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Form 990EZ

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

Department of the Treasury
Internal Revenue Service

A For the 2019 calendar year, or tax year beginning 10-01-2019, and ending 09-30-2020

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

C Name of organization
STANLEY-SAWTOOTH CHAMBER OF COMMERCE
Number and street (or P. O. box, if mail is not delivered to street address) Room/suite
PO BOX 8
City or town, state or province, country, and ZIP or foreign postal code
STANLEY, ID 83278

D Employer identification number
82-0429384
E Telephone number
(208) 774-3411
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.STANLEYCC.ORG

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 ☐ \$139,813

| 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 <input checked="" type="checkbox"/> | | |
| Revenue | 1 | Contributions, gifts, grants, and similar amounts received 98,103 |
| | 2 | Program service revenue including government fees and contracts 25,509 |
| | 3 | Membership dues and assessments 16,190 |
| | 4 | Investment income 11 |
| | 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 |
| Expenses | c | Less: direct expenses from gaming and fundraising events 6c |
| | d | Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 6d |
| | 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 |
| | 9 | Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 139,813 |
| | 10 | Grants and similar amounts paid (list in Schedule O) 10 |
| | 11 | Benefits paid to or for members 42,821 |
| | 12 | Salaries, other compensation, and employee benefits 12 |
| Net Assets | 13 | Professional fees and other payments to independent contractors 69,526 |
| | 14 | Occupancy, rent, utilities, and maintenance 2,223 |
| | 15 | Printing, publications, postage, and shipping 15 |
| | 16 | Other expenses (describe in Schedule O) 8,722 |
| | 17 | Total expenses. Add lines 10 through 16 123,292 |
| | 18 | Excess or (deficit) for the year (Subtract line 17 from line 9) 16,521 |
| | 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) 29,985 |
| | 20 | Other changes in net assets or fund balances (explain in Schedule O) 20 |
| | 21 | Net assets or fund balances at end of year. Combine lines 18 through 20 46,506 |

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 ☒

| | (A) Beginning of year | | (B) End of year |
|--|-----------------------|-----------|-----------------|
| 22 Cash, savings, and investments | 8,129 | 22 | 23,406 |
| 23 Land and buildings | | 23 | |
| 24 Other assets (describe in Schedule O) | 24,483 | 24 | 23,659 |
| 25 Total assets | 32,612 | 25 | 47,065 |
| 26 Total liabilities (describe in Schedule O). | 2,627 | 26 | 559 |
| 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) | 29,985 | 27 | 46,506 |

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?
THE STANLEY-SAWTOOTH CHAMBER OF COMMERCE WAS ORGANIZED: (A) TO PROMOTE THE COMMERCIAL BUSINESS, PROFESSIONAL AND CIVIC INTERESTS OF STANLEY AND THE SURROUNDING COMMUNITY; (B) TO ENCOURAGE AND PROMOTE TOURISM THROUGHOUT THE AREA; (C) TO ENCOURAGE AND PROMOTE THE DEVELOPMENT AND MAINTENANCE OF RECREATIONAL FACILITIES AND ACTIVITIES THROUGHOUT THE AREA; (D) TO ASSIST IN THE PROTECTION AND PRESERVATION OF OUR NATURAL RESOURCES AND WILDLIFE; (E) TO COOPERATE WITH FEDERAL AND STATE AGENCIES IN HELPING TO MAKE THIS A PRIME AREA OF PLEASURE AND ENJOYMENT FOR ITS CITIZENS AND SEASONAL VISITORS.

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 | 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) <input checked="" type="checkbox"/> | 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 |
|--------------------|--|--|---|--|
| JEFF CLEGG | 1.00 | 0 | | |
| DIRECTOR | | | | |
| CHARLIE THOMPSON | 1.00 | 0 | | |
| VICE PRESIDE | | | | |
| JOSH FRANKS | 5.00 | 0 | | |
| PRESIDENT | | | | |
| MANDY CLARK | 5.00 | 0 | | |
| SECRETARY | | | | |
| RACHEL ZERO | 1.00 | 0 | | |
| TREASURER | | | | |
| JEFFREY HALL | 20.00 | 0 | | |
| DIRECTOR | | | | |
| ASHLEY HADZOR | 1.00 | 0 | | |
| DIRECTOR | | | | |
| | | | | |
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| | | | | |

