

**Return of Organization Exempt from Income Tax**

OMB No. 1545-0047

**2004**Department of the Treasury  
Internal Revenue ServiceUnder section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code  
(except black lung benefit trust or private foundation)Open to Public  
Inspection

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

**A For the 2004 calendar year, or tax year beginning**, 2004, and ending**B** Check if applicable:

- ☒ Address change  
☐ Name change  
☐ Initial return  
☐ Final return  
☐ Amended return  
☐ Application pending

Please use  
IRS label  
or print  
or type.  
See  
specific  
instruc-  
tions.FOUNDATION FOR TENNESSEE CHESS  
2911 BELMONT BLVD  
NASHVILLE, TN 37212**D** Employer Identification Number

62-1625902

**E** Telephone number

615-297-7429

**F** Accounting method:☒ Cash ☐ Accrual☐ Other (specify) ▶• Section 501(c)(3) organizations and 4947(a)(1) nonexempt  
charitable trusts must attach a completed Schedule A  
(Form 990 or 990-EZ).

H and I are not applicable to section 527 organizations.

**H (a)** Is this a group return for affiliates? ☐ Yes ☒ No**H (b)** If 'Yes,' enter number of affiliates ▶**H (c)** Are all affiliates included? ☐ Yes ☐ No

(If 'No,' attach a list. See instructions.)

**H (d)** Is this a separate return filed by an  
organization covered by a group ruling? ☐ Yes ☒ No**I** Group Exemption Number ▶**M** Check ☒ if the organization is not required  
to attach Schedule B (Form 990, 990-EZ, or 990-PF).**G** Web site: ▶ WWW.NASHVILLECHESS.ORG**J** Organization type(check only one) ▶ ☒ 501(c) 3 (insert no.) ☐ 4947(a)(1) or ☐ 527**K** Check here ☐ if the organization's gross receipts are normally not more than  
\$25,000. The organization need not file a return with the IRS; but if the organization  
received a Form 990 Package in the mail, it should file a return without financial data.  
Some states require a complete return.**L** Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12. ▶ 103,440.**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See Instructions)

<b>REVENUE</b>	<b>1</b> Contributions, gifts, grants, and similar amounts received:			
	<b>a</b> Direct public support	<b>1a</b>	38,941.	
	<b>b</b> Indirect public support	<b>1b</b>		
	<b>c</b> Government contributions (grants)	<b>1c</b>		
	<b>d</b> Total (add lines 1a through 1c) (cash \$ 38,941. noncash \$ )	<b>1d</b>	38,941.	
	<b>2</b> Program service revenue including government fees and contracts (from Part VII, line 93)	<b>2</b>	47,179.	
	<b>3</b> Membership dues and assessments	<b>3</b>	1,956.	
	<b>4</b> Interest on savings and temporary cash investments	<b>4</b>	36.	
	<b>5</b> Dividends and interest from securities	<b>5</b>	7,588.	
	<b>6a</b> Gross rents	<b>6a</b>	7,740.	
	<b>b</b> Less: rental expenses	<b>6b</b>		
	<b>c</b> Net rental income or (loss) (subtract line 6b from line 6a)	<b>6c</b>	7,740.	
<b>7</b> Other investment income (describe: )	<b>7</b>			
	<b>8a</b> Gross amount from sales of assets other than inventory	(A) Securities	(B) Other	
	<b>b</b> Less: cost or other basis and sales expenses	<b>8a</b>	<b>8b</b>	
	<b>c</b> Gain or (loss) (attach schedule)	<b>8a</b>	<b>8b</b>	
	<b>d</b> Net gain or (loss) (combine line 8c, columns (A) and (B))	<b>8c</b>		
	<b>9</b> Special events and activities (attach schedule). If any amount is from gaming, check here. <input type="checkbox"/>			
	<b>a</b> Gross revenue (not including \$ of contributions reported on line 1a)	<b>9a</b>		
	<b>b</b> Less: direct expenses other than fundraising expenses	<b>9b</b>		
	<b>c</b> Net income or (loss) from special events (subtract line 9b from line 9a)	<b>9c</b>		
	<b>10a</b> Gross sales of inventory, less returns and allowances	<b>10a</b>		
	<b>b</b> Less: cost of goods sold	<b>10b</b>		
	<b>c</b> Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	<b>10c</b>		
	<b>11</b> Other revenue (from Part VII, line 103)	<b>11</b>		
	<b>12</b> Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	<b>12</b>	103,440.	
<b>EXPENSES</b>	<b>13</b> Program services (from line 44, column (B))	<b>13</b>	77,651.	
	<b>14</b> Management and general (from line 44, column (C))	<b>14</b>	31,157.	
	<b>15</b> Fundraising (from line 44, column (D))	<b>15</b>	6,000.	
	<b>16</b> Payments to affiliates (attach schedule)	<b>16</b>		
	<b>17</b> Total expenses (add lines 16 and 44, column (A))	<b>17</b>	114,808.	
<b>NET ASSETS</b>	<b>18</b> Excess or (deficit) for the year (subtract line 17 from line 12)	<b>18</b>	-11,368.	
	<b>19</b> Net assets or fund balances at beginning of year (from line 73, column (A))	<b>19</b>	663,033.	
	<b>20</b> Other changes in net assets or fund balances (attach explanation) See Statement 1	<b>20</b>	-135.	
	<b>21</b> Net assets or fund balances at end of year (combine lines 18, 19, and 20)	<b>21</b>	651,530.	



## FOUNDATION FOR TENNESSEE CHESS

62-1625902

**REVENUE**

Contributions, gifts, and grants.....	38,941
Program service revenue.....	47,179
Membership dues and assessments.....	1,956
Interest on savings/temp cash invest.....	36
Dividends & interest from securities.....	7,588
Net rental income (loss).....	7,740
 Total revenue.....	 103,440

**EXPENSES**

Program services.....	77,651
Management and general.....	31,157
Fundraising.....	6,000
 Total expenses.....	 114,808

**NET ASSETS OR FUND BALANCES**

Excess or (deficit) for the year.....	-11,368
Net assets/fund bal. at beg. of year.....	663,033
Other changes in net assets/fund bal.....	-135
Net assets/fund bal. at end of year.....	651,530



