Form **990-EZ**

Department of the Treasury Internal Revenue Service

Short Form 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) Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990 All other organizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 at the end of the year may use this form The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-1150

2008

Open to Public Inspection

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| Because Control organization Description Descript | Ā | For the | 2008 calendar ye | ar, or tax year l | beginning | , 200 | 08, and e | nding | | | , 20 |
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| Part | | | label or REACT INTERNATIONAL, INC. DI-0100 | | | | | 6855 | 58 | | |
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| Agricular material protection Specific City or from, state or country, and 2IP+4 Section 501(c/X) organizations and 4847(a)(f) nonexempt charitable trusts must attach a completed Schedule A (Form 980 or 980-EZ) H Check Section 501(c/X) organizations and 4847(a)(f) nonexempt charitable trusts must attach a completed Schedule A (Form 980 or 980-EZ) H Check Section 501(c/X) organizations and 4847(a)(f) nonexempt charitable trusts must attach Check Check Section 501(c/X) organization should be section 501(c/X) supporting organization and its gross recepts are normally not more than \$25,000 A return a not required to attach Schedule B (Form 990, 900-EZ, or 990-EZ) Section 50, 60, and 7b, to line 9 to determine gross recepts, #15,000,000 or more, file Form 990 instead of Form 990-EZ Section 50, 60, and 7b, to line 9 to determine gross recepts, #15,000,000 or more, file Form 990 instead of Form 990-EZ Section 50, 60, and 7b, to line 9 to determine gross recepts, #15,000,000 or more, file Form 990 instead of Form 990-EZ Section 50, 60, and 7b, to line 9 to determine gross recepts, #15,000,000 or more, file Form 990 instead of Form 990-EZ Section 50, 60, and 7b, to line 9 to determine gross recepts, #15,000,000 or more, file Form 990 instead of Form 990-EZ Section 50, 60, and 7b, to line 9 to determine gross recepts, #15,000,000 or more, file Form 990 instead of Form 990-EZ Section 50, 60, and 7b, to line 9b, determine gross recepts and active score for section 50, and 7b, 10, and 10, | | | 6 | 5210 AU | JTH ROAD | | | | 301-3 | 16-2 | 2900 |
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| Section 501(c)(3) organizations and 4847(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-E2). Chert (specify) ► | F | | msuu | | | | | | | | |
| Website: ▶ WHW . reactintl.org | = | • Secti | on 501(c)(3) orga | | | | t attach | G Acco | untina met | hod. | Cash Accrual |
| Website: ▶ WWW.reactintl.org | | | | | | | | 1 | • | | |
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| Check | J | Organiz | ation type (check | only one) - 🔀 | 501(c) (3) ∢ (insert no) | 4947(a)(1) or | 527 | | | | |
| The program pation chooses to file a return, be sure to file a complete return L Add Ines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$100,000 or more, file Form 990 instead of Form 990-EZ Part 1 Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I) 1 Contributions, gifts, grants, and similar amounts received. 2 Program service revenue including government fees and contracts 3 Membership dues and assessments 3 A5, 886 4 Investment income 5 Gross amount from sale of assets other than inventory 5 Balance (See The Part 1) 5 C Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (attach schedule) 6 Special events and activates (complete applicable parts of Schedule (S.) If any amount is from gaming, check here ▶ □ 6 C Net income or (loss) from special events and activates (Subtract line 6b from line 6a) 6 C Net income or (loss) from special events and activates (Subtract line 6b from line 6a) 6 C Ross sprint or (loss) from sales of inventory (Subtract line 6b from line 6a) 6 C Ross sprint or (loss) from sales of inventory (Subtract line 6b from line 6a) 6 C Ross sprint or (loss) from sales of inventory (Subtract line 7b from line 7a) 7 C 445 8 Other revenue (describe ▶ LATE FEES 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8. 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8. 10 Grants and similar amounts pard (attach schedule) 11 Benefits paid to or for members 12 Salaries, other compensation, and employee benefits 13 4, 645 14 12, 498 15 17 Total expenses. Add lines 10 through 16 16 C, 756 17 Total expenses (describe ▶ SEE SCHEDULE 10 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) 10 Cher expenses (describe ▶ SEE SCHEDULE 11 Revenue, Expenses (aber line PSEE SCHEDULE 12 Cash, savings, and investments 13 (B) Expenses (describe ▶ SEE SCHEDULE 14 (B) Expense (describe ▶ SEE SCHED | <u>_</u> | | | | | | aross rece | ints are nor | mally not r | nore tha | an \$25 000. A return is |
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| Part II Balance Sheets. If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ. (See the instructions for Part II.) (A) Beginning of year (B) End of year (B) End of year (B) End of year (Cash, savings, and investments | ম | 18 | Excess or (defic | oit) for the year | (Subtract line 17 from | line 9) | | | [| 18 | (24,459) |
| Part II Balance Sheets. If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ. (See the instructions for Part II.) (A) Beginning of year (B) End of year (B) End of year (B) End of year (Cash, savings, and investments | Š | 19 | Net assets or f | und balances | at beginning of year (| from line 27, colu | mn (A)) | (must agre | ee with | | |
| Part II Balance Sheets. If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ. (See the instructions for Part II.) (A) Beginning of year (B) End of year (B) End of year (B) End of year (Cash, savings, and investments | ¥ | | | | | | | | | 19 | |
| Part II Balance Sheets. If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ. (See the instructions for Part II.) (A) Beginning of year (B) End of year (B) End of year (B) End of year (Cash, savings, and investments | ěŧ | 20 | | | | | | | | 20 | |
| (See the instructions for Part II.) (A) Beginning of year (B) End of year 22 Cash, savings, and investments 111,112 22 68,163 23 Land and buildings 23 24 Other assets (describe ► SEE SCHEDULE) 19,440 24 15,996 25 Total assets 130,552 25 84,159 26 Total liabilities (describe ► SEE SCHEDULE) 22,427 26 14,199 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) 108,125 27 69,960 | | 21 | | | | | | | | | |
| 22 Cash, savings, and investments | P | art II | | | | n (B) are \$2,500,0 | 00 or mo | | | | |
| 23 Land and buildings | _ | | | | | | | _ ` ` ' | <u> </u> | | |
| 24 Other assets (describe ► SEE SCHEDULE) 19,440 24 15,996 25 Total assets | | | | | | | | | 111,11 | | 68,163 |
| 25 Total assets | | | | | | | | | 10 44 | | 15 000 |
| 26 Total liabilities (describe ► SEE SCHEDULE) 3 22,427 26 14,199 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) | | | | | | |) | | | | |
| 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) | | | | | | | | - | | | |
| | | | | | | h agree with line 2 | 1) | | | | |
| | _ | | | | | | | | 100,12 | . 9 [27] | |

