For Office Use Only ILLINOIS CHARITABLE ORGANIZATION ANNUAL Attorney General LISA MADIGAN State of Illi Charitable Trust Burney 100 West Bandel	nois		Form AG990-IL Revised 3/05
Charitable Trust Bureau, 100 West Randol 11th Floor, Chicago, Illinois 60601	bu CO		-009694
AMT /5-00 Report for the Fiscal Period:	X	•	l items attached; RS Return
1 , 5	Make Checks		inancial Statements
Beginning 01/01/2013	ayable to	Copy of F	*
INIT ENGL	he Illinois Charity	•	nnual Report Filing Fee
& Ending 12/31/2013	Bureau Fund	\$100.001	Late Report Filing Fee
Federal ID# 51-0168558 MO DAY YR		Mo	=
	anization was create	ed: (01/27/1975
LEGAL NAME REACT INTERNATIONAL INC.	Year-end amounts		
MAIL	A) ASSETS	A) \$	63,139.
ADDRESS 155 NORTH WACKER DRIVE , NO. 4250	B) LIABILITIES	B) \$	2,936.
CITY, STATE CHICAGO, IL	C) NET ASSETS	C) \$	60,203.
ZIP CODE 60606			
I. SUMMARY OF ALL REVENUE ITEMS DURING THE YEAR:	PERCENTAGE		AMOUNT
D) PUBLIC SUPPORT, CONTRIBUTIONS & PROGRAM SERVICE REV. (GROSS AMTS.)	2.891%	D) \$	1,042.
E) GOVERNMENT GRANTS & MEMBERSHIP DUES	72.570%	E) \$	26,157.
F) OTHER REVENUES	24.539%	F) \$	8,845.
G) TOTAL REVENUE, INCOME AND CONTRIBUTIONS RECEIVED (ADD D. E. & E.) II. SUMMARY OF ALL EXPENDITURES DURING THEMEAS ETVED	100 %	G) \$	36,044.
H) OPERATING CHARITABLE PROGRAM EXPENSE	%	H) \$	
MAR 2 6 2014	/ ~	''', Ψ	
1) EDUCATION PROGRAM SERVICE EXPENSE	42.251%	1) \$	11,759.
Attorney General			
J) TOTAL CHARITABLE PROGRAM SERVICE EXPENSE (ADD H & I) Charitable Trust	42.251%	J) \$	11,759.
J1) JOINT COSTS ALLOCATED TO PROGRAM SERVICES (INCLUDED IN J): \$			
J1) JOINT COSTS ALLOCATED TO PROGRAM SERVICES (INCLUDED IN J): \$			
K) GRANTS TO OTHER CHARITABLE ORGANIZATIONS	%	K) \$	
	40 051		11 750
L) TOTAL CHARITABLE PROGRAM SERVICE EXPENDITURE (ADD J & K)	42.251%	L) \$	11,759.
M) MANAGEMENT AND GENERAL EXPENSE	57.749%	M) \$	16,072.
N) FUNDRAISING EXPENSE	%	N) \$	
_ 0) TOTAL EXPENDITURES THIS PERIOD (ADD L, M, & N)	100 %	0) \$	27,831.
III. SUMMARY OF ALL PAID FUNDRAISER AND CONSULTANT ACTIVITIES: (Attach Attorney General Report of Individual Fundraising Campaign- Form IFC. One for each PFR.)			
PROFESSIONAL FUNDRAISERS: P) TOTAL AMOUNT RAISED BY PAID PROFESSIONAL FUNDRAISERS	100 %	P) \$	0.
,		1	
Q) TOTAL FUNDRAISERS FEES AND EXPENSES	%	Q) \$	
D. MET DESCRIPED DV TUE QUANTITATION OF ST	J-	D) w	
R) NET RECEIVED BY THE CHARITY (P MINUS Q=R)	%	R) \$	
PROFESSIONAL FUNDRAISING CONSULTANTS: S) TOTAL AMOUNT DAID TO PROFESSIONAL FUNDRAISING CONSULTANTS		S) \$	n.

