SCANNED JUN 2 5 2013

Form **990-EZ** Department of the Treasury

Internal Revenue Service

OMB No 1545-1150

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 fruist 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 excepts less than \$200,000 and total assets less than \$200,000 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

Α	For th	e 2012 c <u>alenda</u>	ar year, or tax y	ear beginning				and endi	ng			
В	Check if applicat	_{le} C Nam	ne of organization	· _ ·						D Emp	loyer i	dentification number
느	Addr	ess change										
Ļ				RNATIONAL								<u> 168558</u>
느	Initia	TC.C.III	•		t delivered to street a	address)						number
Ļ	Term			WACKER DR	IVE			4	250	3	<u>01-</u>	<u>316-2900</u>
L	Ame	idea retuini	town, state or co							F Gro	up Exe	mption
L	Applic	ation pending CHI	<u>ICAGO, I</u>								nber 🕨	
G	Accou	nting Method:	Cash	X Accrual Othe	er (specify) ►					H Che	ck ►	f the organization is no t
I	Websi	e: ► <u>WWW . F</u>	REACTINT	L.ORG						requ	ured to	attach Schedule B
<u>J</u>	Tax-ex	empt status (chec	ck only one) — 📙	X 501(c)(3)	501(c)() ⋖ (ınsert no.) 🗌	49	947(a)(1) or	527	(For	m 990	, 990-EZ, or 990-PF).
K	Check In 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											
	\$50,00	0. A Form 990-EZ	or Form 990 retu	rn is not required th	ough Form 990-N (e	-postcard) n	nay be	required (se	e instructio	ons). Bu	it if the	organization chooses to file
	a retur	n, be sure to file a	complete return.									
L	Add lin	es 5b, 6c, and 7b,	, to line 9 to deterr	nine gross receipts.	If gross receipts are	\$200,000 o	r more	e, or if total a	ssets (Part	II,		
	lıne 25	column (B) below	w) are \$500,000 o	r more, file Form 99	0 instead of Form 99	90-EZ)	\$	97,520.
P	art I	Revenue,	Expenses, a	and Changes	in Net Assets	or Fund	Bal	ances (se	e the instri	uctions	for Par	t I)
		Check if the org	ganization used S	chedule O to respor	nd to any question in	this Part I						X
	1			nılar amounts recei							1	141.
	2			government fees a						Ī	2	
	3		es and assessment	=						Ī	3	41,541.
	4	Investment incon						İ	4	1,587.		
	5a			other than inventory	1		 5a		51,8	23.		
	b	Less: cost or other		-			5b		51,6			
	C				(Subtract line 5b fro	m line 5a)		<u> </u>			5c	183.
	6									F		
4.		a Gross income from gaming (attach Schedule G if greater than										
Revenue	"	\$15,000)	om gaming (attach	ochedale a li great	or man		6a	1				
ķ	Ь	•	om fundraising eve	ents (not including \$	2	l		ntributions				
æ	"				hedule G if the sum o	of such	01 001	116100010113				
			d contributions ex		icadic a il tile sain e	Judii	6b	1				
	_			and fundraising ev	ante		6c					
				_	ents ints (add lines 6a and	l Shand cub		no 6o)			64	
	d			and allowances	ins (auu iiies va aiic	טטא טווש טט נ !		1	2,0	۸E	6d	
	7a	Less: cost of goo	•	`	E SCHEDUL	EΟ	7a 7b	 	<u> </u>	03.		
	b	-					/ 0	11			7.	2 005
	C		escribe in Schedu		t line 7b from line 7a		. .	CHEDU	LE O	-	7c	2,005. 423.
	8.	Total revenue to	edd Inco 1 3 2	5c, 6d, 7c, and 8		SE	_ _	Сперо	DE O		8	
	9_	Cranto and a series	ar amounts paid (1	pc, bu, /c, and 8							9	45,880.
	10									-	10	
	11	Beriefits paid to 0	or for members							-	11	0 000
ses	12	Salaries, other co	impensation, and	employee benefits						-	12	9,960.
eü	13	Professional fees	and other payma	nts to independent (contractors					-	13	5,385.
Expenses	14	Occupancy, rent,								F	14	10,471.
_	15	Printing, publicati					_ ~			Ļ	15	13,084.
	16	Other expenses (describe in School	<u>ole-O)</u>		SE	E S	CHEDU	PR O		16	18,574.
_	17	Total expenses	Add Jines 10 throi	ugh 16							17	57,474.
ts	18							-	18	-11,594.		
Se	19		-		line 27, column (A)))						
Net Assets				e reported on prior y	•						19	63,584.
Š	20			d balances (explain						_	20	0.
	21	Net assets or fund	d balances at end	of year. Combine lii	nes 18 through 20	<u> </u>					21	51,990.
LH.	A For	Paperwork Reduc	ction Act Notice, s	see the separate in	structions							Form 990-EZ (2012)

