of the instructions. List each one (whether individuals or five Part II-A)	
(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 II-B Compensation of the Five Highest Paid Independent Contractor (List each contractor who performed services other than profession firms. If there are none, enter "None." See page 2 of the instruction	al services, whether individuals or
(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service (c) Compensation
NONE	
Total number of other contractors receiving over \$50,000 for other services	

For Paperwork Reduction Act Notice, see the Instructions for Form 990 and Form 990-EZ.

Schedule A (Form 990 or 990-EZ) 2007

Pai	'Statements About Activities (See page 2 of the instructions)		Yes	No
1	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 the total expenses paid or incurred in connection with the lobbying activities    S	1		X
	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		×	
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, 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? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions)	-		
а	Sale, exchange, or leasing of property?	a		X
b	Lending of money or other extension of credit?	b		Х
С	Furnishing of goods, services, or facilities?	С		Х
d	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	d		Х
е	Transfer of any part of its income or assets?	е		Х
3а	Did the organization make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments)	а		Х
b	Did the organization have a section 403(b) annuity plan for its employees?	ь		Х
С	Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement	c		Х
d	Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?	d		X
4a	Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g If "No," complete lines 4f and 4g	a		Х
b	Did the organization make any taxable distributions under section 4966?	ь		X
С	Did the organization make a distribution to a donor, donor advisor, or related person?	С		X
d	Enter the total number of donor advised funds owned at the end of the tax year			0
е	Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year •			0
f	Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts			0
g	Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year			0

Pa	rįt I\	Reason for Non-Private	Foundation S	Status (See pages 4	through 8 c	of the instruct	tions.)	
I cer	tify	that the organization is not a privat		·	-	plicable box)		
5		A church, convention of churches	, or association o	f churches Section 170(	(b)(1)(A)(ı)			
6		A school Section 170(b)(1)(A)(II)	(Also complete F	Part V)				
7		A hospital or a cooperative hospit	al service organiz	zation Section 170(b)(1)	(A)(III)			
8		A federal, state, or local government	ent or governmen	ital unit Section 170(b)(	1)(A)(v)			
9		A medical research organization of and state ▶		ction with a hospital Sec			e hospital's name, city,	
10		An organization operated for the be (Also complete the <b>Support Scheo</b>		or university owned or op	erated by a go	vernmental unit	Section 170(b)(1)(A)(iv)	
11a		An organization that normally received 170(b)(1)(A)(vi) (Also complete the			governmental	unit or from the	general public Section	
11b		A community trust Section 170(b)	)(1)(A)(vi) (Also c	complete the Support Se	chedule in Pa	rt IV-A)		
12	$\boxtimes$	An organization that normally receifrom activities related to its charital from gross investment income an organization after June 30, 1975	able, etc , function ad unrelated busin	s—subject to certain exc ness taxable income (les	eptions, and (as section 511	2) no more that tax) from busi	an 331/3% of its support nesses acquired by the	
13		An organization that is not control requirements of section 509(a)(3)  Type I Type II	Check the box to	ualified persons (other that describes the type of type of the type of type of type of the type of typ	f supporting or	n managers) ar ganization: ∐Type III-Othe		
		Provide the following info	rmation about th	ne supported organizat	ions. (See pag	ne 8 of the inst	ructions )	
(a) Name(s) of supported organization(s)		(a)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents?		(e) Amount of support	
					Yes	No		
Tota								
	<u>' · · </u>				· · · <u>· . · · · · · · · · · · · · · · ·</u>			
14	oxdot	An organization organized and op-	erated to test for	public safety Section 50	9(a)(4) (See	page 8 of the ii	nstructions)	