IV. COMPENSATION TO THE (3) HIGHEST PAID PERSONS DURING THE YEAR: T) \$ T) NAME, TITLE: U) \$ U) NAME, TITLE: V) \$ V) NAME, TITLE: V. CHARITABLE PROGRAM DESCRIPTION: CHARITABLE PROGRAM (3 HIGHEST BY \$ EXPENDED) List on back side of instructions CODE 398091 05-01-13 W) DESCRIPTION: PROMOTE USE OF CB AND COMPUTER EQUIPMENT FOR W)# 300 X) # X) DESCRIPTION: EMERGENCIES 300

Y) #

Y) DESCRIPTION:

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?	1.	X
l	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?	2.	X
3.		. 	1_**
	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?	. 3.	<u> </u>
4.	HAS THE ORGANIZATION INVESTED IN ANY CORPORATE STOCK IN WHICH ANY OFFICER, DIRECTOR OR TRUSTEE OWNS MORE THAN 10% OF THE OUTSTANDING SHARES?		177
		4.	X
5.	IS ANY PROPERTY OF THE ORGANIZATION HELD IN THE NAME OF OR COMMINGLED WITH THE PROPERTY OF ANY OTHER PERSON OR ORGANIZATION?	5.	x
6		Γ	
٠.	DID THE ORGANIZATION USE THE SERVICES OF A PROFESSIONAL FUNDRAISER? (ATTACH FORM IFC)	6.	X
7a.	DID THE ORGANIZATION ALLOCATE THE COST OF ANY SOLICITATION, MAILING, ADVERTISEMENT OR LITERATURE COSTS BETWEEN PROGRAM SERVICE AND FUNDRAISING EXPENSES?	7.	
		′·	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 (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?	8.	X
9.	HAS THE ORGANIZATION EVER BEEN REFUSED REGISTRATION OR HAD ITS REGISTRATION OR TAX EXEMPTION SUSPENDED OR		·
	REVOKED BY ANY GOVERNMENTAL AGENCY?	9.	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?	10.	x
11.	LIST THE NAME AND ADDRESS OF THE FINANCIAL INSTITUTIONS WHERE THE ORGANIZATION MAINTAINS ITS	ان. لِ	
	THREE LARGEST ACCOUNTS:		
*	CITIBANK N.A., 360 MAGNOLIA, BURBANK, CA 91506		· · · · · · · · · · · · · · · · · · ·
	CENTAURUS FINANCIAL, INC, 2300 KATELLA AVE, STE 200, ANAHEIM,	CA	92806
12.	う ご i NAME AND TELEPHONE NUMBER OF CONTACT PERSON: <u>REACT INTERNATIONAL</u> , INC (316) 316-2	900	
ALL	ATTACHMENTS MUST ACCOMPANY THIS REPORT - SEE INSTRUCTIONS		

UNDER PENALTY OF PERJURY, I (WE) THE UNDERSIGNED DECLARE AND CERTIFY THAT I (WE) HAVE EXAMINED THIS ANNUAL REPORT AND THE ATTACHED DOCUMENTS, INCLUDING ALL THE SCHEDULES AND STATEMENTS AND THE FACTS THEREIN STATED ARE TRUE AND COMPLETE AND FILED WITH THE ILLINOIS ATTORNEY GENERAL FOR THE PURPOSE OF HAVING THE PEOPLE OF THE STATE OF ILLINOIS RELY THEREUPON. I HEREBY FURTHER AUTHORIZE AND AGREE TO SUBMIT MYSELF AND THE REGISTRANT HEREBY TO THE HURISDICTION OF THE STATE OF ILLINOIS.

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.

398101 05-01-13

REACT INTERNATIONAL INC

990EZ Doc Type Box No. 17279 01009694 Co. No. 2013 FYE

Form Year 2013

Prep UID ebowery04012014

Org Name FYE Month

REACT INTERNATIONAL INC

990EZ - Dec - 2013



Form 990-EZ

Short Form **Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-1150

Department of the Treasury Internal Revenue Service

For the 2013 calendar year, or tax year beginning

Do not enter Social Security numbers on this form as it may be made public. ▶ Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

