

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



Form **990**

Return of Organization Exempt From Income Tax

OMB No 1545-0047

Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

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

Open to Public Inspection

ΑF	or the 2	2009 caler	idar year, or tax year beginning , 2009, and ending			, 20
Во	heck if applica	_{able} Please	C Name of organization CHESS CLUB AND SCHOLASTIC CENTER OF ST. LOUIS	D Emplo	yer identifica	tion number
	Address change	use IRS label or	Doing Business As	26-	0844268	
	Name cha		Number and street (or P O box if mail is not delivered to street address) Room/suite	E Teleph	one number	
	Initial retu	type.	4657 MARYLAND AVENUE	(314)	361-24	137
\vdash	Terminate	Specific	City or town, state or country, and ZIP + 4	(021)		
-	Amended	Instruc-		G Gmee	receipts \$	2,280,196.
-	return Applicatio		ST. LOUIS, MO 63108 ame and address of principal officer REX A. SINQUEFIELD		a group retum	
	pending			affilia	tes?	H H
		PO E	OX 4947 ST. LOUIS, MO 63108	1 ' '	ill affiliates induc	
<u> </u>		npt status	X 501(c) (3) ◀ (insert no) 4947(a)(1) or 527	If "No	o," attach a list. (see instructions)
<u>J</u>	Website:	► WWW.	SAINTLOUISCHESSCLUB.ORG	1	exemption num	
K	Form of o	organization	X Corporation Trust Association Other ▶ L Year of forma	tion 200	7 M State o	f legal domicile MO
Pa	rt I	Summary	!			
	1 B	nefly descri	be the organization's mission or most significant activities			<u> </u>
			SS CLUB AND SCHOLASTIC CENTER OF SAINT LOUIS WAS FOUN	DED IN		
9	-		A NOT-FOR-PROFIT ORGANIZATION TO PROMOTE THE GAME OF			
Jan 1			EMPHASIS ON THE PROMOTION OF SCHOLASTIC CHESS IN ST.		-	
Governance			<u></u> 			
é	l		if the organization discontinued its operations or disposed of more than 25% of	rits net as	1 1	
•ಕ	I .		ting members of the governing body (Part VI, tine 1a)			8
Activities			dependent voting members of the governing body (Part VI, line 1b)			6
Ξ	5 To	otal number	of employees (Part V, line 2a)		5	15
Act			of volunteers (estimate if necessary)		1 - 1	10
	7a T	otal gross u	nrelate@ business revenue from Part VIII, column (C), line 12		7a	0.
	b N	et unrelated	business taxable income from Form 990-1, line 34		7ь	0.
			O	Prior Y		Current Year
	8 c	ontributions	and gradity (Part VIII line 1h)	2.851	L,529.	2,201,380.
ĕ	9 P	roarom con	and grafits (PartVtII, line-1h) 0 10		6,970.	53,188.
Revenue					0.	0.
8	10 In	ivestment ir	icome (Part VIII- column-(A), lines 3, 4 and 7d)			
			e (Part VIII, column (A) ines, 5 60, 8c, 9c 10c, and 11e)		3,547.	-40,489.
			e - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,952.	2,214,079.
	13 G	Frants and s	ımılar amounts paid (Part IX, column (A), lines 1-3)	1	8,498.	12,121.
	14 B	enefits paid	to or for members (Part IX, column (A), line 4)		0.	0.
90	15 S	alaries, oth	er compensation, employee benefits (Part IX, column (A), lines 5-10)	13'	7,447.	280,132.
Expenses	16 a P	rofessional	fundraising fees (Part IX, column (A), line 11e)		0.	0.
9	Ь⊤		sing expenses, Part IX, column (D), line 25)			
û	17 0		ses (Part IX, column (A), lines 11a-11d, 11f-24f)	780	0,561.	2,209,857.
	1	•	es Add lines 13-17 (must equal Part IX, column (A), line 25)		6,506.	2,502,110.
	1 .	•	s expenses Subtract line 18 from line 12		3,446.	-288,031.
_ 0	13 1	revenue les		Beginning		End of Year
t Assets or	00 -	-1-1				
38e.	20 T		(Part X, line 16)		2,650.	1,751,322.
ξĘ	21 T	otal liabilitie	s (Part X, line 26)		6,367.	20,070.
Ž	22 N	let assets o	fund balances Subtract line 21 from line 20	2,016	5,283.	1,731,252.
Pa	art II	Signatu	e Block			<u> </u>
	- 1	Under penalt	ies of perjury, I declare that I have examined this return, including accompanying schedules an	d statement	ts, and to the	e best of my knowledge
	1	and belief, it	is true, correct, and complete Declaration of preparer (other than officer) is based on all info	ormation of	which prepa	irer has any knowledge
5	Sign		three Voell	1	10-2	0/0
H	lere	Signatu	re/of officer	Da	te	<u> </u>
	-	_	James Voetker Treasurer			
		Type o	enat name and title			
_			Date , Check if		Preparer's i	dentifying number
Pan		Preparer's signature	$A \cap A \cap$		(see instruc	
	namers :		Mac Complex Co	,	<u> </u>	
	'	Firm's name of if self-employ		EIN	<u> </u>	
	;	address, and	ZIP+4 211 N BROADWAY, SUITE 600 ST LOUIS, MO 63102-2733	Phone no	▶ 33	14-231-5544
Ма	y the IRS	discuss th	s return with the preparer shown above? (see instructions)			X Yes No
			nerwork Reduction Act Notice, see the separate instructions. *			Form 990 (2009)

JSA 9E1010 3 000

80222

(2009) W

Form	1990 (2009) 26-0844268		Page 2
Pai	rt III Statement of Program Service Accomplishments		
1	Briefly describe the organization's mission		
	THE CHES' CLUB AND SCHOLASTIC CENTER OF SAINT LOUIS WAS FOUNDED IN		
-	2007 AS A NOT-FOR-PROFIT ORGANIZATION TO PROMOTE THE GAME OF CHESS,		
-	WITH AN EMPHASIS ON THE PROMOTION OF SCHOLASTIC CHESS IN ST. LOUIS.		
-			
2 1	Did the organization undertake any significant program services during the year which were not listed on		
	the prior Form 990 or 990-EZ?	X Yes	No
Ì	If "Yes," describe these new services on Schedule O	100	
	Did the organization cease conducting, or make significant changes in how it conducts, any program		
		Yes	X No
	services? If "Yes," describe these changes on Schedule O	res	LA NO
	Describe the exempt purpose achievements for each of the organization's three largest program services by exper	neae	
	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of		
	allocations to others, the total expenses, and revenue, if any, for each program service reported	grants and	
'	anocations to others, the total expenses, and revenue, if any, for each program service reported		
	(Code) (Expenses \$1,094,678 including grants of \$) (Revenue \$)	4,550.)
	ATTACHMENT 3		
•			-
•			
•			
4h	(Code) (Expenses \$	8 025)
	CLUB PROGRAMMING - PROVIDE SERVICES TO THE CHESS-PLAYING SAINT	0,025	,
	LOUIS COMMUNITY INCLUDING LESSONS, LECTURES, CLASSES, TOURNAMENTS		
	AND CASUAL PLAY 6 DAYS A WEEK. AN ESTIMATED 500 MEMBERS ATTEND		
	PROGRAMMING REGULARLY. THE CLUB PROVIDES A LIBRARY AND RETAIL		
	SALES SPACE FOR CHESS-RELATED EQUIPMENT AND BOOKS.		
	SALES SPACE FOR CHESS-REDATED EQUIPMENT AND BOOKS.		
	THE CHESS CLUB AND SCHOLASTIC CENTER OF SAINT LOUIS HOSTED AN		
	ESTIMATED 110 TOURNAMENTS, 110 CLASSES (BEGINNER, INTERMEDIATE,		
	AND KIDS-ONLY), 56 ONE-ON-ONE LESSONS, AND VARIOUS SPECIAL EVENTS		
	(U.S. CHESS SCHOOL, YURY SHULMAN LECTURE, ETC).		
	(Code) (Expenses \$ 160,213 including grants of \$) (Revenue \$		
4c	(Code)(Expenses \$\frac{160,213}{160,213} incidently grains of \$\psi\$)(Neventie \$\psi\$	113)
4c	ATTACHMENT 4	113)
4c		113)
		113)

4e Total program service expenses ► 2,146,287.