FOUNDATION FOR TENNESSEE CHESS

62-1625902

**REVENUE**

Total revenue..... 0

**DEDUCTIONS**

Total deductions..... 0

**UNRELATED BUSINESS TAXABLE INCOME**

Unrelated business taxable income..... 0

**TAX COMPUTATION**

Income tax..... 0

Net tax..... 0

**PAYMENTS AND CREDITS**

Total payments and credits..... 0

**REFUND OR AMOUNT DUE**

Tax due..... 0

Overpayment..... 0



## General Information

FOUNDATION FOR TENNESSEE CHESS

62-1625902

## Forms needed for this return

Federal: 990, Sch A, 990-T

## Tax Rates

Unrelated BusinessMarginalEffective

Federal

0. %

0. %

## Carryovers to 2005

None



12/31/04

## 2004 Federal Book Depreciation Schedule

Page 1  
62-1625902

FOUNDATION FOR TENNESSEE CHESS

No.	Description	Date Acquired	Date Sold	Cost/ Basis	Bus. Pct.	Cur 179 Bonus	Special Depr. Allow.	Prior 179/ Bonus/ Sp. Depr.	Prior Dec. Bal. Depr.	Salvage /Basis Reductn.	Depr. Basis	Prior Depr.	Method	Life	Rate	Current Depr.
Form 93029-00 PF																
Buildings																
2	BUILDING - BELMONT BLVD	Various		393,543							393,543	12,298	S/L	MM	39 .02564	10,090
	Total Buildings			393,543		0	0	0	0	0	393,543	12,298				10,090
Land																
1	LAND - BELMONT BLVD	Various		100,000							100,000					0
	Total Land			100,000		0	0	0	0	0	100,000	0				0
	Total Depreciation			493,543		0	0	0	0	0	493,543	12,298				10,090
	Grand Total Depreciation			493,543		0	0	0	0	0	493,543	12,298				10,090



**Statement of Functional Expenses** All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others.

not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
Grants and allocations (att sch) (cash \$ _____ non-cash \$ _____)	22				
23 Specific assistance to individuals (att sch)	23				
24 Benefits paid to or for members (att sch)	24				
25 Compensation of officers, directors, etc.	25	20,000.	10,000.	10,000.	
26 Other salaries and wages	26				
27 Pension plan contributions	27				
28 Other employee benefits	28				
29 Payroll taxes	29	1,530.	765.	765.	
30 Professional fundraising fees	30				
31 Accounting fees	31	919.	460.	459.	
32 Legal fees	32				
33 Supplies	33	1,276.	638.	638.	
34 Telephone	34	1,643.	822.	821.	
35 Postage and shipping	35				
36 Occupancy	36				
37 Equipment rental and maintenance	37	13,041.	6,521.	6,520.	
38 Printing and publications	38				
39 Travel	39				
40 Conferences, conventions, and meetings	40				
41 Interest	41				
42 Depreciation, depletion, etc (attach schedule)	42	10,090.	5,045.	5,045.	
43 Other expenses not covered above (itemize):					
a See Statement 2	43a	66,309.	53,400.	6,909.	6,000.
b	43b				
c	43c				
d	43d				
e	43e				
44 Total functional expenses (add lines 22 - 43). Organizations completing columns (B) - (D), carry these totals to lines 13 - 15	44	114,808.	77,651.	31,157.	6,000.

Joint Costs. Check ☐ if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? ☐ Yes ☒ No

If 'Yes,' enter (i) the aggregate amount of these joint costs \$ \_\_\_\_\_; (ii) the amount allocated to Program services \$ \_\_\_\_\_; (iii) the amount allocated to Management and general \$ \_\_\_\_\_; and (iv) the amount allocated to Fundraising \$ \_\_\_\_\_

### Part III Statement of Program Service Accomplishments

What is the organization's primary exempt purpose? **CHESS INSTRUCTION**

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) & (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants & allocations to others.)

Program Service Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; but optional for others.)

a PROVIDING CHESS INSTRUCTION AND MATERIALS TO STUDENTS AND TEACHERS AT ALL INTERESTED SCHOOLS IN NASHVILLE AND SURROUNDING AREAS

(Grants and allocations \$ \_\_\_\_\_)

33,025.

b PROVIDING CHESS INSTRUCTION AT THE NASHVILLE CHESS CENTER FOR ALL INTERESTED ADULTS AND STUDENTS

(Grants and allocations \$ \_\_\_\_\_)

37,198.

c SPONSORSHIP OF CHESS COMPETITION FOR THE EDUCATIONAL BENEFIT OF ADULTS AND STUDENTS

(Grants and allocations \$ \_\_\_\_\_)

7,428.

d

(Grants and allocations \$ \_\_\_\_\_)

e Other program services (Grants and allocations \$ \_\_\_\_\_)

f Total of Program Service Expenses (should equal line 44, column (B), Program services)

77,651.



**Part IV Balance Sheets** (See Instructions)**Note:** Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A) Beginning of year		(B) End of year
<b>ASSETS</b>	<b>45</b> Cash – non-interest-bearing		<b>45</b>	
	<b>46</b> Savings and temporary cash investments	34,988.	<b>46</b>	14,813.
	<b>47a</b> Accounts receivable	<b>47a</b>		
	<b>b</b> Less: allowance for doubtful accounts	<b>47b</b>	<b>47c</b>	
	<b>48a</b> Pledges receivable	<b>48a</b>		
	<b>b</b> Less: allowance for doubtful accounts	<b>48b</b>	<b>48c</b>	
	<b>49</b> Grants receivable		<b>49</b>	
	<b>50</b> Receivables from officers, directors, trustees, and key employees (attach schedule)		<b>50</b>	
	<b>51a</b> Other notes & loans receivable (attach sch)	<b>51a</b>		
	<b>b</b> Less: allowance for doubtful accounts	<b>51b</b>	<b>51c</b>	
	<b>52</b> Inventories for sale or use		<b>52</b>	
	<b>53</b> Prepaid expenses and deferred charges		<b>53</b>	3,935.
	<b>54</b> Investments – securities (attach schedule) See St. 3 <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	146,800.	<b>54</b>	163,917.
	<b>55a</b> Investments – land, buildings, & equipment basis	<b>55a</b>		
	<b>b</b> Less: accumulated depreciation (attach schedule)	<b>55b</b>	<b>55c</b>	
<b>56</b> Investments – other (attach schedule)		<b>56</b>		
<b>57a</b> Land, buildings, and equipment basis	<b>57a</b> 493,543.			
<b>b</b> Less: accumulated depreciation (attach schedule) Statement. 4	<b>57b</b> 22,388.	481,245.	<b>57c</b>	471,155.
<b>58</b> Other assets (describe ▶ )		<b>58</b>		
<b>59 Total assets</b> (add lines 45 through 58) (must equal line 74)	663,033.	<b>59</b>	653,820.	
<b>LIABILITIES</b>	<b>60</b> Accounts payable and accrued expenses		<b>60</b>	2,290.
	<b>61</b> Grants payable		<b>61</b>	
	<b>62</b> Deferred revenue		<b>62</b>	
	<b>63</b> Loans from officers, directors, trustees, and key employees (attach schedule)		<b>63</b>	
	<b>64a</b> Tax-exempt bond liabilities (attach schedule)		<b>64a</b>	
	<b>b</b> Mortgages and other notes payable (attach schedule)		<b>64b</b>	
	<b>65</b> Other liabilities (describe ▶ )		<b>65</b>	
<b>66 Total liabilities</b> (add lines 60 through 65)	0.	<b>66</b>	2,290.	
<b>NET ASSETS OR FUND BALANCES</b>	<b>Organizations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74			
	<b>67</b> Unrestricted	506,569.	<b>67</b>	487,613.
	<b>68</b> Temporarily restricted		<b>68</b>	
	<b>69</b> Permanently restricted	156,464.	<b>69</b>	163,917.
	<b>Organizations that do not follow SFAS 117, check here</b> <input type="checkbox"/> and complete lines 70 through 74.			
	<b>70</b> Capital stock, trust principal, or current funds		<b>70</b>	
	<b>71</b> Paid-in or capital surplus, or land, building, and equipment fund		<b>71</b>	
	<b>72</b> Retained earnings, endowment, accumulated income, or other funds		<b>72</b>	
	<b>73 Total net assets or fund balances</b> (add lines 67 through 69 or lines 70 through 72, column (A) must equal line 19, column (B) must equal line 21)	663,033.	<b>73</b>	651,530.
	<b>74 Total liabilities and net assets/fund balances</b> (add lines 66 and 73)	663,033.	<b>74</b>	653,820.

