

Form **990-EZ**Department of the Treasury
Internal Revenue Service**Short Form**
Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

► Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 at the end of the year may use this form.

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

OMB No. 1545-1150

2008**Open to Public Inspection**

A For the 2008 calendar year, or tax year beginning , 2008, and ending		D Employer identification number 62-1625902
B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C FOUNDATION FOR TENNESSEE CHESS 2911 BELMONT BLVD NASHVILLE, TN 37212	E Telephone number 615-297-7429
		F Group Exemption Number.

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

I Website: ► WWW.NASHVILLECHESS.ORG	G Accounting method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual Other (specify) ►
J Organization type (check only one) — <input checked="" type="checkbox"/> 501(c) (3) (insert no.) 4947(a)(1) or 527	H Check <input checked="" type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).
K Check <input type="checkbox"/> if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.	
L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$1,000,000 or more, file Form 990 instead of Form 990-EZ. ► \$ 119,500.	

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)		
REVENUE	1 Contributions, gifts, grants, and similar amounts received	47,442.
	2 Program service revenue including government fees and contracts	55,641.
	3 Membership dues and assessments	
	4 Investment income	16,308.
	5a Gross amount from sale of assets other than inventory	
	5b Less: cost or other basis and sales expenses	
	5c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (att sch)	
	6 Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here.	
	6a Gross revenue (not including \$ of contributions reported on line 1)	
	6b Less: direct expenses other than fundraising expenses	
6c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)		
7a Gross sales of inventory, less returns and allowances		
7b Less: cost of goods sold		
7c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		
8 Other revenue (describe ► See Statement 1)	109.	
9 Total revenue (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8)	119,500.	
EXPENSES	10 Grants and similar amounts paid (attach schedule)	
	11 Benefits paid to or for members	
	12 Salaries, other compensation, and employee benefits	10,730.
	13 Professional fees and other payments to independent contractors	11,108.
	14 Occupancy, rent, utilities, and maintenance	
	15 Printing, publications, postage, and shipping	90,465.
	16 Other expenses (describe ► See Statement 2)	112,303.
	17 Total expenses (add lines 10 through 16)	7,197.
	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	
	NET ASSETS	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)
20 Other changes in net assets or fund balances (attach explanation) See Statement 3		-17,141.
21 Net assets or fund balances at end of year. Combine lines 18 through 20		579,059.

Part II Balance Sheets. If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ. (See the instructions for Part II.)		(A) Beginning of year	(B) End of year
22 Cash, savings, and investments		148,118.	147,469.
23 Land and buildings		440,885.	430,795.
24 Other assets (describe ► See Statement 4)			795.
25 Total assets		589,003.	579,059.
26 Total liabilities (describe ►)		0.	0.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)		589,003.	579,059.

BAA For Privacy Act and Paperwork Reduction Act Notice, see the instructions for Form 990.

Form 990-EZ (2008)

Form 990-EZ (2008) **FOUNDATION FOR TENNESSEE CHESS**
Part III **Statement of Program Service Accomplishments** (See the instructions.)
 CHESS INSTRUCTION

Expenses

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

- | Describe the services provided, the number of persons benefited, and the program title. | | | | |
|---|--|---|------|---------|
| 28 | PROVIDING CHESS INSTRUCTION AND MATERIALS TO STUDENTS AND TEACHERS
AT ALL INTERESTED SCHOOLS IN NASHVILLE AND SURROUNDING AREAS | (Grants \$) If this amount includes foreign grants, check here | 28 a | 34,911. |
| 29 | PROVIDING CHESS INSTRUCTION AT THE NASHVILLE CHESS CENTER FOR ALL
INTERESTED ADULTS AND STUDENTS | (Grants \$) If this amount includes foreign grants, check here | 29 a | 17,160. |
| 30 | SPONSORSHIP OF CHESS COMPETITION FOR THE EDUCATIONAL BENEFIT OF
ADULTS AND STUDENTS | (Grants \$) If this amount includes foreign grants, check here | 30 a | 7,100. |
| 31 | Other program services (attach schedule) | (Grants \$) If this amount includes foreign grants, check here | 31 a | |
| 32 | Total program service expenses (add lines 28a through 31a). | | 32 | 59,171. |
- (c) Expense account numbers for lines 28 through 31. List each one even if not compensated. See the instrs.

