

Form **990EZ**
Department of the Treasury
Internal Revenue Service

Short Form Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public.

Go to www.irs.gov/Form990EZ for the latest information.

OMB No 1545-1150
2018
Open to Public Inspection

A For the 2018 calendar year, or tax year beginning 01-01-2018, and ending 12-31-2018

- B** Check if applicable:
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization
PUNXSUTAWNEY CHAMBER OF COMMERCE

Number and street (or P O box, if mail is not delivered to street address) Room/suite
102 WEST MAHONING STREET

City or town, state or province, country, and ZIP or foreign postal code
PUNXSUTAWNEY, PA 15767

D Employer identification number
25-0741683

E Telephone number
(814) 938-7700

F Group Exemption Number

G Accounting Method Cash Accrual Other (specify) _____

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

I Website: WWW.PUNXSUTAWNEY.COM

J Tax-exempt status (check only one) - 501(c)(3) 501(c)(6) (insert no) 4947(a)(1) or 527

K Form of organization Corporation Trust Association Other _____

L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. \$ 73,539

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

Check if the organization used Schedule O to respond to any question in this Part I

Revenue	
1	Contributions, gifts, grants, and similar amounts received 11,695
2	Program service revenue including government fees and contracts 8,032
3	Membership dues and assessments 20,325
4	Investment income 18
5a	Gross amount from sale of assets other than inventory 5a
b	Less cost or other basis and sales expenses 5b
5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) 5c
6	Gaming and fundraising events
a	Gross income from gaming (attach Schedule G if greater than \$15,000) 6a
b	Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) 6b 16,397
c	Less direct expenses from gaming and fundraising events 6c 9,162
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 6d 7,235
7a	Gross sales of inventory, less returns and allowances 7a
b	Less cost of goods sold 7b
7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7c
8	Other revenue (describe in Schedule O) 8 17,072
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 9 64,377
Expenses	
10	Grants and similar amounts paid (list in Schedule O) 10
11	Benefits paid to or for members 11
12	Salaries, other compensation, and employee benefits 12 6,276
13	Professional fees and other payments to independent contractors 13 18,252
14	Occupancy, rent, utilities, and maintenance 14 7,506
15	Printing, publications, postage, and shipping 15 554
16	Other expenses (describe in Schedule O) 16 10,227
17	Total expenses. Add lines 10 through 16 17 42,815
18	Excess or (deficit) for the year (Subtract line 17 from line 9) 18 21,562
Net Assets	
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 49,060
20	Other changes in net assets or fund balances (explain in Schedule O) 20 1,418
21	Net assets or fund balances at end of year Combine lines 18 through 20 21 72,040

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include 33, 34, 35a, 35b, 35c, 36, 37a, 37b, 38a, 38b, 39, 39a, 39b, 40a, 40b, 40c, 40d, 40e, 41.

42a The organization's books are in care of PUNXSU CHAMBER OF COMMERCE Telephone no (814) 938-7700
Located at 102 WEST MAHONING STREET PUNXSUTAWNEY, PA ZIP + 4 15767

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include 42b, 42c.

43 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

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include 44a, 44b, 44c, 44d, 45a, 45b.

	Yes	No
46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	46	No

Part VI 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

	Yes	No
47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	47	
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48	
49a Did the organization make any transfers 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's 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 title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation

f Total number of other employees paid over \$100,000 ▶ _____

51 Complete this table for the organization's 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 business address of each independent contractor	(b) Type of service	(c) Compensation

d Total number of other independent contractors each receiving over \$100,000. ▶ _____

52 Did the organization complete Schedule A? **NOTE.** All section 501(c)(3) organizations must attach a completed Schedule A ▶ Yes No

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	2019-03-14 Date
KATIE LASKA PRESIDENT Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name JENNIFER A FERKO CPA	Preparer's signature	Date 2019-03-14	Check <input type="checkbox"/> if self-employed	PTIN P00642386
	Firm's name ▶ SMITH NALE & COMPANY INC			Firm's EIN ▶ 37-1743063	
	Firm's address ▶ 327 NORTH MAIN STREET PUNXSUTAWNEY, PA 15767			Phone no (814) 938-3555	

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

Additional Data

Software ID:
Software Version:
EIN: 25-0741683
Name: PUNXSUTAWNEY CHAMBER OF COMMERCE

Form 990EZ, 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.)	
<p>28 TO BE AN ADVOCATE FOR THE BUSINESS, CIVIC, CULTURAL, ECONOMIC, AND EDUCATIONAL ADVANCEMENT OF THE PUNXSUTAWNEY AREA AND PROVIDE THE LEADERSHIP AND BE A CATALYST FOR COMMUNITY AND ECONOMIC PROSPERITY</p> <p>(Grants \$)</p> <p style="text-align: right;">If this amount includes foreign grants, check here . . . <input type="checkbox"/></p>	28a	

Form 990EZ, Part III - Statement of Program Service Accomplishments

<p>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.</p>	<p>Expenses (Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)</p>	
<p>29 TO MAINTAIN A SOUVENIR SHOP WITH ANOTHER NONPROFIT ORGANIZATION TO PROMOTE PUNXSUTAWNEY PHIL, GROUNDHOG'S DAY, AND EVENTS THROUGHOUT THE YEAR THAT DRAW TOURISM INTO THE AREA (Grants \$)</p> <p style="text-align: right;">If this amount includes foreign grants, check here . . . <input type="checkbox"/></p>	<p>29a</p>	

Form 990EZ, Part IV — List of Officers, Trustees, and Key Employees

(list each one even if not compensated — see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV.

