

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 instructions and the latest information.

OMB No 1545-1150
2019
Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 01-01-2019, and ending 12-31-2019

- 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 ▶ \$ 72,923

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	1	6,667
2	Program service revenue including government fees and contracts	2	340
3	Membership dues and assessments	3	32,424
4	Investment income	4	8
5a	Gross amount from sale of assets other than inventory	5a	
b	Less cost or other basis and sales expenses	5b	
c	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	24,555
c	Less direct expenses from gaming and fundraising events	6c	14,164
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	10,391
7a	Gross sales of inventory, less returns and allowances	7a	
b	Less cost of goods sold	7b	
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	
8	Other revenue (describe in Schedule O)	8	8,929
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ▶	9	58,759

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	21,286
13	Professional fees and other payments to independent contractors	13	11,773
14	Occupancy, rent, utilities, and maintenance	14	7,025
15	Printing, publications, postage, and shipping	15	980
16	Other expenses (describe in Schedule O)	16	18,931
17	Total expenses. Add lines 10 through 16 ▶	17	59,995
18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-1,236
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	72,040
20	Other changes in net assets or fund balances (explain in Schedule O)	20	-7,297
21	Net assets or fund balances at end of year Combine lines 18 through 20	21	63,507

Part II Balance Sheets (see the instructions for Part II)		Check if the organization used Schedule O to respond to any question in this Part II <input checked="checked" type="checkbox"/>	
	(A) Beginning of year		(B) End of year
22 Cash, savings, and investments	86,520	22	92,002
23 Land and buildings		23	
24 Other assets (describe in Schedule O)	1,073	24	2,812
25 Total assets	87,593	25	94,814
26 Total liabilities (describe in Schedule O)	15,553	26	31,307
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	72,040	27	63,507

Part III Statement of Program Service Accomplishments (see the instructions for Part III)

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

What is the organization's primary exempt purpose?
 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

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)

28 See Additional Data Table

(Grants \$)	If this amount includes foreign grants, check here <input type="checkbox"/>	28a
29 See Additional Data Table		29a
(Grants \$)	If this amount includes foreign grants, check here <input type="checkbox"/>	
30		30a
(Grants \$)	If this amount includes foreign grants, check here <input type="checkbox"/>	
31 Other program services (describe in Schedule O)		
(Grants \$)	If this amount includes foreign grants, check here <input type="checkbox"/>	31a
32 Total program service expenses (add lines 28a through 31a)		32

Part IV List of Officers, Directors, 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
See Additional Data Table				

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

		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		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		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)?	Yes	
35b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	Yes	
35c	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III		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		No
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a _____		
37b	Did the organization file Form 1120-POL for this year?		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?		No
38b	If "Yes," complete Schedule L, Part II and enter the total amount involved		
39	Section 501(c)(7) organizations Enter		
39a	Initiation fees and capital contributions included on line 9		
39b	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 ▶ _____		
40b	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		
40c	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 sections 4912, 4955, and 4958 ▶ _____		
40d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax on line 40c reimbursed by the organization ▶ _____		
40e	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		No
41	List the states with which a copy of this return is filed ▶ _____		
42a	The organization's books are in care of ▶ <u>PUNXSU CHAMBER OF COMMERCE</u> Telephone no ▶ <u>(814) 938-7700</u> Located at ▶ <u>102 WEST MAHONING STREET PUNXSUTAWNEY, PA</u> ZIP + 4 ▶ <u>15767</u>		
42b	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 FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)		No
42c	At any time during the calendar year, did the organization maintain an office outside the U S ? If "Yes," enter the name of the foreign country ▶ _____		No
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 _____		
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		No
44b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		No
44c	Did the organization receive any payments for indoor tanning services during the year?		No
44d	If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		No
45b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)		No

		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 KATIE LASKA PRESIDENT Type or print name and title	Date 2020-03-12
---	--------------------

