Form 990-EZ

Short Form

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code

(except black lung benefit trust or private foundation)
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OMB No. 1545-1150

2008

Open to Public Inspection

| Department of the Treasury Internal Revenue Service | The organization may have to use a copy of this return to satisfy state report | ing requirements. | 57, tr 27.53 trans | |
|--|--|--------------------|---------------------|---------------------------|
| | , 2008, and end | ling | Employer identifica | tion number |
| | ndar year, or tax year beginning , 2006, and end | יין | 62-162590 | |
| B Check if applicable: | C FOUNDATION FOR TENNESSEE CHESS | l _e | Telephone number | |
| | FOUNDATION FOR TENNESSEE CHESS | | | 1120 |
| Name change pr | nintor NASHVILLE, TN 37212 | L | 615-297-7 | |
| | aa ! | F | Group Exempt | ion |
| Amended return | oecific struc- ons. | 1 | Number | |
| | ms. abaritable trusts | G Accounting n | nethod: X Cas | n 🔲 Accidai |
| • Section 50 | 1(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts st attach a completed Schedule A (Form 990 or 990-EZ). | Other (specif | if the organiza | ation is not |
| mu | st attach a completed Schedule 71 (1 cm | H Check ► X | attach Schedule | 3 (Form 990, |
| Talla | W. NASHVILLECHESS. ORG V row (3) (insert no.) (4947(a)(1) or 527 | 1 990-EZ, or 9 | 19U-PF). | |
| | (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) | receipts 31 | e normally not n | nore than |
| J Organization type (| the organization is not a section 509(a)(3) supporting organization and its he organization is not a section 509(a)(3) supporting organization and its he organization chooses to file a return, be sure the organization chooses to file a return, be sure the organization chooses to file a return, be sure the organization chooses to file a return, be sure the organization chooses to file a return, be sure the organization chooses to file a return, be sure the organization chooses to file a return to the organization chooses to the organizatio | to file a complete | e return. | |
| K Check ► if t | the organization is not a section 509(a)(3) supporting organization and its he organization is not a section 509(a)(3) supporting organization and its not required, but if the organization chooses to file a return, be sure to its not required, but if the organization chooses to file a return, be sure to section to the file of th | Form 990 | | |
| 1 Add lines 5h 6h | on is not required, but if the organization crosses | | ⊳ \$ | 119,500. |
| incload of Form | 330 LA | CHS LOCK UIV | instructions ic | 47,442. |
| Dave | onue. Expenses, and Changes in Not Assess | | <u> </u> | 55,641. |
| | | | | |
| 2 Program | service revenue including government | | · · · · · <u> </u> | 16,308. |
| 3 Members | hip dues and assessments | | | |
| 4 Investme | nt income | | | |
| 5a Gross an | nount from sale of assets other than inventory. 5 b st or other basis and sales expenses | | 5c | |
| b Less: cos | st or other basis and sales expensesss) from sale of assets other than inventory (Subtract In 5b from In 5a) (att sch)ss) from sale of assets other than inventory (Subtract In 5b from In 5a) (att sch)ss) | hook hora | | |
| C Gain or (los | ss) from sale of assets other than inventory (Subtract In 5b from in 5a) (att scir) | HEUR HEIG | | |
| y 6 Special eve | ents and activities (complete applicable parts of solidates) of contributions of contributions | 1 | | |
| n a Gross re | venue (not including \$ 6a on line 1) | | | |
| ř reported | rect expenses other than fundraising expenses | <u> </u> | 66 | |
| b Less: un | rect expenses other than fundraising expenses | 1 | 7 | |
| 7 - Oue ac c | alse of inventory, less returns and unovarious | <u> </u> | 34,646 | |
| h Less' Co | ales of inventory, less returns and allowances 7th post of goods sold. 7th pos | | 7c | 109. |
| - Cross n | rofit or (loss) from sales of inventory (Caramater | |) 8 | |
| R Other rev | enue (describe > See Statemente 1 | | | 119,500. |
| O Total re | evenue (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 6) | | 10 | |
| 1 | and similar amounts baid (account of the | | | |
| 11 Benefit | e naid to or for members | | 12 | 10,730. |
| 5 an Colorio | e other compensation, and employee series | | | 11,108. |
| 7 1 49 Drofos | sional tees and other payments to market | | | |
| N 14 Occup | ancy, rent, utilities, and maintenance | | 16 | 90,465. |
| E 15 Printin | g, publications, postage, and simplified. | | 一, | 112,303. |
| 16 Other ex | g, publications, posterior specific properties (describe See Statement 2 expenses (add lines 10 through 16) | | | 7,197. |
| 17 Total | s or (deficit) for the year (Subtract line 17 from line 9) | | (2000) (05) | |
| -1 | s or (deficit) for the year (Subtract line 17 from line 9) ssets or fund balances at beginning of year (from line 27, column (A)) (muserceted on prior year's return) | ust agree with en | d-of-year 19 | 589,003. |
| NS 19 Net as | reported on prior year's return) | Statement | 3 20 | -17,141. |
| E E TIQUIE | reported on prior sets or fund balances (attach explanation) | 5, <u>,0 CG CQ</u> | ▶ 21 | 579,059. |
| T 20 Other | changes in net assets or fund balances (attach explanation) | r more file Form | 990 instead of | Form 990-EZ. |
| Partil B | Charte If Total assets on the 20, course | (A) Begin | ning of year | (B) End of year |
| | (See the instructions for Part II.) | 1 | 48, 110. 22 | |
| 22 Cash sa | vings, and investments | 4 | 40,885. 23 | 430,795. |
| 23 Land and | 1 Duildings | <u> </u> | 24 | 579,059. |
| 24 Other as | sets (describe - Bee Bees | | 89,003. 25 | 319,033. |
| 25 Total ass | sets | | 0. 26 | 579,059. |
| 26 Total lia | bilities (describe bets or fund balances (line 27 of column (B) must agree with line 21) | | 589,003. 27 | Form 990-EZ (2008) |
| 27 Not asse | ets or fund balances (line 27 of column (5) message instructions for Fo | rm 990. | | 1 01111 000 == (====) |