| FOITH 990-EZ (2008) | _ | | | | rage _ |
|-------------------------------------------------------------|----------------------------|-----------------------------------------|------------------|---------|---------------------|
| Part III Statement of Program Service Accom | plishments (See the inst | ructions for Part I | II) | | Expenses |
| What is the organization's primary exempt purpose? | UBLIC SERVICE C | OMMUNICATIO | ONS | (Red | uired for 501(c)(3) |
| Describe what was achieved in carrying out the organization | and | (4) organizations 4947(a)(1) trusts; | | | |
| describe the services provided, the number of persons ber | optio | onal for others) | | | |
| 28 EDUCATING 2,467 MEMBERS AND T | | | | | |
| NEWSLETTER ABOUT USING PERSON | AT DADIO SERVICI | SC EOD EMED | CENCY | | |
| | | | GENCI | | |
| AID TO INDIVIDUALS, PROMOTE T | | | | | 10 624 |
| (Grants \$) If this amount incli | udes foreign grants, check | <u>here</u> | <u>. ▶ ⊔</u> | 28a | 19,634 |
| 29 PROVIDES PUBLIC SERVICE COMMU | N. TO INDIVIDUA | LS, ORGANIZ | ATIONS | | |
| GVNMT AGENCIES TO SAVE LIVES, | PREVENT INJURI | ES, GIVE ASS | SIST. | | |
| ESTAB. NETWORK OF TRAINED VOL | | | | | |
| (Grants \$) If this amount incli | | | | 29a | 33,535 |
| | | | | LJa | 337333 |
| 30 | | | | | |
| | | | | | |
| | | | | | |
| (Grants \$) If this amount incli | udes foreign grants, check | here | . ▶ □ | 30a | |
| 31 Other program services (attach schedule) | | | | | |
| (Grants \$) If this amount incl | | | | 31a | |
| 32 Total program service expenses (add lines 28a th | | | <u> </u> | 32 | 53,169 |
| | | | (See the inc | | |
| Part IV List of Officers, Directors, Trustees, and Key | (b) Title and average | (c) Compensation | (d) Contributio | | (e) Expense |
| (a) Name and address | hours per week | (If not paid, | employee benefit | plans & | account and |
| | devoted to position | enter -0) | deferred comper | sation | other allowances |
| SEE ATTACHED LIST OF ALL OFFICE | RS | | | | |
| | TREASURER 40 | 0 | | 0 | 0 |
| | ALL OTHERS 10 | | | | |
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| Par | Other Information (Note the statement requirements in the instructions for Part VI.) | | | |
|-----|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|----------------|----------|
| | | | Yes | No |
| 33 | Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity | 33 | | Х |
| 34 | Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes | 34_ | | Х |
| 35 | If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T. | . * | , , , | |
| а | Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting, and proxy tax requirements? | 35a | | Х |
| b | If "Yes," has it filed a tax return on Form 990-T for this year? | 35b | | |
| 36 | Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Schedule N | 36 | | x |
| 37a | Enter amount of political expenditures, direct or indirect, as described in the instructions. | | 1 2 | * 4 |
| | Did the organization file Form 1120-POL for this year? | 37b | | X |
| | Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were | علم الم | , «, | |
| | any such loans made in a prior year and still unpaid at the start of the period covered by this return? | 38a | | X |
| bl | f "Yes," complete Schedule L, Part II and enter the total amount involved 38b | J. 🔖 | | * ~ *; |
| 39 | Section 501(c)(7) organizations. Enter. | 100 | , | |
| а | Initiation fees and capital contributions included on line 9 | | | |
| b | Gross receipts, included on line 9, for public use of club facilities | | 7 7 | 19 |
| 40a | Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ 0 ; section 4912 ▶ 0 ; section 4955 ▶ 0 | م. ه گام ۲ | . 4 | |
| b | Section 501(c)(3) and (4) organizations. 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," complete Schedule | | | |
| | L, Part I | 40b | | X |
| C | Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 | | | , , |
| d | En ter amount of tax on line 40c reimbursed by the organization | | ja, | 4 |
| е | 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 | 40e | <u>},~</u> , ≥ | X |
| 41 | List the states with which a copy of this return is filed. ▶ ILLINOIS | | | |
| 42a | The books are in care of \blacktriangleright REACT INTERNATIONAL, INC Located at \blacktriangleright 5210 AUTH RD, #403, CAMP SPRINGS, MD ZIP +4 \blacktriangleright 2074 | | | |
| b | 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)? | 42b | Yes | No X |
| | If "Yes," enter the name of the foreign country: ▶ | 10 4 | 4, 45 | ,≈ 🗼 🔻 |
| | See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. | | * | 14 · |
| | At any time during the calendar year, did the organization maintain an office outside of the U.S.? f "Yes," enter the name of the foreign country: | 42c | | <u> </u> |
| 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 ▶ 43 | | | |
| | | | Yes | No |
| 44 | Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of | 1 | *. | - |
| | Form 990-EZ | 44 | | X |
| 45 | Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ | 45 | _86 | Х |
| | | .m 991 |)_F7 | (2009) |

