

ILLINOIS CHARITABLE ORGANIZATION ANNUAL REPORT

PMT # 439410
 AMT 15-00
 INIT emb

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

CO # 01-009694

Report for the Fiscal Period:

Beginning 01/01/2013

& Ending 12/31/2013

MO DAY YR

Make Checks Payable to the Illinois Charity Bureau Fund

- Check all items attached:**
- 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? Yes No

Date Organization was created: 01/27/1975

<p>LEGAL NAME REACT INTERNATIONAL INC.</p> <p>MAIL ADDRESS 155 NORTH WACKER DRIVE , NO. 4250</p> <p>CITY, STATE CHICAGO, IL</p> <p>ZIP CODE 60606</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 30%;">Year-end amounts</th> <th style="width: 70%;"></th> </tr> <tr> <td>A) ASSETS</td> <td>A) \$ 63,139.</td> </tr> <tr> <td>B) LIABILITIES</td> <td>B) \$ 2,936.</td> </tr> <tr> <td>C) NET ASSETS</td> <td>C) \$ 60,203.</td> </tr> </table>	Year-end amounts		A) ASSETS	A) \$ 63,139.	B) LIABILITIES	B) \$ 2,936.	C) NET ASSETS	C) \$ 60,203.																
Year-end amounts																									
A) ASSETS	A) \$ 63,139.																								
B) LIABILITIES	B) \$ 2,936.																								
C) NET ASSETS	C) \$ 60,203.																								
<p>I. SUMMARY OF ALL REVENUE ITEMS DURING THE YEAR:</p> <p>D) PUBLIC SUPPORT, CONTRIBUTIONS & PROGRAM SERVICE REV. (GROSS AMTS.)</p> <p>E) GOVERNMENT GRANTS & MEMBERSHIP DUES</p> <p>F) OTHER REVENUES</p> <p>G) TOTAL REVENUE, INCOME AND CONTRIBUTIONS RECEIVED (ADD D, E, & F)</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;">PERCENTAGE</th> <th style="width: 40%;"></th> <th style="width: 30%;">AMOUNT</th> </tr> </thead> <tbody> <tr> <td>2.891%</td> <td>D) \$</td> <td>1,042.</td> </tr> <tr> <td>72.570%</td> <td>E) \$</td> <td>26,157.</td> </tr> <tr> <td>24.539%</td> <td>F) \$</td> <td>8,845.</td> </tr> <tr> <td>100%</td> <td>G) \$</td> <td>36,044.</td> </tr> </tbody> </table>	PERCENTAGE		AMOUNT	2.891%	D) \$	1,042.	72.570%	E) \$	26,157.	24.539%	F) \$	8,845.	100%	G) \$	36,044.									
PERCENTAGE		AMOUNT																							
2.891%	D) \$	1,042.																							
72.570%	E) \$	26,157.																							
24.539%	F) \$	8,845.																							
100%	G) \$	36,044.																							
<p>II. SUMMARY OF ALL EXPENDITURES DURING THE YEAR:</p> <p>H) OPERATING CHARITABLE PROGRAM EXPENSE</p> <p>I) EDUCATION PROGRAM SERVICE EXPENSE</p> <p>J) TOTAL CHARITABLE PROGRAM SERVICE EXPENSE (ADD H & I)</p> <p>J1) JOINT COSTS ALLOCATED TO PROGRAM SERVICES (INCLUDED IN J): \$</p> <p>K) GRANTS TO OTHER CHARITABLE ORGANIZATIONS</p> <p>L) TOTAL CHARITABLE PROGRAM SERVICE EXPENDITURE (ADD J & K)</p> <p>M) MANAGEMENT AND GENERAL EXPENSE</p> <p>N) FUNDRAISING EXPENSE</p> <p>O) TOTAL EXPENDITURES THIS PERIOD (ADD L, M, & N)</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tbody> <tr> <td style="width: 30%;">%</td> <td style="width: 40%;">H) \$</td> <td style="width: 30%;"></td> </tr> <tr> <td>42.251%</td> <td>I) \$</td> <td>11,759.</td> </tr> <tr> <td>42.251%</td> <td>J) \$</td> <td>11,759.</td> </tr> <tr> <td style="text-align: center;">%</td> <td style="text-align: center;">K) \$</td> <td></td> </tr> <tr> <td>42.251%</td> <td>L) \$</td> <td>11,759.</td> </tr> <tr> <td>57.749%</td> <td>M) \$</td> <td>16,072.</td> </tr> <tr> <td style="text-align: center;">%</td> <td style="text-align: center;">N) \$</td> <td></td> </tr> <tr> <td>100%</td> <td>O) \$</td> <td>27,831.</td> </tr> </tbody> </table>	%	H) \$		42.251%	I) \$	11,759.	42.251%	J) \$	11,759.	%	K) \$		42.251%	L) \$	11,759.	57.749%	M) \$	16,072.	%	N) \$		100%	O) \$	27,831.