32 Total program service expenses (see instructions)				
Part IV List of Officers, Directors, Trustees, and Key Employees. (List each one even if not compensated)				
(a) Name and title	(b) Title and average hours	(c) Compensation (If any)	(d) Contributions to employee benefit plans and	(e) Expense account and other allowances

(a) Name and address	(b) Title and average hours per week devoted to position	(c) not paid, enter -0-	(d) employee benefit plans and deferred compensation	(e) other amounts
THERESA WILSON NASHVILLE TN,	VOLUNTEER 0	0.	0.	0.
HARRY SABINE CROSSVILLE, TN	VOLUNTEER 0	0.	0.	0.
GEORGE DEAN 106 HANOVER SQUARE NASHVILLE, TN 37215	Secretary 0	0.	0.	0.
MARTIN KATAHN NASHVILLE, TN	VOLUNTEER 0	0.	0.	0.
ALVIN HARRIS NASHVILLE, TN	President 0	0.	0.	0.
SAM STRANG NASHVILLE, TN	VOLUNTEER 0	0.	0.	0.
KAROLY MIRNICS NASHVILLE, TN	VOLUNTEER 0	0.	0.	0.
TONY NEGLIA 9207 HERITAGE DRIVE BRENTWOOD, TN 37027	Treasurer 0	0.	0.	0.

Form 990-EZ (2008)

Part V Other Information (Note the statement requirement in General Instruction V.)

	Yes	No
33 Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity.		X
34 Were any changes made to the organizing or governing documents but not reported to the IRS? If 'Yes,' attach a conformed copy of the changes.		X
35 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.		
35a Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?		X
35b If 'Yes,' has it filed a tax return on Form 990-T for this year?		
36 Was there a liquidation, dissolution, termination, or substantial contraction during the year?		X
If 'Yes,' complete applicable parts of Schedule N.		
37a Enter amount of political expenditures, direct or indirect, as described in the instructions.		X
37b Did the organization file Form 1120-POL for this year?		
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return?		X
38b If 'Yes,' complete Schedule L, Part II and enter the total amount involved.		
39a 501(c)(7) organizations. Enter:		
39b Initiation fees and capital contributions included on line 9.		
39c Gross receipts, included on line 9, for public use of club facilities.		
40a 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:		
section 4911 0. ; section 4912 0. ; section 4955 0.		
40b 501(c)(3) and (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?		X
If 'Yes,' complete Schedule L, Part I.		
40c Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958.		
40d Enter amount of tax on line 40c reimbursed by the organization.		
40e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T.		X
41 List the states with which a copy of this return is filed		

42a The books are in care of **TONY NEGLIA**
Located at **2911 BELMONT BLVD. NASHVILLE TN**

Telephone no. **615-297-7429**
ZIP + 4 **37212**

42b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?
If 'Yes,' enter the name of the foreign country:

See the instructions for exceptions and filing requirements for **Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts.**

42c At any time during the calendar year, did the organization maintain an office outside of the U.S.?
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 ☐ N/A
and enter the amount of tax-exempt interest received or accrued during the tax year. **43** N/A

44 Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ. **44** X

45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If 'Yes,' Form 990 must be completed instead of Form 990-EZ. **45** X

Form 990-EZ (2008)

Section 501(c)(3) organizations only. All section 501(c)(3) organizations must answer questions 46-49 and complete the tables for lines 50 and 51. See Statement 5

- 46 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I. ☐ Yes ☒ No
- 47 Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II. ☐ Yes ☒ No
- 48 Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E. ☐ Yes ☒ No
- 49a Did the organization make any transfers to an exempt non-charitable related organization? ☐ Yes ☒ No
- b If 'Yes,' was the related organization(s) a section 527 organization? ☐ Yes ☒ No

50 Complete this table for the five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None.'

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
None				

Total number of other employees paid over \$100,000 ▶

- 51 Complete this table for the five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None.'

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
None		

Total number of other independent contractors receiving over \$100,000 ▶

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer TONY NEGLIA Type or print name and title.	Date 1/5/10	Treasurer
	Preparer's signature Randel E. Wallace Firm's name (or yours if self-employed), address, and ZIP + 4 Wallace & Bowers, CPAs 95 White Bridge Road, Suite 308 Nashville, TN 37205-1484		
Paid Preparer's Use Only	Date 3-24-09		Check if self-employed <input checked="" type="checkbox"/>
	Preparer's identifying number (See instructions) N/A		EIN N/A
		Phone no. (615) 352-1555	
		May the IRS discuss this return with the preparer shown above? See instructions <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

BAA

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

To be completed by all section 501 (c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No. 1545-0047

2008

Open to Public Inspection

Name of the organization

FOUNDATION FOR TENNESSEE CHESS

Employer identification number

62-1625902

Part I Reason for Public Charity Status (All organizations must complete this part.) (see instructions)

The organization is not a private foundation because it is: (Please check only one organization.)

