ef	ile G	RAPHIC print	- DO NOT PROCESS	As Filed Data -				DLN:	93492249007207
				Short	Form				OMB No 1545-1150
	Q	90-EZ	Return of Or			om In	come 1	Гах	
For	m J	90-EZ	Return of Organization Exempt From Income Tax						2016
•			Under section 501(c), 527, o	r 4947(a)(1) of the In	iternal Revenue (Code (exce	pt private fo	undations)	2010
			▶ Do not enter soci	ial security numbers	on this form as	it may be	made publ	ic.	
Dep	artment	of the Treasury	► Information about	=		=	-		Open to Public
-		enue Service							Inspection
			ır year, or tax year beginni	ng 07-01-2016	, and end	ding 06-3	0-2017		
		f applicable s change	C Name of organization KILGORE ROTARY CLUB					D Employe	er identification number
_	Name c							75-6036	796
_	Initial r	-	Number and street (or P O box, PO BOX 434	, if mail is not delivered t	to street address)	Room/suite		E Telephon	e number
	-inal re	turn/terminated	Citizan tarrin atata an marringa	souther and ZID or form	an nostal code				
_		ed return	City or town, state or province, KILGORE, TX 756630434	country, and ZIP or lore	ign postal code		T I	F Group Ex	emption
Ш,	Applica	tion pending						Number	>
		_					- Chack N	[] if the	organization is not
G A	ccoun	tıng Method □	Cash ☑ Accrual Other (spe	ecify) ▶		'			Schedule B
						- 1	(Form 9	90, 990-EZ	, or 990-PF)
		e: N/A	only one) - ☐ 501(c)(3) ☑ 501(c)	/ 4) 4 (insert no) □ 40	(47(a)(1) or □ 52	_			
J 16	ix-exe	mpt status(check o	only one) - 🗖 501(c)(3) 🛂 501(c)	(4) ((insert no) 🗖 49	47(a)(1) 01 🗀 32	27			
		-	Corporation ☐ Trust ☑ Asso						
L A	dd line	es 5b, 6c, and 7b	to line 9 to determine gross r Form 990 instead of Form 99	receipts If gross rece	eipts are \$200,00	00 or more	e, or if total	assets (Pa	rt II, column (B) below)
	art I		Expenses, and Changes						
	art 1	Check if the	organization used Schedule O	to respond to any qu	runu balant Jestion in this Pa	art I	ne instructio	ons for Part	:1)
	1		ifts, grants, and similar amou					1	3,998
	2		revenue including governmei					2	,
	3	-						3	4,095
	4		lembership dues and assessments						126
	5а		rom sale of assets other than	inventory	5a			4	
	b		her basis and sales expenses	•	5b			\dashv \mid	
	c		om sale of assets other than i			52)		— _{5c}	
	6	Gaming and fur		inventory (Subtract in	ne 35 nom me .	<i>Ja)</i>			
٥		-	-	C if grooter than #15	000) 60				
Revenue	а	Gross income ii	om gamıng (attach Schedule (G II Greater than \$15	. ,				
OV.	b		om fundraising events (not in		of cont	tributions	from		
~		=	nts reported on line 1) (attach		ا جه ا		45,05		
		_	ss income and contributions e						
	C		enses from gaming and fundr	=	6c	l. t t.	3,65	-	44 402
	d -	,	loss) from gaming and fundra	` `		subtract	line 6c)	6d	41,402
	7a		nventory, less returns and allo		 +			-	
	b	Less cost of go		(Colleton of long 71, from				<u> </u>	
	c	•	loss) from sales of inventory (Suptract line /b fron	n (ine /a)			7c	
	8		describe in Schedule O)					8	
_	9		Add lines 1, 2, 3, 4, 5c, 6d, 7					9	49,621
	10		lar amounts paid (list in Sched	dule O)				10	3,370
	11	•	or for members					11	
Ş	12	•	compensation, and employee l					12	
Expenses	13		s and other payments to indep					13	
ğ	14	Occupancy, ren	t, utilities, and maintenance .					14	
ш	15	Printing, publica	itions, postage, and shipping					15	
	16	Other expenses	(describe in Schedule O)					16	54,738
	17	Total expense	s. Add lines 10 through 16					▶ 17	58,108
٦	18	Excess or (defic	it) for the year (Subtract line	17 from line 9)				18	-8,487
50.0	19	Net assets or fu	nd balances at beginning of ye	ear (from line 27, col	umn (A)) (must	agree wit	h		
NetAssets		end-of-year figu	ire reported on prior year's re	turn)				19	98,752
4	20	Other changes i	n net assets or fund balances	(explain in Schedule	0)			20	
_	21	Net assets or fu	nd balances at end of year Co	ombine lines 18 throu	ugh 20			21	90,265
— For	Pape	rwork Reduction	on Act Notice, see the sepa	rate instructions.		Cat No	10642I		Form 990-EZ (2016)