Open to Public Inspection

and ending C Name of organization D Employer identification number Address change Name change REACT INTERNATIONAL INC. 51-0168558 Number and street (or P.O. box, if mail is not delivered to street address) Room/suite E Telephone number Initial return Terminated 155 NORTH WACKER DRIVE 4250 301-316-2900 City or town, state or province, country, and ZIP or foreign postal code Amended return F Group Exemption CHICAGO, IL. 60606 Application pending Number > Accounting Method: Cash X Accrual Other (specify) ▶ H Check > X if the organization is not Website: ► WWW.REACTINTL.ORG required to attach Schedule B Tax-exempt status (check only one) - \times 501(c)(3) \longrightarrow 501(c) () **◄**(insert no.) 4947(a)(1) or 527 (Form 990, 990-EZ, or 990-PF). Association Form of organization: Corporation Trust Other Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II. column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ 84,743. Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) Check if the organization used Schedule 0 to respond to any question in this Part I Contributions, gifts, grants, and similar amounts received 285. Program service revenue including government fees and contracts 2 Membership dues and assessments 3 26,157. Investment income SEE SCHEDULE O 4 3,138. 5a Gross amount from sale of assets other than inventory 5a 53,831 48,699. Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) 5c 5,132. Gaming and fundraising events a Gross income from gaming (attach Schedule G if greater than b Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) 6b c Less; direct expenses from garning and fundraising events 6c Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 6d Less: cost of goods sold SEE SCHEDULE O 76 Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7c 757. 8 Other revenue (describe in Schedule 0) SEE SCHEDULE O 575. 8 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 9 36,044. Grants and similar amounts paid (list in Schedule 0) 10 10 11 Benefits paid to or for members 11 Salaries, other compensation, and employee benefits 12 12 Professional fees and other payments to independent contractors 13 10,002. 13 Occupancy, rent, utilities, and maintenance 14 4,022. 14 Printing, publications, postage, and shipping 5,727. 15 15 Other expenses (describe in Schedule 0) SEE SCHEDULE O 16 8,080. 16 Total expenses. Add lines 10 through 16 17 27,831. 17 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 18 8,213. Vet Assets 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 51,990. 19 Other changes in net assets or fund balances (explain in Schedule 0) 20 Net assets or fund balances at end of year. Combine lines 18 through 20 60 21 203.

LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2013)

332 172 11-25-13

REGION 3 DIRECTOR

REGION 4 DIRECTOR

REGION 5 DIRECTOR

JAMES DYKE

LAURENCE FRY

Form **990-EZ** (2013)

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5.00

Page 3

_			Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each			
	activity in Schedule O	33		X
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended			
	documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34	ļ	X
35 a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported			
	on lines 2, 6a, and 7a, among others)?	35a	L	X
	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule 0	35b	N/	A
C	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax			
	requirements during the year? If "Yes," complete Schedule C, Part III	35c		X
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes,"			
	complete applicable parts of Schedule N	36		X
	Enter amount of political expenditures, direct or indirect, as described in the instructions	1		
b	Did the organization file Form 1120-POL for this year?	37b	<u> </u>	X
38 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made			
	in a prior year and still outstanding at the end of the tax year covered by this return?	38a		X
Þ	If "Yes," complete Schedule L, Part II and enter the total amount involved N/A	-	Ι.	1
39	Section 501(c)(7) organizations. Enter:			1
a	Initiation fees and capital contributions included on line 9	-		
b	Gross receipts, included on line 9, for public use of club facilities	-		
40 a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:			
	section 4911 ▶ 0 . ; section 4912 ▶ 0 .			
ь	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the			
	year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ?	40b		x
	If "Yes," complete Schedule L, Part I	400	-	
C	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
	of diagonation persons during the jean enter series, series and series are series and series and series and series and series and series and series are series and series and series and series are series and series are series and series and series are series and series are series and series and series are series are series are se			
a	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the			
	organization D . All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter			
е		40e		х
44	transaction? If "Yes," complete Form 8886-T List the states with which a copy of this return is filed IL		l	1
41	The organization's books are in care of REACT INTERNATIONAL, INC Telephone no. (310)	316	-29	0.0
42 d	Located at ► 155 NORTH WACKER DRIVE, #4250, CHICAGO, IL ZIP+4 ► 6			
h	At any time during the calendar year, did the organization have an interest in or a signature or other authority			
U	over a financial account in a foreign country (such as a bank account, securities account, or other financial		Yes	No
	account)?	42b		х
	If "Yes," enter the name of the foreign country:			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
r	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c		Х
٠	If "Yes," enter the name of the foreign country:			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here		►	
	and enter the amount of tax-exempt interest received or accrued during the tax year	N/A	<u> </u>	
			Yes	No
44 a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of			
	Form 990-EZ	44a	1	X
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead			
	of Form 990-EZ	44b		X
	Did the organization receive any payments for indoor tanning services during the year?	44c		Х
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation			
	in Schedule O	44d		ļ
45 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		Х
45 b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section			
	512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b		<u> </u>
		Form 0	10A_E7	(2013)