| Form 990-EZ (2008) Page 4 | | | | | | | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|---------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|
| Part VI Section 501(c)(3) organizations only. All section 501(c)(3) organizations must answer questions 46–49 and complete the tables for lines 50 and 51. | | | | | | | | |
| cand 47 Did 48 Is th 49a Did b If "Y 50 Com | the organization engage in direct or indirect products for public office? If "Yes," complete So the organization engage in lobbying activities the organization operating a school as described the organization make any transfers to an express; was the related organization(s) a section applete this table for the five highest compensation received more than \$100,000 of compensation. | hedule C, Part I ? If "Yes," complete Sche d in section 170(b)(1)(A)(i) empt non-charitable relate 1 527 organization? ted employees (other than | dule C, Part II i)? If "Yes," completed organization? | ete Schedule E | Yes No 46 X 47 X 48 X 49a X 49b X employees) who | | | |
| (a) | Name and address of each employee paid more than \$100,000 | (b) Title and average hours per week devoted to position | (c) Compensation | (d) Contributions to employee benefit plans & deferred compensation | (e) Expense account and other allowances | | | |
| NONE | | dorona to product | - | 20.0000 | | | | |
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| | | | | | | | | |
| 51 Com | nplete this table for the five highest compensation from the organization. If there is no | | rs who each receiv | ved more than \$10 | 0,000 of | | | |
| | (a) Name and address of each independent contractor p | aid more than \$100,000 | (b) Ty | pe of service | (c) Compensation | | | |
| NONE | | | | | | | | |
| | | | | | | | | |
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| | | ····· | | | | | | |
| Total num | nber of other independent contractors each re- | ceiving over \$100,000 . | . ▶ | | | | | |
| Sign Here | Under penalties of perjury, I declare that I have examined belief, it is true correct, and complete Declarate Signature of officer NORMAN KAPLAN, TREASURE Type or print name and title | on of preparer (other than officer | r) is based on all inforn | statements, and to the nation of which prepare $08/12/09$ | pest of my knowledge r has any knowledge | | | |
| Paid Preparer's Use Only | Preparer's signature Ablanti Firm's name (or yours SINGLETON & | BARDOWSKI, LLC, | | 2610 IN ▶52-11 | | | | |
| | address, and ZIP + 4 10107 GRANDH | AVEN AVE UPR MA | ARLBORO, MD | hone no ▶301-6 | 27-7937 | | | |
| Mare Alexa II | RS discuss this return with the preparer show | n obovo2 Coc instructions | , | | X Yes ☐ No | | | |

