

Short Form Return of Organization Exempt From Income Tax

2008

Open to Public Inspection

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 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

A For the 2008 calendar year, or tax year beginning **2008**, and ending **2008**, and ending **20**

<p>B Check if applicable:</p> <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<p>Please use IRS label or p/n/t or type. See Specific Instructions</p>	<p>C Name of organization REACT INTERNATIONAL, INC.</p> <p>Number and street (or P O box, if mail is not delivered to street address) Room/suite 5210 AUTH ROAD</p> <p>City or town, state or country, and ZIP + 4 SUITLAND, MD 20746-4393</p>	<p>D Employer identification number 51-0168558</p> <p>E Telephone number 301-316-2900</p> <p>F Group Exemption Number</p>
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• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Accounting method: Cash Accrual
Other (specify) ▶

I Website: ▶ www.reactintl.org

H Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

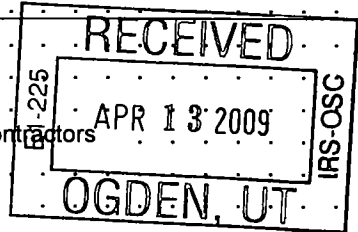
J Organization type (check only one) - 501(c) (3) ◀ (insert no) 4947(a)(1) or 527

K Check if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$1,000,000 or more, file Form 990 instead of Form 990-EZ ▶ \$

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

	Description	Code	Amount
Revenue	1 Contributions, gifts, grants, and similar amounts received	1	805
	2 Program service revenue including government fees and contracts	2	
	3 Membership dues and assessments	3	45,886
	4 Investment income	4	7,839
	5a Gross amount from sale of assets other than inventory	5a	30,789
	b Less: cost or other basis and sales expenses	5b	47,756
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (attach schedule)	5c	(16,967)
	6 Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here <input type="checkbox"/>		
	a Gross revenue (not including \$ of contributions reported on line 1)	6a	
	b Less: direct expenses other than fundraising expenses	6b	
c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	0	
Expenses	7a Gross sales of inventory, less returns and allowances	7a	1,528
	b Less: cost of goods sold	7b	1,083
	c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	445
	8 Other revenue (describe ▶ <u>LATE FEES</u>)	8	611
	9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	38,619
	10 Grants and similar amounts paid (attach schedule)	10	
	11 Benefits paid to or for members	11	2,144
Net Assets	12 Salaries, other compensation, and employee benefits	12	17,401
	13 Professional fees and other payments to independent contractors	13	4,645
	14 Occupancy, rent, utilities, and maintenance	14	12,498
	15 Printing, publications, postage, and shipping	15	19,634
	16 Other expenses (describe ▶ <u>SEE SCHEDULE</u>)	16	6,756
	17 Total expenses. Add lines 10 through 16	17	63,078
	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	(24,459)
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)	19	108,125	
20 Other changes in net assets or fund balances (attach explanation)	20	(13,706)	
21 Net assets or fund balances at end of year. Combine lines 18 through 20	21	69,960	



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.)

	Description	(A) Beginning of year	(B) End of year
22	Cash, savings, and investments	111,112	68,163
23	Land and buildings		
24	Other assets (describe ▶ <u>SEE SCHEDULE</u>)	19,440	15,996
25	Total assets	130,552	84,159
26	Total liabilities (describe ▶ <u>SEE SCHEDULE</u>)	22,427	14,199
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	108,125	69,960

SCANNED APR 28 2009 Revenue

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Part V 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		X
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		X
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.		
a	Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting, and proxy tax requirements?		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?		
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Schedule N		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a 0		
b	Did the organization file Form 1120-POL for this year?		X
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return?		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved		
39	Section 501(c)(7) organizations. Enter.		
a	Initiation fees and capital contributions included on line 9		
b	Gross receipts, included on line 9, for public use of club facilities		
39a	0		
39b	0		
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		
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		X
c	Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ 0		
d	Enter amount of tax on line 40c reimbursed by the organization ▶ 0		
e	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.		X
41	List the states with which a copy of this return is filed. ▶ ILLINOIS		
42a	The books are in care of ▶ REACT INTERNATIONAL, INC Telephone no ▶ 301-316-2900 Located at ▶ 5210 AUTH RD, #403, CAMP SPRINGS, MD ZIP + 4 ▶ 20746-4325		
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)? If "Yes," enter the name of the foreign country: ▶ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	Yes	No
42b			X
c	At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country: ▶		X
42c			X
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43		
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ		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		X

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.