| | | | 62 | -16259 | 002 Page 2 |
|---|---|--|------------------|-----------|---|
| Form 990-EZ (2008) FOUNDATION FOR TE | NNESSEE CHESS | See the instructions | s.) | | Expenses |
| Regulation Statement of Program Service | CC ACCOUNT | See the mandoners | | (Require | ed for 501(c)(3) |
| What is the organization's primary exempt purpose? CHE. Describe what was achieved in carrying out the describe the services provided, the number of purpose. | SS INSTRUCTION | es in a clear and conc | se manner, | and (4) | organizations and (1) trusts; optional |
| Describe what was achieved in carrying out the | organization's exempt purpos ersons benefited, or other rele | evant information for ea | ich | for othe | rs.) |
| describe the services provided, the number of p | ersons betterness, | OFFICENCE AND T | FACHERS | | |
| Diodialii duc. | AT WATER MARKET TALK TILL | DIODENTO THEE | | 1 | |
| 28 PROVIDING CHESS INSTRUCTION AT ALL INTERESTED SCHOOLS | IN NASHVILLE AND S | OKKOONDING WEEK | | 1 | |
| WI WITH TIME DESCRIPTION OF THE PROPERTY OF TH | | | | 28a | 34,9 <u>11.</u> |
|) If this | amount includes foreign gran | nts, check here | TOP ATT. | 1 -0- | |
| (Grants \$) If this PROVIDING CHESS INSTRUCTION OF THE PROVIDING CHESS OF THE PROPERTY OF THE | ON AT THE NASHVILLE | CHESS CENTER ! | TOK WHIT - | 1 1 | |
| INTERESTED ADULTS AND STU | DENTS | | | 1 1 | |
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| (Grants \$) If the straight of | | | | 31 a | |
| | | | | ▶ 32 | 59,171. |
| (Grants \$) If the service expenses (add life Pan V List of Officers, Directors | nes 28a through 31a) | | on even if not | compens | ated. See the instrs.) |
| 32 Total program service expenses | . 103(003) 4 | . 111 | (d) Contribut | ons to | (e) Expense account |
| Hart Visit Officers, Director | (b) Title and average hours | (c) Compensation (if not paid, enter -0) | employee benefit | plans and | and other allowances |
| (a) Name and address | per week devoted to position | | deferred comp | ensation | 0. |
| | VOLUNTEER | 0. | | 0. | · · |
| THERESA WILSON | 4 | | | _ | 0 |
| NASHVILLE | 4 | 0. | l | 0. | 0. |
| TN, | VOLUNTEER | 0. | Ì | 0. | |
| HARRY SABINE | - VOLUMITED | . 1 | | | |
| | 7 | | | | 0. |
| CROSSVILLE, TN | Secretary | 0. | | 0. | |
| GEORGE DEAN | | r) Ol | | | |
| 106 HANOVER SQUARE | | | | | |
| NASHVILLE, TN 37215 | - TOT WINDER | 0 | | 0 | 0. |
| MARTIN KATAHN | VOLUNTEE | | | | |
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| SAM STRANG | -7 | 0 | | | |
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| TONY NEGLIA | | 0 | | | |
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| BRENTWOOD, TN 37027 | | | | | |
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| | 62-1625902 | Pi | age 3 |
|--|---|--|--|
| n 990-EZ (2008) FOUNDATION FOR TENNESSEE CHESS | | | |
| n 990-EZ (2008) FOUNDATION FOR TENNESSEE CHESS Other Information (Note the statement requirement in General Instruction) | | Yes | No |
| Other Information (Note the statement) | allod description of | 1 | |
| Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a det | alled description of | | X |
| Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a conformed coperate and conformed to the IRS? If 'Yes,' attach a conformed coperate and conformed to the IRS? If 'Yes,' attach a conformed coperate and conformed to the IRS? If 'Yes,' attach a conformed coperate and conformed to the IRS? If 'Yes,' attach a conformed coperate and conformed to the IRS? If 'Yes,' attach a conformed coperate and conformed to the IRS? If 'Yes,' attach a conformed coperate and conformed to the IRS? If 'Yes,' attach a conformed coperate and conformed to the IRS? If 'Yes,' attach a conformed coperate and conformed to the IRS? If 'Yes,' attach a conformed coperate and conformed to the IRS? If 'Yes,' attach a conformed coperate and conformed to the IRS? If 'Yes,' attach a conformed coperate and conformed to the IRS? If 'Yes,' attach a conformed coperate and conformed to the IRS? If 'Yes,' attach a conformed coperate and conformed to the IRS? If 'Yes,' attach a conformed coperate and conformed to the IRS? If 'Yes,' attach a conformed coperate and conformed to the IRS? If 'Yes,' attach a conformed coperate and conformed to the IRS? If 'Yes,' attach a conformed coperate and conformed to the IRS? If 'Yes,' attach a conformed to the IRS? If 'Yes,' attach a conformed coperate and conformed to the IRS? If 'Yes,' attach a conformed to the IRS? If 'Yes,' at | y of the changes 3 | 4 | TELES ROL |
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| Were any changes made to the organizing or governing documents but not reported to the most in the most income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not if the organization had income from business activities, such as those organization had income from business activities, such as those organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not the most interest in the most interest interest in the most intere | Toportod on | | The state of the s |
| If the organization had income from business activities, such as those reported on the post-of- attach a statement explaining your reason for not reporting the income on Form 990-T. | norting, and | 25.0 | X |
| a Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reprove tax requirements? | | 35 a | + |
| a Did the organization have unifolded and the array tax requirements? | | 220 | + |
| half 'Yes' has it filed a tax return on Form 355 | | 36 | x |
| | | 30 | |
| | | 37 b | X |
| To Enter amount of political expenditures, unect of manager at | | | 開始的 |
| b Did the organization file Form 1120-POL for this year? | loyee or were | 38 a | X |
| b Did the organization file Form 1720-702 is the state of the period covered by this return any such loans made in a prior year and still unpaid at the start of the period covered by this return such loans made in a prior year and still unpaid at the start of the period covered by this return to start the total | ırn? | | W. LAND |
| any such loans made in a prior year and still unpaid at the state | | i de la compa | |
| b If 'Yes,' complete Schedule L, Part II and enter the total | | | |
| | Ι ΝΙ/Δ | | |
| an Enticol(7) organizations. Lines | N/A | 《新聞報報報報報報報報報報報報報報報報報報報報報報報報報報報報報報報報報報報報 | |
| a Initiation fees and capital contributions included on line 2 | | 1441 | (April |
| b Cross receipts, included on line 3, 101 passes are propriet in during the year under | · 0. | | 建 |
| | tion during the | | |
| section 4911 | (transaction dams | l an h | \ x |
| b 501(c)(3) and (4) organizations. Did the organization engage in any section year? year or did it become aware of an excess benefit transaction from a prior year? If 'Yes,' complete Schedule L, Part I | | 40 b | |
| year or did it become aware of the land of | 0 | | |
| 11 Yes, complete an apparent or disqualified persons during the | ▶ | 一 "当时总统报 | |
| c Enter amount of tax imposes | ▶ <u>U</u> | · ************************************ | NISTER |
| Wear linder Sections Tyles 1975 | | -1335 | TO THE |
| year under sections 40c reimbursed by the organization | tax | 40 e | X |
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62-1625902 Page 3