Part II	Balance Sheets (see the instruction Check if the organization used Schedule	,	uestion in this Part II			
				Beginning of year	ri i	(B) End of year
22 Cash, sa	vings, and investments			90,752	22	83,583
23 Land and	i buildings				23	
24 Other as	sets (describe in Schedule O)			8,000	24	8,198
25 Total as	sets			98,752	25	91,781
26 Total lia	ibilities (describe in Schedule O)				26	1,516
	ets or fund balances (line 27 of column			98,752	27	90,265
Part III	Statement of Program Service And Check if the organization used Schedule				(R	Expenses equired for section 501(c)
CIVIC ORGA Describe the measured by	organization's primary exempt purpose? NIZATION AFFILIATED WITH ROTARY IN organization's program service accomplia expenses In a clear and concise manne of other relevant information for each primary.	TERNATIONAL THAT SE Ishments for each of its er, describe the service	ERVES OUR COMMUNI s three largest prograr	TY AND THE WORLD	(3) org) and 501(c)(4) ganizations, optional for ers)
28	al Data Table	ogram dde				
(C	76 Ab			. □		
(Grants \$) 29	If this amour	nt includes foreign gran	its, check here	. • 🗆	28a 29a	•
23					234	
(Grants \$)	If this amoun	nt includes foreign gran	ats check here	. ▶ □		
• • •	II this amoun	- Includes foreign gran	its, check here	. , ,	30-	
30					30a	
(C	76 Al		.hll. l	. \Box		
(Grants \$)		nt includes foreign gran	its, check here	. ▶ ⊔		
•	ogram services (describe in Schedule O)					
(Grants \$)		nt includes foreign gran	its, check here		31a	
32 Total pr Part IV	ogram service expenses (add lines 28a List of Officers, Directors, Trustees,		(list each one even if not			58,108
Part IV	Check if the organization used Schedule					
	(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-)	benefit plans,	nploy and	(e) Estimated amount of other compensation
JOHN LOCK	1AN	3 00	enter -u-)			
PRESIDENT						
TERRY BOOK	(FR	2 00		1		
PRESIDENT		1.00				
BOB MIRACL	.E	4 00	()		
SECRETARY						
KEITH T HO	OKS	4 00				
TREASURER						
MELVIN JOR	DAN	2 00	(
PAST PRESII)E					
GREG MURP		2 00)		
SERGEANT-A	/ 11-					

Pai	Other Information (Note the Schedule A and personal benefit contract statement requirements	ın the	•		
	instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V				
			Yes	No	
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33		No	
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		No	
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	-			
_	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35a 35b		No	
	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e)	350			
	notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		No	
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		No	
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions 37a				
	Did the organization file Form 1120-POL for this year?	37b		No	
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 outstanding at the end of the tax year covered by this return?	38a		No	
b	If "Yes," complete Schedule L, Part II and enter the total amount involved . 38b				
39	Section 501(c)(7) organizations Enter				
а	Initiation fees and capital contributions included on line 9				
b	Gross receipts, included on line 9, for public use of club facilities	-			
40a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under				
	section 4911 ▶, section 4912 ▶, section 4955 ▶				
b	Section $501(c)(3)$, $501(c)(4)$, and $501(c)(29)$ organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40ь		No	
С	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections4912, 4955, and 4958				
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax on line 40c reimbursed by the organization				
е	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter	40e		No	
41	transaction? If "Yes," complete Form 8886-T				
42a	The organization's books are in care of ▶ KILGORE ROTARY CLUB Telephone no ▶ (► (903) 522-1115			
	Located at ▶ PO BOX 434 KILGORE, TX ZIP + 4 ▶	7566	53		
ь	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a	ı	V	N	
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	Yes	No No	
	If "Yes," enter the name of the foreign country	420			
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)				
С	At any time during the calendar year, did the organization maintain an office outside the U S ?	42c		No	
	If "Yes," enter the name of the foreign country				
43 9	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here		▶ □		
	and enter the amount of tax-exempt interest received or accrued during the tax year • 43				
			Yes	No	
	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		No	
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		No	
C	Did the organization receive any payments for indoor tanning services during the year?	44c		No	
d	If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an	44d			
45=	explanation in Schedule O	44u 45a		No No	
	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning	-5a		-110	
730	of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b		No	