232171 01-11-13

Pi	art II Balance Sheets (see the instructions for Part II)					
	Check if the organization used Schedule O to res	pond to any que	stion in this Part II			X
			(A) Beginning of year		(B) E	nd of year
22	Cash, savings, and investments		59,945	. 22		<u>55,676.</u>
23	-			23		
24	Other assets (describe in Schedule 0) SEE SCHEDULE O)	12,991			5,179.
25	Total assets	_	72,936			60,855.
26	Total liabilities (describe in Schedule 0) SEE SCHEDULE O) [9,352			<u>8,865.</u>
27			63,584	<u>. 27</u>		51,990.
P	art III Statement of Program Service Accomplishmen	•	•			penses
_	Check if the organization used Schedule O to res		stion in this Part III	LX.		for section and 501(c)(4)
۷ha	at is the organization's primary exempt purpose? ${ t SEE \;\; SCHEDULE \;\; O}$)			organization	ons and section
	cribe the organization's program service accomplishments for each of its three largest program		penses In a clear and concise		4947(a)(1 for others.) trusts; optional
nan	ner, describe the services provided, the number of persons benefited, and other relevant inform	ation for each program title			ioi otileis.	
28	SEE SCHEDULE O					
	(Grants \$) If this amount includes foreign g	rants, check here			28a	1,200.
29	SEE SCHEDULE O					
		· 	·			
	(Grants \$) If this amount includes foreign g	rants, check here	•		29a	16,405.
30					!	
	(Grants \$) If this amount includes foreign g	rants, check here			30a	
31	Other program services (describe in Schedule O)					
	(Grants \$) If this amount includes foreign g	rants, check here			31a	
				_	1 1	17,605.
<u> 32</u>	Total program service expenses (add lines 28a through 31a)				32	
	Total program service expenses (add lines 28a through 31a) art IV List of Officers, Directors, Trustees, and Key E	mployees List each	one even if not compensated (see the		
	Total program service expenses (add lines 28a through 31a) art IV List of Officers, Directors, Trustees, and Key E Check if the organization used Schedule O to res					
	art IV List of Officers, Directors, Trustees, and Key E		estion in this Part IV	/ (d) не	instructions f	or Part IV)
	art IV List of Officers, Directors, Trustees, and Key E	pond to any que (b) Average hours per week devoted t	estion in this Part IV	(d) He cont	instructions for alth benefits, ributions to be benefit	(e) Estimated amount of other
	art IV List of Officers, Directors, Trustees, and Key E Check if the organization used Schedule O to res	pond to any que (b) Average hours	estion in this Part IV	(d) He cont emploplans,	instructions for	or Part IV) X (e) Estimated
Pa	art IV List of Officers, Directors, Trustees, and Key E Check if the organization used Schedule O to res	pond to any que (b) Average hours per week devoted t	estion in this Part IV (c) Reportable compensation (Forms W-2/1099-MISC)	(d) He cont emploplans,	instructions for alth benefits, ributions to byte benefit and deferred	(e) Estimated amount of other
P:	Check if the organization used Schedule O to res (a) Name and title	pond to any que (b) Average hours per week devoted t	estion in this Part IV (c) Reportable compensation (Forms W-2/1099-MISC)	(d) He cont emploplans,	instructions for alth benefits, ributions to byte benefit and deferred	(e) Estimated amount of other