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| ~~ =7 /20081 | FOUNDATION FOR TENN ion 501(c)(3) organizations | ESSEE CHESS | 1(c)(3) organiza | tions must ar | 2-16259 Swer que | stions | 46-4 | 9 |
| Section Section | on 501(c)(3) organizations | s only. All section of | /(c)(o) o.g | | See Sta | temen | Yes | No |
| and | ion 501(c)(3) organizations complete the tables for line sization engage in direct or indirect ce? If 'Yes,' complete Schedule (| S 50 Bld 517 | witing on behalf of O | in opposition to | o candidates | 46 | | X |
| | | et political campaign acti | Aiffiga Out persons | | | 47 | | X |
| for public offi | ization engage in direct or indire ce? If 'Yes,' complete Schedule (| ties? If 'Yes,' complete S | ichedule C, Part II | Schadule | E | 48 | | X |
| n: 4 Abo orost | rizalion engage in iodoying com | 47061/1 |)(A)(ii)? If 'Yes,' cor | npiete School | | . 491 | <u> </u> | <u>X</u> |
| is the organi | zation operating a screen to Bi | exempt non-charitable | related organization: | | | 491 | _ | <u> </u> |
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| H 162' Mes | the related organization(s) a sec is table for the five highest compose than \$100,000 of compensation | ensated employees (oth | er than officers, directly there is none, ent | er None. | - Independ | (0) | Expense | 1 |
| complete the | is table for the five highest compone than \$100,000 of compensation | | (c) Compensation | (d) Contributions benefit pla deterred com | to succession | other | ount and allowan | 1 C85 |
| (a) Nerno a | nd address of each employee paid more than \$100,000 | hours per week devoted to position | | deterred curr | | | | |
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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

Open to Public Inspection

Employer identification number

| e of the organization | | | | | | 62 | 2-1625 | 902 | | |
|--|---|---|--------------------------------------|---|----------------------|------------------|---|------------|--------------|---|
| UNDATION FOR TENN IT Reason for Pub | ESSEE CHESS | All organizations m | ust cor | nnlete | this pa | | | | าร) | |
| irt Reason for Publ | ic Chanty Status (| All Organizations in | cone or | anizatio | n.) | | | | | |
| organization is not a priva | te foundation because | it is: (Please theck only | hed in s | ction 1 | лоль х 1х | AXi). | | | | |
| A church, convention | of churches or associa | Mion of Churches descri |) | | (-)(-) | . ,,, | | | | |
| — | n section 170(b)(1)(A)(ii ative hospital service or | | CACTION | 170/bY | IYAYiii). | . (Attac | h Sched | ule H.) | | |
| A hospital or cooper | ative hospital service or organization operated ir | ganization described in | nital dae | cribed i | n sectio | n 170(t | χ1χΑχί | ii). Enter | r the hosp | ital's |
| A medical research | organization operated in | 1 conjunction with a not | spital de. | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | ., 200 | | | • | | |
| name, city, and state | e: rated for the benefit of | a college or university (| wned or | operate | d by a | governn | nental u | nit descr | ibed in se | ction |
| | implete rate ii.) | | | 4 976 | VEVIVA | WA | | | | |
| 7 An organization that | ocal government or government | II.) | port iron | , a gore | ernmenta | al unit o | or from t | ne gener | ral public o | described |
| 8 A community trust of | lescribed in section 170 | (b)(1)(A)(vi). (Complete | Part II.) | | tiona i | mambar | chin fees | and gro | ss receipts | . |
| investment income | normally receives: (1) mo to its exempt functions - and unrelated business section 509(a)(2). (Con | taxable income (less s | ection 5 | l 1 táx) f | rom bus | inesses | acquire | a by the | organizat | ion after |
| An organization org | anized and operated ex | clusively to test for put | onc saret | y, ott 5 orform i | he fund | tions of | or carn | out the | purposes | of one o |
| An organization or | panized and operated experience and operated experted organizations desorted organizations | cclusively for the benefication 509(a specified in section 509(a specified lines) | t of, to p)(1) or so 11e thro | ection 5 ugh 11t | 09(a)(2) 1. | See s | ection 5 | 09(a)(3). | Check th | e box tha Other |
| a Type I | b Type II | c X Type III | Funct | ionally i | ntegrate | ď . | | d [i | ighe iii- | ns other |
| e By checking this both than foundation ma | b Type II ox, I certify that the organizers and other than | Olic of thoro passers of | -1-1- | • | | | | | | |
| f If the organization check this box | received a written deter | mination from the IRS | that is a | Type I, | Type II | or Type | III Supp | orting of | | ' L |
| g Since August 17, 2 | 2006, has the organization | on accepted any gift or | r contribu | ution fro | m any o | t the to | llowing [| ersons | | Yes N |
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| (i) a person who | directly or indirectly coverning body of the sup | ontrols, either alone or to | togetner | with bei | 20112 GC | Scribed | | | 11g (i) | X |
| man (11 | -L of a narcan deceri | had in (i) anove(| | | | | | | 11 g (ii) | 7 |
| (ii) a family men | olled entity of a person | described in (i) or (ii) a | bove? | | | | | | 11 g (iii) | } |
| (iii) a 35% contro | ng information about th | e organizations the org | anization | suppoi | rts | | | | | |
| | 1 1 | fiii) Type of organization | (iv) I | s the | (v) Did yo | ou notify | (vi) Is | the | (vii) Amour | nt of Suppor |
| (i) Name of Supported Organization | (ii) EIN | (iii) Type of organization (described on lines 1-9 above or IRC section | organizat (i) listed | ion in col. in your | the organi col. (| i) of | (vi) Is organizati (i) organiz U.S | ed in the | | |
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| | | | Yes | No | Yes | No | Yes | No | | , , , , , , , , , , , , , , , , , , , |
| TENNESSEE CHESS A | SSOCIATION | | | | | | | | | |
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| Total BAA For Privacy Act and | | | | | | | | | m 990 or | 000 571 |

18 BAA Schedule A (Form 990 or 990-EZ) 2008 FOUNDATION FOR TENNESSEE CHESS

Partill

Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I.)