Paid Preparer Use Only	Print/Type preparer's name JENNIFER A FERKO CPA	Preparer's signature	Date 2020-03-12	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>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	5 00	0		
STEVETTE ROSEN VICE PRESIDE	1 00	0		
ROBERT CARDAMONE EXECUTIVE DI	30 00	14,560		
JACK LINGENFELTER DIRECTOR	0 25	0		
JILL MARTIN-REND DIRECTOR	1 00	0		
SHANNON KAZA TREASURER	2 00	0		
JIM CASADAY DIRECTOR	4 00	0		
KATIE DONALD DIRECTOR	1 00	0		
LARRY CHENOGA DIRECTOR	0 25	0		
KIM NEIGH SECRETARY	5 00	0		
MANDY PERRY DIRECTOR	10 00	0		
TOM LESNIEWSKI DIRECTOR	0 25	0		
JESSICA CHURCH DRIECTOR	0 25	0		
BRAD LASHINSKY DIRECTOR	0 25	0		
SUSAN GLESSNER DIRECTOR	0 25	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)

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
LACEY LANEY DIRECTOR	0 25	0		
LAURIE MAUK ASST EXEC DI	20 00	3,960		

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding 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
 Attach to Form 990 or Form 990-EZ.
 Go to www.irs.gov/Form990 for instructions and the latest information

OMB No 1545-0047

2019

Open to Public Inspection

Name of the organization
PUNXSUTAWNEY CHAMBER OF COMMERCE

Employer identification number
25-0741683

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.

- 1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- | | |
|---|---|
| <p>a <input type="checkbox"/> Mail solicitations</p> <p>b <input type="checkbox"/> Internet and email solicitations</p> <p>c <input type="checkbox"/> Phone solicitations</p> <p>d <input type="checkbox"/> In-person solicitations</p> | <p>e <input type="checkbox"/> Solicitation of non-government grants</p> <p>f <input type="checkbox"/> Solicitation of government grants</p> <p>g <input type="checkbox"/> Special fundraising events</p> |
|---|---|
- 2a** 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
- b** If "Yes," list the 10 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 individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
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

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.

Table with 5 columns: (a) Event #1, (b) Event #2, (c) Other events, (d) Total events. Rows include Revenue (Gross receipts, Less Contributions, Gross income) and Direct Expenses (Cash prizes, Noncash prizes, Rent/facility costs, Food and beverages, Entertainment, Other direct expenses, Direct expense summary, Net income summary).

Part III 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.

Table with 5 columns: (a) Bingo, (b) Pull tabs/Instant bingo/progressive bingo, (c) Other gaming, (d) Total gaming. Rows include Revenue (Gross revenue) and Direct Expenses (Cash prizes, Noncash prizes, Rent/facility costs, Other direct expenses, Volunteer labor, Direct expense summary, Net gaming income summary).

9 Enter the state(s) in which the organization conducts gaming activities
a Is the organization licensed to conduct gaming activities in each of these states?
b If "No," explain
10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?
b If "Yes," explain

- 11** Does the organization conduct gaming activities with nonmembers? Yes No
- 12** Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13** Indicate the percentage of gaming activity conducted in
- | | | |
|----------|-----------------------------|---|
| a | The organization's facility | % |
| b | An outside facility | % |

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶

Address ▶

- 15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No
- b** If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____
- c** 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
- a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
- b** Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

Return Reference	Explanation
------------------	-------------

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

2019

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 7,371 SHOP MANAGEMENT FEES 1,558 TOTAL 8,929

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 16	EXPENSES STORAGE & EQUIPMENT RENTA 660 TELEPHONE & INTERNET 4,746 BANK & CREDIT CARD FEES 1,465 EDUCATION 200 MEMBERSHIP EXPENSE 1,021 ADVERTISING AND PROMOTION 673 OFFICE EXPENSE 5,038 TAXES 1,180 NON-INVESTMENT DEPRECIATION 3,948 TOTAL 18,931

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 20	CHANGE IN RESTRICTED NET ASSETS -9,974 BOOK / TAX DEPRECIATION DIFFERENCE 2,677

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART II, LINE 24	ACCOUNTS RECEIVABLE 50 1,062 PREPAID EXPENSES AND DEFERRED CHARGES 1,023 0 EQUIPMENT 15,322 8,551 LESS ACCUMULATED DEPRECIATION 15,322 6,801 TOTAL 1,073 2,812

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART II, LINE 26	ACCOUNTS PAYABLE AND ACCRUED EXPENSES 2,556 2,352 DEFERRED REVENUE 0 13,250 GIFT CHECK PROGRAM 170 0 ASSETS HELD IN TRUST 12,827 13,274 PAYROLL LIABILITIES 0 2,431

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