%	H) \$																								
42.251%	I) \$	11,759.																							
42.251%	J) \$	11,759.																							
%	K) \$																								
42.251%	L) \$	11,759.																							
57.749%	M) \$	16,072.																							
%	N) \$																								
100%	O) \$	27,831.																							
<p>III. SUMMARY OF ALL PAID FUNDRAISER AND CONSULTANT ACTIVITIES: (Attach Attorney General Report of Individual Fundraising Campaign- Form IFC. One for each PFR.)</p> <p>PROFESSIONAL FUNDRAISERS:</p> <p>P) TOTAL AMOUNT RAISED BY PAID PROFESSIONAL FUNDRAISERS</p> <p>Q) TOTAL FUNDRAISERS FEES AND EXPENSES</p> <p>R) NET RECEIVED BY THE CHARITY (P MINUS Q=R)</p> <p>PROFESSIONAL FUNDRAISING CONSULTANTS:</p> <p>S) TOTAL AMOUNT PAID TO PROFESSIONAL FUNDRAISING CONSULTANTS</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tbody> <tr> <td style="width: 30%;">100%</td> <td style="width: 40%;">P) \$</td> <td style="width: 30%;">0.</td> </tr> <tr> <td style="text-align: center;">%</td> <td style="text-align: center;">Q) \$</td> <td></td> </tr> <tr> <td style="text-align: center;">%</td> <td style="text-align: center;">R) \$</td> <td></td> </tr> <tr> <td style="text-align: center;">%</td> <td style="text-align: center;">S) \$</td> <td>0.</td> </tr> </tbody> </table>	100%	P) \$	0.	%	Q) \$		%	R) \$		%	S) \$	0.												
100%	P) \$	0.																							
%	Q) \$																								
%	R) \$																								
%	S) \$	0.																							
<p>IV. COMPENSATION TO THE (3) HIGHEST PAID PERSONS DURING THE YEAR:</p> <p>T) NAME, TITLE:</p> <p>U) NAME, TITLE:</p> <p>V) NAME, TITLE:</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tbody> <tr> <td style="width: 70%;">T) \$</td> <td style="width: 30%;"></td> </tr> <tr> <td>U) \$</td> <td></td> </tr> <tr> <td>V) \$</td> <td></td> </tr> </tbody> </table>	T) \$		U) \$		V) \$																			
T) \$																									
U) \$																									
V) \$																									
<p>V. CHARITABLE PROGRAM DESCRIPTION: CHARITABLE PROGRAM (3 HIGHEST BY \$ EXPENDED) CODE CATEGORIES</p> <p>W) DESCRIPTION: PROMOTE USE OF CB AND COMPUTER EQUIPMENT FOR</p> <p>X) DESCRIPTION: EMERGENCIES</p> <p>Y) DESCRIPTION:</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 70%;">List on back side of instructions CODE</th> <th style="width: 30%;"></th> </tr> </thead> <tbody> <tr> <td>W) #</td> <td>300</td> </tr> <tr> <td>X) #</td> <td>300</td> </tr> <tr> <td>Y) #</td> <td></td> </tr> </tbody> </table>	List on back side of instructions CODE		W) #	300	X) #	300	Y) #																	
List on back side of instructions CODE																									
W) #	300																								
X) #	300																								
Y) #																									