| ## Common State Com | (Complete only if you chec | ked the box on lin | e 9 of Part I.) | | | | (D T 1-1 | - |
|---|---|--|--|-------------------------------------|---|--|--------------------|------------|
| Index year (or fixed y beginning in processing and controllarious and practical processing and p | ction A. Public Support | | | (c) 2006 | (d) 2007 | (e) 2008 | (f) Total | _ |
| Gates, greats, commodated groins .) Oross receipts from ordinicular unusual grains .) Oross receipts from school or deathers through the second of scallites furnished in a activity organization is to exempt upon a control or scallites furnished in a activity organization is to exempt upon a control or scallites furnished in a activity organization receives the second or scallites furnished in a activity organization receives the second organization receives the second organization receives the second organization received organization without change the second organization organiza | andar year (or fiscal vr beginning in) | (a) 2004 | (b) 2005 | (0) = 0.0 | | | 424 530 | |
| admissions, metricinal uses such of all the properties for the properties for installation and activity that is related to the organization's trave-wampt puppose, size from activities that are not an unrisable star set on an unrisable star or business under section \$13. Tax reverues levied for the organization's travel several to a contract of the organization's travel and the properties of the organization's that are not an unrisable star star of the properties of the organization's that organization in the star of contract of the organization star of the properties of the proper | Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants.'). | 88,076. | 87,175. | 78,565. | 72,328. | 98,386. | 424,550 | <u>-</u> |
| organization's lax-desirity purpose. 3 trans receivable that are purposes. 4 Tax revenues levied for the organization's benefit and eribrate and e | or services performed, or facilities furnished in a activity | | | | | | C | <u>) .</u> |
| 3 | organization's tax-exempt | | | | | | (| 0. |
| 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. 5 The value of produces of the paid to or expended on its behalf. 6 Total, Add lines 15. 8 A product included on lines 2, and 3 received from disqualified persons. 9 Amounts included on lines 2, and 3 received from other than disqualified persons. 9 Amounts included on lines 2, and 3 received from other than disqualified persons. 9 Amounts included on lines 2, and 3 received from other than disqualified persons. 9 Amounts included on lines 2, and 3 received from other than disqualified persons. 9 Amounts from line 5. 9 Amounts from line 6. 10 Condition B. Total Support Calendar year for fisally beginning in 7 or from line 5. 9 Amounts from line 6. 10 Groys for fisally beginning in 7 or from line 6. 10 Groys for fisally beginning in 7 or from line 6. 10 Groys for fisally beginning in 8 or fisally beginne | not an unrelated trade or business | | | | | | | |
| 5 The value of services or facilities furnished by a governmental unit to the organization without charge. 6 Total. Add lines 1-5 | 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | | <u>0.</u> |
| 6 Total. Add lines 1-5. 7a Amounts included on lines 1, 2, 3 received from disqualified parameter of the property of the prope | 5 The value of services or facilities furnished by a | | 07 175 | 78.565 | 72,328 | 98,386 | | |
| 7a Amounts included on lines 1, 2, 3 received from disqualified persons. 5 Amounts included on lines 2 and 3 received from disqualified persons. 6 Amounts included on lines 2 and 3 received from the train disqualified protection of the train disqualified persons of 1 % of the lotal of lines 9, 10c, 11 and 12 for the year or 55,000. 6 Add lines 7a and 7b. 8 Public support (Subtract line 7c from line 6). Section B. Total Support Calendar year (or fiscal yr beginning in) > 8 Amounts from line 6. 9 Amounts from line 6. 10a Cross income from interest, dividends, payments received on securities of the securities of | 6 Total Add lines 1-5 | 88,076 | 81,113 | + | | | | ^ |
| 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, 10 d. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. | 7a Amounts included on lines 1, 2, 3 received from disqualified | 1 | . 0 | | 0. | 0. 0 | - | 0. |
| the total of lines 7, 100, and 12 for the year of 35,000. c Add lines 7a and 7b. 8 Public support (Subtract line 7c from line 5). Section B. Total Support Calendar year (or fised by beginning in) (a) 2004 (b) 2005 (c) 2006 (d) 2007 (e) 2008 (0) Total Calendar year (or fised by beginning in) (a) 2004 (b) 2005 (c) 2006 (d) 2007 (e) 2008 (0) Total Calendar year (or fised by beginning in) (a) 2004 (b) 2005 (c) 2006 (d) 2007 (e) 2008 (0) Total Calendar year (or fised by beginning in) (a) 2004 (b) 2005 (c) 2006 (d) 2007 (e) 2008 (0) Total Calendar year (or fised by beginning in) (a) 2004 (b) 2005 (c) 2006 (d) 2007 (e) 2008 (0) Total Calendar year (or fised by beginning in) (a) 2004 (b) 2005 (c) 2006 (d) 2007 (e) 2008 (0) Total Calendar year (or fised by beginning in) (a) 2004 (b) 2005 (c) 2006 (d) 2007 (e) 2008 (0) Total Calendar year (or fised by beginning in) (a) 2004 (b) 2005 (c) 2006 (d) 2007 (e) 2008 (0) Total Calendar year (or fised by beginning in) (a) 2004 (b) 2005 (c) 2006 (d) 2007 (e) 2008 (0) Total Calendar year (or fised by beginning in) (a) 2004 (b) 2005 (c) 2006 (d) 2007 (e) 2008 (0) Total Calendar year (or fised by beginning in) (a) 2004 (b) 2005 (c) 2006 (d) 2007 (e) 2008 (0) Total Calendar year (or fised by beginning in) (a) 2004 (b) 2005 (c) 2006 (d) 2007 (e) 2008 (0) Total Calendar year (or fised by beginning in) (b) 2005 (c) 2008 (b) 2006 (d) 2007 (d) 2008 (b) 2007 (d) 2008 (b) 2007 (d) 2008 (b) 2007 (d) 2007 (| b Amounts included on lines 2 and 3 received from other that disqualified persons that disqualified persons that | n | | | 0 | 0. | o. | 0. |
| 8 Public support (Subtract line 7c from line 6.) Section B. Total Support Calendar year (or fiscal y beginning in) 88 ,076. 87,175. 78,565. 72,328. 98,386. 424,530 9 Amounts from line 6 88,076. 87,175. 78,565. 72,328. 98,386. 424,530 10 a Gross income from interest, dividends, payments received on securities loans, rents, royaltee and income form similar sources b Unrelated business taxable income (less section 51) taxes) from businesses acquired after June 30, 1975. c Add lines 10 and 10b 11 Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.). See. Part. 17. 13 Total support, each this box and stop here. Section C. Computation of Public Support Percentage Section D. Computation of Investment Income Percentage Section D. Computation of Investment Income Percentage 19 a 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 15 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization in the stop and stop here. The organization qualifies as a publicly supported organization in the than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization in the thex a box on line 14, and line 15 is more than 33-1/3%, and line 15 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization is not more than 33-1/3%, check this box and stop here. The organization | u i-i-i of book 4 HiC 11. | | <u> </u> | <u>'</u> | | 0. | <u> </u> | <u> </u> |
| Section B. Total Support Calendar year (or fiscal yr beginning in) 9 Amounts from line 6 | c Add lines 7a and 7b | 0 | · | 9.1 | | The state of the s | 424 5 | :30 |
| Section B. Total Support Calendar year (or fiscal yr beginning in) (a) 2004 (b) 2005 (c) 2006 (d) 2007 (e) 2008 (0) Total 2004 (b) 2005 (c) 2006 (d) 2007 (e) 2008 (0) Total 2004 (d) 2007 (e) 2008 (d) 2007 (e) 2007 | 8 Public support (Subtract line | | reneralatelyste | | | | 424,5 | 130 |
| Section B. Total Support (a) 2004 (b) 2005 (c) 2006 (d) 2007 (e) 2007 (e) 2008 9 Amounts from line 6 | 7c from line 6.) | | The second section | ATERIA DELIBERTA | | | (n) Total | |
| Amounts from line 6 | Section B. Total Support | | (b) 2005 | (c) 2006 | (d) 2007 | | | 530 |
| 9 Amounts from line 6. 10 a Gross income from interest, dividends, payments received on securities loans, rents, royalities and income form similar sources. 5 Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. 6 Add lines 10a and 10b. 7, 624. 7, 046. 10, 009. 8, 253. 9, 833. 23, 099. 7, 624. 7, 046. 10, 009. 8, 253. 9, 833. 23, 099. 7, 624. 7, 046. 10, 009. 8, 253. 9, 833. 23, 099. 7, 624. 7, 046. 10, 009. 8, 253. 9, 833. 23, 099. 8, 253. 9, 833. 23, 099. 8, 253. 9, 833. 23, 099. 8, 253. 9, 833. 23, 099. 10, 10, 10, 10, 10, 10, 10, 10, 10, 10, | Calendar year (or fiscal yr beginning in | 20 07 | | | 55. 72,32 | 28. 98,36 | 0. 12.7 | |
| dividends, payments technology on securities loans, rents, royalties and income form similar sources. 7,624. 7,046. 10,009. 8,2539,833. 23,099 b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. C Add lines 10a and 10b. 7,624. 7,046. 10,009. 8,2539,833. 23,099 1 Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on. 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV). See Part: IV. 13 Total support. (sed line 3) (b, 11, and 12) or organization, check this box and stop here. 17 Investment income percentage from 2007 Schedule A, Part IV-A, line 279. 18 Investment income percentage form 2007 Schedule A, Part IV-A, line 279. 19 Investment income percentage from 2008 (line 10c, column (f) divided by line 13, column (f)). 19 a 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%, check this box and stop here. The organization qualifies as a publicly supported organization. In the organization of the check a box on line 14 or 19a, and line 16 is more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization. In the organization of the check a box on line 14 or 19a, and line 16 is more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization. In the organization of the check a box on line 14, and line 15 is more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization. In the organization of the check a box on line 14, and line 15 is more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization. In the organization of the check a box on line 14, and line 15 is more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization. | a Amounts from line 6 | 00,01 | 9:1 | | | | | |
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| acquired after June 30, 1975. c Add lines 10a and 10b. Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on. 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.). See . Part . T.V. 13 Total support. (add ms, 10c, 11, and 12) 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) 5 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f)). 15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f)). 16 Public support percentage for 2008 (line 10c, column (f) divided by line 13, column (f)). 17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f)). 18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h. 19 a 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%, 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, 19a, or 19b, check this box and see instructions. | income (less section of t | | | | | | 23 | na |
| c Add lines 10a and 10b. Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on. 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.). See . Part IV. 13 Total support. (add lins 9, 10c, 11, and 12) 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) 15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f)). 16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g. 17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f)). 18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h. 19 a 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. 10 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 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization. | acquired after June 30, 137 | 5 | 7 0 | 46 10,0 | 09. 8,2 | 539,8 | 33. 23, | |
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| 15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f)) | Part IV.) . See . Part I | V | | | | vear as a section | | |
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| Public support percentage for 2008 (line 6, column 10 for 2008). The Public support percentage from 2007 Schedule A, Part IV-A, line 27g | Costion C Computation C | of Public Supp | ort Percentag | e | (f) | | | |
| Section D. Computation of Investment Income Percentage Note: The investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f)) | 15 Public support percentage | for 2008 (line 8, | column (f) divide | d by line 13, colu | ын <i>ОУ</i> У | • • • • • • • • • • • • • • • • | 16 | <u>0.0</u> |
| 17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f)) 18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h | as Dublic cupport percentage | TOTTI ZOUT SCHOOL | uio ii | | | | | |
| 17 Investment income percentage for 2007 Schedule A, Part IV-A, line 27h | Caction D. Computation | Of HIACOUNCE | | with the line | 13 column (f)) | | . 17 | |
| 18 Investment income percentage from 2011. 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 15 more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization | The same parce | ntage for 2000 Uiii | C 100; comme | · | | | . 18 | <u>u.</u> |
| b 33-1/3 support tests — 2007. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions | 18 Investment income perce | ntage irom 2007 | Class shook that | hov on line 14, an | d line 15 is more that | an 33-1/370, and mic | γη, 10 mm. | e 18 |
| | b 33-1/3 support tests - 20 is not more than 33-1/3% | 007. If the organize | ation did not che nd stop here. Th | e organization que on line 14, 19a, | ualifies as a publi or 19b, check this | cly supported orga box and see instr | ructions | |
| | 20 Private foundation. If the | e organization did | | | | Schedule A | (Lottii 220 of 320 | , |