Form	n 990-EZ (2013)	REACT	INTERI	NATI	ONAL	INC.					51-01	685	58	P	age 4
															'es	No
46		_		•	tly, in poli	itical campa	aign activities	on behalf of or	in oppositi	on to can	didates for p	ublic office?	,			
			Schedule C, P				<u></u>	,,,					4	6		X
Pe				3) organiza		-										
				_		-		9b and 52, an								
		Check if	the organiz	ation used Sc	chedule	O to respo	ond to any o	uestion in this	s Part VI			<u> </u>				<u>L</u>
47	Did the o	raanizatio	n angaga in k	abbuina activitia	ne or haw	o a caction	EO1/b) alactic	on in effect duri	na tho tay i	ronr© If ™V	ac * aamplat	ላ Cob (C Do			es	No X
48		_						mplete Schedule	-			•		17 18		X
49a								inization?						9a		X
														9ь		
50	Complete	this table	e for the organ	ization's five hi	ighest co	mpensated	i employees (other than office	ers, directo	rs, trustee	s and key er	nployees) v	/ho each		ved n	nore
				from the organ					•							
			(a) Name and	title of each em	nployee,			(b) Average		(c) i	Reportable	(d) Health b	enefits.	(e) E	stima	ited
								per week dev			sation (Forms 1099-MISC)	employee to plans, and d	enefit	amou		
			•		NON	E		positio	ЭΠ			compens		com	oensa	tion
											•					
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			**													
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										+						-
										1						
f	Total nun	ber of otl	her employee:	s paid over \$100	0,000											
51	Complete	this table	for the organ	ization's five hip	ighest co	mpensated	l independent	contractors wh	o each rece	eived mor	e than \$100,	000 of com	pensatio	on fror	n the	
			re is none, en		NON											
	(a) N	ame and	business add	ress of each ind	dependen	it contracto)r		(b	Type of	service		(c) Co	mpens	ation	
							•			 -		-				
																
			•													
			•	nt contractors e		-			·	►						
52						tion 501(c)	(3) organizati	ons and 4947(a	i)(1) nonex	empt						٦
Under	charitable penalties of	trusts mu	ust attach a co leclare that I hav	mpleted Sched e examined this re	dule A etum, inclu	ding accomp	panying scheduli	es and statements dge.	, and to the b	est of my k	nowledge and	belief, it is tru	e. correct	Yes and c	omple:	No.
Declar	ration of pre	parer (other	than officer) is b	ased on all informa	nation of wh	hich preparer	has any knowle	dge.								
Sig	, IP	Signature	of officer				· · · · · · · · · · · · · · · · · · ·					Date				
Her	e															
		Type or p	rint name and ti	ile			<u> </u>	<u>-</u> .	·							
		Print/Ty	pe preparer's	name	T	Preparer's	signature		Date		Check	if PTII	V			
Paid	d										self- employ	/ed				
	u parer	ROBE	RT L R	OJAS	<u> </u>	ROBER'	T L RO	JAS				P	0141	.09	34	
	Only	Firm's n	ame ▶ RO	JAS & A							Firm's EIN	▶ 61				
JJC	. .	Firm's a					-	TE 2080			Phone no.	(213) 28	3-9	950	0
				OS ANGE									-			
May 1	the IRS dis	cuss this	return with th	e preparer shov	wn above	? See instr	ructions					<u></u>		Yes	<u> </u>	No
													Ford	ո գգո	.E7 (2	ጠ13ነ

SCHEDULE A

(Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

➤ Attach to Form 990 or Form 990-EZ. ▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Employer identification number