Form **990** (2009)

Part	Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	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	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete	Ĭ		
	Schedule C, Part II	4		Х
5	Sections 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e)	·	-	
	notice and reporting requirement and proxy tax? If "Yes, "complete Schedule C, Part III	5		1
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have	Ů		
-	the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes,"			1
	complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
•	the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	-	-	<u> </u>
	complete Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part	•		-^- -
•	X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"			
	complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or	9	-	_^
10	quasi-endowments? If" Yes, "complete Schedule D, Part V	10	x	
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI,	10		
•••	VII, VIII, IX, or X as applicable		x	
_	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete	11		·
	Schedule D, Part VI		\$.	
_	Did the organization report an amount for investments—other-securities in Part X, line 12 that is 5% or more			1.
•	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.	•		Ê j
_	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more		, , , ,	
•	of its total assets reported in Part X, line 16° If "Yes," complete Schedule D, Part VIII.		, ^	
_	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
•	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX			
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes, "complete Schedule D, Part X		` %	
	- · · · · · · · · · · · · · · · · · · ·		,	~ 1
•	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	,		i . '
12	the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X. Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes,"	. 4	· ***	ti 1
12	complete Schedule D, Parts XI, XII, and XIII	40	***	لپتا
12 A	Was the organization included in consolidated, independent audited financial statement for the tax year? Yes No	12		X
14 M	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional		,	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	ж.	X
	Did the organization maintain an office, employees, or agents outside of the United States?			X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,	14a		
U		446		v
15	business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any	14b		_X
19		4-		v
46	organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance			.,
47	to individuals located outside the United States? If "Yes, "complete Schedule F, Part III	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services	_		٠.
40	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		<u> </u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			_
	If "Yes," complete Schedule G, Part III	19		X
20_	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		X

Part	Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations			
	in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the			
	United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	_23		X
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines			
	24b through 24d and complete Schedule K. If "No," go to question 25	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction			
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a			
	prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or			
	990-EZ? If "Yes," complete Schedule L, Part I	25b		Х
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or			
	disqualified person outstanding as of the end of the organization's tax year? If "Yes, "complete Schedule L, Part II.	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor, or a grant selection committee member, or to a person related to such an individual?			
	If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		Х
C	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a			
	family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L,			
	Part IV	28c	Х	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II,			
	III, IV, and V, line 1	34		Х
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete			
	Schedule R, Part V, line 2	35		Х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related			
	organization? If "Yes,"complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
	Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and			
	19? Note. All Form 990 filers are required to complete Schedule O	38	Х	
			000	

Part	V Statements Regarding Other IRS Filings and Tax Compliance			
		Ü	Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of			
	U.S. Information Returns Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable		b. 4	
•	gaming (gambling) winnings to prize winners?	1c	Х	
22	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return . 2a 15	*		
h	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see		<3. X	
	instructions)	\$	· *	ě
32	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by	dana.		.
Ja	this return?	3a	***************************************	X
h	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
74	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			1
	account)?	4a		X
h	If "Yes," enter the name of the foreign country.		1 1.	ĕ4. ∵
	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank		*3	
	and Financial Accounts	۰	* .	
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding			
·	Prohibited Tax Shelter Transaction?	5c		1
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
-	organization solicit any contributions that were not tax deductible?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		1
7	Organizations that may receive deductible contributions under section 170(c).	Æ •	۸	
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	<u></u>	-	
	and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	,	¥	
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal			
	benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7 g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as	İ		
	required?	7h		ļ
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting	¥		ļ.
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring	_ &		
	organization, have excess business holdings at any time during the year?	8		L.,
9	Sponsoring organizations maintaining donor advised funds.			200
а	Did the organization make any taxable distributions under section 4966?	9a		<u> </u>
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		<u> </u>
10	Section 501(c)(7) organizations. Enter:		j.	
	Initiation fees and capital contributions included on Part VIII, line 12		ľ	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	ě	¥	.
11	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders		*	경-
b	Gross income from other sources (Do not net amounts due or paid to other sources against		,	
	amounts due or received from them)	42-	 -	
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	L	<u> </u>
<u>b</u>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	L	š	1

26-0844268 Form 990 (2009) Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. <u>S</u>

	Ochedale O. Oce instructions.						
Sect	ion A. Governing Body and Management						
						Yes	No
1a	Enter the number of voting members of the governing body	1a		8			
b	Enter the number of voting members that are independent	1b		6			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with					
_	any other officer, director, trustee, or key employee?				2	Х	
3	Did the organization delegate control over management duties customarily performed by or under the	dırec	t				
-	supervision of officers, directors or trustees, or key employees to a management company or other po				3		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was f				4		X
5	Did the organization become aware during the year of a material diversion of the organization's asset				5		Χ_
6	Does the organization have members or stockholders?				6		Х
7a	Does the organization have members, stockholders, or other persons who may elect one or more me	mbers	;				
	of the governing body?				7a		Х
ь	Are any decisions of the governing body subject to approval by members, stockholders, or other pers				7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken d	urıng					
	the year by the following.						
а	The governing body?				8a	Х	
b	Each committee with authority to act on behalf of the governing body?				8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea	ched a	at				
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		<u> </u>		9a		Χ
Sec	tion B. Policies (This Section B requests information about policies not required by	∕ the	Inter	mal			
<u>Rev</u>	enue Code.)						r
						Yes	No
10a	Does the organization have local chapters, branches, or affiliates?				10a		Х
b	If "Yes," does the organization have written policies and procedures governing the activities of such of	hapte	rs,				1
	affiliates, and branches to ensure their operations are consistent with those of the organization? .				10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before fil	ng the	€				
	form?				11	Х	ļ
11 A	Describe in Schedule O the process of any jused by the organization to review this Form 990				l	l	

10a	Does the organization have local chapters, branches, or affiliates?	10a		Χ
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the			
	form?	11	Х	
11 A	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	12b	Х	
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
·	describe in Schedule O how this is done	12c	Х	
13	Does the organization have a written whistleblower policy?	13	Х	
14	Does the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by			
	Independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
a b	Other officers or key employees of the organization	15b	Х	
D	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)	1.02		
16a				
104	with a taxable entity during the year?	16a		x
L	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate	1.00		T
D				
	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard	16b		\vdash
<u>Can</u>	the organization's exempt status with respect to such arrangements?	1 100	<u> </u>	!