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments

BAA



**4-A** Reconciliation of Revenue per Audited  
Financial Statements with Revenue  
per Return (See instructions.)

<b>a</b>	Total revenue, gains, and other support per audited financial statements.....	<b>a</b>	103,440.	<b>a</b>	Total expenses and losses per audited financial statements.....	<b>a</b>	114,808.
<b>b</b>	Amounts included on line a but not on line 12, Form 990:			<b>b</b>	Amounts included on line a but not on line 17, Form 990:		
(1)	Net unrealized gains on investments..... \$			(1)	Donated services and use of facilities..... \$		
(2)	Donated services and use of facilities..... \$			(2)	Prior year adjustments reported on line 20, Form 990.... \$		
(3)	Recoveries of prior year grants..... \$			(3)	Losses reported on line 20, Form 990.... \$		
(4)	Other (specify):			(4)	Other (specify):		
	----- \$				----- \$		
	Add amounts on lines (1) through (4).....	<b>b</b>			Add amounts on lines (1) through (4).....	<b>b</b>	
<b>c</b>	Line a minus line b.....	<b>c</b>	103,440.	<b>c</b>	Line a minus line b.....	<b>c</b>	114,808.
<b>d</b>	Amounts included on line 12, Form 990 but not on line a:			<b>d</b>	Amounts included on line 17, Form 990 but not on line a:		
(1)	Investment expenses not included on line 6b, Form 990..... \$			(1)	Investment expenses not included on line 6b, Form 990..... \$		
(2)	Other (specify):			(2)	Other (specify):		
	----- \$				----- \$		
	Add amounts on lines (1) and (2).....	<b>d</b>			Add amounts on lines (1) and (2).....	<b>d</b>	
<b>e</b>	Total revenue per line 12, Form 990 (line c plus line d).....	<b>e</b>	103,440.	<b>e</b>	Total expenses per line 17, Form 990 (line c plus line d).....	<b>e</b>	114,808.

<b>Part V</b>	<b>List of Officers, Directors, Trustees, and Key Employees</b> (List each one even if not compensated; see instructions.)
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[illegible]

75 Did any officer, director, trustee, or key employee receive aggregate compensation of more than \$100,000 from your organization and all related organizations, of which more than \$10,000 was provided by the related organizations?

➔ ☐ Yes ☒ No

If 'Yes,' attach schedule – see instructions.



VI Other Information (See instructions.)		Yes	No
Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity.	76		X
77 Were any changes made in the organizing or governing documents but not reported to the IRS? If 'Yes,' attach a conformed copy of the changes.	77		X
78a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a		X
b If 'Yes,' has it filed a tax return on Form 990-T for this year?	78b	N/A	
79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' attach a statement.	79		X
80a Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	80a	X	
b If 'Yes,' enter the name of the organization <u>TENNESSEE CHESS ASSOCIATION</u> and check whether it is <input checked="" type="checkbox"/> exempt or <input type="checkbox"/> nonexempt.			
81a Enter direct and indirect political expenditures. See line 81 instructions.	81a	0.	
b Did the organization file Form 1120-POL for this year?	81b		X
82a Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82a		X
b If 'Yes,' you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)	82b	N/A	
83a Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X	
b Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	X	
84a Did the organization solicit any contributions or gifts that were not tax deductible?	84a		X
b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b	N/A	
85 501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?	85a	N/A	
b Did the organization make only in-house lobbying expenditures of \$2,000 or less?	85b	N/A	
If 'Yes' was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.			
c Dues, assessments, and similar amounts from members	85c	N/A	
d Section 162(e) lobbying and political expenditures	85d	N/A	
e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e	N/A	
f Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	N/A	
g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g	N/A	
h If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h	N/A	
86 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 12	86a	N/A	
b Gross receipts, included on line 12, for public use of club facilities	86b	N/A	
87 501(c)(12) organizations. Enter: a Gross income from members or shareholders	87a	N/A	
b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	87b	N/A	
88 At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Part IX.	88		X
89a 501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 <u>0.</u> ; section 4912 <u>0.</u> ; section 4955 <u>0.</u>			
b 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If 'Yes,' attach a statement explaining each transaction.	89b		X
c Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958.			0.
d Enter: Amount of tax on line 89c, above, reimbursed by the organization.			0.
90a List the states with which a copy of this return is filed <u>None</u>			
b Number of employees employed in the pay period that includes March 12, 2004 (See instructions.)	90b	0	
91 The books are in care of <u>JEFFERY PENNIG</u> Telephone number <u>615-297-7429</u> Located at <u>147 50TH AVE NORTH, NASHVILLE, TN</u> ZIP + 4 <u>37209</u>			
92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here. <input type="checkbox"/> N/A and enter the amount of tax-exempt interest received or accrued during the tax year.	92		N/A



**VII Analysis of Income-Producing Activities** (See instructions.)

*a: Enter gross amounts unless otherwise indicated.*

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue:					
a CHESS IN SCHOOLS			3	28,166.	
b SNACKS & DRINKS, MISC			3	1,360.	
c TOURNAMENTS			3	17,653.	
d					
e					
f Medicare/Medicaid payments					
g Fees & contracts from government agencies					
94 Membership dues and assessments		1,956.			
95 Interest on savings & temporary cash invmnts.		36.			
96 Dividends & interest from securities		7,588.			
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from pers prop	531110	7,740.			
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue: a					
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		17,320.		47,179.	
105 Total (add line 104, columns (B), (D), and (E))					64,499.