Name of	the organizatio							En	51-0168558				
		REACT I	NTERNATIONAL	INC.		41-1-1-1-1	\ Coo innte	vetions	21	r-0100	220		
Part i			ty Status (All organiza					uctions.	<u>.</u>			—	
The organ	nization is not a	private foundation t	pecause it is: (For lines 1	through 1	1, check o	nly one bo	OX.)						
1 🔲			, or association of churc		ibed in sec	tion 170(b)(1)(A)(ı).						
2 🗀	A school desc	ribed in section 170	0(ь)(1)(А)(іі). (Attach Sch	redule E.)									
з 🗀	A hospital or a	cooperative hospit	al service organization d	escribed i	n section `	170(b)(1)(<i>i</i>	A)(iii).				1	_	
4 🗀	A medical rese	earch organization o	operated in conjunction v	vith a hosp	oital descri	bed in sec	ction 170(b)(1)(A)(iii). Enter ti	ne nospital	s name	e,	
	city, and state	:											
5 🗀	An organizatio	n operated for the b	benefit of a college or un	iversity ov	vned or ope	erated by	a govemn	nental unit	describe	ea in			
	section 170(t	o)(1)(A)(iv). (Comple	ete Part II.)										
6 🗀	A federal, stat	e, or local governme	ent or governmental unit	described	i in sectior	ı 170(b)(1)(A)(v).						
7 🗀	An organization	n that normally rece	eives a substantial part c	of its supp	ort from a q	30vernme	ntal unit o	r from the	general p	oublic desc	ribed in	1	
•)(1)(A)(vi), (Complet											
8 🗀	A community	trust described in s	ection 170(b)(1)(A)(vi). (Complete	Part II.)							_	
9 X	An organizatio	on that normally reco	eives: (1) more than 33 1	/3% of its	support fre	om contril	butions, m	embership	fees, ar	nd gross red	ceipts f	irom	
	activities relati	ed to its exempt fur	actions - subject to certain	in exception	ons, and (2) no more	than 33 1.	/3% of its	support	from gross	investi	ment	
	income and u	nrelated business ta	axable income (less sect	ion 511 ta	x) from bus	sinesses a	cquired by	y the orgai	nization a	after June 3	197	5.	
	See section 5	i09(a)(2). (Complete	e Part III.)								•		
10	An organizatio	on organized and or	perated exclusively to test	st for publi	c safety. S	ee sectio	n 509(a)(4).			_		
11 🗀	An organization	on organized and or	perated exclusively for th	e benefit (of, to perfo	rm the fur	nctions of,	or to carry	out the	purposes o	of one o	or	
	more publicly	supported organiza	ations described in section	on 509(a)(1	 or sectio 	n 509(a)(2). See sec	tion 509(a	a)(3). Che	eck the box	that		
	describes the	type of supporting	organization and comple	ete lines 1	1e through	11h.		—n_					
	a Type I	ь [т ₎	ype11 c∟⊟Tչ	/pe III - Fu	nctionally i	ntegrated	d			n-functional			
e 🗔	By checking t	his box, I certify tha	at the organization is not	controlled	directly or	indirectly	by one or	more disc	qualified	persons of	ner thai	n	
	foundation ma	anagers and other t	han one or more publicly	/ supporte	d organiza	tions desc	cribed in s	ection 505	9(a)(1) or	section 505	3(a)(2).		
f	If the organiza	ation received a writ	tten determination from t	he IRS tha	at it is a Typ	pe I, Type	II, or Type	: []]					
	supporting or	ganization, check th	nis box									. —	
g	Since August	17, 2006, has the o	organization accepted ar	y gift or c	ontribution	from any	of the folk	owing pers	sons?		<u></u>	_ _	
	(i) A persor	n who directly or ind	lirectly controls, either al	one or tog	ether with	persons o	lescribed i	n (II) and (I	iii) below,	, [44.63	Yes	No	
	the gove	rning body of the s	upported organization?							11g(i)		\vdash	
	(ii) A family	member of a persor	n described in (i) above?							11g(ii)	1	├	
			a person described in (i) o							11g(iii	ш	<u></u>	
h	Provide the fo	ollowing information	about the supported org	ganization	(s).								
								(vi) le	, tho				
