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)

2016

OMB No. 1545-1150

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.

Open to Public Inspection

| A For the 2016 calendar year, or tax year beginning , 2016, and ending , 20 | | | | | | | | |
|---|--|--|---|--------------------|--|------------------------------|--|--|
| B 0 | heck if ap | eck if applicable: C Name of organization | | D Empl | D Employer identification number | | | |
| | Address cl | dress change BELMONT-CENTRAL CHAMBER OF COMMERCE | | | 36-6118338 | | | |
| | Name cha | nge . | Number and street (or P.O. box, if mail is not delivered to street address) | /suite E Teler | Telephone number | | | |
| Initial return Final return/te | | 200 200 | 5534 W. BELMONT AVE. | | | 3-647-1644 | | |
| | | | City or town, state or province, country, and ZIP or foreign postal code | 4 | up Exer | | | |
| = | Amended return Application pending CHICAGO, IL 60641 | | CHICAGO, IL 60641 | Nun | Number ▶ | | | |
| G A | Account | ing Method: | ☐ Cash | H Check | ck ▶ ☑ if the organization is not | | | |
| I Website: ► WWW.BELMONTCENTRAL.ORG requi | | | | | | equired to attach Schedule B | | |
| J Tax-exempt status (check only one) — ☐ 501(c)(3) | | | | | | | | |
| KF | orm of | organization: | : 7 Corporation Trust Association Other | | | | | |
| LA | dd lines | s 5b, 6c, and | 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or | or if total assets | | | | |
| (Par | t II, colu | umn (B) belov | w) are \$500,000 or more, file Form 990 instead of Form 990-EZ | | ▶ \$ | 42401 | | |
| P | art I | Revenu | e, Expenses, and Changes in Net Assets or Fund Balances (se | ee the instru | ctions | for Part I) | | |
| | | Check if | the organization used Schedule O to respond to any question in this | Part I | | 🗸 | | |
| | 1 | | | | 1 | | | |
| | 2 | Program s | ervice revenue including government fees and contracts | | 2 | 25,260 | | |
| | 3 | | ip dues and assessments | | 3 | 6,750 | | |
| | 4 | Investmen | | | 4 | 2,966 | | |
| | 5a | | ount from sale of assets other than inventory 5a | | | , | | |
| | b | | or other basis and sales expenses | | | | | |
| | c | | ss) from sale of assets other than inventory (Subtract line 5b from line 5a | i) | 5c | | | |
| | 6 | | | | | | | |
| | a | Gross inc | | | | | | |
| ne | | \$15,000) | | | | | | |
| Revenue | b | | | | | | | |
| ě | | from fundraising events reported on line 1) (attach Schedule G if the | | | | | | |
| | | sum of suc | ch gross income and contributions exceeds \$15,000) | 1,970 | | | | |
| | С | Less: direc | ct expenses from gaming and fundraising events 6c 6c | 2,682 | | | | |
| | d | Net incom | e or (loss) from gaming and fundraising events (add lines 6a and 6b a | and subtract | | | | |
| | | line 6c) | | | 6d | -712 | | |
| | 7a | Gross sale | es of inventory, less returns and allowances | | | | | |
| | b | | of goods sold | | | | | |
| | C | Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) | | | 7c | | | |
| | 8 | | enue (describe in Schedule O) | | 8 | 5,455 | | |
| | 9 | | enue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 | ▶ | 9 | 39,719 | | |
| | 10 | | d similar amounts paid (list in Schedule O) | | 10 | 100 | | |
| | 11 | Benefits paid to or for members | | | | | | |
| Expenses | 12 | Salaries, other compensation, and employee benefits | | | 12 | 29,625 | | |
| | 13 | Profession | Professional fees and other payments to independent contractors | | | | | |
| | 14 | | y, rent, utilities, and maintenance | | 14 | | | |
| | 15 | | sublications, postage, and shipping | | 15 | 3,476 | | |
| | 16 | | enses (describe in Schedule O) | | 16 | 5,908 | | |
| | 17 | Total exp | enses. Add lines 10 through 16 | ▶ | 17 | 39,109 | | |
| (r) | 18 | Excess or | (deficit) for the year (Subtract line 17 from line 9) | | 18 | 610 | | |
| Net Assets | 19 | Net assets | s or fund balances at beginning of year (from line 27, column (A)) (mus | st agree with | | III 552, IYSADJERINISHS | | |
| | | | ar figure reported on prior year's return) | | 19 | 9,646 | | |
| et | 20 | Other cha | nges in net assets or fund balances (explain in Schedule O) | | 20 | | | |
| Z | 21 | Net assets | s or fund balances at end of year. Combine lines 18 through 20 | <u> </u> | 21 | 10,256 | | |