- | | Yes | No |
|-----|-----|----|
| 46 | | X |
| 47 | | X |
| 48 | | X |
| 49a | | X |
| 49b | | X |
- 46 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I
- 47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II
- 48 Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E
- 49a Did the organization make any transfers to an exempt non-charitable related organization?
- b If "Yes," was the related organization(s) a section 527 organization?
- 50 Complete this table for the 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 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				
Total number of other employees paid over \$100,000 ▶				

51 Complete this table for the five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
NONE		
Total number of other independent contractors each receiving over \$100,000 . . . ▶		

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
 Signature of officer: *Norman Kaplan* President
 Date: 03/12/09
 Type or print name and title: NORMAN KAPLAN, TREASURER Norman Kaplan
 Date: 04/07/09

Paid Preparer's Use Only
 Preparer's signature: *Anne A. Glantz CPA*
 Date: 02/27/09
 Check if self-employed:
 Preparer's Identifying Number (See instructions): 2610
 Firm's name (or yours if self-employed), address, and ZIP + 4: SINGLETON & BARDOWSKI, LLC, CPAS
 EIN: 52-1160954
 Phone no: 301-627-7937

May the IRS discuss this return with the preparer shown above? See instructions Yes No

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No 1545-0047

2008

Open to Public Inspection

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

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

Department of the Treasury
Internal Revenue Service

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

Part I Reason for Public Charity Status (All organizations must complete this part.) (see instructions)

The organization is not a private foundation because it is: (Please check only one organization.)

- 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
- 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)
- 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). (Attach Schedule H.)
- 4 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: _____
- 5 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.)
- 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 9 An organization that normally receives: (1) more than 33 1/3% 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 33 1/3% 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.)
- 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). (see instructions)
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the 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.
 - a Type I
 - b Type II
 - c Type III—Functionally integrated
 - d Type III—Other
- 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

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

- (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
- (ii) A family member of a person described in (i) above?
- (iii) A 35% controlled entity of a person described in (i) or (ii) above?

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

h Provide the following information about the organizations the organization supports.

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
Total									0

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.)

Section A. Public Support

Calendar 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)						
6 Public support. Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(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 2008 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f	15	%
16a 33 1/3% support test—2008. 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—2007. 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—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 ▶ <input type="checkbox"/>		
b 10%-facts-and-circumstances test—2007. 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.)

Section A. Public Support

Calendar 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")	57,877	57,395	48,856	50,494	46,691	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	1,528	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 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1-5	61,850	63,462	52,765	53,239	48,219	279,535
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
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						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6)						279,535

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6	61,850	63,462	52,765	53,239	48,219	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	7,839	42,234
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	9,572	7,720	8,193	8,910	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, and 12.)						327,616
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 <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f))	15	85.32 %
16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g	16	85.76 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f))	17	12.89 %
18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h	18	12.21 %

19a 33 1/3% support tests—2008. 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—2007. 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

REACT INTERNATIONAL, INC.
FYE: 12/31/08

FORM 990EZ

SCHEDULE A PART III A, LINE 12 OTHER INCOME

<u>DESCRIPTION</u>	<u>2004</u>	<u>2005</u>	<u>2006</u>	<u>2007</u>	<u>2008</u>
REACTer ADVERTISING	\$983	\$696	\$421	\$135	\$41
LATE FEES	1206	635	670	490	570
	<u>\$2,189</u>	<u>\$1,331</u>	<u>\$1,091</u>	<u>\$625</u>	<u>\$611</u>

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

<u>DESCRIPTION</u>	
SALES OF INVESTMENTS AT MARKET VALUE	\$30,789
CARRYING VALUE OF INVESTMENTS	<u>-47,756</u>
REALIZED (LOSS) ON INVESTMENTS	<u><u>-\$16,967</u></u>

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

<u>DESCRIPTION</u>	<u>GROSS SALES</u>	<u>COST OF GOODS</u>	<u>GROSS PROFIT</u>
REACT INTL MATERIAL	\$1,528	\$1,083	<u><u>\$445</u></u>

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

<u>DESCRIPTION</u>	
UNREALIZED (LOSS) ON INVESTMENTS	<u><u>-\$13,706</u></u>

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

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

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

<u>DESCRIPTION</u>	<u>BEGINNING</u>	<u>END OF YR</u>
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	<u>3,220</u>	<u>0</u>
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](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
Pinon 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>

Title

President

Executive Vice President

Secretary

Treasurer

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
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>

Title/Region Assigned

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>

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>

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>

Region 7
AR, LA, NM, CO, KS, MO, OK, TX

Joseph C.A. Toth
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Las Vegas, NV 89118

HP (760)964-0136
e-mail: <jtothca@tsst.net.tt>

Region 8
CA, NV, UT, AZ

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(January 2008)

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