RECEIVED
MAR 26 2014
 Attorney General
 Charitable Trust

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>CITIBANK N.A., 360 MAGNOLIA, BURBANK, CA 91506</u>		
<u>CENTAURUS FINANCIAL, INC, 2300 KATELLA AVE, STE 200, ANAHEIM, CA 92806</u>		
12. NAME AND TELEPHONE NUMBER OF CONTACT PERSON: <u>REACT INTERNATIONAL, INC (310) 316-2900</u>		

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 JURISDICTION 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.

REACT INTERNATIONAL INC

Doc Type 990EZ
Box No. 17279
Co. No. 01009694
FYE 2013
Form Year 2013
Prep UID ebowery04012014
Org Name REACT INTERNATIONAL INC
FYE Month Dec

990EZ - Dec - 2013



Short Form Return of Organization Exempt From Income Tax

2013

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

▶ 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.

Department of the Treasury
Internal Revenue Service

Open to Public
Inspection

A For the 2013 calendar year, or tax year beginning		and ending	
B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization REACT INTERNATIONAL INC.		D Employer identification number 51-0168558
	Number and street (or P.O. box, if mail is not delivered to street address)		E Telephone number
	155 NORTH WACKER DRIVE		301-316-2900
	Room/suite		4250
City or town, state or province, country, and ZIP or foreign postal code			F Group Exemption Number ▶
CHICAGO, IL 60606			
G Accounting Method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual Other (specify) ▶			H Check <input checked="" type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).
I Website: ▶ WWW.REACTINTL.ORG			
J Tax-exempt status (check only one) — <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c)() (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
K Form of organization: <input type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other			
L 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 O to respond to any question in this Part I

	Description	Line	Amount
Revenue	1 Contributions, gifts, grants, and similar amounts received	1	285.
	2 Program service revenue including government fees and contracts	2	
	3 Membership dues and assessments	3	26,157.
	4 Investment income	4	3,138.
	5a Gross amount from sale of assets other than inventory	5a	53,831.
	b Less: cost or other basis and sales expenses	5b	48,699.
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	5,132.
	6 Gaming and fundraising events		
	a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
	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 gaming and fundraising events	6c		
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d		
7a Gross sales of inventory, less returns and allowances	7a	757.	
b Less: cost of goods sold	7b		
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	757.	
8 Other revenue (describe in Schedule O)	8	575.	
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	36,044.	
Expenses	10 Grants and similar amounts paid (list in Schedule O)	10	
	11 Benefits paid to or for members	11	
	12 Salaries, other compensation, and employee benefits	12	
	13 Professional fees and other payments to independent contractors	13	10,002.
	14 Occupancy, rent, utilities, and maintenance	14	4,022.
	15 Printing, publications, postage, and shipping	15	5,727.
	16 Other expenses (describe in Schedule O)	16	8,080.
17 Total expenses. Add lines 10 through 16	17	27,831.	
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	8,213.
	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)	19	51,990.
	20 Other changes in net assets or fund balances (explain in Schedule O)	20	0.
	21 Net assets or fund balances at end of year. Combine lines 18 through 20	21	60,203.

Part II Balance Sheets (see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	55,676.	60,625.
23 Land and buildings		
24 Other assets (describe in Schedule O) SEE SCHEDULE O	5,179.	2,514.
25 Total assets	60,855.	63,139.
26 Total liabilities (describe in Schedule O) SEE SCHEDULE O	8,865.	2,936.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	51,990.	60,203.

Part III Statement of Program Service Accomplishments (see the instructions for Part III)

Check if the organization used Schedule O to respond to any question in this Part III

What is the organization's primary exempt purpose? SEE SCHEDULE O

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

Expenses
(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts; optional for others.)

28 SEE SCHEDULE O		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	1,200.
29 SEE SCHEDULE O		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	10,559.
30		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	
31 Other program services (describe in Schedule O)		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	
32 Total program service expenses (add lines 28a through 31a)	32	11,759.

Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated - see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
JOHN CAPODANNO PRESIDENT/REGION 8 DIRECTOR	15.00	0.	0.	0.
JAMES DYKE EXECUTIVE VICE PRESIDENT	10.00	0.	0.	0.
CHUCK THOMPSON VICE PRESIDENT/SECRETARY	10.00	0.	0.	0.
MATTHEW VIZZUSO SECRETARY	10.00	0.	0.	0.
FRANK JENNINGS ASSISTANT TREASURER	10.00	0.	0.	0.
DENNIS LUCIANI TREASURER/ASSISTANT SECRETARY	10.00	0.	0.	0.
WARREN DEITZ REGION 1 DIRECTOR	5.00	0.	0.	0.
NORMAN KAPLAN REGION 2 DIRECTOR	5.00	0.	0.	0.
THOMAS CURRIE REGION 2 DIRECTOR	5.00	0.	0.	0.
ROY DRURY REGION 3 DIRECTOR	5.00	0.	0.	0.
JAMES DYKE REGION 4 DIRECTOR	5.00	0.	0.	0.
LAURENCE FRY REGION 5 DIRECTOR	5.00	0.	0.	0.

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Sch. O to respond to any question in this Part V [X]

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
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)
35a 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)?
35b If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O
35c 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
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
37a Enter amount of political expenditures, direct or indirect, as described in the instructions
37b Did the organization file Form 1120-POL for this year?
38a 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?
38b If "Yes," complete Schedule L, Part II and enter the total amount involved
39 Section 501(c)(7) organizations. Enter:
39a Initiation fees and capital contributions included on line 9
39b Gross receipts, included on line 9, for public use of club facilities
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:
40b 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? If "Yes," complete Schedule L, Part I
40c 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
40d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization
40e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T
41 List the states with which a copy of this return is filed
42a The organization's books are in care of
42b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?
42c At any time during the calendar year, did the organization maintain an office outside of the U.S.?
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
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ
44b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ
44c Did the organization receive any payments for indoor tanning services during the year?
44d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?
45b 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)

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I

Part VI Section 501(c)(3) organizations only

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI

47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Sch. C, Part II
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E
49a Did the organization make any transfers to an exempt non-charitable related organization?
49b If "Yes," was the related organization a section 527 organization?

