STATE OF CALIFORNIA RRF-1 (Rev. 09/2017)

> MAIL TO: Registry of Charitable Trusts P.O. Box 903447 Sacramento, CA 94203-4470

STREET ADDRESS: 1300 | Street Sacramento, CA 95814 (916) 210-6400

WEBSITE ADDRESS: www.oaq.ca.gov/charities

## **ANNUAL REGISTRATION RENEWAL FEE REPORT** TO ATTORNEY GENERAL OF CALIFORNIA

Sections 12586 and 12587, California Government Code 11 Cal. Code Regs. sections 301-306, 309, 311, and 312

Failure to submit this report annually no later than four months and fifteen days 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. Revenue & Taxation Code section 23703; Government Code section 12586.1. IRS extensions will be honored.

DEPARTMENT OF JUSTICE PAGE 1 of 5

(For Registry Use Only)

RECEIVED Attorney General's Office

| REACT International, Inc.                                                                                                                                                               | REACT International, Inc.    |                                                                                                |                                              | Check if:                                                                                                  |            |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|------------------------------------------------------------------------------------------------|----------------------------------------------|------------------------------------------------------------------------------------------------------------|------------|--|
| Name of Organization                                                                                                                                                                    |                              |                                                                                                | ☐ Change of address                          |                                                                                                            |            |  |
| List all DBAs and names the organi                                                                                                                                                      | insting upon or              | - has used                                                                                     |                                              |                                                                                                            |            |  |
| · ·                                                                                                                                                                                     | Zalion uses u                | nas useu                                                                                       | -                                            |                                                                                                            |            |  |
| 1331 Randall Street Address (Number and Street)                                                                                                                                         |                              |                                                                                                | State Charity Registration Number CT 0220197 |                                                                                                            |            |  |
| Glendale, CA 91201                                                                                                                                                                      |                              |                                                                                                |                                              |                                                                                                            |            |  |
| City or Town, State, and ZIP Code                                                                                                                                                       |                              |                                                                                                | Corporat                                     | tion or Organization No. 3699099                                                                           |            |  |
| (301) 316-2900                                                                                                                                                                          |                              |                                                                                                |                                              |                                                                                                            |            |  |
| Telephone Number E-mail Address                                                                                                                                                         |                              |                                                                                                | Federal Employer ID No. 51-168558            |                                                                                                            |            |  |
| ANNUAL REG                                                                                                                                                                              | GISTRATION                   | RENEWAL FEE SCHEDULE (11 Cal. Co<br>Make Check Payable to Departmen                            |                                              |                                                                                                            |            |  |
| Gross Annual Revenue                                                                                                                                                                    | Fee                          | Gross Annual Revenue                                                                           | <u>Fee</u>                                   | Gross Annual Revenue                                                                                       | Fee        |  |
| Less than \$25,000<br>Between \$25,000 and \$100,000                                                                                                                                    | 0<br><b>\$2</b> 5            | Between \$100,001 and \$250,000<br>Between \$250,001 and \$1 million                           | \$50<br>\$75                                 | Between \$1,000,001 and \$10 million<br>Between \$10,000,001 and \$50 million<br>Greater than \$50 million |            |  |
| PART A - ACTIVITIES                                                                                                                                                                     |                              |                                                                                                |                                              |                                                                                                            |            |  |
| For your most recent fu                                                                                                                                                                 | III accounting               | period (beginning 01 / 01 / 2019                                                               | ending                                       | 12 / 31 / 2019 ) list:                                                                                     |            |  |
| Gross Annual Revenue \$                                                                                                                                                                 | 18,848.00                    | Noncash Contributions \$                                                                       | <br>0.00                                     |                                                                                                            | 7 00       |  |
|                                                                                                                                                                                         | ·                            |                                                                                                |                                              | <del></del>                                                                                                | 7.00       |  |
| Program                                                                                                                                                                                 | Expenses \$_                 | 8,442.00 Total I                                                                               | Expenses                                     | 17.20                                                                                                      |            |  |
| PART B - STATEMENTS REGARI                                                                                                                                                              | DING ORGANI                  | IZATION DURING THE PERIOD OF THI                                                               | S REPOR                                      | et                                                                                                         |            |  |
| Note: All questions must be a                                                                                                                                                           | nswered. If yo               | ou answer "yes" to any of the question                                                         | ns below,                                    | you must attach a separate page                                                                            |            |  |
|                                                                                                                                                                                         |                              | for each "yes" response. Please revis                                                          |                                              |                                                                                                            | Yes N      |  |
|                                                                                                                                                                                         |                              | contracts, loans, leases or other financial f<br>ctly or with an entity in which any such offi |                                              |                                                                                                            | •          |  |
| During this reporting period, wa                                                                                                                                                        | as there any the             | neft, embezzlement, diversion or misuse a                                                      | of the organ                                 | nization's charitable property or funds?                                                                   |            |  |
| 3. During this reporting period, were any organization funds used to pay any penalty, fine or judgment?                                                                                 |                              |                                                                                                |                                              |                                                                                                            | •          |  |
| 4. During this reporting period, were the services of a commercial fundraiser, fundraising counsel for charitable purposes, or commercial coventurer used?                              |                              |                                                                                                |                                              |                                                                                                            | •          |  |
| 5. During this reporting period, did the organization receive any governmental funding?                                                                                                 |                              |                                                                                                |                                              |                                                                                                            |            |  |
| 6. During this reporting period, did the organization hold a raffle for charitable purposes?                                                                                            |                              |                                                                                                |                                              |                                                                                                            |            |  |
| 7. Does the organization conduct a vehicle donation program?                                                                                                                            |                              |                                                                                                |                                              |                                                                                                            |            |  |
| 8. Did the organization conduct an independent audit and prepare audited financial statements in accordance with<br>generally accepted accounting principles for this reporting period? |                              |                                                                                                |                                              |                                                                                                            |            |  |
| 9. At the end of this reporting peri                                                                                                                                                    | iod, did the org             | ganization hold restricted net assets, while                                                   | e reporting                                  | negative unrestricted net assets?                                                                          |            |  |
| I declare under penalty of perjury<br>belief, the content is true, correct                                                                                                              | / that I have extand complet | xamined this report, including accomple, and I am authorized to sign.                          | panying d                                    | locuments, and to the best of my know                                                                      | riedge and |  |
| Week Con_                                                                                                                                                                               |                              | John Capodanno                                                                                 |                                              | President                                                                                                  | 09/06/20   |  |
| Signature of Authorized &                                                                                                                                                               | Agent                        | Printed Name                                                                                   | — —                                          | Title                                                                                                      | Date       |  |