- 1 ☐ A church, convention of churches or association of churches described in section 170(b)(1)(A)(i).
- 2 ☐ A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)
- 3 ☐ A hospital or cooperative hospital service organization described in section 170(b)(1)(A)(iii). (Attach Schedule H.)
- 4 ☐ A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: _____
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
- 7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 8 ☐ A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 9 ☒ 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 exempt 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). (Complete Part III.)
- 10 ☐ An organization organized and operated exclusively to test for public safety. See section 509(a)(4). (see instructions)
- 11 ☒ An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h.
 - a ☐ Type I
 - b ☐ Type II
 - c ☒ Type III — Functionally integrated
 - d ☐ Type III — Other
- e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f ☐ If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box _____
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? ☐

- (i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? _____
- (ii) a family member of a person described in (i) above? _____
- (iii) a 35% controlled entity of a person described in (i) or (ii) above? _____

	Yes	No
11 g (i)		X
11 g (ii)		X
11 g (iii)		X

h Provide the following information about the organizations the organization supports.

(i) Name of Supported Organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of Support
			Yes	No	Yes	No	Yes	No	
TENNESSEE CHESS ASSOCIATION	58-1374720	12		X		X		X	0.
Total									0.

BAA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule A (Form 990 or 990-EZ) 2008

Part I Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I.)**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions and membership fees received. (Do not include "unusual grants.")...						
2 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf.						
3 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.						
4 Total. Add lines 1-3.						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)...						
6 Public support. Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4.						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.						
9 Net income from unrelated business activities, whether or not the business is regularly carried on.						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 Total support. Add lines 7 through 10.						12
12 Gross receipts from related activities, etc. (see instructions)						
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage for 2007 Schedule A, Part IV-A, line 26f	15	%
16a 33-1/3 support test – 2008. If the organization did not check the box on line 13, and the line 14 is 33-1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization.		<input type="checkbox"/>
b 33-1/3 support test – 2007. If the organization did not check a box on line 13, or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization.		<input type="checkbox"/>
17a 10%-facts-and-circumstances test – 2008. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization.		<input type="checkbox"/>
b 10%-facts-and-circumstances test – 2007. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization.		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions.		<input type="checkbox"/>

Part III Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 9 of Part I.)**Section A. Public Support**

Calendar year (or fiscal yr beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions and membership fees received. (Do not include "unusual grants.")	88,076.	87,175.	78,565.	72,328.	98,386.	424,530.
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose						0.
3 Gross receipts from activities that are not an unrelated trade or business under section 513						0.
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
5 The value of services or facilities furnished by a governmental unit to the organization without charge						0.
6 Total. Add lines 1-5	88,076.	87,175.	78,565.	72,328.	98,386.	424,530.
7a Amounts included on lines 1, 2, 3 received from disqualified persons	0.	0.	0.	0.	0.	0.
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000.	0.	0.	0.	0.	0.	0.
c Add lines 7a and 7b	0.	0.	0.	0.	0.	0.
8 Public support (Subtract line 7c from line 6.)						424,530.

Section B. Total Support

Calendar year (or fiscal yr beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6	88,076.	87,175.	78,565.	72,328.	98,386.	424,530.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	7,624.	7,046.	10,009.	8,253.	-9,833.	23,099.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						0.
c Add lines 10a and 10b	7,624.	7,046.	10,009.	8,253.	-9,833.	23,099.
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						0.
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) See Part IV.	7,740.	6,835.		3,827.	9,109.	27,511.
13 Total support. (add lines 9, 10c, 11, and 12.)						475,140.
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f))	15	89.4 %
16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g	16	0.0 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f))	17	4.9 %
18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h	18	0.0 %

- 19a **33-1/3 support tests – 2008.** If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization. ☒
- b **33-1/3 support tests – 2007.** If the organization did not check a box on line 14 or 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization. ☐
- 20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions. ☐

Part IV **Supplemental Information.** Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. (see instructions)

Area with horizontal dashed lines for supplemental information.

2008

Schedule A, Part IV - Supplemental Information

Page 5

FOUNDATION FOR TENNESSEE CHESS

62-1625902

Part III, Line 12 - Other Income

Nature and Source	2008	2007	2006	2005	2004
RENT	9,000.	3,740.		6,835.	7,740.
MISC	109.	87.			
Total	\$ 9,109.	\$ 3,827.	\$ 0.	\$ 6,835.	\$ 7,740.

