

AMENDED

ILLINOIS CHARITABLE ORGANIZATION ANNUAL REPORT

Form AG990-IL Revised 3/05

Attorney General LISA MADIGAN State of Illinois Charitable Trust Bureau, 100 West Randolph 11th Floor, Chicago, Illinois 60601

CO # 01-009694

For Office Use Only

PMT #
AMT
INIT

Report for the Fiscal Period:

Beginning 01/01/2011

& Ending 12/31/2011

Make Checks Payable to the Illinois Charity Bureau Fund

Check all items attached:
[X] Copy of IRS Return
Audited Financial Statements
Copy of Form IFC
\$15.00 Annual Report Filing Fee
\$100.00 Late Report Filing Fee

Federal ID # 51-0168558

Are contributions to the organization tax deductible? [X] Yes No

Date Organization was created: 01/27/1975

LEGAL NAME REACT INTERNATIONAL, INC
MAIL ADDRESS 155 NORTH WAKER DRIVE, NO. 4250
CITY, STATE CHICAGO, IL
ZIP CODE 60606
I. SUMMARY OF ALL REVENUE ITEMS DURING THE YEAR:
D) PUBLIC SUPPORT, CONTRIBUTIONS & PROGRAM SERVICE REV. (GROSS AMTS.)
E) GOVERNMENT GRANTS & MEMBERSHIP DUES
F) OTHER REVENUES
G) TOTAL REVENUE, INCOME AND CONTRIBUTIONS RECEIVED (ADD D, E, & F)
II. SUMMARY OF ALL EXPENDITURES DURING THE YEAR:
H) OPERATING CHARITABLE PROGRAM EXPENSE
I) EDUCATION PROGRAM SERVICE EXPENSE
J) TOTAL CHARITABLE PROGRAM SERVICE EXPENSE (ADD H & I)
K) JOINT COSTS ALLOCATED TO PROGRAM SERVICES (INCLUDED IN J):
L) GRANTS TO OTHER CHARITABLE ORGANIZATIONS
M) TOTAL CHARITABLE PROGRAM SERVICE EXPENDITURE (ADD J & K)
N) MANAGEMENT AND GENERAL EXPENSE
O) FUNDRAISING EXPENSE
P) TOTAL EXPENDITURES THIS PERIOD (ADD L, M, & N)
III. SUMMARY OF ALL PAID FUNDRAISER AND CONSULTANT ACTIVITIES:
P) TOTAL AMOUNT RAISED BY PAID PROFESSIONAL FUNDRAISERS
Q) TOTAL FUNDRAISERS FEES AND EXPENSES
R) NET RECEIVED BY THE CHARITY (P MINUS Q=R)
S) TOTAL AMOUNT PAID TO PROFESSIONAL FUNDRAISING CONSULTANTS
IV. COMPENSATION TO THE (3) HIGHEST PAID PERSONS DURING THE YEAR:
T) NAME, TITLE: BRENDA CUTCHIN, OFFICE MANAGER
U) NAME, TITLE: MEGAN WECHSLER
V) NAME, TITLE:
V. CHARITABLE PROGRAM DESCRIPTION: CHARITABLE PROGRAM (3 HIGHEST BY \$ EXPENDED)
CODE CATEGORIES
W) DESCRIPTION: PROMOTE USE OF CB AND COMPUTER EQUIPMENT
X) DESCRIPTION: FOR EMERGENCIES
Y) DESCRIPTION:

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Attorney General Charitable Trust