| Par | t II Balance Sheets (see the instructions | for Part II) | | | | [7] |
|--------------------|--|--|---|--|--|--|
| | Check if the organization used Schedule | O to respond to a | ny question in this F | Part II | • • | (B) End of year |
| | | | 10 | A) Beginning of year | | |
| 22 | Cash, savings, and investments | | | 3,657 | 23 | 5,891 |
| 23 | Land and buildings | | | 7,345 | | 4,365 |
| 24 | Other assets (describe in Schedule O) Total assets | | | 11,002 | | 10,256 |
| 25 26 | Total liabilities (describe in Schedule O) | | | 1,356 | | |
| 27 | Net assets or fund balances (line 27 of column | | | 9,646 | | 10,256 |
| Par | Statement of Program Service Accom | plishments (see the | ne instructions for P | art III) | | |
| | Check if the organization used Schedule | O to respond to a | ny question in this F | Part III 🗌 | /Peg | Expenses uired for section |
| What | is the organization's primary exempt purpose? | | | | 501(0 | c)(3) and 501(c)(4) |
| as m | ribe the organization's program service accompline reasured by expenses. In a clear and concise mones benefited, and other relevant information for each | nanner, describe th | of its three largest proese services provided, | ogram services, the number of | orgar other | nizations; optional for rs.) |
| 28 | | | | | | |
| | | | | | | |
| | To be a second of the second o | i de fenies es | anta abaak bara | | 28a | |
| | Contained | | ants, check here . | | 200 | |
| 29 | | | | | | 7.0 |
| | e and the second | | | | | |
| | (Grants \$) If this amount | includes foreign gr | ants, check here . | ▶ 🗆 | 29a | |
| 30 | (Crants \$) It this arrest. | | | | | |
| 00 | | | | | | |
| | | | | | | |
| | (Grants \$) If this amount | includes foreign gr | ants, check here . | ▶ 📙 | 30a | |
| 31 | Other program services (describe in Schedule O) | | | | 24- | |
| | (Grants \$) If this amount | t includes foreign gr | ants, check here . | | 31a 32 | |
| 32 | Total program service expenses (add lines 28a LIV List of Officers, Directors, Trustees, and Ke | unrough 3 raj | b and aven if not comm | anastad saa tha ir | | tions for Part IVA |
| Par | | | | | | |
| The second | Chack if the organization used Schedule | on to respond to a | n one even il noi comp ny question in this F | Part IV | | , iions ioi i arc iv) |
| | Check if the organization used Schedule | O to respond to a | ny question in this F | Part IV (d) Health benefits, | | |
| | Check if the organization used Schedule (a) Name and title | (b) Average hours per week devoted to position | ny question in this F | Part IV (d) Health benefits, contributions to employe | ee (e) | |
| THO | Check if the organization used Schedule | (b) Average hours per week | (c) Reportable compensation (Forms W-2/1099-MISC) | Oart IV | ee (e) | Estimated amount of other compensation |
| THO | Check if the organization used Schedule | (b) Average hours per week | (c) Reportable compensation (Forms W-2/1099-MISC) | Oart IV | ee (e) | Estimated amount of |
| | Check if the organization used Schedule | (b) Average hours per week devoted to position | ny question in this F (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) | Cart IV | ee (e) | Estimated amount of other compensation |
| LAW | Check if the organization used Schedule (a) Name and title MAS REID MACKIN, EXECUTIVE DIRECTOR RENCE LYNCH, BOARD PRESIDENT | (b) Average hours per week devoted to position | ny question in this F (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) | Cart IV | ee (e) | Estimated amount of other compensation |
| LAW | Check if the organization used Schedule (a) Name and title WAS REID MACKIN, EXECUTIVE DIRECTOR | (b) Average hours per week devoted to position 40 | ny question in this f (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 25,750 | Cart IV | (e) (e) on | Estimated amount of other compensation 29,625 |
| LAW | Check if the organization used Schedule (a) Name and title MAS REID MACKIN, EXECUTIVE DIRECTOR RENCE LYNCH, BOARD PRESIDENT ID POTETE, BOARD TREASURER | (b) Average hours per week devoted to position | ny question in this F (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) | Cart IV | ee (e) | Estimated amount of other compensation |