17	List the states with which a copy of this form 990 is required to be filed P
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only)
	available for public inspection. Indicate how you make these available. Check all that apply
	Own website Another's website X Upon request

- Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest 19 policy, and financial statements available to the public
- State the name, physical address, and telephone number of the person who possesses the books and records of the organization > TONY RICH 4657 MARYLAND AVENUE ST. LOUIS, MO 63108 20 314-361-2437

JSA 9E1042 5 000

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order: individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

Average ours per week	Individual trustee X	institutional trustee	neck Officer		Highest compensated employee	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization
	Х			-					and related organizations
	Х								
10.00							0.	0.	0
10 00 1									
10.00	Х		Х				0.	ο.	0
10.00	Х		Х				o.	0	0
10.00	Х		Х	ļ			0.	0	0
10.00	Х						0.	0	0
								·	-
10.00	Х						0.	0.	0
10.00	Х	.		ŀ			0.	0.	0
10.00	х						0.	0.	0
40.00			Х				76,843.	0	11,191
									-
			_						
	10.00 10.00 10.00 10.00	10.00 X 10.00 X 10.00 X 10.00 X 10.00 X	10.00 X 10.00 X 10.00 X 10.00 X 10.00 X	10.00 X X 10.00 X X 10.00 X 10.00 X 10.00 X	10.00 X X 10.00 X X 10.00 X 10.00 X 10.00 X	10.00 X X 10.00 X X 10.00 X 10.00 X 10.00 X	10.00 X X X 10.00 X X 10.00 X 10.00 X 10.00 X 10.00 X 10.00 X	10.00 X X 0. 10.00 X X 0. 10.00 X 0. 10.00 X 0. 10.00 X 0. 10.00 X 0.	10.00 X X 0. 0. 0. 10.00 X X 0. 0. 0. 10.00 X 0. 0. 0. 0. 0. 10.00 X 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0.

Form **990** (2009)

Part VII Section A. Officers, Directors, Tro	ustees. Ko	ev En	nple	ove	es.	and	Hio	hest Compensa	ted Emplo	VEEQC	ontinue		age c
(A)	(B)				C)	una	<u></u>	(D)	(E)	Jecge	on an ac	(F)	
Name and title	Average hours per week	Po Individual to	nstitutional	Officer		hat app Highes	Former	Reportable compensation from	Reportation compensation from relations	tion ed	am	imated ount o	f
		ual trustee ctor	ional trustee		Key employee	Highest compensated employee	7	the organization (W-2/1099-MISC)	organizati (W-2/1099-N		fro orga and	ensation the inization relate inization inizat	on d
			-	_			H						
		<u> </u>											
								_					
	_												
											•		
									-				
			_										
	•												
											-		
1b Total		<u> </u>	·	<u></u>		_ • • •	▶	76,843.		0.		11,	191
2 Total number of individuals (including but not lin				bov	e) w	/ho re	ceiv	ed more than \$100	,000 in				
reportable compensation from the organization			<u>) </u>									Yes	No
3 Did the organization list any former office employee on line 1a? If "Yes," complete Sched											3		X
4 For any individual listed on line 1a, is the											-		<u> </u>
the organization and related organizations	greater th		150	,000	ງ? ີ	<i>If "</i> Y	es,				4	<u>-:-</u>	X
5 Did any person listed on line 1a receive services rendered to the organization? If "Yes,"	e or accr	ue c	omp	ens	atio	n fro	om	any unrelated o	rganization	for	5		
Section B. Independent Contractors	Complete	Scried	uie	3 101	Su	ui pe	1301	<i>,</i>	<u></u>	• •	5		
Complete this table for your five highest compensation from the organization	compensat	ed in	ndep	end	lent	con	trac	tors that received	I more tha	n \$100	0,000	of	
(A) Name and business add	ress					·		(B) Description of ser	vices	C	(C)	ation	
ATTACHMENT 6								2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2					
							+						
							+						
Total number of independent contractors (if more than \$100,000 in compensation from the more than \$100,00				nited	d to	3	se I	isted above) who	received				

a <u>rt</u>	VIII	Statement of Revenue			26-0844268	- 	
	•	•		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from ta under sections 512, 513, or 514
and other similar amounts	1a b c d	Federated campaigns 1a Membership dues 1b Fundraising events 1c Related organizations 1d		\$ *	ate:		
d other simi	e f g	All other contributions, gifts, grants, and similar amounts not included above . Noncash contributions included in lines 1a-1f \$	2,201,380 8,263				, \$2 <u>,</u>
	h h	Total. Add lines 1a-1f		2,201,380			
וחכ			Business Code	*****	<u> </u>	<u> </u>	4 - 13,
riogialii service nevenue	2a b c	U.S WOMEN'S CHESS CHAMPIONSHIP	611600 711210	48,638 4,550	48,638.		
i ogrami se	d e f	All other program service revenue					
	3 4	Total. Add lines 2a-2f	t, and	0		**	\$
	5 6a b	Royalties	(II) Personal	0			•
	c d	Rental income or (loss)	▶ (ii) Other	0			*
	7a b c	Gross amount from sales of assets other than inventory Less cost or other basis and sales expenses					* **
anı	d 8a	Net gain or (loss)	<u>.</u> .▶	0	**	*;	
Omer Revenue	b	events (not including \$ of contributions reported on line 1c) See Part IV, line 18 a Less direct expenses b	1		>	, 34	4 %
รี	с 9а	Net income or (loss) from fundraising events Gross income from gaming activities See Part IV, line 19 a		0	9 × * 3×	· • • • • • • • • • • • • • • • • • • •	** *
	b c	Less direct expenses b Net income or (loss) from gaming activities		0.			3
	10a	Gross sales of inventory, less returns and allowances a	25,617.				3
	b c	Less cost of goods sold	66,117 ATCH. 7. ► Business Code	-40,500	-40,500		
	11a b	MISCELLANEOUS INCOME	900099	11			-
	c d	All other revenue				₩ .{	*
- 1	е	Total Add lines 11a-11d			12,688		

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

				te columns (B), (C), and	· (-).
	not include amounts reported on lines 6b, , 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and		_		· · · · · · · · · · · · · · · · · · ·
-	organizations in the U.S. See Part IV, line 21	12,121.	12,121.		
2	Grants and other assistance to individuals in				
-	the U.S. See Part IV, line 22	0.			
3	Grants and other assistance to governments,				
•	organizations, and individuals outside the				
	U S See Part IV, lines 15 and 16	0.			
4	Benefits paid to or for members	0.			···- · · · · ·
5	Compensation of current officers, directors,				
•	trustees, and key employees	88,035.		88,035.	
	Compensation not included above, to disqualified	00,000.			
6	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4938(c)(3)(B)	0.			
_	· · · · · · · · · · · · · · · · · · ·	140,557.	140,557.		 -
7	Other salaries and wages	140,001.	140,001.		
В	Pension plan contributions (include section 401(k)	0.			
_	and section 403(b) employer contributions)	32,370.	10 004	12 466	
9	Other employee benefits		19,904.	12,466.	
0	Payroll taxes	19,170.	11,787.	7,383.	
1	Fees for services (non-employees)	60.000		60.000	
а	Management	60,000.	10 700	60,000.	-
þ	Legal	101,293.	13,792.	87,501.	
	Accounting	15,221.		15,221.	
d	Lobbying	0.			
е	Professional fundraising services See Part IV, line 17	0.			
f	Investment management fees	0.			<u>.</u>
g	Other	108,772.	108,772.	_	
2	Advertising and promotion	177,836.	177,836.		
3	Office expenses	105,836.	105,836.		
4	Information technology	210,085.	210,085.		
5	Royalties	0.			
6	Occupancy	116,718.	116,718.		
7	Travel	81,923.	81,923.		
8	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	0.			
9	Conferences, conventions, and meetings	15,986.	15,986.		
0	Interest	0.			
1	Payments to affiliates	0.			
2	Depreciation, depletion, and amortization	384,243.	384,243.		
3	Insurance	3,045.	· · · · · · · · · · · · · · · · · · ·	3,045.	
4	Other expenses. Itemize expenses not	•			
-	covered above (Expenses grouped together				
	and labeled miscellaneous may not exceed				
	5% of total expenses shown on line 25 below)				
_	EVENT_PAYOUTS	223,697.	223,697.		•
	MEALS AND ENTERTAINMENT	155,832.	136,414.	19,418.	- -
	AUDIO VISUAL	137,088.	137,088.	15,410.	
		107,603.	107,603.		
	EVENT_PLANNER	93,635.		47,342.	
	SECURITY		46,293.		
	All other expenses	111,044.	95,632.	15,412.	
_	Total functional expenses. Add lines 1 through 24f	2,502,110.	2,146,287.	355,823.	
26	Joint Costs. Check here ▶ If following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