Note: Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I.

**Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes** (See instructions.)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
N/A	

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities** (See instructions.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%			
	%			
	%			
	%			

**Part X Information Regarding Transfers Associated with Personal Benefit Contracts** (See instructions.)

- a Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? ☐ Yes ☒ No
- b Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? ☐ Yes ☒ No

Note: If 'Yes' to (b), file Form 8870 and Form 4720 (see instructions).

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.

Please Sign Here: Signature of officer: TAAPATER'S COPY Date: \_\_\_\_\_

Type or print name and title: \_\_\_\_\_

Paid Preparer's Use Only: Preparer's signature: Randel E. Wallace Date: \_\_\_\_\_ Check box: ☒ Self-employed ☐ N/A

Firm's name (or yours if self-employed), address, and ZIP: Wallace & Bowers, CPA's  
95 White Bridge Road, Suite 308  
Nashville, TN 37205-1484 EIN: N/A Phone no.: (615) 352-1555



**Part III** Statements About Activities (See instructions.)

Yes No

During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid

or incurred in connection with the lobbying activities: \$ N/A

(Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.)

1 X

Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.

- 2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)

a Sale, exchange, or leasing of property? 2a X

b Lending of money or other extension of credit? 2b X

c Furnishing of goods, services, or facilities? 2c X

d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? 2d X

e Transfer of any part of its income or assets? 2e X

3a Do you make grants for scholarships, fellowships, student loans, etc? (If "Yes," attach an explanation of how you determine that recipients qualify to receive payments.) 3a X

b Do you have a section 403(b) annuity plan for your employees? 3b X

4a Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds? 4a X

b Do you provide credit counseling, debt management, credit repair, or debt negotiation services? 4b X

**Part IV** Reason for Non-Private Foundation Status (See instructions.)

The organization is not a private foundation because it is: (Please check only **ONE** applicable box.)

- 5 ☐ A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- 6 ☐ A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
- 7 ☐ A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8 ☐ A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9 ☐ A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: \_\_\_\_\_
- 10 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)
- 11a ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 11b ☐ A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 12 ☐ An organization that normally receives: (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions — subject to certain exceptions, and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the **Support Schedule** in Part IV-A.)
- 13 ☒ An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in: (1) lines 5 through 12 above; or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). (See section 509(a)(3).)

Provide the following information about the supported organizations. (See instructions.)

(a) Name(s) of supported organization(s)	(b) Line number from above
TENNESSEE CHESS ASSOCIATION	12

- 14 ☐ An organization organized and operated to test for public safety. Section 509(a)(4). (See instructions.)



**Part A Support Schedule** (Complete only if you checked a box on line 10, 11, or 12.) *Use cash method of accounting.*

You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in) .....	(a) 2003	(b) 2002	(c) 2001	(d) 2000	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.) .....	N/A				
16 Membership fees received. ....					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose .....					
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975 .....					
19 Net income from unrelated business activities not included in line 18. ....					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf. ....					
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge. ....					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets. ....					
23 Total of lines 15 through 22. ....					
24 Line 23 minus line 17. ....					
25 Enter 1% of line 23. ....					

26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24. .... N/A

b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2000 through 2003 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts. ....

c Total support for section 509(a)(1) test: Enter line 24, column (e). ....

d Add: Amounts from column (e) for lines: 18 \_\_\_\_\_ 19 \_\_\_\_\_  
22 \_\_\_\_\_ 26b \_\_\_\_\_

e Public support (line 26c minus line 26d total) .....

f Public support percentage (line 26e (numerator) divided by line 26c (denominator)). ....

27 Organizations described on line 12: N/A

a For amounts included in lines 15, 16, and 17 that were received from a 'disqualified person,' prepare a list for your records to show the name of, and total amounts received in each year from, each 'disqualified person.' Do not file this list with your return. Enter the sum of such amounts for each year:  
(2003) \_\_\_\_\_ (2002) \_\_\_\_\_ (2001) \_\_\_\_\_ (2000) \_\_\_\_\_

b For any amount included in line 17 that was received from each person (other than 'disqualified persons'), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year:  
(2003) \_\_\_\_\_ (2002) \_\_\_\_\_ (2001) \_\_\_\_\_ (2000) \_\_\_\_\_

c Add: Amounts from column (e) for lines: 15 \_\_\_\_\_ 16 \_\_\_\_\_  
17 \_\_\_\_\_ 20 \_\_\_\_\_ 21 \_\_\_\_\_

d Add: Line 27a total. .... and line 27b total. ....

e Public support (line 27c total minus line 27d total) .....

f Total support for section 509(a)(2) test: Enter amount from line 23, column (e) .....

g Public support percentage (line 27e (numerator) divided by line 27f (denominator)) .....

h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator)) .....

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2000 through 2003, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15. N/A



**VI-A Lobbying Expenditures by Electing Public Charities** (See instructions.)  
(To be completed **ONLY** by an eligible organization that filed Form 5768)

N/A

Check ☐ a if the organization belongs to an affiliated group. Check ☐ b if you checked 'a' and 'limited control' provisions apply.**Limits on Lobbying Expenditures**

(The term 'expenditures' means amounts paid or incurred.)

	(a) Affiliated group totals	(b) To be completed for ALL electing organizations
36 Total lobbying expenditures to influence public opinion (grassroots lobbying) .....	36	
37 Total lobbying expenditures to influence a legislative body (direct lobbying) .....	37	
38 Total lobbying expenditures (add lines 36 and 37) .....	38	
39 Other exempt purpose expenditures .....	39	
40 Total exempt purpose expenditures (add lines 38 and 39) .....	40	
41 Lobbying nontaxable amount. Enter the amount from the following table -		
If the amount on line 40 is -		
Not over \$500,000 .....	20% of the amount on line 40 .....	
Over \$500,000 but not over \$1,000,000 .....	\$100,000 plus 15% of the excess over \$500,000 .....	
Over \$1,000,000 but not over \$1,500,000 .....	\$175,000 plus 10% of the excess over \$1,000,000 .....	
Over \$1,500,000 but not over \$17,000,000 .....	\$225,000 plus 5% of the excess over \$1,500,000 .....	
Over \$17,000,000 .....	\$1,000,000 .....	
42 Grassroots nontaxable amount (enter 25% of line 41) .....	42	
43 Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36 .....	43	
44 Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38 .....	44	
<b>Caution:</b> If there is an amount on either line 43 or line 44, you must file Form 4720.		