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 | 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)? | 35a | No |
| b If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O | 35b | |
| c 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 | 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 | | |
| b 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: | | |
| a Initiation fees and capital contributions included on line 9 | 39a | |
| b Gross receipts, included on line 9, for public use of club facilities | 39b | |
| 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 | 40b | |
| c 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 ▶ | | |
| d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶ | | |
| 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 | 40e | No |
| 41 List the states with which a copy of this return is filed. ▶ | | |
| 42a The organization's books are in care of ▶ <u>STANLEY SAWTOOTH CHAMBER</u> Telephone no. ▶ <u>(614) 260-4468</u> Located at ▶ <u>COMMUNITY BLDG HWY 21 STANLEY, ID</u> ZIP + 4 ▶ <u>83278</u> | | |
| 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: ▶ | 42b | No |
| See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). | | |
| c 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: ▶ | 42c | 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 | 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 explanation in Schedule O | 44d | |
| 45a Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 45a | 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) | 45b | 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 | |
| 49b | 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 | 2021-05-08 Date |
| | MANDY CLARK SECRETARY Type or print name and title | |

| | | | | | |
|-------------------------------|---|----------------------|--------------------|--|-------------------|
| Paid Preparer Use Only | Print/Type preparer's name CHRISTY A MCPHERSON CPA | Preparer's signature | Date 2021-05-08 | Check <input checked="" type="checkbox"/> if self-employed | PTIN P00190526 |
| | Firm's name ▶ CHRISTY A MCPHERSON CPA | | | Firm's EIN ▶ 20-2037634 | |
| | Firm's address ▶ 101 E BULLION ST STE 2G HAILEY, ID 83333 | | | Phone no. (208) 726-2741 | |

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

Additional Data

Software ID:
Software Version:
EIN: 82-0429384
Name: STANLEY-SAWTOOTH 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.) |
|---|------------|--|
| 28 FOR THE FISCAL YEAR ENDED SEPTEMBER 30, 2020, THE CHAMBERS MEMBERSHIP TOTAL WAS 75. ACCOMPLISHMENTS: BOISE AIRPORT/LAMAR ADVERTISING- HAD A 10 SECOND CLIP RUN EVERY 3 MINUTES ON 9 MONITORS IN THE BOISE AIRPORT. RV IDAHO AD WAS PLACED. LIFESTYLES MERIDIAN AND BOISE AD WAS PLACED FOR 3 MONTHS IN BOTH PUBLICATIONS. IN-ROOM GUEST DIRECTORY AD WAS PLACED AND DISTRIBUTED. 101 THINGS TO DO IN EASTERN IDAHO AD WAS PLACED. STANLEY SAWTOOTH CHAMBER MEMBERS DIRECTORY BROCHURE WAS MADE AND DISTRIBUTED. CHAD CASE PHOTOGRAPHY WINTER IN STANLEY PACKAGE WAS CREATED AND DISTRIBUTED ON SOCIAL MEDIA. IDAHO STATE TRAVEL GUIDE AD WAS PLACED. IDAHO PRESS TRIBUNE DARK SKY AND SNOW ISSUE ADS WERE PLACED. PARTNERED WITH ITC TO SPONSOR STANLEY WINTERFEST. PARTNERED WITH CITY OF STANLEY AND ITC FOR DARK SKY EVENT. POSTERS WERE PRODUCED AND DISTRIBUTED FOR SEVERAL EVENTS. WEEKLY BLOGS AND POSTS WE PRODUCED AND DISTRIBUTED ON THE CHAMBER WEBSITE, FACEBOOK, AND INSTAGRAM. PUBLIC RELATIONS BEYOND REGULAR SOCIAL MEDIA POSTS INCLUDED EMAIL CAMPAIGNS AND CORRESPONDENCE WITH IDAHO MEDIA NEWSPAPERS, MAGAZINES, RADIO, TELEVISION AND INDIVIDUALS. EDITORIAL SUCCESS WAS ACHIEVED THROUGH NEWSPAPER ARTICLES, TELEVISION, WEBSITES, CALENDAR COVERAGE. CHAMBER WEBSITE RECEIVES CONTINUED UPDATES TO REMAIN CURRENT WITH LOCAL NEWS, BUSINESS AND EVENTS. YEAR-END TOTAL PAGE VIEWS WERE 274,136 VISITORS. OUR FACEBOOK PAGE/POSTS ARE CONSISTENTLY REACHING 186,862 IMPRESSIONS AND 28,000 ENGAGEMENTS PER MONTH. SSCC VISITOR CENTER WAS OPEN FULL TIME (7 DAYS PER WEEK) STARTING MAY 1, 2019. (Grants \$) If this amount includes foreign grants, check here . . . ► <input type="checkbox"/> | 28a | |

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Name of the organization
STANLEY-SAWTOOTH CHAMBER OF
COMMERCE

Supplemental Information to Form 990 or 990-EZ

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.