orm 990-EZ (2016)						Page
					Yes	No
6 Did the organization engage, directly of candidates for public office? If "Yes," of						
				46		No
All section 501(c)(3) organ	izations must answer quest	ions 47-49b and 52	, and complete the ta	ables for li	nes 50	and 5
Check if the organization used	Schedule O to respond to any o	question in this Part VI			Yes	□ No
					163	-110
Did the organization engage in lobbyin If "Yes," complete Schedule C, Part II		01(h) election in effect		. 47		
18 Is the organization a school as describ	ed in section 170(b)(1)(A)(ii)?	If "Yes," complete Sch	edule E .	. 48		
• 9a Did the organization make any transfe	ers 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	<u>-</u>	employees (other than	officers, directors, trust	ees and key	employ	ees)
who each received more than \$100,00	00 of compensation from the or					
(a) Name and title of each employe	hours per week	compensation	contributions to emple	oyee of oth	stimated er comp	
	devoted to position	(Forms W-2/1099- MISC)	benefit plans, and deferred compensat			
f Total number of other employees pa	ıd over \$100,000		•	•		
Complete this table for the organization compensation from the organization.	on's five highest compensated in there is none, enter "None"	ndependent contractor	s who each received mo	re than \$10	00,000 o	f
<u> </u>	ress of each independent contr	actor	(b) Type of service	(c) Comp	ensation	1
d Total number of other independent of	ontractors each receiving over	\$100,000	•			
52 Did the organization complete Schei	dule A? NOTF . All Section 501(c)(3) organizations mi	ist attach a			
completed Schedule A				. ▶ 🗆 Ye	es 🗆 M	No
nder penalties of perjury, I declare that I h						
nowledge and belief, it is true, correct, and	complete Declaration of prepa	rer (other than officer) is based on all informa	tion of whic	h prepa	rer
			1			
as any knowledge			2017-09-05 Date			
ign ere KEITH T HOOKS TREASURER						
ign ere KEITH T HOOKS TREASURER Type or print name and title	I Deanwards committee		Date	TIN		
ign ere KEITH T HOOKS TREASURER Type or print name and title Print/Type preparer's name	Preparer's signature	Date 2017	Date 7-09-05 Check I If P	TIN		
ign lere KEITH T HOOKS TREASURER Type or print name and title	Preparer's signature		Date	TIN		
ign ere KEITH T HOOKS TREASURER Type or print name and title Print/Type preparer's name	Preparer's signature		Date 7-09-05 Check if self-employed	TIN		
ign ere KEITH T HOOKS TREASURER Type or print name and title Print/Type preparer's name Preparer Firm's name	Preparer's signature		Date 7-09-05 Check ☐ If self-employed Firm's EIN ▶	TIN		
ign lere KEITH T HOOKS TREASURER Type or print name and title Print/Type preparer's name Preparer Firm's name	Preparer's signature		Date 7-09-05 Check ☐ If self-employed Firm's EIN ▶	TIN		

Additional Data

Software ID:

Software Version:

