

Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

OMB No 1545-1150

2012

Department of the Treasury
Internal Revenue Service

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, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$200,000 and total assets less than \$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

Open to Public
Inspection

A For the 2012 calendar year, or tax year beginning and ending

B Check if applicable:
 Address change
 Name change
 Initial return
 Terminated
 Amended return
 Application pending

C Name of organization
REACT INTERNATIONAL, INC

D Employer identification number
51-0168558

E Telephone number
301-316-2900

F Group Exemption Number
 ▶

G Accounting Method: Cash Accrual Other (specify) ▶

H Check 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) — 501(c)(3) 501(c) () (insert no. 4947(a)(1) or 527)

K Check if the organization is not a section 509(a)(3) supporting organization or a section 527 organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.

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, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ **97,520.**

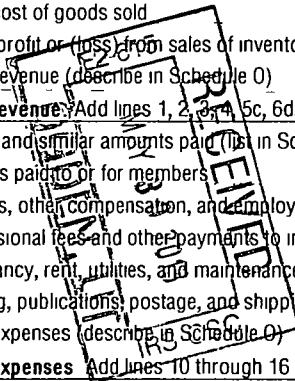
Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)

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

		1	2	3	4	5a	5b	5c	6a	6b	6c	6d	7a	7b	7c	8	9	10	11	12	13	14	15	16	17	18	19	20	21
Revenue	1	Contributions, gifts, grants, and similar amounts received															141.												
	2	Program service revenue including government fees and contracts																											
	3	Membership dues and assessments															41,541.												
	4	Investment income															1,587.												
	5a	Gross amount from sale of assets other than inventory															51,823.												
	5b	Less: cost or other basis and sales expenses															51,640.												
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)															183.												
	6	Gaming and fundraising events																											
	6a	Gross income from gaming (attach Schedule G if greater than \$15,000)																											
	6b	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)																											
6c	Less: direct expenses from gaming and fundraising events																												
6d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)																												
7a	Gross sales of inventory, less returns and allowances															2,005.													
7b	Less: cost of goods sold																												
7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)															2,005.													
8	Other revenue (describe in Schedule O)															423.													
9	Total revenue: Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8															45,880.													
Expenses	10	Grants and similar amounts paid (list in Schedule O)																											
	11	Benefits paid to or for members																											
	12	Salaries, other compensation, and employee benefits															9,960.												
	13	Professional fees and other payments to independent contractors															5,385.												
	14	Occupancy, rent, utilities, and maintenance															10,471.												
	15	Printing, publications, postage, and shipping															13,084.												
	16	Other expenses (describe in Schedule O)															18,574.												
17	Total expenses: Add lines 10 through 16															57,474.													
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)															-11,594.												
	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)															63,584.												
	20	Other changes in net assets or fund balances (explain in Schedule O)															0.												
	21	Net assets or fund balances at end of year. Combine lines 18 through 20															51,990.												

LHA For Paperwork Reduction Act Notice, see the separate instructions Form **990-EZ** (2012)

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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	59,945.	22	55,676.
23 Land and buildings		23	
24 Other assets (describe in Schedule O) SEE SCHEDULE O	12,991.	24	5,179.
25 Total assets	72,936.	25	60,855.
26 Total liabilities (describe in Schedule O) SEE SCHEDULE O	9,352.	26	8,865.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	63,584.	27	51,990.

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	16,405.
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	17,605.

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.
JULIO RUVALCABA EXECUTIVE VICE PRESIDENT	10.00	0.	0.	0.
DENNIS LUCIANI TREASURER	10.00	0.	0.	0.
WARREN DIETZ REGION 1 DIRECTOR	5.00	0.	0.	0.
LAURENCE FRY REGION 5 DIRECTOR	5.00	0.	0.	0.
THOMAS JENKINS REGION 6 DIRECTOR	5.00	0.	0.	0.
NORMAN KAPLAN REGION 2 DIRECTOR	5.00	0.	0.	0.
ROY DRURY REGION 3 DIRECTOR	5.00	0.	0.	0.
EDMUND KERBY REGION 4 DIRECTOR	5.00	0.	0.	0.
JAMES DYKE REGION 4 DIRECTOR	5.00	0.	0.	0.
CHARLES LAND REGION 7 DIRECTOR	5.00	0.	0.	0.
DEONANAN JAGDEOSINGL REGION 9 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]

Table with columns for question number, question text, and Yes/No response. Rows include questions 33 through 40e regarding organizational activities, expenditures, and tax matters.