(i) Nam	ne of supported	(ii) EIN	(iii) i) po oi oi gainzation	(iv) is the	organization sted in your	(v) Did you	u notily the		on in col.	(vii) Amoun		netary	
	ganization		(described on lines 1-9 above or IRC section	uovernina	document?	(i) of you	r support?	(i) organiz U.S	ed in the	Sul	pport		
			(see instructions))			Yes	No	Yes	No				
				Yes	No	162	140	103	110				
				1									
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LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support					· · · · · · · · · · · · · · · · · · ·	
	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						,
2	Tax revenues levied for the organ-			•			
_	ization's benefit and either paid to					[
	or expended on its behalf	:					
3	The value of services or facilities						
Ŭ	furnished by a governmental unit to]	
	the organization without charge						
4	Total. Add lines 1 through 3						
	The portion of total contributions						
3	by each person (other than a						
	governmental unit or publicly		'				
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
_	Public support. Subtract line 5 from line 4.			•			
	etion B. Total Support	<u> </u>					
	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
	Amounts from line 4	(-)				<u> </u>	
-	Gross income from interest,	· · · · · · · · · · · · · · · · · · ·					
O	dividends, payments received on						
	securities loans, rents, royalties				,		
	and income from similar sources	•					
9							
9	activities, whether or not the	1					
	business is regularly carried on						
40	Other income. Do not include gain			<u> </u>			
10	or loss from the sale of capital						
	assets (Explain in Part IV.)			•			
	Total support. Add lines 7 through 10	· · · · · ·					
10	Gross receipts from related activities	etc (see instruct	ions)	-1		12	
12	First five years. If the Form 990 is fo	r the organization	's first, second, th	ird, fourth, or fifth	tax year as a secti	on 501(c)(3)	
13	organization, check this box and sto	n here		*******************		····	>
Se	ction C. Computation of Pub	lic Support Pe	ercentage				
	Public support percentage for 2013 (column (f))		14	%
16	Public support percentage from 2013	2 Schedule A. Par	t II. line 14			15	%
16:	33 1/3% support test - 2013. If the	organization did n	ot check the box	on line 13, and line	e 14 is 33 1/3% or	more, check this b	ox and
	stop here. The organization qualifies	as a publicly sup	ported organizatio	n			
	33 1/3% support test - 2012. If the	organization did n	ot check a box ог	line 13 or 16a, an	d line 15 is 33 1/39	% or more, check t	his box
	and stop here. The organization qua	ilifies as a publicly	supported organi	zation			
47.	a 10% -facts-and-circumstances tes	st - 2013. If the or	ganization did not	check a box on lin	ne 13, 16a, or 16b,	and line 14 is 10%	or more,
177	and if the organization meets the "fac	cts-and-circumsta	nces" test. check	this box and stop	here. Explain in P.	art IV how the orga	nization
	meets the "facts-and-circumstances"	test. The organiz	ation qualifies as	a publicly support	ed organization		>
	meets the "facts-and-circumstances to 10% -facts-and-circumstances tes	et - 2012 If the or	ganization did not	check a box on lis	ne 13, 16a, 16b, oi	17a, and line 15 is	10% or
	more, and if the organization meets t	the "facts and circ	umstances" test	check this box and	d stop here. Expla	in in Part IV how th	e
	more, and if the organization meets to organization meets the "facts-and-cir	relimetancee" teet	The organization	qualifies as a pub	olicly supported or	ganization	▶□
	Private foundation, If the organization	on did not check :	box on line 13 1	6a. 16b, 17a, or 1	7b, check this box	and see instruction	ns
<u> 18</u>	Private toungation, it the organizate				Sch	nedule A (Form 99	0 or 990-EZ) 2013