(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-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
KATIE LASKA PRESIDENT	2 00	0		
STEVETTE ROSEN VICE PRESICE	1 00	0		
ROBERT CARDAMONE DIRECTOR	10 00	0		
JAMES CASSIDY SECRETARY	8 00	0		
JACK LINGENFELTER DIRECTOR	0 25	0		
JILL MARTIN-REND DIRECTOR	1 00	0		
SHANNON KAZA TREASURER	2 00	0		
DANIEL SMITH DIRECTOR	0 25	0		
JIM CASADAY DIRECTOR	4 00	0		
KATIE DONALD DIRECTOR	1 00	0		
JODI PRESLOID DIRECTOR	0 25	0		
HAROLD ELKIN DIRECTOR	0 25	0		
ROGER STEELE DIRECTOR	1 00	0		
LARRY CHENOGA DIRECTOR	0 25	0		
KIM NEIGH DIRECTOR	1 00	0		

Form 990EZ, Part IV — List of Officers, Directors, Trustees, and Key Employees

(list each one even if not compensated — see the instructions for Part IV)

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(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-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
PENNY PIFER DIRECTOR	1 00	0		
MANDY PERRY DIRECTOR	2 00	0		
TOM LESNIEWSKI DIRECTOR	0 25	0		
SAM MARTIN DIRECTOR	0 25	0		
JESSICA CHURCH DRIECTOR	0 25	0		
JACOB FERKO FORMER EXEC	40 00	1,763		

SCHEDULE O
(Form 990 or 990-EZ)**Supplemental Information to Form 990 or 990-EZ**

OMB No 1545-0047

2018**Open to Public
Inspection**

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.

▶ Go to www.irs.gov/Form990 for the latest information.

Department of the Treasury

Name of the organization

PUNXSUTAWNEY CHAMBER OF COMMERCE

Employer identification number

25-0741683

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 8	K1 PUNXSY PHIL'S SHOP 11,335 SHOP MANAGEMENT FEES 5,737 TOTAL 17,072

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 16	EXPENSES STORAGE & EQUIPMENT RENTA 660 TELEPHONE & INTERNET 1,770 BANK & CREDIT CARD FEES 1,169 MISCELLANEOUS 56 MEMBERSHIP EXPENSE 336 ADVERTISING AND PROMOTION 1,265 OFFICE EXPENSE 1,953 TAXES 2,012 DONATIONS 1,006 TOTAL 10,227

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 20	CHANGE IN RESTRICTED NET ASSETS 1,418

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART II, LINE 24	ACCOUNTS RECEIVABLE 600 50 INVENTORIES FOR SALE OR USE 1,085 0 PREPAID EXPENSES AND DEFERRED CHARGES 1,535 1,023 EQUIPMENT 15,322 15,322 LESS ACCUMULATED DEPRECIATION 15,322 15,322 TOTAL 3,220 1,073

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART II, LINE 26	ACCOUNTS PAYABLE AND ACCRUED EXPENSES 2,337 2,556 DEFERRED REVENUE 9,308 0 UNSECURED NOTES AND LOANS PAYABLE 4,261 0 GIFT CHECK PROGRAM 15,011 170 ASSETS HELD IN TRUST 10,864 12,827

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART III	TO ADVANCE THE GENERAL WELFARE AND PROSPERITY OF THE PUNXSUTAWNEY AREA SO THAT ITS CITIZENS AND ALL AREAS OF ITS BUSINESS COMMUNITY SHALL PROSPER ALL NECESSARY MEANS OF PROMOTION SHALL BE PROVIDED AND PARTICULAR ATTENTION AND EMPHASIS SHALL BE GIVEN TO THE ECONOMIC, CIVIC, COMMERCIAL, CULTURAL, INDUSTRIAL, AND EDUCATIONAL INTEREST OF THE AREA

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART III, LINE 31	TO MAINTAIN A SOUVENIR SHOP WITH ANOTHER NONPROFIT ORGANIZATION TO PROMOTE PUNXSUTAWNEY PHIL, GROUNDHOG'S DAY, AND EVENTS THROUGHOUT THE YEAR THAT DRAW TOURISM INTO THE AREA