EIN: 75-6036796

Name: KILGORE ROTARY CLUB

Form 990F7 Part III - Statement of Program Service Accomplishments

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; optional for others.)		
SPONSORED INTERNATIONAL AMBASSADORS, PROVIDED FOOD TO THE NEEDY, HONORED COMMUNITY LEADERS, PROVIDED SCHOLARSHIP TO THE LOCAL COMMUNITY COLLEGE, SPONSORED COMMUNITY YOUTH ORGANIZATIONS, PROVIDED FELLOWSHIP, PURCHASED DICTIONARIES FOR LOCAL SCHOOL DISTRICT ELEMENTARY SCHOOLS, DISPLAYED OVER 1,500 AMERICAN FLAGS IN THE COMMUNITY ON NATIONAL HOLIDAYS, SPONSORED A PUBLIC SPEAKING CONTEST FOR HIGH SCHOOL STUDENTS, CONTRIBUTED TO THE COMMUNITY FOOD BANK AND THE LOCAL HABITAT FOR HUMANITY ORGANIZATION, HONORED LOCAL OUTSTANDING STUDENT ATHLETES, CONTRIBUTION TO ROTARY FOUNDATION, AND CONTRIBUTED TO MANY OTHER LOCAL AND INTERNATIONAL WORTHY CAUSES (Grants \$) If this amount includes foreign grants, check here	28 a	58,108	

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93492249007207 OMB No 1545-0047 SCHEDULE G **Supplemental Information Regarding** (Form 990 or 990-EZ) **Fundraising or Gaming Activities** Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a Open to Public Department of the Treasury Attach to Form 990 or Form 990-EZ. Inspection Internal Revenue Service ▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www irs gov/form990. **Employer identification number** Name of the organization KILGORE ROTARY CLUB 75-6036796 Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply Mail solicitations e Solicitation of non-government grants Solicitation of government grants Phone solicitations ☐ Special fundraising events In-person solicitations Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☐ No If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization (i) Name and address of (ii) Activity (iii) Did (iv) Gross receipts (v) Amount paid to (vi) Amount paid to ındıvıdual fundraiser have from activity (or retained by) (or retained by) or entity (fundraiser) custody or fundraiser listed in organization control of col (i) contributions? Yes No 8 10 Total 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Cat No 50083H Schedule G (Form 990 or 990-EZ) 2016

Page 2

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (b) Event #2 (a)Event #1 (c)Other events (d) Total events **COMMUNITY FLAG** (add col (a) through (event type) (total number) (event type) col (c)) Revenue 1 Gross receipts. 44,828 44,828 2 Less Contributions. 3 Gross income (line 1 minus 44,828 44,828 line 2) 4 Cash prizes 5 Noncash prizes Direct Expenses Rent/facility costs 7 Food and beverages 8 Entertainment Other direct expenses 2,227 2,227 **10** Direct expense summary Add lines 4 through 9 in column (d) 2,227 11 Net income summary Subtract line 10 from line 3, column (d) 42,601 Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. Revenue (b) Pull tabs/Instant (d) Total gaming (add (a) Bingo (c) Other gaming bingo/progressive bingo col (a) through col (c)) 1 Gross revenue . Expenses | 2 Cash prizes Noncash prizes Direct 4 Rent/facility costs 5 Other direct expenses Yes % Yes % Yes % 6 Volunteer labor No Direct expense summary Add lines 2 through 5 in column (d) Net gaming income summary Subtract line 7 from line 1, column (d). Enter the state(s) in which the organization conducts gaming activities _ ☐ Yes ☐ No Is the organization licensed to conduct gaming activities in each of these states? If "No," explain . 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No If "Yes," explain _

Sche	dule G (Form 990 or 990-EZ) 2016					F	age			
11	Does the organization conduct gaming	j activities with nonmember:	s?		☐Yes	□No				
12	Is the organization a grantor, benefici- formed to administer charitable gamin		member of a partnership or other entity		□Yes	□No				
13	Indicate the percentage of gaming act	ivity conducted in								
а	The organization's facility			13a						
b	An outside facility			13b			(
14	Enter the name and address of the pe	rson who prepares the orga	nization's gaming/special events books and re	cords						
	Name •									
	Address >									
15a	Does the organization have a contract revenue?	with a third party from who	om the organization receives gaming		□Yes	□No				
b			anization 🕨 \$ and th	e						
	amount of gaming revenue retained by the third party ▶ \$									
С	If "Yes," enter name and address of the third party									
	Name ►									
	Address ►									
16	Gaming manager information									
	Name ▶									
	Gaming manager compensation ▶ \$									
	Description of services provided									
	☐ Director/officer	☐ Employee	☐ Independent contractor							
17	Mandatory distributions									
а	,	te law to make charitable di	stributions from the gaming proceeds to		_					
_	retain the state gaming license?									
b	·		uted to other exempt organizations or spent							
В-	in the organization's own exempt activ			- (···) -	and (\. n	ad Dawt				
Pal		l5c, 16, and 17b, as app	cions required by Part I, line 2b, column licable. Also complete this part to provid							
	Return Reference		Explanation							
			<u>'</u>	ule G (F	orm 990 or	990-EZ)	201			