| Schedule / | ∆ (Form | 990 or 9 | 90-EZ) | 2008 | FOUNDA | MOITA | FOR | TENN | ESSEE | CHE | SS | | | 62-16 | 25902 | line 1 | rage | |
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| Schedule / | Supp Part I | lement | tal Inf 17a o | ormati r 17b; | on. Com or Part | nplete III, line | this p | part to Provid | provid e any | e the other | expla addit | anation ional in | requi | red by ation. (s | ee ins | truction | ns) | |
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| 2008 | A, Part IV | | nental Infor | mation | Page 5 |
|---|--------------------------------|---------------------------------|----------------------|--------------------------------|------------------|
| Part III, Line 12 - Ot Nature and Sour RENT MISC | 9,000. 109. 9,109. \$ | 2007 3,740. 87. 3,827. | <u>2006</u> \$ 0. | 2005 6,835. \$ 6,835. \$ | 7,740. 7,740. |

| Statement 1 Form 990-EZ, Part I, Line 8 Other Revenue MISC | 62-1625902 |
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| Statement 1 Form 990-EZ, Part I, Line 8 Other Revenue | |
| Form 990-EZ, Part I, Line 8 Other Revenue | |
| Form 990-EZ, Part I, Line 8 Other Revenue | |
| MISC Total \$ | <u> 109.</u> |
| | 109. |
| | |
| Statement 2 Form 990-EZ, Part I, Line 16 Other Expenses | 0 |
| DANK FFFS | 8. 62,955. 50. |
| CONTRACT LABOR. | 10,090. |
| 5 | 796. 935. |
| Tmfarmation Technology | 3,232. 325. |
| Insurance | 6,035. 6,039. |
| MISCELLANEOUS PROGRAM EXPENSE TAXES Total | 90,465. |
| INAEG | |
| Statement 3 Form 990-EZ, Part I, Line 20 Other Changes In Net Assets Or Fund Balances Net Unrealized Gains and Losses on Investments | -17,141. -17,141. |
| Statement 4 | |
| Form 990-EZ, Part II, Line 24 | r-ding |
| <u>Beginning</u> | - 705 |
| UTILITY DEPOSITS $\frac{\$}{\$}$ 0 . | 7 |
| | |
| | |
| Statement 5 Form 990-EZ, Part VI Regarding Transfers Associated with Personal Benefit Contracts | |
| | or No |
| (a) Did the organization, during the year, receive any funds, directly indirectly, to pay premiums on a personal benefit contract? (b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | No |