80222

Pa	rt X	Balance Sheet			
	,		(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	19,398.	1	22,697.
	2	Savings and temporary cash investments	190,426.	2	185,732.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	4,269.	4	871.
	5	Receivables from current and former officers, directors, trustees, key			
		employees, and highest compensated employees Complete Part II of			
		Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section			
		4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete			
		Part II of Schedule L		6	
Assets	7	Notes and loans receivable, net		7	
1SS	8	Inventories for sale or use		8	
•	9	Prepaid expenses and deferred charges	5,000.	9	15,860.
	10 a	Land, buildings, and equipment cost or 10a 2,084,179.			
		other basis Complete Part VI of Schedule D			
	b	Less accumulated depreciation	1,795,401.	10c	1,518,197.
	11	Investments - publicly traded securities		11	
	12	Investments - other securities See Part IV, line 11		12	
	13	Investments - program-related See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11	8,156.	15	7,965.
	16	Total assets. Add lines 1 through 15 (must equal line 34)	2,022,650.	16	1,751,322.
	17	Accounts payable and accrued expenses	6,367.	17	19,724.
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
Ś	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	· · · · · ·
Liabilities	22	Payables to current and former officers, directors, trustees, key			
ig		employees, highest compensated employees, and disqualified			
Ë		persons Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities Complete Part X of Schedule D	0.	25	346.
	26	Total liabilities. Add lines 17 through 25	6,367.	26	20,070.
		Organizations that follow SFAS 117, check here ► X and			
ces		complete lines 27 through 29, and lines 33 and 34.	0.016.000	_	1 700 050
a a	27	Unrestricted net assets	2,016,283.	27	1,726,252.
Ba	28	Temporarily restricted net assets	0.	28	5,000.
5	29	Permanently restricted net assets	-	29	
or Fund Balances		Organizations that do not follow SFAS 117, check here and complete lines 30 through 34. ■ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □			
	30	Capital stock or trust principal, or current funds		30	
Net Assets	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
As	32	Retained earnings, endowment, accumulated income, or other funds		32	
Set E	33	Total net assets or fund balances	2,016,283.	33	1,731,252.
	34	Total liabilities and net assets/fund balances	2,022,650.	34	1,751,322.

Form **990** (2009)

Pa	irt XI Financial Statements and Reporting			
			Yes	No
1	Accounting method used to prepare the Form 990 Cash X Accrual Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in	ŀ		
	Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		Х
b	Were the organization's financial statements audited by an independent accountant?	2b		Х
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of			
	the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in			
	Schedule O			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were			
	issued on a consolidated basis, separate basis, or both			
	Separate basis Consolidated basis Both consolidated and separate basis			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in			
	the Single Audit Act and OMB Circular A-133?	3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the			
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		<u> </u>
		Form	990	(2009)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

Open to Public Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization 4947(a)(1) nonexempt charitable trust.

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

Employer Identification number

CHE	SS	CLUB AND	SCHOLASTIC	CENTER OF ST. I	LOUIS					26-08	44268			
Par	t I	Reason fo	r Public Chari	ty Status (All organi	zations mu	ust comple	ete this p	oart.) Se	e instruc	tions.				
The	orga	nization is not	a private founda	tion because it is (For	lines 1 thro	ugh 11, che	eck only o	ne box)						
1		A church, co	nvention of churc	ches, or association of	churches de	escribed in	sectio	n 170(b)(ʻ	I)(A)(i).					
2		A school des	scribed in sectio	n 170(b)(1)(A)(ii). (Att	ach Schedu	ıle E)								
3		A hospital or	a cooperative ho	spital service organiza	ation describ	oed in sec	ction 170	(b)(1)(A)(i	iii).					
4		A medical i	esearch organiz	ation operated in col	njunction v	vith a hos	pital desc	cribed in	section	170(b)(1)	(A)(iii). Enter the			
		hospital's na	ame, city, and sta	te										
5		An organiza	tion operated fo	r the benefit of a col	lege or uni	versity owi	ned or o	perated b	by a gove	rnmental	unit described in			
		section 170	(b)(1)(A)(iv). (Co	mplete Part II)	•	•	,							
6				rnment or government	al unit desci	ribed in s	section 17	70(b)(1)(A	.)(v).					
7	Х		_	ly receives a substant						or from	the general public			
		_		1)(A)(vi). (Complete F			•	,			J			
8				n section 170(b)(1)(mplete Part	: 11-)							
9	Н	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 331/3% 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			-	d operated exclusively					-					
11	H	_	•	and operated exclusi			-			ns of or	to carry out the			
••	ш	_	-	ublicly supported orga	-		•				-			
		• •	•	at describes the type of					•	•	• • •			
		a Typ	_	—		e III - Funci		-			pe III - Other			
е			_	rtify that the organiz				-	rectly by		•			
•	ш	•		on managers and oth				-			•			
		•	section 509(a)(2	-	ei ulali oli	e or more	publicly s	supported	organiza	ations de	Scribed in Section			
f			,	a written determinat	on from t	ha IDS tha	st .t .c o	Type I 3	îvan II. n	r Tuno III	cupporting			
'		_				ile ilvo ula	ппза	Type I, I	ype II, U	ı ıyp e iii	supporting			
_				ho organization accont		or contribut	on from a							
g		_		he organization accept	eu any gni i	or continue	ion nom a	iny or the						
		following per								درا سراست	Yes No			
			•	or indirectly controls		_			s describ	ea m (II)				
				rning body of the supp		mization	• • • • •	• • • • •	• • • • •		. 11g(i) X			
		· <i>'</i>	•	rson described in (i) at							- 11g(ii) X			
		• •	•	of a person described in		•					· [11g(iii)] X			
<u>h</u>				tion about the supporte										
(i) I		of supported anization	(ii) EIN	(iii) Type of organization (described on lines 1-9	(iv) Is the or in col (i) lis			ou notify ization in		s the ion in col	(vii) Amount of support			
	5			above or IRC section	governing o		col (i)	of your	(i) organi	zed in the				
				(see instructions))	V	N-		oort?	U					
					Yes	No	Yes	No	Yes	No				
									1					
							ļ		ļ	ļ	<u></u>			
					ļ <u> </u>				 	-				
							[
								ļ						
					1		1	1	I					

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2009

Total

Pari	(Complete only if you chec	ganizations D ked the box or	Pescribed in S In line 5, 7, or 8	ections 170(b of Part I.)	o)(1)(A)(iv) aı	nd 170(b)(1)(A)	(vi)
Sect	ion·A. Public Support		<u>.</u>				
Cale	ndar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")			100,000	2,851,529	2,201,380.	5, 152, 909.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf			7			
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3			100,000.	2,851,529.	2,201,380	5,152,909.
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	-		4.0	24 - 48 get A		
_	shown on line 11, column (f)	<u> </u>	** <u>***********************************</u>	## - 1. V . W	4 > 4	***	4,996,900.
6	Public support. Subtract line 5 from line 4	*	* * *	Edge of the same o		<u> </u>	156,009
	tion B. Total Support	(=) 2005	(h) 2000	(=) 2007	(4) 2000	(=) 2000	(D Tatal
Cale	ndar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7	Amounts from line 4			100,000	2,851,529	2,201,380	5,152,909
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) . ATCH. 1	80. 90			2,076	11	2,087.
11	Total support. Add lines 7 through 10		L	L		, ,	5,154,996
12	Gross receipts from related activities, etc. (s	ee instructions)				12	44,035.
13	First five years. If the Form 990 is organization, check this box and stop here						
	tion C. Computation of Public Sur	•			-		
14	Public support percentage for 2009 (lin				• • • • • • •	14	%
15	Public support percentage from 2008 S					22 %	<u>%</u>
16a	33 1/3 % support test - 2009. If the	-					1 1
	this box and stop here. The organizati						
D	33 1/3 % support test - 2008. If the						
47-	check this box and stop here. The org						
1/a	10%-facts-and-circumstances test - 2						
	or more, and if the organization m Part IV how the organization meets					•	•
	· ·			-	•	· -	phousa
b	organization	2008. If the or	ganization did r	ot check a box	on line 13, 16	a, 16b, or 17a,	
	15 is 10% or more, and if the org						
	Explain in Part IV how the organization supported organization						▶ □
18	Private foundation. If the organization instructions						[]
				 .		ichedule A (Form 990	