**4-Year Averaging Period Under Section 501(h)**(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.  
See the instructions for lines 45 through 50.)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total
45 Lobbying nontaxable amount .....					
46 Lobbying ceiling amount (150% of line 45(e)) .....					
47 Total lobbying expenditures .....					
48 Grassroots non-taxable amount .....					
49 Grassroots ceiling amount (150% of line 48(e)) .....					
50 Grassroots lobbying expenditures .....					

**Part VI-B Lobbying Activity by Nonelecting Public Charities**

(For reporting only by organizations that did not complete Part VI-A) (See instructions.)

N/A

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:

	Yes	No	Amount
a Volunteers .....			
b Paid staff or management (Include compensation in expenses reported on lines c through h.) .....			
c Media advertisements .....			
d Mailings to members, legislators, or the public .....			
e Publications, or published or broadcast statements .....			
f Grants to other organizations for lobbying purposes .....			
g Direct contact with legislators, their staffs, government officials, or a legislative body .....			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means .....			
i Total lobbying expenditures (add lines c through h.) .....			

If 'Yes' to any of the above, also attach a statement giving a detailed description of the lobbying activities.







## FOUNDATION FOR TENNESSEE CHESS

62-1625902

Statement 1  
Form 990, Part I, Line 20  
Other Changes in Net Assets or Fund Balances

POSTING ERROR IN PREVIOUS YEAR ..... \$ -135.  
Total \$ -135.

Statement 2  
Form 990, Part II, Line 43  
Other Expenses

	(A) Total	(B) Program Services	(C) Management & General	(D) Fundraising
BANK SERVICE CHARGES	164.	82.	82.	
BUILDING MANAGER	2,900.	1,450.	1,450.	
CHESS CLUB SUPPLIES	2,067.	2,067.		
CHESS CLUB TOURNAMENTS	5,361.	5,361.		
FUND RAISING	6,000.			6,000.
FURNITURE	150.	75.	75.	
INSURANCE	2,933.	1,467.	1,466.	
MISCELLANEOUS EXPENSES	356.	178.	178.	
PROPERTY TAX	3,193.	1,597.	1,596.	
SCHOOL INSTRUCTOR FEES	39,061.	39,061.		
UTILITIES	4,124.	2,062.	2,062.	
Total	\$ <u>66,309.</u>	\$ <u>53,400.</u>	\$ <u>6,909.</u>	\$ <u>6,000.</u>

Statement 3  
Form 990, Part IV, Line 54  
Investments - Securities

Other Securities	Valuation Method	Amount
	Cost	\$ 163,917.
	Total	\$ <u>163,917.</u>
Total Investments - Securities		\$ <u>163,917.</u>

Statement 4  
Form 990, Part IV, Line 57  
Land, Buildings, and Equipment

Category	Basis	Accum. Deprec.	Book Value
Buildings	\$ 393,543.	\$ 22,388.	\$ 371,155.
Land	100,000.		100,000.
Total	\$ <u>493,543.</u>	\$ <u>22,388.</u>	\$ <u>471,155.</u>



## FOUNDATION FOR TENNESSEE CHESS

62-1625902

Statement 5  
Form 990, Part V  
List of Officers, Directors, Trustees, and Key Employees

<u>Name and Address</u>	<u>Title and Average Hours Per Week Devoted</u>	<u>Compen- sation</u>	<u>Contri- bution to EBP &amp; DC</u>	<u>Expense Account/ Other</u>
MARK ISHEE 1010 BRENTWOOD POINT BRENTWOOD, TN 37027	Executive Direc 20	\$ 20,000.	\$ 0.	\$ 0.
HARRY SABINE CROSSVILLE, TN	VOLUNTEER None	0.	0.	0.
BILL ORGAIN DICKSON, TN	VOLUNTEER None	0.	0.	0.
GEORGE DEAN NASHVILLE, TN	VOLUNTEER None	0.	0.	0.
MARTIN KATAHN NASHVILLE, TN	VOLUNTEER None	0.	0.	0.
ALVIN HARRIS NASHVILLE, TN	VOLUNTEER None	0.	0.	0.
PAUL JASON NASHVILLE, TN	VOLUNTEER None	0.	0.	0.
TRACY WILLIAMSON NASHVILLE, TN	VOLUNTEER None	0.	0.	0.
Total		\$ 20,000.	\$ 0.	\$ 0.



8868

December 2004)

Application for Extension of Time to File an  
Exempt Organization Return

OMB No. 1545-1709

Department of the Treasury  
Internal Revenue Service

► File a separate application for each return.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box. ☒ **X**
- If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

Do not complete **Part II** unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.**Part I** Automatic 3-Month Extension of Time – Only submit original (no copies needed)**Form 990-T corporations** requesting an automatic 6-month extension – check this box and complete Part I only. ☐

All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax returns. Partnerships, REMICs and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041.

**Electronic Filing (e-file).** Form 8868 can be filed electronically if you want a 3-month automatic extension of time to file one of the returns noted below (6-months for corporate Form 990-T filers). However, you cannot file it electronically if you want the additional (not automatic) 3-month extension, instead you must submit the fully completed signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile).

Type or print File by the due date for filing your return. See instructions.	Name of Exempt Organization		Employer identification number
	FOUNDATION FOR TENNESSEE CHESS		62-1625902
	Number, street, and room or suite number. If a P.O. box, see instructions.		
	2911 BELMONT BLVD		
	City, town or post office. For a foreign address, see instructions.		state ZIP code
	NASHVILLE, TN 37212		

Check type of return to be filed (file a separate application for each return):

<input checked="" type="checkbox"/> Form 990	<input type="checkbox"/> Form 990-T (corporation)	<input type="checkbox"/> Form 4720
<input type="checkbox"/> Form 990-BL	<input type="checkbox"/> Form 990-T (section 401(a) or 408(a) trust)	<input type="checkbox"/> Form 5227
<input type="checkbox"/> Form 990-EZ	<input type="checkbox"/> Form 990-T (trust other than above)	<input type="checkbox"/> Form 6069
<input type="checkbox"/> Form 990-PF	<input type="checkbox"/> Form 1041-A	<input type="checkbox"/> Form 8870

- The books are in the care of. ► JEFFERY PENNIG

Telephone No. ► 615-297-7429 FAX No. ► \_\_\_\_\_

- If the organization does **not** have an office or place of business in the United States, check this box. ☐
- If this is for a **Group Return**, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the **whole group**, check this box. ☐. If it is for part of the group, check this box. ☐ and attach a list with the names and EINs of all members the extension will cover.