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1)

nonexempt charitable trusts.

OMB No 1545-0047 Open to Public

Inspection

Department of the Treasury Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

Employer identification number Name of the organization 51-0168558 REACT INTERNATIONAL, INC. Reason for Public Charity Status (All organizations must complete this part.) (see instructions) Part I The organization is not a private foundation because it is (Please check only one organization.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). ☐ A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). (Attach Schedule H.) A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) ☐ A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 An organization that normally receives a substantial part of its support from a governmental unit or from the general public 7 described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi), (Complete Part II.) An organization that normally receives: (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2), (Complete Part III.) An organization organized and operated exclusively to test for public safety See section 509(a)(4). (see instructions) An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the 11 purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. d Type III-Other a Type I b Type II c Type III-Functionally integrated e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the g following persons? Yes No (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) 11g(i) and (iii) below, the governing body of the supported organization? 11g(ii) (ii) A family member of a person described in (i) above? 11g(iii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? . . . Provide the following information about the organizations the organization supports. h (ii) EIN (iii) Type of organization (iv) Is the organization (i) Name of supported (v) Did you notify (vi) is the (vii) Amount of (described on lines 1-9 in col (i) listed in your the organization in organization in col organization support (i) organized in the above or IRC section governing document? col (i) of your (see instructions)) support? US? No Yes Yes No Yes No