JC PF	Check if the organization used Schedule O to res (a) Name and title OHN CAPODANNO	(b) Average hours per week devoted t position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) He cont emploplans,	ealth benefits, ributions to byee benefit and deferred apensation	(e) Estimated amount of other compensation
JC PF	Check if the organization used Schedule O to res (a) Name and title OHN CAPODANNO RESIDENT/REGION 8 DIRECTOR JULIO RUVALCABA	(b) Average hours per week devoted t position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) He cont emploplans,	ealth benefits, ributions to byee benefit and deferred apensation	(e) Estimated amount of other compensation
JC PF JU	Check if the organization used Schedule O to res (a) Name and title OHN CAPODANNO RESIDENT/REGION 8 DIRECTOR	(b) Average hours per week devoted t position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) He cont emploplans,	alth benefits, ributions to byee benefit and deferred pensation	(e) Estimated amount of other compensation
JC PF JU EX	Check if the organization used Schedule O to resched Check if the organization used Schedule O to resched Check if the organization used Schedule O to resched Check if the organization used Schedule O to resched Check if the organization used Schedule O to resched Check if the organization used Schedule O to resched Check if the organization used Schedule O to reschedule O to res	(b) Average hours per week devoted t position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) He cont emploplans,	alth benefits, ributions to byee benefit and deferred pensation	(e) Estimated amount of other compensation
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JC PF JU EX DE TF	Check if the organization used Schedule O to resched the organization used Schedule O to resched the capacitation of the capacitation used Schedule O to reschedule O	(b) Average hours per week devoted to position 15.00 10.00	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) He cont emploplans,	instructions for the state of t	(e) Estimated amount of other compensation 0.
JC PF JU EX DF FF WA	Check if the organization used Schedule O to resched le O to r	(b) Average hours per week devoted t position 15.00	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) He cont emploplans,	realth benefits, ributions to be benefit and deferred apensation 0.	(e) Estimated amount of other compensation 0.
JC PF JU EX PF RE LA	Check if the organization used Schedule O to resched le O	(b) Average hours per week devoted to position 15.00 10.00 10.00	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) He cont emploplans,	instructions for the state of t	(e) Estimated amount of other compensation 0. 0.
JC PF JU EX PF FF RE	Check if the organization used Schedule O to res (a) Name and title OHN CAPODANNO RESIDENT/REGION 8 DIRECTOR ULIO RUVALCABA RECUTIVE VICE PRESIDENT ENNIS LUCIANI REASURER ARREN DIETZ EGION 1 DIRECTOR AURENCE FRY EGION 5 DIRECTOR	(b) Average hours per week devoted to position 15.00 10.00	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) He cont emploplans,	realth benefits, ributions to be benefit and deferred apensation 0.	(e) Estimated amount of other compensation 0.
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Form 990-EZ (2012)