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Exempt Organization Business Income Tax Return OMB No. 1545-0687 (and proxy tax under section 6033(e)) 2008 Form **990-T** 2008. For calendar year 2008 or other tax year beginning Open to Public Inspection 501(c)(3) Organizations Of and ending ► See separate instructions. Employer identification number Department of the Treasury Internal Revenue Service (Employees' trust, see instructions for Block D.) Check box if FOUNDATION FOR TENNESSEE CHESS address changed 62-1625902 Print 2911 BELMONT BLVD Exempt under section Unrelated business activity codes (See instructions for Block E.) or NASHVILLE, TN 37212 |X| 501(c)(3) Type 220(e) 408(e) 530(a) 408A F Group exemption number (See instructions for Block F.) 529(a) Book value of all assets at end of year Other trust 401(a) trust 501(c) trust 579,059. G Check organization type..... ► |X| 501(c) corporation Describe the organization's primary unrelated business activity. During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?... > If 'Yes,' enter the name and identifying number of the parent corporation . . ▶ Telephone number. ► 615-297-7429 The books are in care of. ► TONY NEGLIA (C) Net (B) Expenses (A) Income Part Unrelated Trade or Business Income 1a Gross receipts or sales. . . **b** Less returns and allowances . . . 2 Cost of goods sold (Schedule A, line 7)..... 2 3 Gross profit. Subtract line 2 from line 1c 4a Capital gain net income (attach Schedule D)..... 4a **b** Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)..... c Capital loss deduction for trusts..... 4c Income (loss) from partnerships and S corporations 5 (attach statement)..... 6 Rent income (Schedule C).... 6 7 Interest, annuities, royalties, and rents from controlled organizations (Schedule F).... 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.) 0. 13 Part Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Except for contributions, deductions must be directly connected with the unrelated business income.) 15 15 Salaries and wages..... 16 Repairs and maintenance 16 17 Bad debts..... 17 18 Interest (attach schedule) 19 Taxes and licenses 19 20 Charitable contributions (See instructions for limitation rules.) 22 b 21 23 22 23 25 Employee benefit programs 25 26 Excess exempt expenses (Schedule I) 26 Excess readership costs (Schedule J).... 27 28 Other deductions (attach schedule) 28 Total deductions. Add lines 14 through 28 29 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13...... 30 29 Net operating loss deduction (limited to the amount on line 30)..... 31

Unrelated business taxable income before specific deduction. Subtract line 31 from line 30......

Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions).....

It Paduction Act Notice, see instructions.

30

31

33

the smaller of zero or line 32...

32

33

0.

0.

| | OVER CHECK | 62-1625902 | Page 2 |
|--|--|---|-------------------------|
| Form 990-T (2008 | B) FOUNDATION FOR TENNESSEE CHESS | | |
| THE PARTY OF THE P | O | | |
| 35 Organizatio | ons Taxable as Corporations. See instructions for tax computation. | | |
| Controlled | group members (sections 1561 and 1563) check here . See instructions and: | | |
| a Enter your | chare of the \$50,000, \$25,000, and \$5,525,000 taxasts | | |
| (1) \$ | share of the \$50,000, \$25,000, \$25,000, \$3) \$ | | |
| | | | |
| p Enter orga | nization's share of: (1) Additional 5% tax (not more than \$100,000)\$ | | 0. |
| (2) Addition | nal 3% tax (not more than \$100,000) | 350 | |
| c income tax | con the amount on line 34 | | |
| 36 Trusts Tax | from: Tax rate schedule or Schedule D (Form 1041) | 36 | |
| on line 34 | from: Tax rate schedule or Schedule D (Form 1041) | | |
| 37 Proxy tax. | See instructions | 38 | 0. |
| 38 Alternative | e minimum tax | 39 | <u> </u> |
| 39 Total. Add | l lines 37 and 38 to line 350 of 36, whichever approximately | | |
| Part IV Ta | x and Payments | | |
| | I'l / stione stigen Form 110, ilusis attacht offi | 11.54 | |
| | | | |
| c General b | susiness credit. Check here and Indicate which forms are stated | | |
| | | | |
| d Credit for | prior year minimum tax (attach Form 8801 or 8827) | 40 e | 0. |
| a Total cre | prior year minimum tax (attach Form 8801 or 6627) | 41 | 0. |
| # I Dial Cit | dits. Add lines 40a through 40d | ······ | |
| 41 Subtract | line 40e from line 39 les. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 | 42 | |
| 42 Other tax | es. Check if from: Form 4255 Form 8611. Form 8697 r (attach schedule) | 43 | 0. |
| | | 1988 | |
| | | | |
| 44 a Payment | imated tax payments | | |
| b 2008 est | imated tax payments. 44c psited with Form 8868. 44d 44d 44d | | |
| c Tax dep | organizations: Tax paid for withheld at source (see instructions) | | |
| d Foreign | organizations: Tax paid of withheld at source (000 manual) | | |
| e Backup | withholding (see instructions) | Anna Anna Anna Anna Anna Anna Anna Anna | |
| f Other cr | edits and payments: n 4136 Other Total 441 | 133 | |
| | | 45 | 0. |
| | | 46 | |
| 45 Total po | ed tax penalty (see instructions). Check if Form 2220 is attached | ▶ 47 | |
| 46 Estimat | ed tax penalty (see instructions). Check if Form 2220 is account owed | ▶ 48 | |
| 47 Tax due | | 40 | |
| 48 Overpa | yment. If line 40 is larger than the total to 2009 estimated tax | tefunded ► 49 | |
| 49 Enter th | me amount of line 48 you want: Credited to 2009 estimated tax ► R | | |
| | Statements Regarding Certain Activities and Other Information (see instruc | tions.) | |
| Part V | Statements Regarding Certain Activities and Other Information (see instance time during the 2008 calendar year, did the organization have an interest in or a signature time during the 2008 calendar year, did the organization have an interest in or a signature. | or other authority over a | Yes No |
| 1 At any | time during the 2008 calendar year, did the organization has the organization may have to file | le Form TD F 90-22.1, | |
| financia | account (bank, securities, or other) in a rorough security here | > | 1 |
| Report | of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country factors of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country factors that the tax year, did the organization receive a distribution from, or was it the grantor of, or training the organization may have to file. | ansferor to a foreign trus | t? X |
| | the transport did the organization receive a distribution from, or was a second | ansieror to, a foreign and | |
| | | | |
| If YES | , see the instructions for other formed procedured during the tax year >\$ | 0 | 经期间的证明 |
| 3 Enter | the amount of tax-exempt interest received or accrued during the tax year > \$ | | |
| Schedule | A - Cost of Goods Sold. Enter metriod of inventory values of preparate and of y | vear 6 | |
| 1 Invent | ory at beginning of year | | |
| 2 Purch | 2 June 5 From line 5 F | nter nere | |
| 2 Fulcii | of labor | | |
| 3 Cost o | | | Yes No |
| 4a Addition | nal section 263A costs (attach schedule) | ing ocan with respect to | |
| | | ion 263A (with respect to or acquired for resale) ap | |
| b Other co | osts property produced to the organization? |) | <u></u> |
| 5 Total | Add lines 1 through 4b | , and to the best of my knowledge | and belief, it is true, |
| | Under penalties of perjury, I declare that I have examined in security is based on all information of which preparer has an | May the IRS d | scuss this return with |
| Sign | correct, and complete. Declaration of preparer totals than the Treasurer | the preparer si instructions)? | |
| Here | Date Title | | X Yes No |
| • | Signature of officer Date | Check if Preparer | 's SSN or PTIN |
| | The state of the s | self- employed X P002 | 98130 |
| Paid | signature Randel E. Wallace | 50 1173075 | |
| Pre- | The same of Wallace & Bowers, CPAs | EIN 62-11/32/3 | |
| parer's | yours if self- | 16151 | 352-1555 |
| Use | employed). address, and | | |
| <u>Only</u> | ZIP code Nashville, IN 3/203 1402 TEEA0202L 02/06/09 | , | Form 990-T (2008 |
| BAA | IEEAUZUZL OD ODIO | | |