Schedule A (Form 990 or 990-EZ) 2007

Schedule A (Form 990 or 990-EZ) 2007 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) 2006 **(b)** 2005 (c) 2004 (e) Total Gifts, grants, and contributions received (Do not include unusual grants See line 28). 3<u>,</u>826 5,373 186 1,341 53,569 220,418 16 Membership fees received . . . . . 48,836 57,691 60,322 17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose . . . 3,973 4,972 3,909 6,067 18,921 18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, income from similar sources, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the 8,193 7,720 organization after June 30, 1975. 9,572 9,365 34,850 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 0 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 furnished to the public without charge . . . . . . . 0 22 Other income Attach a schedule Do not 1,091 1,331 2,189 include gain or (loss) from sale of capital assets 1,167 5,778 Total of lines 15 through 22 . . . . 62,049 72,513 73,611 23 77,167 285,340 Line 23 minus line 17 . . . . . . . . 66,446 69,638 24 58,140 72,195 Enter 1% of line 23 . . . . . . 25 620 772 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24 . . . . . 26a 26 Prepare a list for your records to show the name of and amount contributed by each person (other than a ¥. governmental unit or publicly supported organization) whose total gifts for 2003 through 2006 exceeded the 26b amount shown in line 26a Do not file this list with your return. Enter the total of all these excess amounts ▶ 26c d Add Amounts from column (e) for lines: 18 26d 22 26e Public support percentage (line 26e (numerator) divided by line 26c (denominator)) . . . 26f Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified per son" Do not file this list with your return. Enter the sum of such amounts for each year (2006) (2005) (2004) (2003) For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records 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 11b, as well as individuals ) Do not file this list with your return. 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 (2006) (2005) (2004) (2003) Add Amounts from column (e) for lines 15 5, 373 16 220, 418 17 18,921 20 0 21 27c and line 27b total 27d 0 d Add Line 27a total 27e Public support (line 27c total minus line 27d total) . . . . . . . . . . . . . .

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2003 through 2006. prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant Do not file this list with your return. Do not include these grants in line 15

Total support for section 509(a)(2) test: Enter amount from line 23, column (e). ▶ 27f | 285, 340 Public support percentage (line 27e (numerator) divided by line 27f (denominator)). . . . . . . ▶

Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator)) ▶

27g

27h

Pa	rt V Private School Questionnaire (See page 9 of the instructions.) (To be completed ONLY by schools that checked the box on line 6 in Part IV)			
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	29	Yes	No
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions,			
	programs, and scholarships?	30	2,2	*
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves?	31	<b>V</b> .	
	If "Yes," please describe, if "No," please explain (If you need more space, attach a separate statement)			.4
				*
			***	. *wia
32	Does the organization maintain the following	20-		
a b	Records indicating the racial composition of the student body, faculty, and administrative staff?  Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory	32a		
	basis?	32b		
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c		
d	Copies of all material used by the organization or on its behalf to solicit contributions?	32d	· #	į.
	If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement)	414		* .
			S., 1	. %
33	Does the organization discriminate by race in any way with respect to		* <b>*</b> ****	
а	Students' rights or privileges?	33a		
b	Admissions policies?	33b		
С	Employment of faculty or administrative staff?	33c		
d	Scholarships or other financial assistance?	33d		
е	Educational policies?	33e		
f	Use of facilities?	33f		
g	Athletic programs?	33g		
h	Other extracurricular activities?	33h	. ·	
	If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement)	3,		, **\
34a	Does the organization receive any financial aid or assistance from a governmental agency?	34a		
h	Has the organization's right to such aid ever been revoked or suspended?	34b		
	If you answered "Yes" to either 34a or b, please explain using an attached statement			- Z
35	Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05	<u> </u>		4.
	of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," attach an explanation	35		