2008

Federal Statements

Page 1

FOUNDATION FOR TENNESSEE CHESS

62-1625902

Statement 1
Form 990-EZ, Part I, Line 8
Other Revenue

MISC.....	Total	\$ 109.
		\$ 109.

Statement 2
Form 990-EZ, Part I, Line 16
Other Expenses

BANK FEES.....	\$ 8.
CONTRACT LABOR.....	62,955.
CONTRIBUTIONS.....	50.
Depreciation.....	10,090.
DUES AND MEMBERSHIP.....	796.
Information Technology.....	935.
Insurance.....	3,232.
MISCELLANEOUS.....	325.
PROGRAM EXPENSE.....	6,035.
TAXES.....	6,039.
Total	\$ 90,465.

Statement 3
Form 990-EZ, Part I, Line 20
Other Changes In Net Assets Or Fund Balances

Net Unrealized Gains and Losses on Investments.....	Total	\$ -17,141.
		\$ -17,141.

Statement 4
Form 990-EZ, Part II, Line 24
Other Assets

	Beginning	Ending
UTILITY DEPOSITS.....	\$ 0.	\$ 795.
Total	\$ 0.	\$ 795.

Statement 5
Form 990-EZ, Part VI
Regarding Transfers Associated with Personal Benefit Contracts

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?.....	No
(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?.....	No

Form 990-T

Exempt Organization Business Income Tax Return
(and proxy tax under section 6033(e))For calendar year 2008 or other tax year beginning _____, 2008,
and ending _____, 2008.
▶ See separate instructions.

OMB No. 1545-0687

2008

Open to Public Inspection for
501(c)(3) Organizations OnlyDepartment of the Treasury
Internal Revenue ServiceA ☐ Check box if
address changed

B Exempt under section

☒ 501(c)(3)
☐ 408(e) ☐ 220(e)
☐ 408A ☐ 530(a)
☐ 529(a)Print
or
TypeFOUNDATION FOR TENNESSEE CHESS
2911 BELMONT BLVD
NASHVILLE, TN 37212D Employer identification number
(Employees' trust, see
instructions for Block D.)

62-1625902

E Unrelated business activity
codes (See instructions for
Block E.)C Book value of all assets at
end of year
579,059.

F Group exemption number (See instructions for Block F.) ▶

G Check organization type..... ☒ 501(c) corporation☐ 501(c) trust☐ 401(a) trust☐ 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-subsidiary controlled group? ... ☐ Yes ☒ No
If 'Yes,' enter the name and identifying number of the parent corporation ... ▶

J The books are in care of. ▶ TONY NEGLIA Telephone number. ▶ 615-297-7429

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1 a Gross receipts or sales.	c Balance. ▶	1 c		
b Less returns and allowances.		2		
2 Cost of goods sold (Schedule A, line 7)		3		
3 Gross profit. Subtract line 2 from line 1c		4 a		
4 a Capital gain net income (attach Schedule D)		4 b		
b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)		4 c		
c Capital loss deduction for trusts				
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.

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	
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 (limited to the amount on line 30)	31	0.
32 Unrelated business taxable income before specific deduction. Subtract line 31 from line 30	32	
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.

TAXPAYER'S NOTICE. See instructions.

TEEA0205L 02/06/09

Form 990-T (2008)

Part III Tax Computation**35 Organizations Taxable as Corporations.** See instructions for tax computation.Controlled group members (sections 1561 and 1563) check here ☐. 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**36 Trusts Taxable at Trust Rates.** See instructions for tax computation. Income tax on the amount on line 34 from: ☐ Tax rate schedule or ☐ Schedule D (Form 1041)**37 Proxy tax.** See instructions.**38 Alternative minimum tax****39 Total.** Add lines 37 and 38 to line 35c or 36, whichever applies**Part IV Tax and Payments****40 a** Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)**b** Other credits (see instructions)**c** General business credit. Check here and indicate which forms are attached:☐ Form 3800 ☐ Form(s) (specify)**d** Credit for prior year minimum tax (attach Form 8801 or 8827)**e** Total credits. Add lines 40a through 40d**41** Subtract line 40e from line 39**42** Other taxes. Check if from: ☐ Form 4255 ☐ Form 8611 ☐ Form 8697 ☐ Form 8866☐ Other (attach schedule)**43 Total tax.** Add lines 41 and 42**44 a** Payments: A 2007 overpayment credited to 2008**b** 2008 estimated tax payments**c** Tax deposited with Form 8868**d** Foreign organizations: Tax paid or withheld at source (see instructions)**e** Backup withholding (see instructions)**f** Other credits and payments:☐ Form 2439☐ Form 4136