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paid more than \$100,000 ner week devoted to compensation (Forms contributions to am	Yes	- :	
If "Yes," complete Schedule C, Part I 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 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 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E In Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," was the related organization a section 527 organization? Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each retain \$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 of compensation (Forms compensation (Forms paid more than \$100,000 of compensation (Forms com		Yes	
All 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 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 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," was the related organization a section 527 organization? Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each rethan \$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 paid more than \$100,000 (c) Reportable compensation (Forms contributions to contributions to contributions to compensation (Forms contributions to contributions to compensation (Forms contributions to contributions to compensation (Forms contributions to		Yes	
Check if the organization used Schedule O to respond to any question in this Part VI 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 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E Did the organization make any transfers to an exempt non-charitable related organization? 49a If "Yes," was the related organization a section 527 organization? Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each retain \$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 of compensation (Forms contributions to contribut		Yes	
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 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," was the related organization a section 527 organization? Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each rethan \$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 Def week devoted to organization (Compensation (Forms contributions to compensation (Forms contributions to compensation (Forms contributions to compensation (Forms contributions to compensation (Forms contributions to contributio		Yes	
Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," was the related organization a section 527 organization? Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each rethan \$100,000 of compensation from the organization. If there is none, enter "None." (a) Name and title of each employee (b) Average hours paid more than \$100,000 (c) Reportable compensation (Forms (d) Health benefits, organization (Forms) paid more than \$100,000		Yes	
Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," was the related organization a section 527 organization? Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each rethan \$100,000 of compensation from the organization. If there is none, enter "None." (a) Name and title of each employee (b) Average hours paid more than \$100,000 (c) Reportable compensation (Forms (d) Health benefits, organization for the organization.	ceived i		L
a Did the organization make any transfers to an exempt non-charitable related organization? b If "Yes," was the related organization a section 527 organization? Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each rethan \$100,000 of compensation from the organization. If there is none, enter "None." (a) Name and title of each employee (b) Average hours paid more than \$100,000 (c) Reportable compensation (Forms) (d) Health benefits, organization (Forms) per week devoted to	ceived i		
b If "Yes," was the related organization a section 527 organization? Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each rethan \$100,000 of compensation from the organization. If there is none, enter "None." (a) Name and title of each employee (b) Average hours paid more than \$100,000 (c) Reportable compensation (Forms contributions to am per week devoted to	ceived r		┡
Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each rethan \$100,000 of compensation from the organization. If there is none, enter "None." (a) Name and title of each employee (b) Average hours paid more than \$100,000 (c) Reportable compensation (Forms of the compensation	ceived i	ل	
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 paid more than \$100,000 (c) Reportable compensation (Forms contributions to cont	ceived i		<u></u>
(a) Name and title of each employee (b) Average hours (c) Reportable compensation (Forms contributions to contributions to		ived r	mo
paid more than \$100,000 per week devoted to compensation (Forms contributions to am	. Ft	<u></u>	
	e) Estim ount of		
Dosition W-2/1099-MISC) plans, and deferred polars, and deferred polars.	mpens		
NONE compensation		<u> </u>	
			_
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			<u></u>
			<u> </u>
Did the organization complete Schedule A? Note: All section 501(c)(3) organizations and 4947(a)(1) nonexempt			<u> </u>
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			
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 er 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, an laration of preparer (other than officer) is based on all information of which preparer has any knowledge			
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 ler 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, an laration of preparer (other than officer) is based on all information of which preparer has any knowledge Signature of officer Date			
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 er 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, an laration of preparer (other than officer) is based on all information of which preparer has any knowledge Signature of officer Date			
charitable trusts must attach a completed Schedule A ler 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, an laration of preparer (other than officer) is based on all information of which preparer has any knowledge gn Signyture of officer Date Table CAPODADD President			
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 for 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, an elaration of preparer (other than officer) is based on all information of which preparer has any knowledge gn Signature of officer Type or print name and title Print/Type preparer's name Preparer's signature Date Check if PTIN self-employed			
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 er 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, an laration of preparer (other than officer) is based on all information of which preparer has any knowledge Signsture of officer Type or print name and title Print/Type preparer's name Preparer's signature Date Check If PTIN self-employed	id compl	compl	blete
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 er 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, an laration of preparer (other than officer) is based on all information of which preparer has any knowledge gn Signsture of officer Type or print name and title Print/Type preparer's name Preparer's signature Date Check if PTIN self- employed PO1410	934	34	blete
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 er 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, an laration of preparer (other than officer) is based on all information of which preparer has any knowledge gn Signature Preparer's name Preparer's signature Print/Type preparer's name ROBERT L ROJAS ROBERT L ROJAS ROBERT L ROJAS Firm's RIN > 61-14421	934 18	34 8	blete
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 er 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, an laration of preparer (other than officer) is based on all information of which preparer has any knowledge gn Signature Preparer's name Preparer's signature Print/Type preparer's name ROBERT L ROJAS ROBERT L ROJAS ROBERT L ROJAS Firm's RIN > 61-14421	934	34 8	blete
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 er 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, an laration of preparer (other than officer) is based on all information of which preparer has any knowledge gn Signature Print/Type preparer's name Preparer's signature Print/Type preparer's name Print/Type print/Type print/Type preparer's name Print/Type print/Type print/Type preparer's name Print/Type pri	934 18 3-9	34 8 -9	blete