62-1625902 Page 2

| n 990-T (2008) FOUNDATIO nedule C - Rent Income (| N FOR IER | MESSE | di and E | Parsonal P | roperty Le | ased V | Vith Real Pro | perty | (see instructions) |
|---|---|-----------------------|---|--|--|-----------------------------|--|---|---|
| | From Real | roper | ty and r | CISUIIII | TOPOLO ES | | | | |
| Description of property | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | - | | <u> </u> | | | | | | |
| | Rent receive | d or acc | rued | | | | | | |
| | | 4. | F | and person | al property | v | with the income | ın colur | ctly connected nns 2(a) and 2(b) |
| (if the percentage of rent for I | ersonal | De | (if the peersonal pro | rcentage of operty excee | rent for ds 50% or it or income) | | (atta | ch sche | edule) |
| (a) From personal proper (if the percentage of rent for property is more than 10%) not more than 50%) | | if the | e rent is b | ased on prof | it or income) | | | | |
| | | | | | | _ | | | |
|) | | | | | | | | | |
| | | | | | | | | | |
|) ial | | Total | | | | <u> —</u> " | Total deductions. | Inter | |
| | umns 2(a) and | 2(b). E | Inter | | | her | e and on page 1, Par ne 6, column (B) | t | |
| Total income. Add totals of col re and on page 1, Part I, line 6, | column (A) | | <u>.,</u> | | | [1, 11 | ile o, column (b) | , , , <u> </u> | |
| chedule E — Unrelated De | ebt-Finance | d Inco | me (see | instructions) | | 3 Deduc | tions directly co | nnecte | d with or allocable to |
| | | | | 2 Gross inc | come from | | debt-tina | ncea pr | operty |
| 1 Description of debt | -financed prop | erty | | debt-finance | ed property | (a) | Straight line ation (attach sch | |) Other deductions (attach schedule) |
| | | | | | | depreci | ation (attach scr | " | (dildoit 5 in) |
| 1) | | | | | | | | | |
| 2) | | | | | | | | | |
| 3) | | | | | | | | | |
| 4) | 5 Average | adiusted | l hasis of | | umn 4 | 7(| Gross income | | Allocable deductions column 6 x total of |
| 4 Amount of average acquisition debt on or | l or allocable | to debt | -financed | divid | led by ımn 5 | (colur | reportable nn 2 x column 6 |) 00 | lumns 3(a) and 3(b) |
| 4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) | property (a | attach so | Chedule) | | 8 | <u> </u> | | - | |
| (1) | | | | | | - | | | |
| (2) | | | | <u> </u> | % | | | | |
| (3) | | | | | ક | | | | |
| (4) | | | | | | Enter h | ere and on page | 1, Ent | er here and on page t I, line 7, column (E |
| | | | | | | raiti, | mie 7, column ç | <i>y</i> . [- | |
| | . , | | | | | `L | | - | |
| Totals. Total dividends-received deduc Schedule F — Interest, Ar | tions included | in colu | mn 8 | | | | | | |
| Schedule F — Interest. Ar | 141 - D- | ltica | and D | ents from | Controlled | Organ | nizations (see | | tions) |
| | nuities, Ro | valties | s, and Re | ents trom | Controller | l Organ | nizations (see | | tions) |
| | <u>nnuities, Ro</u> | yalties E | xempt Cor | ntrolled Orga | nizations 4 Total of si | ecified | 5 Part of colu | instruc | 6 Deductions direc |
| 1 Name of Controlled Organization | 2 Employe | yalties E | xempt Cor 3 Net ur income | ntrolled Orga | Controller | ecified | 5 Part of column that is incluing the control | instruc umn 4 ided olling | 6 Deductions direct |
| 1 Name of Controlled | nuities, Ro | yalties E | xempt Cor 3 Net ur income | ntrolled Orga | nizations 4 Total of si | ecified | 5 Part of column that is incluing the control organization | instruc umn 4 ided olling on's | 6 Deductions direct |
| 1 Name of Controlled | 2 Employe | yalties E | xempt Cor 3 Net ur income | ntrolled Orga | nizations 4 Total of si | ecified | 5 Part of column that is incluing the control | instruc umn 4 ided olling on's | 6 Deductions direct |
| 1 Name of Controlled Organization | 2 Employe | yalties E | xempt Cor 3 Net ur income | ntrolled Orga | nizations 4 Total of si | ecified | 5 Part of column that is incluing the control organization | instruc umn 4 ided olling on's | 6 Deductions direct |
| 1 Name of Controlled Organization (1) (2) | 2 Employe | yalties E | xempt Cor 3 Net ur income | ntrolled Orga | nizations 4 Total of si | ecified | 5 Part of column that is incluing the control organization | instruc umn 4 ided olling on's | 6 Deductions direct |
| 1 Name of Controlled Organization (1) (2) (3) | 2 Employe Identificati Number | yalties E | xempt Cor 3 Net ur income | ntrolled Orga | nizations 4 Total of si | ecified | 5 Part of column that is incluing the control organization | instruc umn 4 ided olling on's | 6 Deductions direct |
| 1 Name of Controlled Organization (1) (2) (3) (4) Nonexempt Controlled Organiz | 2 Employe Identification Number | yalties Er on | s, and Ko xempt Cor 3 Net ur income (see inst | ntrolled Orga prelated (loss) ructions) | nizations 4 Total of spayments | pecified made | 5 Part of columbration that is incluing the control organization of the control organization | instruc umn 4 ded olling on's me | 6 Deductions directonnected with income in column 5 |
| 1 Name of Controlled Organization (1) (2) (3) | 2 Employe Identificati Number | yalties Exer on | 3 Net ur income (see inst | ntrolled Orga | 4 Total of spayments 10 Particular | of colur | 5 Part of column that is incluing the control organization | instruc umn 4 ded olling on's me | 6 Deductions directly Deductions directly |
| 1 Name of Controlled Organization (1) (2) (3) (4) Nonexempt Controlled Organiz 7 Taxable Income | 2 Employe Identification Number ations 8 Net unre income (I | yalties Exer on | 3 Net ur income (see inst | of specified | 4 Total of spayments 10 Particular | of colur | 5 Part of columbration that is incluing the control organization gross incompanies incompa | instruc umn 4 ded olling on's me | 6 Deductions directly nected with income |
| 1 Name of Controlled Organization (1) (2) (3) (4) Nonexempt Controlled Organiz | 2 Employe Identification Number ations 8 Net unre income (I | yalties Exer on | 3 Net ur income (see inst | of specified | 4 Total of spayments 10 Particular | of colur | 5 Part of columbration that is incluing the control organization gross incompanies incompa | instruc umn 4 ded olling on's me | 6 Deductions directly nected with income |
| 1 Name of Controlled Organization (1) (2) (3) (4) Nonexempt Controlled Organiz 7 Taxable Income (1) (2) (3) | 2 Employe Identification Number ations 8 Net unre income (I | yalties Exer on | 3 Net ur income (see inst | of specified | 4 Total of spayments 10 Particular | of colur | 5 Part of columbration that is incluing the control organization gross incompanies incompa | instructure 4 ded obling on's me | 6 Deductions directonnected with income in column 5 |
| 1 Name of Controlled Organization (1) (2) (3) (4) Nonexempt Controlled Organiz 7 Taxable Income | 2 Employe Identification Number ations 8 Net unre income (I | yalties Exer on | 3 Net ur income (see inst | of specified | 10 Partinclude organiz | of colured in the ation's g | 5 Part of columbration that is incluing the control organization gross incompanies incompa | instruction 4 ded obling on's me | 6 Deductions directornected with income in column 5 |