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

Schedule A (Form 990 or 990-EZ) 2008

0

Total

| Sched | ule A (Form 990 or 990-EZ) 2008 | | | | | | Page 2 |
|---------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|----------------------------------------|---------------------------------------|----------------------------------------|----------------------------|------------------|
| Par | (Complete only if you chec | | | | |) and 170(b)(| 1)(A)(vi) |
| Sec | tion A. Public Support | | | | | | |
| Ca | lendar year (or fiscal year beginning in) | (a) 2004 | (b) 2005 | (c) 2006 | (d) 2007 | (e) 2008 | (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 1-3 | | | | | « » · | |
| 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) Public support. Subtract line 5 from line 4 | | | | | | |
| 6 | tion B. Total Support | <u> </u> | 1 1 2 -4 1 | | | ` | |
| | lendar year (or fiscal year beginning in) ▶ | (a) 2004 | (b) 2005 | (c) 2006 | (d) 2007 | (e) 2008 | (f) Total |
| 7 | Amounts from line 4 | (4) 230 1 | (4, -222 | (1, 101) | (-, | (0, 2000 | |
| 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 . | | | | í X. í 🏃 X. | " | |
| 12 | Gross receipts from related activities, etc | (see instructio | ns) | | | 12 | |
| 13 | First five years. If the Form 990 is for organization, check this box and stop he | ere | <u> </u> | d, third, fourth, | or fifth tax ye | ar as a section | 501(c)(3) ▶ □ |
| Sec | tion C. Computation of Public Su | | | | | | |
| 14 | Public support percentage for 2008 (line | | = | , column (f)) | | 14 | <u>%</u> % |
| 15 | Public support percentage from 2007 Sch | | | | | 15 | |
| 16a | | | | | | | |
| L | | | | | | | > |
| b | 331/3% support test—2007. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization | | | | | | |
| 17a | 7a 10%-facts-and-circumstances test—2008. 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 | | | | | | |
| b 18 | 10%-facts-and-circumstances test—2007 more, and if the organization meets the "organization meets the "facts-and-circumsta Private foundation. If the organization did | facts-and-circum nces" test. The c | stances" test, c organization quali | heck this box a fies as a publicly | nd stop here. If supported orga | Explain in Part linization | V how the |
| | | | | | | | |

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.)

| Sac | tion A. Public Support | ta tale beat on | | - | | | | |
|--------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|------------------------|--------------------|-------------------|------------|----------------|-----------------|
| | lendar year (or fiscal year beginning in) | (a) 2004 | (b) 2005 | (c) 2006 | (d) 2007 | (e) | 2008 | (f) Total |
| O. | mendar year (e. needr year beginning m/ | (4) 200 ! | (2)_200 | (0, 2000 | (4) 100 | (-, | | (1) 10101 |
| 1 | Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") | 57,877 | 57,395 | 48,856 | 50,494 | 46 | 6,691 | 261,313 |
| 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 | 3,973 | 6,067 | 3,909 | 2,745 | 1 | L , 528 | 18,222 |
| 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 6 | The value of services or facilities furnished by a governmental unit to the organization without charge | 61,850 | 63,462 | 52,765 | 53,239 | 4.8 | 3,219 | 279,535 |
| - | Amounts included on lines 1, 2, and 3 received from disqualified persons | 32733 | | | | | , | |
| b | Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000 | | | | | | | |
| С | Add lines 7a and 7b | | | | | | | |
| 8 | Public support (Subtract line 7c from line 6) | | <u>.</u> | | 724 | 64 T | : #± · | 279,535 |
| Sec | tion B. Total Support | | - | | | | | |
| Ca | llendar year (or fiscal year beginning in) ▶ | (a) 2004 | (b) 2005 | (c) 2006 | (d) 2007 | | 2008 | (f) Total |
| 9 | Amounts from line 6 | 61,850 | 63,462 | 52,765 | 53,239 | 48 | 3,219 | 279,535 |
| 10a | Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | 9,572 | 7,720 | 8,193 | 8,910 | 7 | 7,839 | 42,234 |
| b | Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | 0 010 | | | |
| C | Add lines 10a and 10b | 9,572 | 7,720 | 8,193 | 8,910 | 1 | 7 , 839 | 42,234 |
| 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) | 2,189 | 1,331 | 1,091 | 625 | | 611 | 5,847 |
| 13 | Total support. (Add lines 9, 10c, 11, | , , , , , , | · ^ 4 · * | <u> </u> | ^4 (* | \ <u>_</u> | | 327,616 |
| 14 | First five years. If the Form 990 is for organization, check this box and stop | | | | | | | 501(c)(3) |
| Sec | tion C. Computation of Public Su | | | · · · · · | | • • | • • • | <u> </u> |
| 15 | 05.22.4 | | | | | | | |
| 16 | Public support percentage from 2007 S | | | | ''' · · · | 16 | | 85.76 % |
| | tion D. Computation of Investmer | | | | | | | 00.10 |
| 17 | | | | d by line 13 co | olumn (fl) | 17 | | 12.89 % |
| 18 | Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f)). Investment income percentage from 2007 Schedule A, Part IV-A, line 27h | | | | | | | |
| 19a | 331/3% support tests—2008. If the orga | | | | nd line 15 is m | ore th | an 331/39 | %, and line |
| b | 17 is not more than 331/3%, check this be 331/3% support tests—2007. If the organ | ox and stop he | re . The organi | zation qualifies | as a publicly s | suppor | ted orga | nization 🕨 🛛 |
| 20 | line 18 is not more than 331/3%, check this Private foundation. If the organization | box and stop I | nere. The organ | nization qualifie: | s as a publicly s | suppor | ted orgar | nization 🕨 🔲 |
| | i nvate loundation. Il the organization | and not dieck a | POY OU UIE I | T, 190, UI 190, | | | | or 990-EZ) 2008 |