SCHEDULE A

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

Public Charity Status and Public Support

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

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

2012

Open to Public Inspection

Name of the organization

Employer identification number

		REACT I	NTERNATIONAL	<u>, INC</u>	<u>. </u>				<u>5</u>	<u>1-0168</u>	<u> 3558</u>	i
Part I	Reason	for Public Char	rity Status (All organiz	ations mu	st comple	te this par) See inst	ructions				
The organ	ization is not a	a private foundation	because it is (For lines	1 through	11, check	only one b	ox.)					
1 🖳	A church, co	nvention of churche	es, or association of chur	ches desc	ribed in se	ection 170	(b)(1)(A)(i)).				
2	A school des	cribed in section 17	70(b)(1)(A)(ii). (Attach Sc	hedule E)								
з 🔛	A hospital or	a cooperative hosp	ital service organization of	described	in section	170(b)(1)	(A)(rii).					
4 📖	A medical res	search organization	operated in conjunction	with a hos	pital desc	nbed in se	ction 170	(b)(1)(A)(ii	i). Enter	the hospita	ıl's nan	ne,
	city, and stat	te										
5	_	-	benefit of a college or ur	niversity o	wned or o	perated by	a governi	mental uni	t describ	ed in		
	section 170	(b)(1)(A)(iv). (Compl	ete Part II.)									
6 🖳	A federal, sta	ate, or local governm	nent or governmental unr	t describe	d in sectio	n 170(b)(I)(A)(v).					
7 📖	An organizati	on that normally rec	ceives a substantial part	of its supp	ort from a	governme	ental unit o	r from the	general	public des	cribed	ın
_	section 170((b)(1)(A)(vi). (Comple	ete Part II)									
8 🖳			section 170(b)(1)(A)(vi).									
9 LX	(,											
		•	nctions - subject to certa	=		•				•		
			axable income (less sect	tion 511 ta	x) from bu	isinesses a	acquired b	y the orga	nızatıon	after June	30, 197	75
		509(a)(2). (Complete										
10	-	-	perated exclusively to te	•	•			•				
11	-	-	perated exclusively for the						-			or
			ations described in section				2) See sec	ction 509(a	a)(3). Ch	eck the bo	k that	
	_		organization and comple		_			. — — .	- 111 - 11-			
	a Type I		• •	ype III - Fu	•	_				n functiona	•	•
e			at the organization is not									เท
		-	than one or more publicly		_				(a)(1) or	section 50	9(a)(2)	
f	-		tten determination from t	ine ins tha	atitisa iy	pe i, Type	ii, or Type) 111				
_		rganization, check to				. f	-6 46 - 6-11		0			
g			organization accepted ar directly controls, either al								V	T NI -
	••		upported organization?	one or tog	ether with	persons c	iescribed i	iri (ii) ariu (i	iii) below.		Yes	No
,	-		n described in (i) above?							11g(i)	i	
		•	a person described in (i) a		- 2					11g(ii)		
h		•	about the supported or	` '						11g(iii	Ц	Ь
"	7 TOVIDE LITE II	ollowing information	about the supported of	yanızatıon	(5)							
(i) Name	of supported	(ii) EIN	(iii) Type of organization	(iv) Is the c	rganization	(v) Did voi	notify the	(vi) Is	the	(vii) Amour	nt of mo	netan/
	inization	(11) 2.11	(described on lines 1-9	în col. (i) lis	•	organizat	ion in col.	organization (i) organization	on in col. ed in the		pport	iiciai y
_				governing docume		(i) of your	r support?	Ü.S.	?			
			(see instructions))	Yes	No	Yes	No	Yes	No			
												