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IF THE ANSWER TO ANY OF THE FOLLOWING IS YES, ATTACH A DETAILED EXPLANATION:		YES	NO
1.	WAS THE ORGANIZATION THE SUBJECT OF ANY COURT ACTION, FINE, PENALTY OR JUDGMENT?		X
2.	HAS THE ORGANIZATION OR A CURRENT DIRECTOR, TRUSTEE, OFFICER OR EMPLOYEE THEREOF, EVER BEEN CONVICTED BY ANY COURT OF ANY MISDEMEANOR INVOLVING THE MISUSE OR MISAPPROPRIATION OF FUNDS OR ANY FELONY?		X
3.	DID THE ORGANIZATION MAKE A GRANT AWARD OR CONTRIBUTION TO ANY ORGANIZATION IN WHICH ANY OF ITS OFFICERS, DIRECTORS OR TRUSTEES OWNS AN INTEREST; OR WAS IT A PARTY TO ANY TRANSACTION IN WHICH ANY OF ITS OFFICERS, DIRECTORS OR TRUSTEES HAS A MATERIAL FINANCIAL INTEREST; OR DID ANY OFFICER, DIRECTOR OR TRUSTEE RECEIVE ANYTHING OF VALUE NOT REPORTED AS COMPENSATION?		X
4.	HAS THE ORGANIZATION INVESTED IN ANY CORPORATE STOCK IN WHICH ANY OFFICER, DIRECTOR OR TRUSTEE OWNS MORE THAN 10% OF THE OUTSTANDING SHARES?		X
5.	IS ANY PROPERTY OF THE ORGANIZATION HELD IN THE NAME OF OR COMMINGLED WITH THE PROPERTY OF ANY OTHER PERSON OR ORGANIZATION?		X
6.	DID THE ORGANIZATION USE THE SERVICES OF A PROFESSIONAL FUNDRAISER? (ATTACH FORM IFC)		X
7a.	DID THE ORGANIZATION ALLOCATE THE COST OF ANY SOLICITATION, MAILING, ADVERTISEMENT OR LITERATURE COSTS BETWEEN PROGRAM SERVICE AND FUNDRAISING EXPENSES?		X
7b.	IF "YES", ENTER (i) THE AGGREGATE AMOUNT OF THESE JOINT COSTS \$ _____; (ii) THE AMOUNT ALLOCATED TO PROGRAM SERVICES \$ _____; (iii) THE AMOUNT ALLOCATED TO MANAGEMENT AND GENERAL \$ _____; AND (iv) THE AMOUNT ALLOCATED TO FUNDRAISING \$ _____		
8.	DID THE ORGANIZATION EXPEND ITS RESTRICTED FUNDS FOR PURPOSES OTHER THAN RESTRICTED PURPOSES?		X
9.	HAS THE ORGANIZATION EVER BEEN REFUSED REGISTRATION OR HAD ITS REGISTRATION OR TAX EXEMPTION SUSPENDED OR REVOKED BY ANY GOVERNMENTAL AGENCY?		X
10.	WAS THERE OR DO YOU HAVE ANY KNOWLEDGE OF ANY KICKBACK, BRIBE, OR ANY THEFT, DEFALCATION, MISAPPROPRIATION, COMMINGLING OR MISUSE OF ORGANIZATIONAL FUNDS?		X
11.	LIST THE NAME AND ADDRESS OF THE FINANCIAL INSTITUTIONS WHERE THE ORGANIZATION MAINTAINS ITS THREE LARGEST ACCOUNTS: <u>BANK OF SOUTHSIDE VIRGINIA, 14003 BOYDTON PLANK RD, DINWIDDIE, VA</u> <u>CENTAURUS FIANCIAL INC., 2300 KATELLA AVENUE, SUITE 200, ANAHEIM, CA</u> <u>COLE REAL ESTATE INVESTMENTS, PO BOX 2199312, KANSAS CITY, MO</u>		
12.	NAME AND TELEPHONE NUMBER OF CONTACT PERSON: <u>REACT INTERNATIONAL, INC (818)237-3015</u>		

ALL ATTACHMENTS MUST ACCOMPANY THIS REPORT - SEE INSTRUCTIONS

UNDER PENALTY OF PERJURY, I (WE) THE UNDERSIGNED, BY SIGNING THESE DOCUMENTS, INCLUDING ALL THE SCHEDULES AND ATTACHMENTS, I AGREE TO SUBMIT MYSELF AND THE REGISTRANT TO THE JURISDICTION OF THE ILLINOIS ATTORNEY GENERAL FOR THE PURPOSE OF ENFORCEMENT OF THESE RULES.

BE SURE TO INCLUDE ALL FEES DUE:

- 1.) REPORTS ARE DUE WITHIN SIX MONTHS OF YOUR FISCAL YEAR END.
- 2.) FOR FEES DUE SEE INSTRUCTIONS.
- 3.) REPORTS THAT ARE LATE OR INCOMPLETE ARE SUBJECT TO A \$100.00 PENALTY.