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

Table with 5 columns: (a) Name and title of each employee, (b) Average hours per week devoted to position, (c) Reportable compensation (Forms W-2/1099-MISC), (d) Health benefits, contributions to employee benefit plans, and deferred compensation, (e) Estimated amount of other compensation. All entries are NONE.

f Total number of other employees paid over \$100,000

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

Table with 3 columns: (a) Name and business address of each independent contractor, (b) Type of service, (c) Compensation. All entries are NONE.

d Total number of other independent contractors each receiving over \$100,000

52 Did the organization complete Schedule A? Note. All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here: Signature of officer, Date, Type or print name and title

Paid Preparer Use Only: Print/Type preparer's name (ROBERT L ROJAS), Preparer's signature (ROBERT L ROJAS), Date, Check self-employed, PTIN (P01410934), Firm's name (ROJAS & ASSOCIATES, CPAS), Firm's EIN (61-1442118), Firm's address (500 SOUTH GRAND AVE, STE 2080, LOS ANGELES, CA 90071), Phone no. ((213) 283-9500)

May the IRS discuss this return with the preparer shown above? See instructions

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

(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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions 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, column (f)						
6 Public support. Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f))	14		%
15 Public support percentage from 2012 Schedule A, Part II, line 14	15		%
16a 33 1/3% support test - 2013. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	▶ <input type="checkbox"/>		
b 33 1/3% support test - 2012. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	▶ <input type="checkbox"/>		
17a 10% -facts-and-circumstances test - 2013. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	▶ <input type="checkbox"/>		
b 10% -facts-and-circumstances test - 2012. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	▶ <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	▶ <input type="checkbox"/>		

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	45,768.	45,328.	45,590.	41,682.	26,442.	204,810.
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	2,959.	3,257.	1,756.	2,005.	757.	10,734.
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5	48,727.	48,585.	47,346.	43,687.	27,199.	215,544.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						0.
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0.
c Add lines 7a and 7b						0.
8 Public support (Subtract line 7c from line 6.)						215,544.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9 Amounts from line 6	48,727.	48,585.	47,346.	43,687.	27,199.	215,544.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,835.	2,560.	3,366.	1,587.	3,138.	12,486.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	1,835.	2,560.	3,366.	1,587.	3,138.	12,486.
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	470.	500.	484.	423.	575.	2,452.
13 Total support. (Add lines 9, 10c, 11, and 12.)	51,032.	51,645.	51,196.	45,697.	30,912.	230,482.

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

15 Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f))	15	93.52 %
16 Public support percentage from 2012 Schedule A, Part III, line 15	16	92.32 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f))	17	5.42 %
18 Investment income percentage from 2012 Schedule A, Part III, line 17	18	6.71 %

19a 33 1/3% support tests - 2013. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2012. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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

OMB No. 1545-0047

2013

Open to Public
Inspection

Name of the organization

REACT INTERNATIONAL INC.

Employer identification number

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 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.

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

2013

Open to Public
Inspection

Department of the Treasury
Internal Revenue Service

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

Name of the organization

REACT INTERNATIONAL INC.

Employer identification number

51-0168558

INTERNET EXPENSES	487.
CONSULTING EXPENSE	585.
TAXES AND FEES	322.
BAD DEBT EXPENSE	241.
TOTAL TO FORM 990-EZ, LINE 16	8,080.

FORM 990-EZ, PART II, LINE 24, OTHER ASSETS:

DESCRIPTION	BEG. OF YEAR	END OF YEAR
INVENTORY	1,587.	0.
PREPAID EXPENSES	1,404.	764.
ACCOUNTS RECEIVABLE	378.	0.
UNDEPOSITED FUNDS	1,810.	1,750.
TOTAL TO FORM 990-EZ, LINE 24	5,179.	2,514.

FORM 990-EZ, PART II, LINE 26, OTHER LIABILITIES:

DESCRIPTION	BEG. OF YEAR	END OF YEAR
DEFERRED INCOME	4,696.	1,792.
UNEARNED INCOME	1,440.	0.
PAYROLL LIABILITIES	1,585.	0.
FUNDS DUE TO TEAMS	1,144.	1,144.
TOTAL TO FORM 990-EZ, LINE 26	8,865.	2,936.

FORM 990-EZ, PART III, PRIMARY EXEMPT PURPOSE - TO DEVELOP AND PROMOTE THE
USE OF THE CITIZENS RADIO SERVICES AS AN ADDITIONAL SOURCE OF
COMMUNICATIONS FOR EMERGENCIES, DISASTERS, AND OTHER FORMS OF AID TO
CITIZENS.

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

2013

Open to Public
Inspection

Department of the Treasury
Internal Revenue Service

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

Name of the organization

REACT INTERNATIONAL INC.

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.