Other

Total

45 Total payments. Add lines 44a through 44f**46** Estimated tax penalty (see instructions). Check if Form 2220 is attached**47 Tax due.** If line 45 is less than the total of lines 43 and 46, enter amount owed**48 Overpayment.** If line 45 is larger than the total of lines 43 and 46, enter amount overpaid**49** Enter the amount of line 48 you want: Credited to 2009 estimated tax**Part V Statements Regarding Certain Activities and Other Information** (see instructions.)**1** At any time during the 2008 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file Form TD F 90-22.1,

Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here

2 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If YES, see the instructions for other forms the organization may have to file.**3** Enter the amount of tax-exempt interest received or accrued during the tax year \$**Schedule A - Cost of Goods Sold.** Enter method of inventory valuation**1** Inventory at beginning of year**2** Purchases**3** Cost of labor**4 a** Additional section 263A costs (attach schedule)**b** Other costs

(attach sch)

5 Total. Add lines 1 through 4b**6** Inventory at end of year**7** Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2**8** Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?**Sign Here**

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

Date

Treasurer

Title

May the IRS discuss this return with the preparer shown below (see instructions)? ☒ Yes ☐ No**Paid Preparer's Use Only**

Preparer's signature

Randel E. Wallace

Firm's name (or yours if self-employed), address, and ZIP code

Wallace & Bowers, CPAs
95 White Bridge Road, Suite 308
Nashville, TN 37205-1484

Date

7-24-09

Check if self-employed ☒

Preparer's SSN or PTIN

P00298130

EIN

62-1173275

Phone no.

(615) 352-1555

Schedule C – Rent Income (From Real Property and Personal Property Leased With Real Property) (see instructions)**1** Description of property

(1)		3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(2)		
(3)		
(4)		
Total		
(c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A)		

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 page 1, Part I, line 7, column (A). Enter here and on page 1, Part I, line 7, column (B).	

Total dividends-received deductions included in column 8

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
(1)					6 Deductions directly connected with income in column 5
(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 page 1, Part I, line 8, column (A).	Add columns 6 and 11. Enter here and on page 1, part I, line 8, column (B).	

Schedule G – Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

1 Description of income	2 Amount of income	3 Deductions directly connected (attach schedule)	4 Set-asides (attach schedule)	5 Total deductions and set-asides (column 3 plus column 4)
(1)				
(2)				
(3)				
(4)				
Enter here and on page 1, Part I, line 9, column (A).				Enter here and on page 1, Part I, line 9, column (B).

Totals

Schedule I – Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

1 Description of exploited activity	2 Gross unrelated business income from trade or business	3 Expenses directly connected with production of unrelated business income	4 Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute columns 5 through 7.	5 Gross income from activity that is not unrelated business income	6 Expenses attributable to column 5	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Enter here and on page 1, Part I, line 10, column (A).		Enter here and on page 1, Part I, line 10, column (B).				Enter here and on page 1, Part II, line 26.

Totals

Schedule J – Advertising Income (See instructions.)**Part I Income From Periodicals Reported on a Consolidated Basis**

1 Name of periodical	2 Gross advertising income	3 Direct advertising costs	4 Advertising gain or (loss) (column 2 minus column 3). If a gain, compute columns 5 through 7.	5 Circulation income	6 Readership costs	7 Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals (carry to Part II, line (5)).						

Totals (carry to Part II, line (5)).

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1 Name of periodical	2 Gross advertising income	3 Direct advertising costs	4 Advertising gain or (loss) (column 2 minus column 3). If a gain, compute columns 5 through 7.	5 Circulation income	6 Readership costs	7 Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
(5) Totals from Part I						
Enter here and on page 1, Part I, line 11, column (A).		Enter here and on page 1, Part I, line 11, column (B).				Enter here and on page 1, Part II, line 27.

Totals, Part II (lines 1-5).

Schedule K – Compensation of Officers, Directors, and Trustees (see instructions)

1 Name	2 Title	3 Percent of time devoted to business	4 Compensation attributable to unrelated business
		%	
		%	
		%	
		%	
Total. Enter here and on page 1, Part II, line 14.			