- 1 I request an automatic 3-month (6-months for a **Form 990-T corporation**) extension of time until 8/15, 20 05, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
- ☒ calendar year 20 04 or
- ☐ tax year beginning \_\_\_\_\_, 20 \_\_\_\_\_, and ending \_\_\_\_\_, 20 \_\_\_\_\_.

- 2 If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. \$ \_\_\_\_\_ 0.

b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. \$ \_\_\_\_\_ 0.

c **Balance Due.** Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. \$ \_\_\_\_\_ 0.

**Caution.** If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

BAA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev 12-2004)



If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** and check this box. ☐

**Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

• If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

**Part II Additional (not automatic) 3-Month Extension of Time – Must File Original and One Copy.**

Type or print	Name of Exempt Organization	Employer identification number
	FOUNDATION FOR TENNESSEE CHESS	62-1625902
	Number, street, and room or suite number. If a P.O. box, see instructions.	For IRS use only
File by the extended due date for filing the return. See instructions.	2911 BELMONT BLVD	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	
	NASHVILLE, TN 37212	

Check type of return to be filed (File a separate application for each return):

<input checked="" type="checkbox"/> Form 990	<input type="checkbox"/> Form 990-T (section 401(a) or 408(a) trust)	<input type="checkbox"/> Form 5227
<input type="checkbox"/> Form 990-BL	<input type="checkbox"/> Form 990-T (trust other than above)	<input type="checkbox"/> Form 6069
<input type="checkbox"/> Form 990-EZ	<input type="checkbox"/> Form 1041-A	<input type="checkbox"/> Form 8870
<input type="checkbox"/> Form 990-PF	<input type="checkbox"/> Form 4720	

**STOP: Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.**

• The books are in care of. **JEFFERY PENNIG**

Telephone No. **615-297-7429**

FAX No. \_\_\_\_\_

• If the organization does **not** have an office or place of business in the United States, check this box. ☐

• If this is for a **Group Return**, enter the organizations four digit Group Exemption Number (GEN)..... If this is for the whole group, check this box... ☐. If it is **part** of the group, check this box... ☐ and attach a list with the names and EINs of all members the extension is for.

- 4 I request an additional 3-month extension of time until 11/15, 2005.
- 5 For calendar year 2004, or other tax year beginning       , 20  , and ending       , 20  .
- 6 If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period
- 7 State in detail why you need the extension... Taxpayer respectfully requests additional time to gather information necessary to file a complete and accurate tax return.

- 8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. .... \$ \_\_\_\_\_
- b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868. .... \$ \_\_\_\_\_
- c **Balance Due.** Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. .... \$ \_\_\_\_\_

**Signature and Verification**

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature \_\_\_\_\_

Title \_\_\_\_\_

Date \_\_\_\_\_

**Notice to Applicant – To be Completed by the IRS**

- ☐ We **have** approved this application. Please attach this form to the organization's return.
- ☐ We **have not** approved this application. However, we have granted a 10-day grace period from the later of the date shown below or the due date of the organization's return (including any prior extensions). This grace period is considered to be a valid extension of time for elections otherwise required to be made on a timely filed return. Please attach this form to the organization's return.
- ☐ We **have not** approved this application. After considering the reasons stated in item 7, we cannot grant your request for an extension of time to file. We are not granting a 10-day grace period.
- ☐ We **cannot** consider this application because it was filed after the extended due date of the return for which an extension was requested.
- ☐ Other: \_\_\_\_\_

Director \_\_\_\_\_ By: \_\_\_\_\_ Date \_\_\_\_\_

**Alternate Mailing Address** – Enter the address if you want the copy of this application for an additional 3-month extension returned to an address different than the one entered above.

Type or print	Name
	Wallace & Bowers, CPA's
	Number and street (include suite, room, or apartment number) or a P.O. box number
	95 White Bridge Road, Suite 308
	City or town, province or state, and country (including postal or ZIP code)
	Nashville, TN 37205-1484



990-T

**Exempt Organization Business  
Income Tax Return (and proxy tax under Section 6033(e))**  
For calendar year 2004 or other tax year beginning \_\_\_\_\_ 2004,  
and ending \_\_\_\_\_, \_\_\_\_\_

OMB No. 1545-0687

**2004**Department of the Treasury  
Internal Revenue Service

▶ See separate instructions.

<b>A</b> <input checked="" type="checkbox"/> Check box if address changed ( <input type="checkbox"/> check box if name changed and see instructions)	<b>B</b> Exempt under Section <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a)	<b>Please Print or Type</b>  FOUNDATION FOR TENNESSEE CHESS 2911 BELMONT BLVD NASHVILLE, TN 37212	<b>D</b> Employer identification number (Employees' trust, see instructions for Block D.)  62-1625902
<b>C</b> Book value of all assets at end of year 653,820.		<b>F</b> Group exemption number (see instructions for Block F). ▶	
<b>G</b> Check organization type . . . . . <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust			

**H** Describe the organization's primary unrelated business activity.**I** During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidary controlled group? . . . ☐ Yes ☒ No  
If 'Yes,' enter the name and identifying number of the parent corporation . . . ▶**J** The books are in care of. ▶ JEFFERY PENNIG Telephone number. ▶ 615-297-7429

<b>Part I Unrelated Trade or Business Income</b>		(A) Income	(B) Expenses	(C) Net
1 a Gross receipts or sales. . . . .				
b Less returns and allowances. . . . . c Balance. ▶	1 c			
2 Cost of goods sold (Schedule A, line 7) . . . . .	2			
3 Gross profit (subtract line 2 from line 1c) . . . . .	3			
4 a Capital gain net income (attach Schedule D) . . . . .	4 a			
b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797) . . . . .	4 b			
c Capital loss deduction for trusts . . . . .	4 c			
5 Income (loss) from partnerships and S corporations (attach statement) . . . . .	5			
6 Rent income (Schedule C) . . . . .	6			
7 Unrelated debt-financed income (Schedule E) . . . . .	7			
8 Interest, annuities, royalties, and rents from controlled organizations (Schedule F) . . . . .	8			
9 Investment income of a section 501(c)(7), (9), or (17) organization (Sch G) . . . . .	9			
10 Exploited exempt activity income (Schedule I) . . . . .	10			
11 Advertising income (Schedule J) . . . . .	11			
12 Other income (see instructions - attach schedule) . . . . .	12			
13 Total (combine lines 3 through 12) . . . . .	13	0.	0.	0.

**Part II Deductions Not Taken Elsewhere** (See instructions for limitations on deductions.)  
(Except for contributions, deductions must be directly connected with the unrelated business income.)