Schedule A (Form 990 or 990-EZ) 2013 REACT INTERNATIONAL INC.

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Content year (or fiscal year beginning in b) (a) 2009 (b) 2010 (c) 2011 (d) 2012 (e) 2013 (f) Total or other years (or fiscal year beginning in b) (a) 2009 (b) 2010 (c) 2011 (d) 2012 (e) 2013 (f) Total or other years (or fiscal year beginning in b) (d) 2012 (e) 2013 (f) Total or other years (or fiscal year beginning in b) (d) 2012 (e) 2013 (f) Total or other years (or fiscal year beginning in b) (d) 2012 (e) 2013 (f) Total or other years (or fiscal year beginning in b) (d) 2012 (e) 2013 (f) Total or other years (or fiscal year beginning in b) (d) 2012 (e) 2013 (f) Total or other years (or fiscal year beginning in b) (d) 2012 (e) 2013 (f) Total or other years (or fiscal year beginning in b) (d) 2012 (e) 2013 (f) Total or other years (or fiscal year beginning in b) (d) 2012 (e) 2013 (f) Total or other years (or fiscal year beginning in b) (d) 2012 (e) 2013 (f) Total or other years (or fiscal year beginning in b) (d) 2012 (e) 2013 (f) Total or other years (or fiscal year beginning in b) (d) 2012 (e) 2013 (f) Total or other years (or fiscal year beginning in b) (d) 2012 (e) 2013 (f) Total or other years (or fiscal year beginning in b) (d) 2012 (e) 2013 (f) Total or other years (or fiscal year beginning in b) (d) 2012 (e) 2013 (f) Total or other years (or fiscal year beginning in b) (d) 2012 (e) 2013 (e) 201	Section A. Public S	upport	non, picase comp					
Giffs, grants, contributions, and membership bear reviewd. (20 not include any "unuseal grants".) 45,768. 45,328. 45,590. 41,682. 26,442. 204,810.			(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
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A				İ		Í		
2 Gress receipts from admissions, fromend, or facilities turnished in any activity that is related to the organization is tax-exempt purpose 3 Gress receipts from activities that are not an unrelated trade or business under section 513 4 Tax revenues levied for the organization section 513 5 The value of services or facilities furnished in the organization without charge or or expended on its behalf 5 The value of services or facilities furnished by a governmental unit to the organization without charge of Tatal. Add insert through 5 7 a Amounts included on lines 1, 2, and 3 received from disqualified persons 1 and 3 received from disqualified persons 1 and 3 received from disqualified persons 1 and 3 received from disqualified persons 1 and 3 received from disqualified persons 1 and 3 received from disqualified persons 1 and 3 received from disqualified persons 1 and 3 received from disqualified persons 1 and 3 received from disqualified persons 1 and 3 received from disqualified persons 1 and 3 received from disqualified persons 1 and 3 received from disqualified persons 1 and 3 received 1 to 1 to 1 and 3 received from disqualified persons 1 and 3 received 1 to 1 to 1 and 3 received 1 to 1 and 3 received from disqualified persons 1 and 3 received 1 to 1 to 1 and 3 received 1 to 1 and 3 received 1 to 1 and 3 received 1 to 1 and 3 received 1 to 1 and 3 received 1 to 1 and 3 received 1 to 1 and 3 received 1 to 1 and 3 received 1 to 1 and 3 received 1 to 1 and 3 received 1 to 1 and 3 received 1 to 1 and 3 received 1 to 1 and 3 received 1 to 1 and 3 received 1 to 1 and 3 received 1 and 3 received 1 and 3 received 1 to 1 and 3 received 1 and 3 received 1 and 3 received 1 and 3 received 1 and 4			45 768	45.328.	45.590	41,682.	26,442.	204,810.
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ebodulo A	(Form 990 or 990-F7) 2013 REACT INTERNATIONAL INC.	51-0168558 Page 4
Part IV	(Form 990 or 990-EZ) 2013 REACT INTERNATIONAL INC. Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or	17b; and Part III, line 12.
	Also complete this part for any additional information. (See instructions).	
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SCHEDULE 0 (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

332211 09-04-13

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Inspection

Internal Revenue Service ► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov. Name of the organization	Employer identification number
REACT INTERNATIONAL INC.	51-0168558
FORM 990-EZ, PART I, LINE 4, OTHER INVESTMENT INCOME:	
DESCRIPTION OF PROPERTY:	AMOUNT:
INTEREST INCOME	2.
DIVIDEND INCOME	3,136.
TOTAL INCLUDED ON FORM 990-EZ, LINE 4	3,138.
FORM 990-EZ, PART I, LINE 7, GROSS PROFIT FROM SALES OF I	INVENTORY:
INCOME:	
1. GROSS RECEIPTS	757.
2. RETURNS AND ALLOWANCES	, 0.
3. LINE 1 LESS LINE 2	757.
4. COST OF GOODS SOLD (LINE 13)	0.
5. GROSS PROFIT (LINE 3 LESS LINE 4)	757.
FORM 990-EZ, PART I, LINE 8, OTHER REVENUE:	
DESCRIPTION OF OTHER REVENUE:	AMOUNT:
LATE FEES	575.
FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES:	_:
DESCRIPTION OF OTHER EXPENSES:	AMOUNT:
CONTRACT LABOR	1,386.
BANK SERVICE CHARGES	44.
OFFICE EXPENSE	2,676.
MEETINGS	1,986.
EQUIPMENT LEASE	251.
PAYPAL EXPENSE	102.
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Sche-	dule O (Form 990 or 990-EZ) (2013)