Schedule A (Form 990 or 990-	EZ) 2009			26	5-0844268		Pag
Part III Support S	Schedule for Organ e only if you checked			tion 509(a)(2)	0011200		
Section A. Public S	·····	THE BOX OIL	ille 9 Ol Fait I.				
Calendar year (or fisca		(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants,	contributions, and	(1)	(0,000	(0,200)	(2) 2000	(6, 2000	(i) Total
	ceived (Do not include						
· ·	")						1
	dmissions, merchandise		<u> </u>				
,	erformed, or facilities						}
•					}		
•	ity that is related to the						1
	mpt purpose						
•	ctivities that are not an						
	ness under section 513					- .	
	for the organization's			1			
•	aid to or expended on						
	ervices or facilities						
	ernmental unit to the						
	t charge L						
6 Total. Add lines 1 th	rough 5						
7a Amounts included	on lines 1, 2, and 3						
	alified persons						
persons that exc \$5,000 or 1% of th	er than disqualified eed the greater of e amount on line 13						
c Add lines 7a and 7b	[
8 Public support (Se	ubtract line 7c from						
line 6)							
ection B. Total Su	pport						
Calendar year (or fisca	ıl year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6							
0 a Gross income from							
	on secunties loans, income from similar						
				}			İ
b Unrelated business	taxable income (less						
section 511 taxe	s) from businesses						
acquired after June	30, 1975						
c Add lines 10a and 1							
1 Net income from activities not incl	unrelated business uded in line 10b, business is regularly						
** ** *						-	
12 Other income Do	not include gain or		I	1	I	1	I

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)

		, , ,							_										•			٠,	
	organızatı	on, check	this box	c and s	top h	ere .							•	 	 		 				 	 	
ec.	tion C. (Computa	ation o	of Pul	blic	Sup	por	t P	erc	en	tag	е											•

15	Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	%
16	Public support percentage from 2008 Schedule A, Part III, line 15	16	%

Section	D.	Com	putation	OI	investment income P	'ercentage

loss from the sale of capital assets (Explain in Part IV) Total support. (Add lines 9, 10c, 11,

17	Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17		%
18	Investment income percentage from 2008 Schedule A, Part III, line 17	18	- "	%

- 19 a 33 1/3 % support tests 2009. If the organization did not check the box on line 14, and line 15 is more than 331/3 %, 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 2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 331/3 %, and line 18 is not more than 331/3 %, 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

Schedule A (Form 990 or 990-EZ) 2009

JSA 9E1221 1 000

13

Part IV Supplemental Info						
,					ATTACHMENT 1	
SCHEDULE A, PART II - OTHER INCO	ME)		
DESCRIPTION	2005	2006	2007	2008	2009	TOTAL
MISCELLANEOUS INCOME				2,076.	11.	2,087.
TOTALS				2,076	11_	2,087

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

► Attach to Form 990. ► See separate instructions.

	or the organization	Employer identification number
CHE	ESS CLUB AND SCHOLASTIC CENTER OF ST. LOUIS	26-0844268
Par		
	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate contributions to (during year)	
3	Aggregate grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor	advised
		Yes No
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds ca	
•	used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any	
Par	purpose conferring impermissible private benefit? rt II Conservation Easements. Complete if the organization answered "Yes" to Fo	rm 990 Part IV line 7
1	Purpose(s) of conservation easements held by the organization (check all that apply)	500, 1 are 14, mio 7
•		f an historically important land area
		f a certified historic structure
	Preservation of open space	a deruned instance structure
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the	form of a conservation
_	easement on the last day of the tax year.	Tom or a sonservation
		Held at the End of the Year
а	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	
c	Number of conservation easements on a certified historic structure included in (a)	1 1
ď	Number of conservation easements included in (c) acquired after 8/17/06	
3	Number of conservation easements modified, transferred, released, extinguished, or terminated	by the organization during
	the tax year ▶	
4	Number of states where property subject to conservation easement is located	
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling	ng of
	violations, and enforcement of the conservation easements it holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easeme	ents during the year
	>	
7	Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements of	during the year
	> \$	
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section	on
	170(h)(4)(B)(ı) and 170(h)(4)(B)(ıı)?	Yes No
9	In Part XIV, describe how the organization reports conservation easements in its revenue and ex	pense statement, and
	balance sheet, and include, if applicable, the text of the footnote to the organization's financial st	atements that describes
	the organization's accounting for conservation easements	
Pai	organizations Maintaining Collections of Art, Historical Treasures, or Other	er Similar Assets.
	Complete if the organization answered "Yes" to Form 990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116, not to report in its revenue st art, historical treasures, or other similar assets held for public exhibition, education, or reseprovide, in Part XIV, the text of the footnote to its financial statements that describes these ite	atement and balance sheet works of
	art, historical treasures, or other similar assets neighborhood exhibition, education, or rese	earch in turtherance of public service, ems
b	If the organization elected, as permitted under SFAS 116, to report in its revenue statem	
_	historical treasures, or other similar assets held for public exhibition, education, or research provide the following amounts relating to these items	
	(i) Revenues included in Form 990, Part VIII, line 1	▶\$
	(ii) Assets included in Form 990, Part X	
2	If the organization received or held works of art, historical treasures, or other similar	
	following amounts required to be reported under SFAS116 relating to these items	
а	Revenues included in Form 990, Part VIII, line 1	▶ \$
b	Assets included in Form 990, Part X	