| edule G — Investment Inco | ine of a ocotion | | | 4 Set-asides | s | 5 lotal d | eductions and |
|--|---|--|--|--|--|---------------------------------------|--|
| 1 Description of income | 2 Amount of inco | me dir | ectly connected ittach schedule) | (attach schedu | ıle) | set-asid | es (column 3 column 4) |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | And a Committee | PACKAGE TO A SIGN | Marin P | Enter here | and on page |
| | Enter here and on p Part I, line 9, colum | ın (A). | | | | | 9, column (B |
| alshedule I — Exploited Exemp | at Activity Incom | e. Other T | han Advertising | Income (see ins | struction | s) | |
| <u>hedule I — Exploited Exemp</u> | 2 Gross | | | | 6 Ex | penses utable to | 7 Excess exempt expenses |
| 1 Description of exploited activity | unrelated business income from trade or business | directly connect with production unrelated busin income | of husiness (column | business | | umn 5 | column 6 minu- column 5, but no more than column |
|) | | | | | | | |
|) | | | | | 1 | | |
|) | | | | 1 | | | |
|) | | | | | | 过少 产产的 | Enter here a |
| | Enter here and on page 1, Part I, line 10, column (A) | Enter here a on page Part I, line column (E | io. | | | | on page 1, Part II, line 2 |
| talschedule J — Advertising Inc | come (See instructi | ions.) | | | | ··· · · · · · · · · · · · · · · · · · | |
| chedule J — Advertising into | dicals Reported | on a Cons | olidated Basis | | | | 17 Cuesa randar |
| an 開始的 Income From Feno | 2 Gross | 3 Direct | 4 March nothing Sam | or 5 Circulation | 6 R4 | adership | 7 Excess readers |
| 1 Name of periodical | advertising income | advertisir costs | minus column 3)- gain, compute columns 5 throug | If a income h 7. | | costs | minus colum 5, but not more than colum |
| 7) | | | | 8/81 | | | |
| 7) | | | | 8640 8781 | | | |
| (2) | | | 4 (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) | (2) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4 | + | | |
| (3) | | | | | + | | 1, 8-24 SIGNAL S |
| | | | | | | | |
| otals (carry to Part II, line (5)) | ▶ | | | l | od in Pa | rt II. fill in | columns 2 |
| Income From Peris | ndicals Reported | d on a Sepa | arate Basis (For | each periodical list | eu III i a | | |
| through 7 on a line-by- | inc basis.) | | 1 | | | | 7 Excess reade |
| 1 Name of periodical | 2 Gross advertising income | 3 Direction advertise costs | ing (loss) (colum | n 2 5 Circulation). If a income | 1 6 F | Readership costs | costs (colum minus colur 5, but not more than colu |
| | | | COIGHINS 3 UNO | | 1 | | |
| (1) | | | COJUMINS 3 UNO | | | | |
| (1) | | | COldinas 3 mod | | | | |
| (2) | | | Columns 3 unoc | | | | |
| (2) (3) (4) | | | Columns 3 and | | | | 74 |
| (2) (3) (4) | | | | | | | Enter here |
| (2) | Enter here a on page 1, Part I, line 1 column (A) | on pag | re and | | | | on page |
| (2) (3) (4) (5) Totals from Part I | Enter here at on page 1, Part I, line 1 column (A) | on pag Part I, lit column | re and et a. re 11, et a. re 11 | | | | Enter here on page Part II, line |
| (2) (3) (4) (5) Totals from Part I | Enter here at on page 1, Part I, line 1 column (A) | on pag Part I, lit column | re and et a. re 11, et a. re 11 | e instructions) | | | on page Part II, line |
| (2) (3) (4) (5) Totals from Part I | Enter here a on page 1, Part I, line 1 column (A) on of Officers, D | on pag Part I, lit column | re and et a. re 11, et a. re 11 | | ent of evoted | 4 Compe | on page Part II, lin |
| (2) (3) (4) (5)Totals from Part I Totals, Part II (lines 1-5) | Enter here a on page 1, Part I, line 1 column (A) on of Officers, D | on pag Part I, lit column | re and et and et and the lit. (B). | instructions) 3 Perce time de | ent of evoted | 4 Compe | on page Part II, lin |
| (2) (3) (4) (5)Totals from Part I Totals, Part II (lines 1-5) | Enter here a on page 1, Part I, line 1 column (A) on of Officers, D | on pag Part I, lit column | re and et and et and the lit. (B). | instructions) 3 Perce time de | ent of evoted iness | 4 Compe | on page Part II, lin |
| (2) (3) (4) (5)Totals from Part I Totals, Part II (lines 1-5) | Enter here a on page 1, Part I, line 1 column (A) on of Officers, D | on pag Part I, lit column | re and et and et and the lit. (B). | instructions) 3 Perce time de | ent of evoted iness | 4 Compe | on page |