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| DAV RICC CES | Check if the organization used Schedule (a) Name and title MAS REID MACKIN, EXECUTIVE DIRECTOR RENCE LYNCH, BOARD PRESIDENT ID POTETE, BOARD TREASURER EARDO MARTINEZ, DIRECTOR | (b) Average hours per week devoted to position 40 1 | ny question in this F (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 25,750 0 | Cart IV | (e) (e) (o) (o) (o) (o) (o) (o) (o) (o) (o) (o | Estimated amount of other compensation 29,625 0 |
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| Part | Other Information (Note the Schedule A and personal benefit contract statement requirements | in th | е | |
|------|--|------------------|------------------------|------------|
| | instructions for Part V) Check if the organization used Schedule O to respond to any question in this | Part | V | |
| | 1000 14/1/ 7 | | Yes | No |
| 33 | Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a | 33 | | 1 |
| | detailed description of each details and a constant of the con | ৩৩ | | - V |
| 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 | 24 | | , |
| | change on Schedule O (see instructions) | 34 | | - |
| 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 |
| | | 35b | | |
| 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 Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, | 330 | | |
| C | reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III | 35c | | 1 |
| | Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets | 330 | | - |
| 36 | during the year? If "Yes," complete applicable parts of Schedule N | 36 | | 1 |
| | | 30 | N. 3275 | - |
| 37a | Enter arribant of political experiences, all out of interior, | 37b | 410000 | 1 |
| b | Did the organization file Form 1120-POL for this year? | 310 | 2185, X | V |
| 38a | any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? | 38a | | 1 |
| | | | 88,87 | |
| b | il 163, complete conducte 2,1 are il and office are | | | |
| 39 | Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on line 9 39a | | | |
| a | Initiation fees and capital contributions included on line 9 | | | |
| b | Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: | | | 7. 10 |
| 40a | section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶ | | | |
| | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 | | | |
| b | excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year | | 2003 (h) | |
| | 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 | District Control | , 1825 V.L | |
| · | 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 | | | |
| u | 40c reimbursed by the organization | | | ٠ |
| 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 ▶ ILLINOIS | | | |
| 42a | | 773-64 | 7-164 | 4 |
| | Located at ► 5534 W. BELMONT AVE., CHICAGO, IL ZIP + 4 ► | 606 | 645 | |
| b | At any time during the calendar year, did the organization have an interest in or a signature or other authority over | | Yes | No |
| | a financial account in a foreign country (such as a bank account, securities account, or other financial account)? | 42b | | 1 |
| | 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). | 10 3.4 | | , |
| C | At any time during the calendar year, did the organization maintain an office outside the United States? . | 42c | | √ |
| | If "Yes," enter the name of the foreign country: ▶ | | | |
| 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 | | 1 | T |
| | 000 much bo | F35 (0.50) | Yes | No |
| 44a | Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be | 44- | | 1 |
| | completed instead of Form 990-EZ | 44a | | V |
| 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 | AAL | | 1 |
| | | 44b 44c | | 1 |
| C | Did the organization receive any payments for indoor tanning services during the year? | 440 | \$14.36 ₁ 4 | - |
| d | explanation in Schedule O | 44d | | (Care of C |
| ar- | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 44u | | 1 |
| 45a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 700 | | V |
| b | 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 | 10,740,03 | 1 |
| | | | | |