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

Schedule D (Form 990) 2009

Par	Organizations Maintaini	ng Colle	ctions <u>c</u>	of Art, I	<u> Historical</u>	Treasure	s, or	Other Similar	Assets(C	continued	<u>) </u>
3	Using the organization's acquisition,	acces sid	on, and o	ther rec	ords check	any of the	follow	ving that are a sig	nificant u	se of its	
•	collection items (check all that apply		,		,						
а	Public exhibition	<i>,.</i>		d		Loan or ex	chana	e programs			
b	Scholarly research			e	—	Other		- p g			
c	Preservation for future gen	erations			ш						
<i>A</i>	Provide a description of the organiza		lections	and exp	lain how th	ev further i	the ord	nanization's evem	nt numos	e in	
*	Part XIV	ation's co	AICCIONS	and exp	nam mow u	ley furtifier	uic oiş	garnzadori s exem	pt purpos	JC 111	
5	During the year, did the organization	solici to	r receive	donatio	ns of art, h	istorical tre	asure	s, or other sımılar			
	assets to be sold to raise funds rathe									Yes	No
Par		rrangem	nents.C	omplete	e if the org	ganization				0, Part	
_	1-46	44.	41-					-11			
та	Is the organization an agent, trustee				-				Г		
	included on Form 990, Part X?						• • •		L	Yes	No
b	If "Yes," explain the arrangement in	Paπ XI V	and com	piete the	e following	able					
							\vdash	Α	mount		
С	Beginning balance						\rightarrow				
d	Additions during the year						\rightarrow				
е	Distributions during the year						\rightarrow				
f	Ending balance										
2a	Did the organization include an amo	ount on F	orm 990,	, Part X,	line 21?				[Yes	No
b	If "Yes," explain the arrangement in	Part XI V.									
Par	t V Endowment Funds. Com	nplete if c	organiza	ition an	swered "\	es" to Fo	rm 99	90, Part IV, line	10.		
		(a) Curre	ent Year	(b) P	Pnor year	(c) Two ye	ears bac	k (d) Three yea	ars back	(e) Four ye	ears back
1a	Beginning of year balance		0.						,		
b	Contributions		5,000.								
С	Net investment earnings, gains,										
	and losses								1		
d	Grants or scholarships								-		
е	0.0										
_	and programs										
f	Administrative expenses				_						
	End of year balance				0			-			
g	- I		5,000		0	l					
2	Provide the estimated percentage o				io as						
а	Board designated or quasi-endowm		.00.000	<u>)0 </u> %							
b	Permanent endowment >										
C		<u>%</u>									
3a	Are there endowment funds not in the	ne pos se	ession of	the orga	anization th	at are held	and a	idministered for th	e		
	organization by									Ye	es No
	(i) unrelated organizations					• • • • • •	• • •	• • • • • • • •		3a(i)	X
	(ii) related organizations									3a(ii)	X
þ	If "Yes" to 3a(II), are the related orga									3b	
4	Describe in Part XIV the intended us	ses of t he	e organiz	atıon's e	ndowment	funds					
Par	t VI Investments - Land, Bui	ildings, a	and Equ	ipment	tSee Forr	n 990, Pa	rt X, I	ine 10.			
	Description of investment			or other b	asıs (b) Cost or othe basis (other)	r	(c) Accumulated depreciation	(0	d) Book value	
1a	Land										
b	Buildings										
С	Leasehold improvements	}				1,434,5	93.	423,879		1,010	,714.
d	Equipment	ŀ				322,2		74,129			,170.
e	Other	ŀ		_		327,2	-	67,974			,313.
	I. Add lines 1a through 1e (Column		egual Fo	rm 990.	Part X, col						,197.
		. ,				1-7,	-,,	<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>			

Part VII	Investments - Other Securities. See F	orm 990, Part X, line	e 12.	
•	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuati Cost or end-of-year mark	on et value
Financial de	erivatives			
	d equity interests			
-				
-				<u>-</u>
				<u>.</u>
				<u>-</u>
	.=			<u> </u>
	·			
	(b) must equal Form 990, Part X, col (B) line 12)	000 5 ()();		
Part VIII	Investments - Program Related. See F		<u> </u>	
	(a) Description of investment type	(b) Book value	(c) Method of valuati Cost or end-of-year mark	on et value
	····			
				
Total (Calumn	(b) must equal Form 990, Part X, col (B) line 13)			
Part IX	Other Assets. See Form 990, Part X, II			
I dit IX	· · · · · · · · · · · · · · · · · · ·	Description		(b) Book value
		Decempaon		(b) Dook Value
			-	<u> </u>
				
-				
Total. (Column		<u></u>	▶	
Part X	Other Liabilities. See Form 990, Part X	, line 25.		
1.	(a) Description of liability	(b) Amount		
Federal inco				A second
USCF MEM	4BERSHIPS	346.		
	. <u> </u>		_	
			4	ob common or other control of the co
			-	The control of the co
			1	
			-	10
			_	
			1	2,200
			-	° market
Total. (Column	(b) must equal Form 990, Part X, col (B) line 25)	346.		

2. FIN 48 Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48

Schedule	D (Form 990) 2009	26-0844268	Page 4
Part >	Reconciliation of Change in Net Assets from For	rm 990 to Audited Financial Statemen	nts
1	Total revenue (Form 990, Part VIII, column (A), line 12)		
2	- · · · · · · · · · · · · · · · · · · ·	2	
3	Excess or (deficit) for the year Subtract line 2 from line 1	· · · · · · · · · · · · · · · · · · ·	
4	Net unrealized gains (losses) on investments		
5	Donated services and use of facilities		-
6			
	Investment expenses	· · · · · · · · · · · · · · · · · · ·	
7 8	Prior period adjustments		
9	Other (Describe in Part XIV) Total adjustments (net) Add lines 4 through 8		
10	Excess or (deficit) for the year per audited financial statements	· • • • • • • • • • • • • • • • • • • 	
Part			
	Total revenue, gains, and other support per audited financial st		1
1	Amounts included on line 1 but not on Form 990, Part VIII, line		
2		1 . 1	
a	Net unrealized gains on investments		-
b	Donated services and use of facilities		1
C .	Recoveries of prior year grants		1
d	Other (Describe in Part XIV)		1 . 1
_	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part VIII, line 12, but not on lin		
a	Investment expenses not included on Form 990, Part VIII, line		-
b	Other (Describe in Part XIV)		1 .
			4c
5	Total revenue Add lines 3 and 4c. (This must equal Form 990		
	Reconciliation of Expenses per Audited Financia	ai Statements with Expenses per Ret	
1	Total expenses and losses per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part IX, line 2		
а	Donated services and use of facilities		<u> </u>
b	Prior year adjustments		4
C	Other losses	2c	4
d	Other (Describe in Part XIV)	2d	4 _ [
е	Add lines 2a through 2d		
3	Subtract line 2e from line 1	1 1	3
4	Amounts included on Form 990, Part IX, line 25, but not on line		
а	Investment expenses not included on Form 990, Part VIII, line		4
b	Other (Describe in Part XIV)	<u> 4b </u>	4 1
С	Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 99)		4c
5		90, Part I, line 18)	5
Part	Supplemental Information		
Compl	ete this part to provide the descriptions required for Part II, lines	3, 5, and 9, Part III, lines 1a and 4; Part IV,	lines 1b
	, Part V, line 4, Part X, line 2, Part XI, line 8, Part XII, lines 2d a	nd 4b, and Part XIII, lines 2d and 4b Also co	omplete
this pa	rt to provide any additional information		
USES	OF THE ENDOWMENT FUNDS		
PART	V, LINE 4		
THE	ORGANIZATION INTENDS TO USE THE ENDOWMENT	FUNDS FOR SCHOLASTIC	
EDUC	ATION.		
		- 	
		·	

Part XIV Supplemental Information (continued)

SCHEDULE ! (Form 990)

Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

► Attach to Form 990.

OMB No 1545-0047 2009 Open to Public Inspection

DFFER CHESS AS CLASS **ջ** Schedule I (Form 990) 2009 (h) Purpose of grant or assistance Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use X Yes Employer identification number Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to 26-0844268 (g) Description of non-cash assistance Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and URNITURE (f) Method of valuation (book, FMV, appraisal, other) ξ¥ (d) Amount of cash grant (e) Amount of non-cash assistance 11,641 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. Part IV and Schedule I-1 (Form 990) if additional space is needed (c) IRC section if applicable Enter total number of section 501(c)(3) and government organizations 501 (C) (3) CHESS CLUB AND SCHOLASTIC CENTER OF ST. LOUIS General Information on Grants and Assistance the selection criteria used to award the grants or assistance? 43-6003220 (b) EIN Enter total number of other organizations (a) Name and address of organization 1927 CASS AVENUE ST LOUIS, MO 63106 INNOVATIVE CONCEPT ACADEMY Name of the organization Part I Part II

Schedule 1 (F	26-0844268	Page
Part III	It III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.	e 22.
	Use Part IV and Schedule I-1 (Form 990) if additional space is needed.	•

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
Part IV Supplemental Information. Complete this part		provide the infor	mation required i	n Part I, line 2, and any o	to provide the information required in Part I, line 2, and any other additional information.
FORM 990	 				
I, PART 1, LINE 1:	 			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
THE		AFTER THE GRANT IS	MADE, FOLLOW-UP	1-UP	
CONTACT IS MADE BY THE EXECUTIVE DIRECTOR AND A REPORT IS MADE TO THE	RECTOR AND	A REPORT IS	MADE TO THE		
BOARD.					
! ! ! ! ! ! ! ! !	; 	 	 		
 	; 	 	 	 	
1 1 1 1 1 1					

Schedule I (Form 990) 2009

SCHEDULE L (Form 990 or 990-EZ)

Transactions With Interested Persons

► Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

2009

OMB No 1545-0047

Department of the Treasury
Internal Revenue Service

Or Form 990-EZ, Part V, line 38a or 40b.