Pa	t VI-A Lobbying Expenditures by E (To be completed ONLY by ar					ne instruc	tions	.)
Che	ck ▶ a ☐ If the organization belongs to an affilia	ated group Chec	k <b>▶</b> b 🗌	ıf you checked	" <b>a"</b> ar	id "limited co	ntrol" ;	provisions apply
	Limits on Lobbyi					(a) Affiliated gi totals	oup	(b) To be completed for all electing
	(The term "expenditures" mean		<del></del>					organizations
36	Total lobbying expenditures to influence public				36			
37	Total lobbying expenditures to influence a legis	• •			38			
38	Total lobbying expenditures (add lines 36 and 3				39			
39 40	Other exempt purpose expenditures				40			-
41	Total exempt purpose expenditures (add lines 38 and 39)							<u> </u>
<b>~</b> '		obbying nontaxat		_				
	Not over \$500,000 20% (							
	Over \$500,000 but not over \$1,000,000 \$100,0							£rw .
	Over \$1,000,000 but not over \$1,500,000 . \$175,	-			41			
	Over \$1,500,000 but not over \$17,000,000 . \$225,0	•				<del>-</del>		
	Over \$17,000,000 \$1,000	•				34	çı	*
42	Grassroots nontaxable amount (enter 25% of li				42			
43	Subtract line 42 from line 36 Enter -0- if line 42	•			43			
44	Subtract line 41 from line 38 Enter -0- if line 4				44			
	Caution: If there is an amount on either line 43	3 or line 44, you m	ust file Form 4	1720				ļ
	4-Year Av	eraging Period	<b>Under Sect</b>	tion 501(h)	I			
	(Some organizations that made a section See the instructions for						ns be	low
		Lobb	ying Expendi	tures During	4-Ye	ar Averagi	ng Pe	eriod
	Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2006	(c) 2005		<b>(d)</b> 2004		(e) Total
45	Lobbying nontaxable amount							
46	Lobbying ceiling amount (150% of line 45(e))	,	<u></u>			***	*	
47	Total lobbying expenditures							
48	Grassroots nontaxable amount		······································					
49	Grassroots ceiling amount (150% of line 48(e))	v/	<b>\$</b>	**		À*	,	
50	Grassroots lobbying expenditures							
Pa	t VI-B Lobbying Activity by Nonelec	cting Public Ch	arities		I			_
	(For reporting only by organiza	tions that did no	ot complete	Part VI-A) (	See	page 14 c	of the	instructions)
Durii	ng the year, did the organization attempt to influe	ence national state	e or local legis	lation include	na an	, ,		
	npt to influence public opinion on a legislative ma				ng un	y Yes	No	Amount
а	Volunteers						Χ	
b	Paid staff or management (Include compensation	on in expenses rep	orted on lines	c through h	.)		X	
С	Media advertisements						Χ	
d	Mailings to members, legislators, or the public						Χ	
е	Publications, or published or broadcast stateme	_					X	
f	Grants to other organizations for lobbying purpo						Χ	
g	Direct contact with legislators, their staffs, gove	rnment officials, or	a legislative b	ody			X	
h	Rallies, demonstrations, seminars, conventions,					.	X	<del></del>
i	Total lobbying expenditures (Add lines <b>c</b> throug If "Yes" to any of the above, also attach a state	h <b>h.</b> ) ment giving a deta	iled descriptio	n of the lobby	 yıng ad	ctivities		

Pa	rt VI			ransfers To and Transa ee page 14 of the instruction		Relationships	With	None	chari	table
51				indirectly engage in any of the 01(c)(3) organizations) or in sect						
а	Tra	nsfers from the rep	orting organization	to a noncharitable exempt orga	nization of		_		Yes	No
	(i)	Cash					.	51a(i)		X
	(ii)	Other assets .					.	a(ii)		X
b	Oth	er transactions								
				noncharitable exempt organizat			.  -	b(i)		X
	(ii)	Purchases of asse	ets from a nonchar	itable exempt organization			.  -	b(ii)		X
	(iii)	Rental of facilities	s, equipment, or oth	ner assets			.  -	b(iii)		X
	(iv)	Reimbursement a	rrangements .				.  -	b(iv)		X
	(v)	Loans or loan gua	arantees				.  -	b(v)		X
	(vi)	Performance of se	ervices or members	ship or fundraising solicitations			.  -	b(vi)		X
С		-		sts, other assets, or paid employ			. L	С		X
d	good	ds, other assets, or	r services given by	complete the following schedule the reporting organization of the column (d) the value of the good	e organization	received less than	fair ma	arket v arket va	alue o alue in	f the any
	a)	(b)		(c)		(d)				
Line	no e	Amount involved	Name of none	charitable exempt organization	Description of	transfers, transactions,	and sha	ring arra	ngeme	nts
								_		
				<u> </u>						
					1	· · · · · · · · · · · · · · · · · · ·				
					<del> </del>			_		
	desc	cribed in section 50 es," complete the f	01(c) of the Code (d	affiliated with, or related to, one other than section 501(c)(3)) or o			_	Yes	X	No
		(a) Name of organiz	ation	(b) Type of organization		(c)  Description of rela	itionship			
		,,								
					,	<del></del> .				
	•									
	_	· · · · · · · · · · · · · · · · · · ·								
	_			<del></del>						

REACT INTERNATIONAL, INC.