14 Compensation of officers, directors, and trustees (Schedule K) . . . . .	14	
15 Salaries and wages . . . . .	15	
16 Repairs and maintenance . . . . .	16	
17 Bad debts . . . . .	17	
18 Interest (attach schedule) . . . . .	18	
19 Taxes and licenses . . . . .	19	
20 Charitable contributions (see instructions for limitation rules) . . . . .	20	
21 Depreciation (attach Form 4562) . . . . .	21	
22 Less depreciation claimed on Schedule A and elsewhere on return . . . . .	22 a	22 b
23 Depletion . . . . .	23	
24 Contributions to deferred compensation plans . . . . .	24	
25 Employee benefit programs . . . . .	25	
26 Excess exempt expenses (Schedule I) . . . . .	26	
27 Excess readership costs (Schedule J) . . . . .	27	
28 Other deductions (attach schedule) . . . . .	28	
29 Total deductions (add lines 14 through 28) . . . . .	29	
30 Unrelated business taxable income before net operating loss deduction (subtract line 29 from line 13) . . . . .	30	
31 Net operating loss deduction . . . . .	31	
32 Unrelated business taxable income before specific deduction (subtract line 31 from line 30) . . . . .	32	0.
33 Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions) . . . . .	33	
34 Unrelated business taxable income (subtract line 33 from line 32). If line 33 is greater than line 32, enter the smaller of zero or line 32 . . . . .	34	0.



**Part III Tax Computation**

<b>Organizations Taxable as Corporations</b> (see instructions for tax computation)		
Controlled group members (sections 1561 and 1563) – check here <input type="checkbox"/> . See instructions and:		
a Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order):		
(1) \$	(2) \$	(3) \$
b Enter organization's share of: (1) additional 5% tax (not more than \$11,750).....		\$
(2) additional 3% tax (not more than \$100,000).....		\$
c Income tax on the amount on line 34.....		35c 0.
<b>36 Trusts Taxable at Trust Rates</b> (see instructions for tax computation) Income tax on the amount on line 34 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041).....		36
<b>37 Proxy tax</b> (see instructions).....		37
<b>38 Alternative minimum tax</b> .....		38
<b>39 Total</b> (add lines 37 and 38 to line 35c or 36, whichever applies).....		39 0.

**Part IV Tax and Payments**

<b>40a Foreign tax credit</b> (corporations attach Form 1118; trusts attach Form 1116).....	40a	
b Other credits (see instructions).....	40b	
c General business credit – Check here and indicate which forms are attached: <input type="checkbox"/> Form 3800 <input type="checkbox"/> Form(s) (specify) ▶	40c	
d Credit for prior year minimum tax (attach Form 8801 or 8827).....	40d	
e Total credits (add lines 40a through 40d).....	40e	0.
<b>41 Subtract line 40e from line 39</b> .....	41	0.
<b>42 Other taxes.</b> Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach schedule).....	42	
<b>43 Total tax</b> (add lines 41 and 42).....	43	0.
<b>44a Payments:</b> A 2003 overpayment credited to 2004.....	44a	
b 2004 estimated tax payments.....	44b	
c Tax deposited with Form 8868.....	44c	
d Foreign organizations – Tax paid or withheld at source (see instructions).....	44d	
e Backup withholding (see instructions).....	44e	
f Other credits and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other Total ▶	44f	
<b>45 Total payments</b> (add lines 44a through 44f).....	45	0.
<b>46 Estimated tax penalty</b> (see instructions). Check <input type="checkbox"/> if Form 2220 is attached.....	46	
<b>47 Tax due</b> – If line 45 is less than the total of lines 43 and 46, enter amount owed.....	47	
<b>48 Overpayment</b> – If line 45 is larger than the total of lines 43 and 46, enter amount overpaid.....	48	
<b>49 Enter the amount of line 48 you want:</b> Credited to 2005 estimated tax <input type="checkbox"/> Refunded <input type="checkbox"/>	49	

**Part V Statements Regarding Certain Activities and Other Information** (See instructions.)

1 At any time during the 2004 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)?.....	Yes	No
If 'Yes,' the organization may have to file Form TD F 90-22.1. If 'Yes,' enter the name of the foreign country here		X
2 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?.....	Yes	No
If 'Yes,' see the instructions for other forms the organization may have to file.		X
3 Enter the amount of tax-exempt interest received or accrued during the tax year ▶ \$	0.	

**Schedule A – Cost of Goods Sold** – Enter method of inventory valuation ▶

1 Inventory at beginning of year.....	1		6 Inventory at end of year.....	6	
2 Purchases.....	2		7 Cost of goods sold. Subtract line 6 from line 5. (Enter here and on line 2, Part I.).....	7	
3 Cost of labor.....	3				
4a Additional section 263A costs (attach schedule).....	4a				
b Other costs (attach sch).....	4b		8 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?.....	Yes	No
5 Total – Add lines 1 through 4b.....	5				

<b>Sign Here</b>	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 taxpayer) is based on all information of which preparer has any knowledge.			
	Signature of officer Randel E. Wallace	Date 12/15/04		
<b>Paid Preparer's Use Only</b>	Preparer's signature Randel E. Wallace	Date 12/15/04	Check if self-employed <input checked="" type="checkbox"/>	Preparer's SSN or PTIN E00298130
	Form signed by yours if self-employed, address, and ZIP code Wallace & Bowers, CPA's	Address 95 White Bridge Road, Suite 308	City Nashville, TN 37205-1484	Phone no. (615) 362-1555



**Schedule C – Rent Income (From Real Property and Personal Property Leased with Real Property)** (see instructions)

Description of property

(1)		
(2)		
(3)		
(4)		
2 Rent received or accrued		
(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	3 Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(1)		
(2)		
(3)		
(4)		
Total	Total	Total deductions. Enter here and on line 6, col- umn (B), Part I, page 1
Total income (Add totals of columns 2(a) and 2(b). Enter here and on line 6, column (A), Part I, page 1.)		