efile GRAPH	: 93492249007207				
SCHEDUL (Form 990 or EZ)	990-	Supplemental Information to Form 990 Complete to provide information for responses to specific Form 990 or 990-EZ or to provide any additional information P Attach to Form 990 or 990-EZ. Information about Schedule O (Form 990 or 990-EZ) and its www.irs.gov/form990.	es to specific questions on diditional information. 1990-EZ. 10-EZ) and its instructions is at 100.		
Name of the org KILGORE ROTARY	CLUB	pplemental Information	Employer ident 75-6036796	ification number	
Return Reference		Explanation			
FORM 990- EZ, PART I, LINE 10 ROTARY FOUNDATION 3,370 1560 SHERMAN AVE EVANSTON IL 60201					

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990- EZ, PART I, LINE 16	EXPENSES HIGH SCHOOL ANNUAL AD 325 GYMNASTICS MEET SPONSORSHIP 1,000 ET TREATMENT CENTER S PONSOR 200 POSTAGE 160 SUPPLIES 711 CLUB RUNNER SUBSCRIPTION 419 DISTRICT MEETINGS 40 PETS CONFERENCE 418 WEEKLY MEETINGS 1,742 PROPERTY INSURANCE 1,019 CHAMBER OF COMMERCE DUES 95 DISTRICT DUES 1,156 INTERNATIONAL DUES 2,806 RANGERETTE RECOGNITION 2,940 SHOE PROJECT 4, 954 BOY SCOUT TROOP 252 4,000 BOYS & GIRLS CLUB KILGORE 9,520 DICTIONARY PROJECT 1,200 HAB ITAT FOR HUMANITY 2,500 HELPING HANDS OF KILGORE 1,000 MISC SMALL PROJECTS 710 ROSE PARADE 100 RYLA 1,306 SCHOLARSHIPS 8,000 CHRISTMAS GIFTS 100 SCHOLAR/ATHLETE RECOG 2,217 S A F F E PROJECT 500 MOSQUITO NETS FOR ZAMBIA 1,100 KISD EDUCATON FOUNDATION 1,000 CITY OF KILG ORE 2,500 WATER WELL PROJECT 1,000 TOTAL 54,738

Return Explanation Reference

FORM 990-ACCOUNTS RECEIVABLE 0 198 PREPAID EXPENSES AND DEFERRED CHARGES 8.000 8.000 TOTAL 8.000 8.198

EZ, PART II. LINE 24

990 Schedule O, Supplemental Information

Return Explanation
Reference

FORM 990-EZ, PART II,

990 Schedule O, Supplemental Information

LINE 26

990 Schedule O, Supplemental Information Return Explanation

Reference	Explanation
FORM 990-	CIVIC ORGANIZATION AFFILIATED WITH ROTARY INTERNATIONAL THAT SERVES OUR COMMUNITY AND THE WORLD

EZ, PART III

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-	SPONSORED INTERNATIONAL AMBASSADORS, PROVIDED FOOD TO THE NEEDY, HONORED COMMUNITY LEADERS
EZ, PART III,	, PROVIDED SCHOLARSHIP TO THE LOCAL COMMUNITY COLLEGE, SPONSORED COMMUNITY YOUTH ORGANIZAT
LINE 28	ONS, PROVIDED FELLOWSHIP, PURCHASED DICTIONARIES FOR LOCAL SCHOOL DISTRICT ELEMENTARY SCH
	OOLS, DISPLAYED OVER 1,500 AMERICAN FLAGS IN THE COMMUNITY ON NATIONAL HOLIDAYS, SPONSORED
	A PUBLIC SPEAKING CONTEST FOR HIGH SCHOOL STUDENTS, CONTRIBUTED TO THE COMMUNITY FOOD BAN
	K AND THE LOCAL HABITAT FOR HUMANITY ORGANIZATION, HONORED LOCAL OUTSTANDING STUDENT ATHLE
	TES, CONTRIBUTION TO ROTARY FOUNDATION, AND CONTRIBUTED TO MANY OTHER LOCAL AND INTERNATIO
	NAL WORTHY CAUSES