## Form 990-EZ

## 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)

2015

OMB No. 1545-1150

Open to Public Inspection

Department of the Treasury Internal Revenue Service Do not enter social security numbers on this form as it may be made public.
 Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

20 , 2015, and ending A For the 2015 calendar year, or tax year beginning D Employer identification number C Name of organization B Check if applicable: 36-6118338 Address change BELMONT-CENTRAL CHAMBER OF COMMERCE Room/suite E Telephone number Number and street (or P.O. box, if mail is not delivered to street address) Name change Initial return 773-647-1644 5534 W. BELMONT AVE. Final return/terminated City or town, state or province, country, and ZIP or foreign postal code F Group Exemption Amended return Number ▶ CHICAGO, IL 60641 Application pending H Check ► if the organization is not required to attach Schedule B I Website: ▶ WWW.BELMONTCENTRAL.ORG (Form 990, 990-EZ, or 990-PF). Association Other K Form of organization: 
✓ Corporation ☐ Trust 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 . . . . . . . . . . . . . . . . 47067 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 . Contributions, gifts, grants, and similar amounts received . . . . . 0 1 2 25260 Program service revenue including government fees and contracts 2 3 6885 3 4 2706 4 Gross amount from sale of assets other than inventory . . . . 0 5a 5b 0 Less: cost or other basis and sales expenses . . . . . . . . . . . . Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . 5c 0 C Gaming and fundraising events Gross income from gaming (attach Schedule G if greater than Revenue 6a 0 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 2340 Less: direct expenses from gaming and fundraising events . . . 1931 Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract 6d 409 Gross sales of inventory, less returns and allowances . . . . . 7a 0 0 Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7c 0 C 8 9876 8 9 45136 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 9 10 2706 10 11 0 Benefits paid to or for members . . . . . . . . . 11 12 29189 Salaries, other compensation, and employee benefits . . . . 12 13 Professional fees and other payments to independent contractors . . . 632 13 14 0 14 15 3282 15 16 7173 16 17 42982 17 18 2154 Excess or (deficit) for the year (Subtract line 17 from line 9) . . . . . . . . . . . . . . . . . . 18 Net Assets Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with 19 7492 20 0 Other changes in net assets or fund balances (explain in Schedule O) . . . . . 20 Net assets or fund balances at end of year. Combine lines 18 through 20 21 9646