SCHEDULE 0

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury

Department of the Treasury Internal Revenue Service	Information abo		m 990 or 990-E2. EZ) and its instructions is at WWW.	irs.gov/form990.	Inspection
Name of the organization	n		NC.	Employe	r identification number 0168558
INTERNET EXP	ENSES		,		487.
CONSULTING E	XPENSE				585.
TAXES AND FE	ES				322.
BAD DEBT EXP	ENSE				241.
TOTAL TO FOR	M 990-EZ,	LINE 16			8,080.
FORM 990-EZ,			ASSETS:		
DESCRIPTION			BEG.	OF YEAR	END OF YEAR
INVENTORY				1,587.	0.
PREPAID EXPE	NSES			1,404.	764.
ACCOUNTS REC	EIVABLE			378.	0.
UNDEPOSITED	FUNDS			1,810.	1,750.
TOTAL TO FOR					2,514.
FORM 990-EZ,			LIABILITIES:		
DESCRIPTION			BEG.	OF YEAR	END OF YEAR
DEFERRED INCO	OME			4,696.	1,792.
UNEARNED INCO	OME			1,440.	0.
PAYROLL LIAB	ILITIES		·	1,585.	0.
FUNDS DUE TO	TEAMS			1,144.	1,144.
TOTAL TO FORM	M 990-EZ,	LINE 26		8,865.	2,936.
FORM 990-EZ,	PART III,	PRIMARY EXEMPT	PURPOSE - TO DE	VELOP AND	PROMOTE THE
USE OF THE C	ITIZENS RA	DIO SERVICES AS	AN ADDITIONAL S	OURCE OF	
COMMUNICATION	NS FOR EME	RGENCIES, DISAS	rers, and other	FORMS OF A	AID TO

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 332211 09-04-13

Schedule O (Form 990 or 990-EZ) (2013)

SCHEDULE 0

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ. ► Information about Schedule 0 (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. OMB No. 1545-0047 Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

REACT INTERNATIONAL INC.

Inspection Employer identification number 51-0168558

FORM 990-EZ, PART III, LINE 28, PROGRAM SERVICE ACCOMPLISHMENTS:
EDUCATING 1,400 MEMBERS AND THE PUBLIC THROUGH A
BI-MONTHLY NEWSLETTER ABOUT USING PERSONAL RADIO SERVICES
FOR EMERGENCY AID TO INDIVIDUALS, AND PROMOTE
TRANSPORTATION SAFETY.
FORM 990-EZ, PART III, LINE 29, PROGRAM SERVICE ACCOMPLISHMENTS:
PROVIDE PUBLIC SERVICE COMMUNICATIONS TO INDIVIDUALS,
ORGANIZATIONS, AND GOVERNMENT AGENCIES TO SAVE LIVES,
PREVENT INJURIES, GIVE ASSISTANCE, AND ESTABLISH A NETWORK
OF TRAINED VOLUNTEERS OF 105 TEAMS.
FORM 990-EZ, PART V, INFORMATION REGARDING PERSONAL BENEFIT CONTRACTS:
THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY,
OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT.
THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY,
OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.

. . . .

Name of the organization Employer identification number REACT INTERNATIONAL INC. 51-0168558 Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated. (see the instructions for Part IV.) (d) Health benefits, contributions to employee benefit plans, and deferred compensation (b) Average hours (C) Reportable (e) Estimated per week devoted to compensation (Forms (a) Name and title amount of other W-2/1099-MISC) position compensation (If not paid, enter -0-) THOMAS JENKINS REGION 6 DIRECTOR 5.00 0. 0. 0. CHARLIE LAND REGION 7 DIRECTOR 5.00 0 0. 0. DEONANAN JAGDEOSINGH REGION 9 DIRECTOR 5.00 0. 0. 0. RAVINDRANATH GOSWAMI REGION 9 DIRECTOR 5.00 0. 0. 0.