OMB No. 1545-0047

2019

**Open to Public
Inspection**

Employer identification number

82-0429384

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|---------------------------------|--|
| FORM 990-EZ, PART I, LINE 16 | EXPENSES POSTAGE 55 OFFICE SUPPLIES 1,281 SUPPLIES 4,376 BANK FEES 725 OFFICE EQUIPMENT 30 0 BOOKS, SUBSCRIPTIONS, REFEREN 28 WEBSITE 231 MEALS 142 FUEL 75 LODGING 178 MEMBERSHIP ME ETINGS 139 CONFERENCE 520 INTEREST 672 TOTAL 8,722 |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|--------------------------------------|--|
| FORM 990- EZ, PART II, LINE 24 | VC LH IMPROVEMENTS 35,963 35,963 LESS ACCUMULATED DEPRECIATION 11,480 12,304 TOTAL 24,483 23,659 |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|--------------------------------------|---|
| FORM 990- EZ, PART II, LINE 26 | ACCOUNTS PAYABLE AND ACCRUED EXPENSES 2,627 559 |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|-----------------------|--|
| FORM 990-EZ, PART III | THE STANLEY-SAWTOOTH CHAMBER OF COMMERCE WAS ORGANIZED: (A) TO PROMOTE THE COMMERCIAL BUSINESS, PROFESSIONAL AND CIVIC INTERESTS OF STANLEY AND THE SURROUNDING COMMUNITY; (B) TO ENCOURAGE AND PROMOTE TOURISM THROUGHOUT THE AREA; (C) TO ENCOURAGE AND PROMOTE THE DEVELOPMENT AND MAINTENANCE OF RECREATIONAL FACILITIES AND ACTIVITIES THROUGHOUT THE AREA; (D) TO ASSIST IN THE PROTECTION AND PRESERVATION OF OUR NATURAL RESOURCES AND WILDLIFE; (E) TO COOPERATE WITH FEDERAL AND STATE AGENCIES IN HELPING TO MAKE THIS A PRIME AREA OF PLEASURE AND ENJOYMENT FOR ITS CITIZENS AND SEASONAL VISITORS. |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|--------------------------------|---|
| FORM 990-EZ, PART III, LINE 28 | <p>FOR THE FISCAL YEAR ENDED SEPTEMBER 30, 2020, THE CHAMBERS MEMBERSHIP TOTAL WAS 75. ACCOMPLISHMENTS: BOISE AIRPORT/LAMAR ADVERTISING- HAD A 10 SECOND CLIP RUN EVERY 3 MINUTES ON 9 MONITORS IN THE BOISE AIRPORT. RV IDAHO AD WAS PLACED. LIFESTYLES MERIDIAN AND BOISE AD WAS PLACED FOR 3 MONTHS IN BOTH PUBLICATIONS. IN-ROOM GUEST DIRECTORY AD WAS PLACED AND DISTRIBUTED. 101 THINGS TO DO IN EASTERN IDAHO AD WAS PLACED. STANLEY SAWTOOTH CHAMBER MEMBERS DIRECTORY BROCHURE WAS MADE AND DISTRIBUTED. CHAD CASE PHOTOGRAPHY WINTER IN STANLEY PACKAGE WAS CREATED AND DISTRIBUTED ON SOCIAL MEDIA. IDAHO STATE TRAVEL GUIDE AD WAS PLACED. IDAHO PRESS TRIBUNE DARK SKY AND SNOW ISSUE ADS WERE PLACED. PARTNERED WITH ITC TO SPONSOR STANLEY WINTERFEST. PARTNERED WITH CITY OF STANLEY AND ITC FOR DARK SKY EVENT. POSTERS WERE PRODUCED AND DISTRIBUTED FOR SEVERAL EVENTS. WEEKLY BLOGS AND POSTS WE PRODUCED AND DISTRIBUTED ON THE CHAMBER WEBSITE, FACEBOOK, AND INSTAGRAM. PUBLIC RELATIONS BEYOND REGULAR SOCIAL MEDIA POSTS INCLUDED EMAIL CAMPAIGNS AND CORRESPONDENCE WITH IDAHO MEDIA NEWSPAPERS, MAGAZINES, RADIO, TELEVISION AND INDIVIDUALS. EDITORIAL SUCCESS WAS ACHIEVED THROUGH NEWS PAPER ARTICLES, TELEVISION, WEBSITES, CALENDAR COVERAGE. CHAMBER WEBSITE RECEIVES CONTINUED UPDATES TO REMAIN CURRENT WITH LOCAL NEWS, BUSINESS AND EVENTS. YEAR-END TOTAL PAGE VIEWS WERE 274,136 VISITORS. OUR FACEBOOK PAGE/POSTS ARE CONSISTENTLY REACHING 186,862 IMPRESSIONS AND 28,000 ENGAGEMENTS PER MONTH. SSCC VISITOR CENTER WAS OPEN FULL TIME (7 DAYS PER WEEK) STARTING MAY 1, 2019.</p> |