► Attach to Form 990 or Form 990-EZ.

► See separate instructions.

Figure 1. Figure 2. Figure 2. Figure 3. Fi

Open To Public Inspection

Name of the organization **Employer identification number** CHESS CLUB AND SCHOLASTIC CENTER OF ST. LOUIS 26-0844268 Part | Excess Benefit Transacations (section 501(c)(3) and section 501(c)(4) organizations only) Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b. (C) Corrected? 1 (a) Name of disqualified person (b) Description of transaction Yes | No Enter the amount of tax imposed on the organization managers or disqualified persons during the year Enter the amount of tax, if any, on line 2, above, reimbursed by the organization Loans to and/or From Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a (e) In default? (f) Approved (a) Name of interested person and purpose (b) Loan to or from (c) Original (d) Balance due (g) Written principal amount the organization? by board or agreement? committee? Τo From No Yes No Yes No Total Part III Grants or Assistance Benefitting Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 27. (a) Name of interested person (b) Relationship between interested person and the (c) Amount and type of assistance organization Part IV Business Transactions Involving Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c (a) Name of interested person (b) Relationship between (c) Amount of (d) Description of transaction (e) Shanng of interested person and the transaction organization's organization revenues? Yes No PELOPIDAS RACHEL KELLER BROWN 56,000 MANAGEMENT IS_A > 35% OWNER RANDY SINQUEFIELD, SON OF SINQUEFIELD EQUIPMENT RENTALS 124,283 CONTRACT SERVICE REX SINQUEFIELD, IS A >

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule L (Form 990 or 990-EZ) 2009

SCHEDULE O (Form 990)

Supplemental Information to Form 990 Complete to provide information for responses to specific questions on

Form 990 or to provide any additional information.

► Attach to Form 990.

Ope

20**09**

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Employer Identification number

26-0844268

ATTACHMENT 2

SIGNIFICANT PROGRAM SERVICES NOT LISTED ON PRIOR FORM 990

PART III, LINE 2

THE CHESS CLUB AND SCHOLASTIC CENTER HOSTED TWO MAJOR CHESS

CHAMPIONSHIPS.

ADDITIONAL PROGRAM SERVICE ACCOMPLISHMENTS

CHESS CLUB AND SCHOLASTIC CENTER OF ST. LOUIS

PART III, LINE 4D

COMMUNITY PROGRAMMING - THE CHESS CLUB AND SCHOLASTIC CENTER BEGAN

VARIOUS COMMUNITY OUTREACH INITIATIVES TO BRING THE GAME OF CHESS TO A

LARGER AUDIENCE. EFFORTS INCLUDED THE CREATION OF CHESS FOR LIFE - A

PROGRAM THAT TAKES CHESS INTO AN AREA HOSPITAL AND COORDINATES VOLUNTEERS

TO TEACH AND PLAY WITH PATIENTS. THE CLUB ALSO DONATED FURNISHINGS AND

CHESS EQUIPMENT TO MAKE THIS PROGRAM SUCCESSFUL.

THE CLUB PROVIDED SPONSORSHIP FOR THE U.S. TEAM TO COMPETE IN THE WORLD TEAM CHAMPIONSHIP, WHERE THEY EARNED THE SILVER MEDAL. THIS SPONSORSHIP CREATED A STRONG AWARENESS AMONGST THE CHESS COMMUNITY IN AMERICA AND CEMENTED THE CLUB'S REPUTATION FOR PROMOTING CHESS.

FAMILY OR BUSINESS RELATIONSHIPS

PART VI, SECTION A, LINE 2

REX SINQUEFIELD AND RACHEL KELLER BROWN HAVE A BUSINESS RELATIONSHIP. REX SINQUEFIELD AND SUSAN BARRETT HAVE A BUSINESS RELATIONSHIP.

Schedule O (Form 990) 2009 Page 2

Name of the organization

CHESS CLUB AND SCHOLASTIC CENTER OF ST. LOUIS

Employer identification number

26-0844268

ATTACHMENT 2 (CONT'D)

PROCESS ORGANIZATION USES TO REVIEW FORM 990

PART VI, SECTION B, LINE 11A

PERSONNEL RESPONSIBLE FOR OVERSIGHT OF THE ORGANIZATIONS FINANCES WILL

REVIEW THE FORM 990 PRIOR TO FILING.

COMPLIANCE WITH CONFLICT OF INTEREST POLICY

PART VI, SECTION B, LINE 12C

ALL OFFICERS SIGN AND ACKNOWLEDGE THE NO CONFLICT OF INTEREST POLICY.

DETERMINING OFFICER COMPENSATION

PART VI, SECTION B, LINE 15A

IN 2009, THE PRESIDENT OF THE BOARD REVIEWED THE COMPENSATION.

AVAILABILITY OF ORGANIZATION'S GOVERNING DOCUMENTS

PART VI, SECTION C, LINE 19

THE ORGANIZATION MAKES THESE DOCUMENTS AVAILABLE UPON REQUEST.

ATTACHMENT 3

4A PROGRAM SERVICE

CHAMPIONSHIP EVENTS - HOST, SPONSOR AND PROMOTE NATIONAL CHAMPIONSHIP-LEVEL COMPETITIONS. THE CHESS CLUB AND SCHOLASTIC CENTER OF SAINT LOUIS HOSTED THE 2009 U.S. CHAMPIONSHIP AND 2009 U.S. WOMEN'S CHAMPIONSHIP. THE TOP 24 PLAYERS AND TOP 10 FEMALE PLAYERS, RESPECTIVELY, COMPETED FOR THE TITLE OF U.S. CHAMPION AND U.S. WOMEN'S CHAMPION AND OTHER MONETARY AND NON-CASH PRIZES. AN ESTIMATED 400-500 SPECTATORS ATTENDED THE EVENTS OVER A COMBINED

Schedule O (Form 990) 2009

Name of the organization

CHESS CLUB AND SCHOLASTIC CENTER OF ST. LOUIS

Employer identification number 26-0844268

FORM 990, PART III - PROGRAM SERVICES

ATTACHMENT 3 (CONT'D)

24 DAYS.

THE SHORT-TERM OBJECTIVES WERE TO ANCHOR SAINT LOUIS AS A CHESS
CENTER IN THE UNITED STATES, WHILE LONG-TERM GOALS ARE TO CONTINUE
TO PROMOTE THE GAME OF CHESS AND IMPROVE GENERAL APPRECIATION OF
CHESS THROUGHOUT THE COMMUNITY.

ATTACHMENT 4

4C PROGRAM SERVICE

SCHOLASTICS PROGRAMMING - THE CLUB WORKS WITH AREA SCHOOLS AND YOUTH ORGANIZATIONS TO PROMOTE THE GAME OF CHESS DURING THE SCHOOL DAY, AFTER SCHOOL AND IN OTHER VENUES. PROGRAMS INCLUDE THE INNOVATIVE CONCEPT ACADEMY (ICA), 1ST MOVE, FIELD TRIPS AND VARIOUS PILOT PROGRAMS. IN 2009 THE CLUB LAID THE GROUNDWORK TO RUN A SUCCESSFUL CURRICULAR AND AFTER-SCHOOL PROGRAM AT THE ICA BY RENOVATING A CLASSROOM AND PROVIDING ALL FURNISHINGS, CHESS EQUIPMENT AND STAFF. THE CLUB WORKED CLOSELY WITH AMERICA'S FOUNDATION FOR CHESS TO IMPLEMENT THE 1ST MOVE PROGRAM IN ROUGHLY 15 SCHOOLS IN SAINT LOUIS, AND PROVIDED TRAINING FACILITIES AND LOGISTICAL SUPPORT FOR THEIR SALES AND SUPPORT EFFORTS. WE FACILITATED BETWEEN FIVE AND 10 FIELD TRIPS TO THE CLUB FROM AREA SCHOOLS AND RAN PILOT AFTER-SCHOOL PROGRAMS IN TWO SCHOOLS.