Par	t II	Balance Shee	ts (see the instructions f	or Part II)				
		Check if the org	ganization used Schedule	O to respond to ar			• •	(B) Fod of year
					_	(A) Beginning of year	00	(B) End of year
22			vestments			4384		3657
23							23	0
24			e in Schedule O)			4530		7345
25						8914 1422		11002
26		And the second s	ribe in Schedule O)			7492		1356
27			palances (line 27 of column				21	9646
Part	5 WU		Program Service Accomp					Expenses
			ganization used Schedule				(Red	quired for section
		Ken (a)	imary exempt purpose?					(c)(3) and 501(c)(4)
Desc	ribe th	ne organization's	program service accomplis	shments for each o	fits three largest p	rogram services,	_	anizations; optional for ers.)
as m	easure	ed by expenses.	In a clear and concise mar relevant information for ea	anner, describe the	e services provided	, the number of		o. o.,
	ons be	nemed, and other	Televant information for ea	ch program title.				T
28								
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30								
	10		\ If this		nto about hara		30a	_
04	(Grant				nts, check here .		300	3
31			s (describe in Schedule O)				31a	
00	(Grant		) If this amount	includes foreign gra	ints, check here .			
32	ioiai						.,,,	
-		program service	e expenses (add lines 28a t	nrough 31a)	one even if not come	onested—see the in	32	
Par		List of Officers, I	Directors, Trustees, and Key	Employees (list each	one even if not com	pensated—see the in		
-		List of Officers, I	e expenses (add lines 28a t Directors, Trustees, and Key ganization used Schedule	Employees (list each O to respond to a	n one even if not comp ny question in this	pensated—see the in		
-		List of Officers, I Check if the or	Directors, Trustees, and Key ganization used Schedule	Employees (list each O to respond to an (b) Average	n one even if not comp ny question in this (c) Reportable compensation	pensated—see the in Part IV	nstru 	ictions for Part IV)
-		List of Officers, I	Directors, Trustees, and Key ganization used Schedule	Employees (list each O to respond to a	n one even if not comp ny question in this (c) Reportable compensation (Forms W-2/1099-MISC)	pensated—see the in Part IV	ee (e)	ictions for Part IV)
Par	t IV	List of Officers, I Check if the org (a) Name	Directors, Trustees, and Key ganization used Schedule	O to respond to an (b) Average hours per week	n one even if not comp ny question in this (c) Reportable compensation	pensated—see the in Part IV	ee (e)	ictions for Part IV)
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MR. I	AWRE	List of Officers, I Check if the org (a) Name ENCE LYNCH	Directors, Trustees, and Key ganization used Schedule	Cemployees (list each O to respond to an (b) Average hours per week devoted to position	n one even if not comply question in this  (c) Reportable compensation  (Forms W-2/1099-MISC)  (if not paid, enter -0-)	pensated—see the in Part IV	stru 	ctions for Part IV)
MR. I PRES REV. TREA	AWRE	List of Officers, I Check if the ore (a) Name ENCE LYNCH D POTETE	Directors, Trustees, and Key ganization used Schedule and title	O to respond to an (b) Average hours per week devoted to position	n one even if not comp ny question in this (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	pensated—see the in Part IV	ee (e)	ictions for Part IV)
MR. I PRES REV. TREA MS. M	AWRE SIDENT DAVID ASURE	List of Officers, I Check if the org (a) Name ENCE LYNCH	Directors, Trustees, and Key ganization used Schedule and title	Employees (list each O to respond to an (b) Average hours per week devoted to position	n one even if not comply question in this  (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	pensated—see the in Part IV	o o	octions for Part IV)
MR. I PRES REV. TREA MS. M	AWREGIDENT DAVID	List of Officers, I Check if the organized (a) Name ENCE LYNCH D POTETE R IA GOLASZEWSKI	Directors, Trustees, and Key ganization used Schedule and title	Cemployees (list each O to respond to an (b) Average hours per week devoted to position	n one even if not comply question in this  (c) Reportable compensation  (Forms W-2/1099-MISC)  (if not paid, enter -0-)	pensated—see the in Part IV	stru 	ctions for Part IV)
MR. I PRES REV. TREA MS. M	AWRE SIDENT DAVID ASURE MARSH CTOR CESAR	List of Officers, I Check if the ore (a) Name ENCE LYNCH D POTETE	Directors, Trustees, and Key ganization used Schedule and title	Employees (list each O to respond to an (b) Average hours per week devoted to position 1	n one even if not comply question in this  (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	pensated—see the in Part IV	ostru 	ctions for Part IV)  Sestimated amount of other compensation  0
MR. I PRES REV. TREA MS. M DIRE MR. (	AWRE SIDENT DAVID ASURE MARSH CTOR CESAR CTOR	List of Officers, I Check if the organized (a) Name ENCE LYNCH D POTETE R HA GOLASZEWSKI	Directors, Trustees, and Key ganization used Schedule and title	Employees (list each O to respond to an (b) Average hours per week devoted to position	n one even if not comply question in this  (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	pensated—see the in Part IV	o o	octions for Part IV)
MR. I PRES REV. TREA MS. M DIRE MR. ( DIRE	AWREGIDENT DAVID ASURE MARSH CTOR CTOR RICCAR	List of Officers, I Check if the organized (a) Name ENCE LYNCH D POTETE R IA GOLASZEWSKI	Directors, Trustees, and Key ganization used Schedule and title	Employees (list each O to respond to an (b) Average hours per week devoted to position 1	n one even if not comply question in this  (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	pensated—see the in Part IV	nstru 	octions for Part IV)  Sestimated amount of other compensation  0  0  0
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Part	Other Information (Note the Schedule A and personal benefit contract statement requirements			
	instructions for Part V) Check if the organization used Schedule O to respond to any question in this	ran	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	. 00	<b>√</b>
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		1
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		1
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		1
¢	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		1
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		✓
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		1
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee <b>or</b> were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		1
h	If "Yes," complete Schedule L, Part II and enter the total amount involved	ooa		<b>-</b>
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	40b		
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 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			,
е	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		1
41	List the states with which a copy of this return is filed ▶			
42a	The organization's books are in care of ▶  Telephone no. ▶  Telephone no. ▶			
h	Located at ► ZIP + 4 ►  At any time during the calendar year, did the organization have an interest in or a signature or other authority over		Yes	No
d	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	100	✓
	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	L	<b>√</b>
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			<b>▶</b> □
			Yes	No
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		1
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		1
C	Did the organization receive any payments for indoor tanning services during the year?	44c	-	1
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		
4-	explanation in Schedule O	44u	-	1
45a b	Did the organization have a controlled entity within the meaning of section \$12(b)(13)?	100		•
	meaning of section 512(b)(13)? If Yes, Form 990 and Schedule A may need to be completed instead of	45b		1