| Form 990-E | Z (2016) | | | | | Page 4 |
|----------------------------|---|--|---|---|---------------------|---|
| as D | d the organization engage, directly or in candidates for public office? If "Yes," or | ndirectly, in political complete Schedule C | ampaign activities o | on behalf of or | n oppositio | Yes No on 46 ✓ |
| Part VI | Section 501(c)(3) organizations All section 501(c)(3) organization 50 and 51. Check if the organization used Sc | s only s must answer que | stions 47–49b and | d 52, and con | | |
| 47 Di | d the organization engage in lobbying | activities or have a | | | uring the ta | |
| 48 Is 49a Di b If | ear? If "Yes," complete Schedule C, Par the organization a school as described in d the organization make any transfers t "Yes," was the related organization a se complete this table for the organization's imployees) who each received more than | n section 170(b)(1)(A)(i o an exempt non-cha ection 527 organizatio five highest compen | ritable related orgai on? | nization? ther than office | ers, director | 47 48 49a 49b s, trustees, and key enter "None." |
| | (a) Name and title of each employee | (b) Average hours per week devoted to position | (c) Reportable compensation (Forms W-2/1099-MIS | (d) Health b contributions to benefit plans, a compens | nd deferred | (e) Estimated amount of other compensation |
| | | | | | | |
| | | | - | | | |
| | | | | | | , |
| 51 C | otal number of other employees paid over the organization 100,000 of compensation from the organization | 's five highest comp | ensated independe | nt contractors | who each | received more than |
| | (a) Name and business address of each independent | dent contractor | (b) Type of s | ervice | (c) (| Compensation |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| 52 D | otal number of other independent contribit the organization complete Schedompleted Schedule A | ule A? Note: All so | ection 501(c)(3) or | | | Yes No |
| Under pena true, correc | alties of perjury, I declare that I have examined this it, and complete. Declaration of preparer (other that | return, including accompar n officer is based on all inf | nying schedules and state ormation of which prepar | ements, and to the left has any knowled | ge. | wiedge and belief, it is |
| Sign Here | Signature of officer THOMAS REID MACKIN, EXECUT Type or print name and title | IVE DIRECTOR | | Date | | |
| Paid Prepar | | Preparer's signature | | Date | Check ☐ self-employ | 1 2 1 |
| May the | Firm's name ► Firm's address ► IRS discuss this return with the prepare | r shown above? See | instructions | | e no. | <u> </u> |
| | | | | | | Form 990-EZ (2016) |

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 REVENUE \$875 **BANNERS** \$4580 DIRECTORY TOTAL OTHER REVENUE \$5455 LINE 16: OTHER EXPENSES \$780 BANNERS **DIRECTORS & OFFICERS INSURANCE \$525** MEETINGS & CONVENTIONS \$335 OFFICE SUPPLIES \$313 \$38 TRAVEL \$310 PERMITS & LICENSES \$2966 PAYMENT TO AFFILIATE PAYROLL PROCESSING \$641 TOTAL OTHER EXPENSES \$5908 LINE 10: GRANT CHICAGO POLICE EXPLORERS \$100 LINE 24: OTHER ASSETS ACCOUNTS RECEIVABLE \$7345/\$4365 LINE 26: TOTAL LIABILITIES ACCOUNTS PAYABLE \$1356/\$0