**Schedule E – Unrelated Debt-Financed Income** (see instructions)

1 Description of debt-financed property		2 Gross income from or allocable to debt-financed property	3 Deductions directly connected with or allocable to debt-financed property	
			(a) Straight line depreciation (attach sch)	(b) Other deductions (attach schedule)
(1)				
(2)				
(3)				
(4)				
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5 Average adjusted basis of or allocable to debt-financed property (attach schedule)	6 Column 4 divided by column 5	7 Gross income reportable (column 2 x column 6)	8 Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)		%		
(2)		%		
(3)		%		
(4)		%		
Totals			Enter here and on line 7, column (A), Part I, page 1	Enter here and on line 7, column (B), Part I, page 1
Total dividends-received deductions included in column 3				

**Schedule F – Interest, Annuities, Royalties, and Rents from Controlled Organizations** (see instructions)

1 Name of Controlled Organization		2 Employer Identification Number	Exempt Controlled Organizations			
			3 Net unrelated income (loss) (see instructions)	4 Total of specified payments made	5 Part of column 4 that is included in the controlling organization's gross income	6 Deductions directly connected with income in column 5
(1)						
(2)						
(3)						
(4)						
Nonexempt Controlled Organizations						
7 Taxable Income	8 Net unrelated income (loss) (see instructions)	9 Total of specified payments made	10 Part of column 9 that is included in the controlling organization's gross income	11 Deductions directly connected with income in column 10		
(1)						
(2)						
(3)						
(4)						
Totals			Add columns 5 and 10. Enter here and on line 8, column (A), Part I, page 1.	Add columns 6 and 11. Enter here and on line 8, column (B), Part I, page 1.		



# Application for Extension of Time to File an Exempt Organization Return

OMB No. 1545-1709

Department of the Treasury  
Revenue Service

▶ File a separate application for each return.

If you are filing for an **Automatic 3-Month Extension**, complete only Part I and check this box ☒ **X**If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only Part II (on page 2 of this form).**Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.****Part I Automatic 3-Month Extension of Time — Only submit original (no copies needed)****Form 990-T corporations** requesting an automatic 6-month extension — check this box and complete Part I only. ☒ **X***All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax returns. Partnerships, REMICs and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041.***Electronic Filing (e-file).** Form 8868 can be filed electronically if you want a 3-month automatic extension of time to file one of the returns noted below (6-months for corporate Form 990-T filers). However, you cannot file it electronically if you want the additional (not automatic) 3-month extension, instead you must submit the fully completed signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile).

Type or print File by the due date for filing your return. See instructions.	Name of Exempt Organization	Employer identification number
	FOUNDATION FOR TENNESSEE CHESS	62-1625902
	Number, street, and room or suite number, if a P.O. box, see instructions.	
	2911 BELMONT BLVD	
	City, town or post office. For a foreign address, see instructions.	state ZIP code
	NASHVILLE, TN 37212	

**Check type of return to be filed** (file a separate application for each return):

- |                                      |  |                                    |
|--------------------------------------|--|------------------------------------|
| <input type="checkbox"/> Form 990    | <input checked="" type="checkbox"/> Form 990-T (corporation)         | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (section 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above)         | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A                                 | <input type="checkbox"/> Form 8870 |

- The books are in the care of. ▶ JEFFERY PENNIG

Telephone No. ▶ 615-297-7429

FAX No. ▶ \_\_\_\_\_

- If the organization does not have an office or place of business in the United States, check this box. ☐ **X**
- If this is for a **Group Return**, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the **whole group**, check this box. ☐. If it is for part of the group, check this box. ☐ and attach a list with the names and EINs of all members the extension will cover.

1 I request an automatic 3-month (6-months for a **Form 990-T corporation**) extension of time until 11/15, 20 05, to file the exempt organization return for the organization named above. The extension is for the organization's return for:▶ ☒ **X** calendar year 20 04 or▶ ☐ tax year beginning \_\_\_\_\_, 20 \_\_\_\_\_, and ending \_\_\_\_\_, 20 \_\_\_\_\_.2 If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. \$ \_\_\_\_\_ 0.

b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. \$ \_\_\_\_\_ 0.

c **Balance Due.** Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. \$ \_\_\_\_\_ 0.**Caution.** If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.**BAA For Privacy Act and Paperwork Reduction Act Notice, see instructions.**

Form 8868 (Rev 12-2004)



are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** and check this box. ☐  
 complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.  
 are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

**Additional (not automatic) 3-Month Extension of Time – Must File Original and One Copy.**

Name of Exempt Organization	Employer identification number
FOUNDATION FOR TENNESSEE CHESS	62-1625902
Number, street, and room or suite number. If a P.O. box, see instructions.	For IRS use only
2911 BELMONT BLVD	
City, town or post office, state, and ZIP code. For a foreign address, see instructions.	
NASHVILLE, TN 37212	

Check type of return to be filed (File a separate application for each return):

- |                                      |  |                                    |
|--------------------------------------|--|------------------------------------|
| <input type="checkbox"/> Form 990    | <input type="checkbox"/> Form 990-T (section 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (trust other than above)         | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 1041-A                                 | <input type="checkbox"/> Form 8870 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 4720                                   |                                    |

**STOP: Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.**

- The books are in care of. **JEFFERY PENNIG**  
 Telephone No. **615-297-7429** FAX No. \_\_\_\_\_
- If the organization does not have an office or place of business in the United States, check this box. ☐
- If this is for a **Group Return**, enter the organizations four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box. ☐. If it is part of the group, check this box. ☐ and attach a list with the names and EINs of all members the extension is for.

- 4 I request an additional 3-month extension of time until \_\_\_\_\_, 20\_\_.
- 5 For calendar year 2004, or other tax year beginning \_\_\_\_\_, 20\_\_, and ending \_\_\_\_\_, 20\_\_.
- 6 If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period
- 7 State in detail why you need the extension. Taxpayer respectfully requests additional time to gather information necessary to file a complete and accurate tax return.
- 8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. \$ \_\_\_\_\_ 0.
- b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868. \$ \_\_\_\_\_ 0.
- c **Balance Due.** Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. \$ \_\_\_\_\_ 0.

**Signature and Verification**

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

**Notice to Applicant – To be Completed by the IRS**

- ☐ We have approved this application. Please attach this form to the organization's return.
- ☐ We have not approved this application. However, we have granted a 10-day grace period from the later of the date shown below or the due date of the organization's return (including any prior extensions). This grace period is considered to be a valid extension of time for elections otherwise required to be made on a timely filed return. Please attach this form to the organization's return.
- ☐ We have not approved this application. After considering the reasons stated in item 7, we cannot grant your request for an extension of time to file. We are not granting a 10-day grace period.
- ☐ We cannot consider this application because it was filed after the extended due date of the return for which an extension was requested.
- Other: \_\_\_\_\_

By: \_\_\_\_\_

Date \_\_\_\_\_

**Alternate Mailing Address** – Enter the address if you want the copy of this application for an additional 3-month extension returned to an address different than the one entered above.

Name
Wallace & Bowers, CPAs
Number and street (include suite, room, or apartment number) or a P.O. box number
95 White Bridge Road, Suite 308
City or town, province or state, and country (including postal or ZIP code)
Nashville, TN 37205-1484