Form 990-E	EZ (2015)						Pa	age 4
			2007 284/202 CC			1	/es	No
	id the organization engage, directly or in candidates for public office? If "Yes," o					46		,
Part VI		s only s must answer que	stions 47–49b and	52, and comp		les for	line	.s
	Crieck if the organization used oci	reduie O to respond	to any question in t	no rait vi		1	/es	No
y€	id the organization engage in lobbying ear? If "Yes," complete Schedule C, Par				47			
		(ii)? If "Yes," complete Schedule E						
	<ul> <li>49a Did the organization make any transfers to an exempt non-charitable related organization?</li> <li>b If "Yes," was the related organization a section 527 organization?</li> <li>49a</li> <li>49b</li> </ul>							-
50 C	s, directors, e is none, en	trustee	s and	key				
ent.	(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 ber contributions to e benefit plans, and compensat	employee (e) E I deferred oth			
			1	0772000				
						<del></del>		
		And the Vice						
		000000000000000000000000000000000000000						
51 C	otal number of other employees paid ov omplete this table for the organization 100,000 of compensation from the orga	s five highest compe	ensated independent	contractors w	ho each rec	eived n	nore	than
	(a) Name and business address of each independ	(b) Type of serv	(c) Compensation					
			-		1			
		-	2022		Kee -			
			-					
			-					
<b>52</b> D	otal number of other independent contra id the organization complete Schedu ompleted Schedule A					Yes		ło
Under pena true, correc	alties of perjury, I declare that I have examined this ct, and complete. Declaration of preparer of the than	return, including accompar n officer) is based on all info	nying schedules and statement formation of which preparer	ents, and to the be has any knowledge	st of my knowled	dge and b	pelief,	it is
Sign	Signature of officer	LIMIC		Date	2-05	201	(c)	
Here	Type or print name and title							
Paid Prepar	Print/Type preparer's name	Preparer's signature			Check if PTIN self-employed			
Use O	The state of the s		Firm's					
Firm's address ► Phor  May the IRS discuss this return with the preparer shown above? See instructions						Yes		No

## SCHEDULE O (Form 990 or 990-EZ)

## 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.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Employer identification number Name of the organization 36-6118338 BELMONT-CENTRAL CHAMBER OF COMMERCE LINE 8: OTHER REVENUES \$5126 DIRECTORY ADS BANNERS \$4750 TOTAL REVENUE \$9876 LINE 10: GRANTS & SIMILAR AMOUNTS PAID PAYMENT TO AFFILIATE \$2706 LINE 16: OTHER EXPENSES MEETINGS & CONVENTIONS \$636 D&O INSURANCE \$525 OFFICE SUPPLIES \$78 TRAVEL \$25 FEES & LICENSES \$363 \$4701 BANNERS DUES & SUBSCRIPTIONS \$495 ADVERTISING \$350 TOTAL EXPENSES \$7173 LINE 24: OTHER ASSETS UNDEPOSITED FUNDS \$415 ACCOUNTS RECEIVABLE \$6930 TOTAL OTHER ASSETS \$7345 LINE 26: TOTAL LIABILITIES ACCOUNTS PAYABLE \$1356