·												
				-								
otal			, , , , , , , , , , , , , , , , , , , ,	L				L <u>.</u>				

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

Schedule A (Form 990 or 990-EZ) 2012

232021 12-04-12

	OHI 330 01 330 LE 2012	- 49
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	zation
	fails to qualify under the tests listed below, please complete Part III)	

Sec	ction A. Public Support						
Cale	ndar 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 organ-						
	zation'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)		ĺ				
6	Public support. Subtract line 5 from line 4						
Sec	ction B. Total Support						
Cale	ndar 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	ļ					
	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		, ^ ^	, , , , , , , , , , , , , , , , , , ,	I		
12	Gross receipts from related activities,	etc (see instruction	ons)			12	
13	First five years. If the Form 990 is for	the organization's	s first, second, thir	d, fourth, or fifth to	ax year as a sectio	n 501(c)(3)	
	organization, check this box and stop	here					
Sec	ction C. Computation of Publ	c Support Per	rcentage			 	
	Public support percentage for 2012 (I	, , , ,	•	column (f))		14	<u>%</u>
	Public support percentage from 2011					15	<u>%</u>
16a	33 1/3% support test - 2012. If the o	-			14 is 33 1/3% or n	nore, check this bo	x and
	stop here. The organization qualifies		-				▶[]
b	33 1/3% support test - 2011. If the o	J		•	f line 15 is 33 1/3%	or more, check th	is box
	and stop here. The organization quali		• • •				▶∟
17a	10% -facts-and-circumstances test	-					
	and if the organization meets the "fac			-	·	rt IV how the organ	ization
	meets the "facts-and-circumstances"	•	•		-		▶∟
b	10% -facts-and-circumstances test	•				•	
	more, and if the organization meets the				-		
	organization meets the "facts-and-circ						▶⊨
18	Private foundation. If the organization	n did not check a l	box on line 13, 16	a, 16b, 17a, or 17l		and see instructions	
					Caba		DVV E 71 DV40

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)

Sec	ction A. Public Support				<u></u>		·
Cale	ndar 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		2,7555	3,23.4		2,000	
•	are not an unrelated trade or bus-						,
4	Tax revenues levied for the organ-		-				
	ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities					1	
	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	<u> </u>					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.
С	Add lines 7a and 7b					· · · · · · · · · · · · · · · · · · ·	0.
8	Public support (Subtract line 7c from line 6)					************	236,564.
	ction B. Total Support						. = = = 1 - 2 = 1
Cale	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
	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.	
b	Unrelated business taxable income		•	•	•		
	(less section 511 taxes) from businesses acquired after June 30, 1975				ļ		
С	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	611.	470.	500.	484.	423.	2,488.
13	assets (Explain in Part IV) Total support (Add lines 9, 10c, 11, and 12)	56,669.	51,032.	51,645.	51,196.	45,697.	256,239.
	First five years. If the Form 990 is for						
17	check this box and stop here	tile organization s	inst, second, trinc	i, iourni, or marta.	A year as a section	11 50 1(c)(5) 01ga112	.auon,
Sec	ction C. Computation of Publi	ic Support Pe	rcentage			····	
15	Public support percentage for 2012 (I			olumn (fl)		15	92.32 %
16	Public support percentage from 2011		•	oldi i i i (i))		16	90.05 %
	ction D. Computation of Inves					10	J0.03 /8
	Investment income percentage for 20			e 13. column (fl)		17	6.71 %
18	Investment income percentage from 2	•		c 10, column (i))		18	8.97 %
	33 1/3% support tests - 2012. If the			in line 14 and line	l 15 is more than 3		
130	more than 33 1/3%, check this box ar	-					► X
h	33 1/3% support tests - 2011. If the	-	•		• •		
J	line 18 is not more than 33 1/3%, che	•					
20	Private foundation. If the organization			•	. ,	_	
	23 12-04-12			<u>,, </u>			0 or 990-EZ) 2012

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.