REACT INTERNATIONAL, INC.

FYE: 12/31/08

FORM 990EZ

SCHEDULE A PART III A, LINE 12 OTHER INCOME

| 2004 | 2005 | 2006 | 2007 | 2008 |
|---------|---------------|-------------------------|-----------------------------------|---------------------------------------------|
| \$983 | \$696 | \$421 | \$135 | \$41 |
| 1206 | 635 | 670 | 490 | 570 |
| \$2,189 | \$1,331 | \$1,091 | \$625 | \$611 |
| | \$983 1206 | \$983 \$696 1206 635 | \$983 \$696 \$421 1206 635 670 | \$983 \$696 \$421 \$135 1206 635 670 490 |

FORM 990EZ, PART REACT INTERNATIONAL, INC.

PAGE 1

FYE: 12/31/2008 EIN: 51-0168558

FORM 990EZ, PART I, LINE 5c - SALES OF ASSETS OTHER THAN INVENTORY

DESCRIPTION

SALES OF INVESTMENTS AT MARKET VALUE

\$30,789

CARRYING VALUE OF INVESTMENTS

-47,756

REALIZED (LOSS) ON INVESTMENTS

-\$16,967

FORM 990EZ, PART I, LINE 7C - SALES OF INVENTORY

DESCRIPTION

GROSS COST OF

GROSS

SALES GOODS **PROFIT**

\$445 REACT INTL MATERIAL \$1,528 \$1,083 ____

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

DESCRIPTION

UNREALIZED (LOSS) ON INVESTMENTS

-\$13,706

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

| <u>DESCRIPTION</u> | BEGINNING | END OF YR |
|---------------------|-----------|-----------|
| INVENTORY | \$12,428 | \$10,278 |
| ACCOUNTS RECEIVABLE | 0 | 356 |
| PREPAID EXPENSES | 6,352 | 4,702 |
| SECURITY DEPOSIT | 660 | 660 |
| TOTAL | \$19,440 | \$15,996 |

FORM 990EZ, PART II, LINE 26 - TOTAL LIABILITIES

| DESCRIPTION | BEGINNING | END OF YR |
|---------------------|-----------|-----------|
| ACCOUNTS PAYABLE | \$1,896 | \$4,527 |
| LOAN PAYABLE | 5,500 | 0 |
| PAYROLL LIABILITIES | 3,691 | 2,785 |
| DEFERRED INCOME | 8,120 | 6,887 |
| UNEARNED INCOME | 3,220 | 0 |
| TOTAL | \$22,427 | \$14,199 |



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

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

Contact Directory

OFFICERS & BOARD OF DIRECTORS - 2007-2008

Officers
Don Manlove
4019 West Dogwood Ave.
Hamilton, NJ 08610

Ed Greany P.O Box 720790 Punon Hills, CA 92372

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

Norman L. Kaplan 2605 Loma Street Silver Spring, MD 20902 **Contact**

HP (804)439-3017
Fax (209)439-3017

e-mail: <done804@yahoo.com>

HP (951)735-4153 Fax (775)218-0732

e-mail <membership@reactintl.org>

Cell (210)771-7075 Fax (210)680-2680

e-mail: <lbesing@reactintl.org>

HP (301)649-6389 e-mail: <nkaplan@erols.com>

Treasurer

Secretary

Title

President

Board of Directors

John Knott 833 Cornelia Street Janesville, WI 53545-1609

Don Manlove 4019 West Dogwood Ave. Chester, VA 23811-7311 Contact

HP (321)438-5952 e-mail < jknott@orlandoreact.org> e-mail: < lfryr@reactintl.org>