FYE: 12/31/07 EIN: 51-0168558

FORM 990

### SCHEDULE A PART IV-A, LINE 22 - OTHER INCOME

DESCRIPTION	2006	2005	2004	2003
REACTer ADVERTISING	\$421	\$696	\$983	\$438
LATE FEES	670	635	1206	729
	\$1,091	\$1,331	\$2,189	\$1,167

PAGE 1

, FORM 990 REACT INTERNATIONAL, INC.

FYE<sup>-</sup> 12/31/2007 EIN: 51-0168558

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

DESCRIPTION

GROSS COST OF GROSS

SALES GOODS PROFIT

REACT ID MATERIAL

\$2,745 \$2,343

\$402

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

**DESCRIPTION** 

UNREALIZED GAIN (LOSS) ON INVESTMENTS

-\$9,810

PAGE 4

FORM 990 REACT INTERNATIONAL, INC.

FYE: 12/31/2007 EIN: 51-0168558

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

**DESCRIPTION** 

**STOCKS** \$38,793 27,089 **CLOSED END FUNDS** 7,000 CERTIFICATE OF DEPOSIT 11,068 **MUTUAL FUNDS** 15,698 US TREAS. & FED HOME MTG \$99,648

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

DESCRIPTION

**RENT DEPOSIT** 

\$660

#### FORM 990, PART IV, LINE 63 - LOANS FROM OFFICERS

LOAN PAYABLE TO TREASURER

\$5,500

SHORT TERM, NO INTEREST

# REACT International, Inc.; 5210 Auth Road - Suite 403; Suitland, MD 20746 (301)316-2900 Office (Dora Wilbanks) <reacthq1@reactintl.org> (301)316-2903 Fax <a href="http://www.reactintl.org">http://www.reactintl.org</a>

# **Contact Directory—OFFICERS & BOARD OF DIRECTORS – 2007**

Officers Dick Cooper, N2LMK	Contact HP (609)888-3506 <d.cooper@reactintl.org></d.cooper@reactintl.org>	<u>Title</u> President
Ed Greany, KB6DOL	HP (760) 868-8113 <e.greany@reactingl.org></e.greany@reactingl.org>	Executive Vice President
Lee W. Besing, N5NTG	Cell (210-771-7075 <l.besing@reactintl.org> Fax (210)680-2680</l.besing@reactintl.org>	Secretary
Norman L. Kaplan, N3LDM	(301) 316-290 <n.kaplan@reactintl.org></n.kaplan@reactintl.org>	Treasurer
Chuck Thompson, N5IAG	HP (214) 368-8223 <c.thompson@reactintl.org> Fax (214) 691-2322</c.thompson@reactintl.org>	General Counsel
Board of Directors Vacant	Contact	Title/Region Assigned Region I ME, VT, NH, MA, CT, RI, NY, PA
Dan Manlove	HP (804) 439-4017 <d manlove@reactintl.org=""></d>	Vice Chairman, Region 2 DE, NJ, MD, VA, KY, WV
John T. Knott, N4JTK	HP (321)438-5952 < J.knott@reactintl.org>	Chairman of the Board, Region 3 TN, NC, SC, MS, AL, GA, FL
Paul Jackson	HP (614) 781-9036 <p.jackson@reactintl.org></p.jackson@reactintl.org>	Region 4 MI, IN, OH
Laurence O. "Larry" Fry, K9FRY	HP (608)752-4547 Fax (608)757-2379 <l.fry@reactintl.org></l.fry@reactintl.org>	Region 5 ND, SD, NE, MN, IA, WI, IL
Rob Roberts	HP/Fax (808)524-5171 Mobile (808) 864-2828 <c.roberts@reactintl.org></c.roberts@reactintl.org>	Region 6 AK, HI, WA, OR, ID, MT, WY
Robert Kaster, Jr.	HP (405) (405) 735- 8577 <r.kaster@reactintl.org></r.kaster@reactintl.org>	Region 7 AR, LA, NM, CO, KS, MO, OK, TX
Joseph Toth	<j.toth@reactintl.org></j.toth@reactintl.org>	Region 8 CA, NV, UT, AZ
Vacant		Region 9 International Teams
Kenny Jagadeosingh	HP/Fax (868) 628-2886 Work (868) 628 2886 <k.jagdeosingh@reactintl.org></k.jagdeosingh@reactintl.org>	West Indies Envoy

Mobile (868) 762 9021