MAIL TO:

Registry of Charitable Trusts P.O. Box 903447 Sacramento, CA 94203-4470 (916) 210-6400

WEB SITE ADDRESS: www.ag.ca.gov/charities/

ANNUAL REGISTRATION RENEWAL FEE REPORT TO ATTORNEY GENERAL OF CALIFORNIA

Section 12586 and 12587, California Government Code 11 Cal. Code Regs. section 301-307, 311, and 312

Failure to submit this report annually no later than the 15th day of the 5th month after the end of the organization's accounting period may result in the loss of tax exemption and the assessment of a minimum tax of \$800, plus interest, and/or fines or filing penalties as defined in Government Code section 12586.1. IRS extensions will be honored.



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State Charity Registration Number 0220197				MAY 2 3 2019			
REACT INTERNATIONAL, INC.			nge of address	Registry of	;		
Name of Organization			☐ Amended report Chari		sts		
1331 RANDALL STREET			· ·				
Address (Number and Street)			Corporate or Organization No. 3699099				
GLENDALE, CA 91201 City or Town, State and ZIP Code			Federal Employer I.D. No. 51-0168558				
ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal. Code Regs. sections 301-307, 311, and 312) Make Check Payable to Attorney General's Registry of Charitable Trusts							
Gross Annual Revenue Fee	Gross Annual Revenue	<u>Fee</u>	Gross Annual Revenue Fe		<u> 10</u>		
Less than \$25,000 0 Between \$25,000 and \$100,000 \$25	Between \$100,001 and \$250,000 Between \$250,001 and \$1 million	\$50 \$75	Between \$1,000,001 and \$10 million Between \$10,000,001 and \$50 million Greater than \$50 million		1 \$2	\$150 \$225 \$300	
PART A - ACTIVITIES							
For your most recent full accounting period (beginning 01 / 01 / 2018 ending 12 / 31 / 2018) list:							
Gross annual revenue \$							
PART B - STATEMENTS REGARDING ORGANIZATION DURING THE PERIOD OF THIS REPORT							
Note: If you answer "yes" to any of the queresponse. Please review RRF-1 ins	uestions below, you must attach a sepa structions for information required.	rate page	providing an explanation	on and details fo	or each	"yes"	
	•	transaction	s botwoon the organizat	ion and any	Yes	No	
 During this reporting period, were there any contracts, loans, leases or other financial transactions between the organization and any officer, director or trustee thereof either directly or with an entity in which any such officer, director or trustee had any financial interest? 						x	
2. During this reporting period, were there any theft, embezzlement, diversion or misuse of the organization's charitable property or funds?						×	
3. During this reporting period, did non-program expenditures exceed 50% of gross revenue?						×	
 During this reporting period, were any organization funds used to pay any penalty, fine or judgment? If you filed a Form 4720 with the Internal Revenue Service, attach a copy. 						×	
 During this reporting period, were the services of a commercial fundraiser or fundraising counsel for charitable purposes used? If "yes," provide an attachment listing the name, address, and telephone number of the service provider. 						x	
6. During this reporting period, did the organization receive any governmental funding? If so, provide an attachment listing_the name of the agency, mailing address, contact person, and telephone number.						×	
7. During this reporting period, did the organization hold a raffle for charitable purposes? If "yes," provide an attachment indicating the number of raffles and the date(s) they occurred.						×	
8. Does the organization conduct a vehicle donation program? If "yes," provide an attachment indicating whether the program is operated by the charity or whether the organization contracts with a commercial fundraiser for charitable purposes.						x	
Did your organization have prepared an aud reporting period?	dited financial statement in accordance with	n generally	accepted accounting pri	inciples for this		x	
Organization's area code and telephone numbe	r (301) 316 - 2900					L	
Organization's e-mail address							
I declare under penalty of perjury that I have examined this report, including accompanying documents, and to the best of my knowledge and belief, the content is true, correct and complete.							
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Signature of authorized officer	JOHN CAPODANNO Printed Name		PRESIDEN Title	<u> </u>	05/13/ Da		