HP (804)439-3017)

e-mail: <done804@yahoo.com>

Title/Region Assigned

Chairman of the Board

Executive Vice President

Region 3

TN, MS, NC, AL, GA, FL, UK,

Puerto Rico, Scotland

Vice-Chairman of the Board

Region 2

DE, NJ, MD, VA, KY, WV

(Continued on next page)

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

OFFICERS & BOARD OF DIRECTORS - 2006-2007 (Continues)

| Board of Directors Stan Walters 26 Essex Circl Drive Shrewsbury, PA 17361 | Contact HP (717)235-7826 e-mail: <abacuspc@comcast.net></abacuspc@comcast.net> | <u>Title/Region Assigned</u> Region 1 ME, VT, MA, CT, NH, RI, NY, PA |
|--------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|----------------------------------------------------------------------|
| Edmund Kerby 627 Linden Street Lima, OH 45804-1338 | HP (419)227-3334 | Region 4 MI, IN, OH |
| Laurence O. "Larry" Fry 833 Cornelia Street Janesville, WI 53545-1609 | HP (608)752-4547 Fax (608)757-2379 e-mail: <lfry@reactintl org=""></lfry@reactintl> | Region 5 ND, SD, NE, MN, IA, WI, IL |
| Crichton (Rob) Roberts 410 Magnellan Ave Apt. 1003 Honolulu, HI 96813-1857 | HP (808)524-5171 Fax (808)864-2828 e-mail <crobres@aol.com></crobres@aol.com> | Region 6 AK, HI, WA, OR, ID, MT, WY The Philippines |
| Robert Kaster, Jr. 9104 . Country Club Drive Oklahoma City, OK 73159-6820 | HP (405)685-9745(evenings) e-mail: <bobk1011@cox.net></bobk1011@cox.net> | Region 7 AR, LA, NM, CO, KS, MO, OK, TX |
| Joseph C.A. Toth 20843 Waalew Road - #82 Las Vegas, NV 89118 | HP (760)964-0136 e-mail: < <u>itothca@tstt.net.tt</u> > | Region 8 CA, NV, UT, AZ |
| Kenny Jagdeosingh P.O. Box 3062 St. James Post Office Trinidad & Tobago, West Indies | HP (868)628-2886 Fax (868)622-2557 e-mail· <kennyr631@tstt.net.tt></kennyr631@tstt.net.tt> | Region 9 Assistant W. Indies |

Regional Directors

(January 2008)

Region 1 - Stan Walters

(ME-VT-MA-CT-NH-RI-NY-PA)

26 Essex Circle Drive Shrewsbury, PA 17361 717-235-7826 <abacuspc@comcast.net>

Region 3 - John Knott

(TN-MS-NC-SC-AL-GA-FL-Puerto Rico)

833 Grenadier Drive Orlando, FL 32807 321-438-5952 <Jknott@orlandoreact.org>

Region 5 - Larry Fry

(ND-SD-NE-MN-IA-WI-IL)

833 Cornelia Street
Janesville, WI 53545-1609
608-752-4547
<lofry@aol.com>

Region 7 - Bob Kaster

(AR-LA-NM-OK-CO-KS-MO-TX)

9104 S. Country Club Drive Oklahoma City, OK 73159-6820 405-735-8577 (evenings) <r.kaster@reactintl.org>

Region 2 - Don Manlove

(DE-NJ-MD-VA-VW-KY)

4019 West Dogwood Ave. Chester, VA 23831-7311 804-439-3017 <done804@yahoo.com>

Region 4 - Edmund Kerby

(MI-IN-OH)

627 Linden Street Lima, OH 45804-1338 419-227-3334

Region 6 - Frank Jennings

(AK-HI-WA-OR-ID-MT-WY)

19933 Nilsen Lane NVV Paulsbo, WA 98370-8320 808-524-5171 <crobres@aol.com>

Region 8 - Joseph C.A. Toth

(AZ-NV-UT-CA)

20843 Waalew Road - #82 Apple Valley, CA 92307 760-964-0136 <jtothca@verizon.net>

Region 9 - Kenny Jagdeosingh

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