2012
Open to Public Inspection

Name of the organization

REACT INTERNATIONAL, INC

Employer identification number 51-0168558

REACT INTERNATIONAL, INC	21-0109229
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 IN	VENTORY:
INCOME:	3
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 LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedul	346. le O (Form 990 or 990-EZ) (2012
232211 01-04-13	(2012)

SCHEDULE O

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047 Open to Public ***

Department of the Treasury ▶ Attach to Form 990 or 990-EZ. Inspection Internal Revenue Service Employer identification number Name of the organization 51-0168558 REACT INTERNATIONAL, INC MEETINGS 365. 1,644. EQUIPMENT LEASE 292. PROPERTY TAXES 3,500. MOVING EXPENSE 4. INTEREST TOTAL TO FORM 990-EZ, LINE 16 18,574. FORM 990-EZ, PART II, LINE 24, OTHER ASSETS: BEG. END OF YEAR DESCRIPTION OF YEAR 10,694. INVENTORY 1,587. PREPAID EXPENSES 1,643. 1,404. ACCOUNTS RECEIVABLE 654. 378. UNDEPOSITED FUNDS 0. 1,810. 5,179. 12,991. TOTAL TO FORM 990-EZ, LINE 24 FORM 990-EZ, PART II, LINE 26, OTHER LIABILITIES: BEG. OF YEAR END OF YEAR DESCRIPTION 4,696. DEFERRED INCOME 3,547. 1,440. 1,440. UNEARNED INCOME 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

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

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

COMMUNICATIONS FOR EMERGENCIES, DISASTERS, AND OTHER FORMS OF AID TO

232211 01-04-13

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury

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.

2012
Open to Public Inspection

Name of the organization

Employer identification number

REACT INTERNATIONAL, INC	51-0168558
CITIZENS.	
FORM 990-EZ, PART III, LINE 28, PROGRAM SERVICE ACCOMPLIS	HMENTS:
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 ACCOMPLIS	HMENTS:
PROVIDE PUBLIC SERVICE COMMUNICATIONS TO INDIVIDUALS,	
ORGANIZATIONS, AND GOVERNMENT AGENCIES TO SAVE LIVES,	
PREVENT INJURIES, GIVE ASSISTANCE, AND ESTABLISH A NETWOR	K
OF TRAINED VOLUNTEERS OF 105 TEAMS.	
FORM 990-EZ, PART V, INFORMATION REGARDING PERSONAL BENEF	
THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FU	
OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONT	
THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMI	UMS, DIRECTLY,
OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.	

Name of the organization Employer identification number REACT INTERNATIONAL, INC 51-0168558 Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (see the instructions for Part IV) (d) Health benefits, contributions to employee benefit plans, and deferred compensation (b) Average hours (e) Estimated (C) Reportable compensation (Forms W-2/1099-MISC) per week devoted to amount of other (a) Name and title position compensation (if not paid, enter -0-) MICHAEL CASTIGLIONI SECRETARY 10.00 0. 0. 0. STANTON WALTERS REGION 1 DIRECTOR 0. 0. 5.00 0. CHUCK THOMPSON VICE PRESIDENT 10.00 0. 0. 0. MICHAEL CASTIGLIONI SECRETARY 10.00 0. 0. GEORGE JOROCHILOV ASSISTANT SECRETARY 10.00 0. 0. 0.