41 List the states with which a copy of this return is filed IL
42a The organization's books are in care of REACT INTERNATIONAL, INC Telephone no. (818) 237-3015
Located at 155 NORTH WACKER DRIVE, #4250, CHICAGO, IL ZIP + 4 60606

Table with columns for question number, question text, and Yes/No response. Rows include questions 42b, 42c, and 43 regarding foreign accounts and charitable trusts.

Table with columns for question number, question text, and Yes/No response. Rows include questions 44a through 45b regarding donor advised funds, hospital facilities, and controlled entities.

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? Yes No
 If "Yes," complete Schedule C, Part I 46

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 Yes No
 48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 47 48
 49a Did the organization make any transfers to an exempt non-charitable related organization? 49a
 b If "Yes," was the related organization a section 527 organization? 49b

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."

(a) Name and title of each employee paid more than \$100,000	(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
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." **NONE**

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation

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 Yes No

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 Date 5/14/13
 Signature of officer *John Capodanno*
 Type or print name and title John CAPODANNO President

Paid Preparer Use Only

Print/Type preparer's name ROBERT L ROJAS	Preparer's signature <u><i>Robert L Rojas</i></u> ROBERT L ROJAS	Date <u>5/14/13</u>	Check <input type="checkbox"/> if 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 Yes No

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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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 2012 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2011 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2012. 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 - 2011. 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 - 2012. 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 - 2011. 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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	46,691.	45,768.	45,328.	45,590.	41,682.	225,059.
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	1,528.	2,959.	3,257.	1,756.	2,005.	11,505.
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	48,219.	48,727.	48,585.	47,346.	43,687.	236,564.
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)						236,564.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9 Amounts from line 6	48,219.	48,727.	48,585.	47,346.	43,687.	236,564.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	7,839.	1,835.	2,560.	3,366.	1,587.	17,187.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	7,839.	1,835.	2,560.	3,366.	1,587.	17,187.
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)	611.	470.	500.	484.	423.	2,488.
13 Total support (Add lines 9, 10c, 11, and 12)	56,669.	51,032.	51,645.	51,196.	45,697.	256,239.

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 2012 (line 8, column (f) divided by line 13, column (f))	15	92.32 %
16 Public support percentage from 2011 Schedule A, Part III, line 15	16	90.05 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f))	17	6.71 %
18 Investment income percentage from 2011 Schedule A, Part III, line 17	18	8.97 %

19a 33 1/3% support tests - 2012. 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 - 2011. 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.

OMB No 1545-0047

2012

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	1,585.
TOTAL INCLUDED ON FORM 990-EZ, LINE 4	1,587.

FORM 990-EZ, PART I, LINE 7, GROSS PROFIT FROM SALES OF INVENTORY:

INCOME:	
1. GROSS RECEIPTS	2,005.
2. RETURNS AND ALLOWANCES	0.
3. LINE 1 LESS LINE 2	2,005.
4. COST OF GOODS SOLD (LINE 13)	0.
5. GROSS PROFIT (LINE 3 LESS LINE 4)	2,005.

FORM 990-EZ, PART I, LINE 8, OTHER REVENUE:

DESCRIPTION OF OTHER REVENUE:	AMOUNT:
LATE FEES	423.

FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES:

DESCRIPTION OF OTHER EXPENSES:	AMOUNT:
PAYROLL TAXES	964.
CONTRACT LABOR	3,216.
BANK SERVICE CHARGES	100.
INSURANCE	2,286.
OFFICE EXPENSE	5,857.
TELEPHONE	346.

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

Schedule O (Form 990 or 990-EZ) (2012)

232211
01-04-13

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.

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization **REACT INTERNATIONAL, INC** Employer identification number **51-0168558**

MEETINGS	365.
EQUIPMENT LEASE	1,644.
PROPERTY TAXES	292.
MOVING EXPENSE	3,500.
INTEREST	4.
TOTAL TO FORM 990-EZ, LINE 16	18,574.

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

DESCRIPTION	BEG. OF YEAR	END OF YEAR
INVENTORY	10,694.	1,587.
PREPAID EXPENSES	1,643.	1,404.
ACCOUNTS RECEIVABLE	654.	378.
UNDEPOSITED FUNDS	0.	1,810.
TOTAL TO FORM 990-EZ, LINE 24	12,991.	5,179.

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

DESCRIPTION	BEG. OF YEAR	END OF YEAR
DEFERRED INCOME	3,547.	4,696.
UNEARNED INCOME	1,440.	1,440.
PAYROLL LIABILITIES	4,365.	1,585.
FUNDS DUE TO TEAMS	0.	1,144.
TOTAL TO FORM 990-EZ, LINE 26	9,352.	8,865.

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

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.

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Name of the organization

REACT INTERNATIONAL, INC

Employer identification number

51-0168558

CITIZENS.

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.