ATTACHMENT 5

Schedule O (Form 990) 2009

Page 2

Name of the organization

CHESS CLUB AND SCHOLASTIC CENTER OF ST. LOUIS

Employer identification number

26-0844268

ATTACHMENT 5 (CONT'D)

FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES

DESCRIPTION

GRANTS

EXPENSES

REVENUE

COMMUNITY PROGRAMMING

15,347.

TOTALS

15,347

990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTOR	<u>ATTACHMENT 6</u>	3-17
NAME AND ADDRESS	DESCRIPTION OF SERVICES	COMPENSATION
CAESAR CONSULTING 12199 RULE PLACE LANE MARYLAND HEIGHTS, MO 63043	WEBSITE PROGRAMMING	153,220.
SINQUEFIELD EQUIPMENT RENTALS 210 ST. JAMES COLUMBIA, MO 65201	VIDEO RECORDING	124,283.
CHI-CHI, LLC 555 WASHINGTON, SUITE 470 ST. LOUIS, MO 63101	EVENT PLANNER	111,603.
TOTAL COMPENSATION		389,106

CHESS CLUB AND SCHOLASTIC CENTER OF ST. LOUIS

26-0844268

		COST OF	GOODS SOLD	66,117	66,117
	MINUS.	ENDING	INVENTORY		
			OTHER COSTS		
ATTACHMENT 7		SALARIES	AND WAGES		
			PURCHASES	66,117	66,117
		BEGINNING	INVENTORY		
יים מיזני מיזני			GROSS SALES	25,617	25, 617.
COST OF GOODS SO					
GROSS SALES AND					
FORM 990, PART VIII - GROSS SALES AND COST OF GOODS SOLD			DESCRIPTION	INVENTORY SALES	TOTALS
щ			ΔI	н	₽

(Rev April 2009)

Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

Internal Revenue Se		► File a separate application for each return.	ŀ	
If you are filIf you are fil	ling for an	Automatic 3-Month Extension, complete only Part I and check this box Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 unlessou have already been granted an automatic 3-month extension on a previously	of this form)	▶ X
		Month Extension of Time. Only submit original (no copies needed).		
		file Form 990-T and requesting an automatic 6-month extension - check this box and	complete	
Part I only	•		complete	▶ 🗀
,				
time to file inco	ome tax re			
Electronic Fili	ng <i>(e-file</i>	Generally, you can electronically file Form 8868 if you want a 3-month autom	atic extension	of time to file
		ed below (6 months for a corporation required to file Form 990-T) However,		
		want the additional (not automatic) 3-month extension or (2) you file Forms 99 or consolidated From 990-T Instead, you must submit the fully completed and si		
8868 For more	e details	on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Cha	nties & Nonor	ofits
			mployer identif	
Type or			26-08442	
print		NTER OF SAINT LOUIS street, and room or suite no. If a P O. box, see instructions	20-00442	00
File by the due date for				
filing your		57 MARYLAND AVENUE n or post office, state, and ZIP code For a foreign address, see instructions		
return See instructions	l * '	•		
		LOUIS, MO 63108		
		be filed (file a separate application for each return)	4700	
X Form 990		Form 990-T (corporation)		
Form 990		Form 990-T (sec 401(a) or 408(a) trust) Form 5		
Form 990		Form 990-T (trust other than above)		
Form 990)-PF	Form 1041-A Form 8	3870	
 If the organ If this is for for the whole one of the sand EIN 1 I request until 	nization do a Group group, che Ns of all m st an a ganization calenda	pes not have an office or place of business in the United States, check this box Return, enter the organization's four digit Group Exemption Number (GEN) eck this box . □ . If it is for part of the group, check this box □ and elembers the extension will cover utomatic 3-month (6 months for a corporation required to file Form 08/15, 2010 , to file the exempt organization return for the organization not return for the organization in the group, check this box □ and ending		nsion of time
2 If this tax	year is fo	er less than 12 months, check reason Initial return Final return	Change in acc	ounting period
•	•	is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, les	ss any 3a	\$ 0.
		is for Form 990-PF or 990-T, enter any refundable credits and estimated tax pays		<u> </u>
,	•	prior year overpayment allowed as a credit	3b	\$ 0.
		otract line 3b from line 3a Include your payment with this form, or, if required, d		
		n or, if required, by using EFTPS (Electronic Federal Tax Payment System)	1,200002	
instructio	-		3c	s 0.
		g to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and F		· '
_	_		01111 0019-EU	
for payment ins		nerwork Reduction Act Notice see Instructions	Form f	3868 (Rev 4-2009)

orm 8868 (Rev	4.2009)			Page 2
	e filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and check this bo	×		
	complete Part II if you have already been granted an automatic 3-month extension on a previously filed f			
•	e filing for an Automatic 3-Month Extension, complete only Part I (on page 1)	• • • • • • • • • • • • • • • • • • • •		
	Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no co	pies	need	ed).
	Name of Exempt Organization Employer ident			
Type or orint	CHESS CLUB AND SCHOLASTIC CENTER OF ST. LOUIS 26-08442	268		
ile by the	Number, street, and room or suite no. If a P.O. box, see instructions For IRS use onl			
extended lue date for	4657 MARYLAND AVENUE			
iling the	City, town or post office, state, and ZIP code For a foreign address, see instructions			
eturn See nstructions	ST. LOUIS, MO 63108			
X Form	Form 990-PF Form 990-PF Form 990-PF Form 990-T (sec 101/a) (a) tr ust) Form 4720 Form 990-EZ Form 990-T (trust other than above) Form 5227 The form 1041- A Form 990-T (trust other than above) Form 5227 The form 990-T (trust other than above) Form 5227 The form 990-T (trust other than above) Form 5227	iously	Fo	orm 6069 orm 8870
	ks are in the care of TONY RICH	iousiy	mea	
If the orgoing of the who ist with the force of the whole	ole group, check this box If it is for part of the group, check this box and attender and EINs of all members the extension is for lest an additional 3-month extension of time until alendar year 2009, or other tax year beginning at tax year is for less than 12 months, check reason. Initial return Final return Characteristics and ending the indetail why you need the extension			nting period
ADDI	ITIONAL TIME IS REQUIRED TO ACCUMULATE THE INFORMATION NECESSARY TO			
FILE	E A COMPLETE AND ACCURATE RETURN.		_	
	s application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any			^
	efundable credits. See instructions	8a	\$	0.
	s application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated			
•	payments made Include any prior year overpayment allowed as a credit and any amount paid	-		0
<u> </u>	ously with Form 8868	8b	\$	0.
	nce Due. Subtract line 8b from line 8a Include your payment with this form, or, if required, deposit			
with	FTD coupon or, if required, by using EFTPS(Electronic Federal Tax Payment System) See instructions	8c	\$	0.
	Signature and Verification les of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the besect, and complete, and that I am authorized to prepare this form	of my	knowled	dge and belief,
Signature >	Title ▶ Dat	e >		
	BKD, LLP		8868	(Rev 4-2009)
	211 N DDONDWAY GUITE COO			(

211 N. BROADWAY, SUITE 600 ST. LOUIS, MO 63102-2733