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Form **990**

Department of the Treasury

Internal Revenue Service

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)

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

OMB No. 1545-0047

2009

Open to Public Inspection

| A I | or the | | | | g JUNE | | | _ |
|------------|----------------|--|---------------------------------------|-------------------|-------------------|------------|--|-----------------|
| BC | heck if | Please C Name of organization WISCONSIN SCHOLASTIC C | HESS | FEDE | Ф. Емр ю | yer i | dentification number | |
| 1 1 | ddress | l use IRS | | | 20-11 | | | |
| Пм | ame cha | and the second |) | Room/ suite | E Teleph | none | number | _ |
| н | itial retu | type. Doos at Treitmonity Ave | | Suite | | | 3-5624 | |
| H | erminate | Smoolding Committee and TID 14 | | L | | | | _ |
| \vdash | nended | Instruc-Landau VIII 50006 | | | G Gross receip | | 46,327 | |
| \vdash | | | H/a\ | 1-46 | | | 1 5-1 | _ |
| | plicatio | n pending F Name and address of principal officer. | H(a) | | group return | | H., H., | |
| | | | ⊣ ^{п(թ)} | | filiates incli | | | 10 |
| | | mpt status: X 501(c)(3) ◀ (insert no) 4947(a)(1) or 527 | ⊣ | | | | istructions) | |
| 1 W | ebsite/ | E WISCONSINSCHOLASTICCHESS.ORG | | • | emption nu | т — | | _ |
| _ | | rganization Corporation Trust X Association Other ▶ L Ye | ear of for | mation | 2004 | M s | State of legal domicile: WI | _ |
| Pa | rt I | Summary | | | | | | _ |
| | 1 | Briefly describe the organization's mission or most significant activities: | | | | | | _ |
| Δ | SEI | E ATTACHMENT #1 | | | | | | _ |
| A GOV | | | | | | | | |
| GOVERN | | | | | | | | _ |
| ÝĚ | 2 | Check this box ▶ If the organization discontinued its operations or disposed | of more | than 25 | % of its n | et as | sets | _ |
| + R | 3 | Number of voting members of the governing body (Part VI, line 1a) | | | | 3 | 7 | |
| | | Number of independent voting members of the governing body (Part VI, line 1b | | | | 4 | 7 | _ |
| -ES E | 5 | Total number of employees (Part V, line 2a) | • | | | 5 | ' | _ |
| Ĕ | | · · · | | | | 6 | | _ |
| & | 6 | Total number of volunteers (estimate if necessary) | | | | | | _ |
| | | Total gross unrelated business revenue from Part VIII, column (C), line 12 | | | | 7a | | _ |
| | b | Net unrelated business taxable income from Form 990-T, line 34 | | | | 7b | | _ |
| ь | | | | P | rior Year | | Current Year | _ |
| REVENUE | 8 | Contributions and grants (Part VIII, line 1h) | | | 91 | L5 | 500 | _ |
| ¥ | 9 | Program service revenue (Part VIII, line 2g) | | | 49,76 | 58 | 43,643 | |
| Ņ | 10 | Investment income (Part VIII, column (A), lines 3, 4, and 7d) | | | | | 53 | |
| ¥ | 11 | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | | | 6,65 | 56 | 1,637 | |
| _ | 12 | Total revenue add lines 8 through 11 (must equal Part VIII, column (A), line 1 | 12) | | 57,33 | 39 | 45,833 | _ |
| | 13 | Grants and similar amounts paid (Part IX, column (A), lines 1-3) | | 7 | | | 3,000 | _ |
| | 14 | The state of the s | \Box | 1 | | | | _ |
| É | 15 | Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column A) lines 5-46 | رسله | 51 - | _ | | | _ |
| Ê | 16a | Professional fundraising fees (Part IX, column (A), line (1e) | , <i>[</i> | <u> </u> | | | | _ |
| E | Ι. | 101 - 10 | ra H | <u> </u> | | | ······································ | |
| ŝ | b | Total fundraising expenses (Part IX, column (D), line 25 | <u> </u> | <u> </u> | | | 42 670 | |
| EXPERSES | 17 | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) | · · · · · · · · · · · · · · · · · · · | - | 55,22 | | 43,678 | _ |
| _ | 18 | Total expenses. Add lines 13-17 (must equal Part IX, could (A), line:25) | UJL. | | 55,22 | | 46,678 | _ |
| | 19 | Revenue less expenses. Subtract line 18 from line 12 | | | 2,11 | 17 | -845 | |
| NO R | В | And the second s | | Beginnii | ng of Currer | nt Year | End of Year | _ |
| A F | ନ୍ଦି 20 | Total assets (Part X, line 16) | | | 9,83 | 31 | 10,102 | _ |
| ຼຸນ | N 21 | Total liabilities (Part X, line 26) | | | 5,63 | 17 | | |
| 투 N S D | 통 22 | Net assets or fund balances. Subtract line 21 from line 20 | | | 4,2 | 14 | 10,102 | |
| Pa | rt II | Signature Block | | | | | • | _ |
| | | Under penalties of perjury, I declare that I have examined this return including accompanying | schedule | s and stat | ements, and | i to th | e best of my knowledge and | _ |
| | | belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on | allınforn | nation of v | vhich prepa | rer ha | s any knowledge. | |
| Sig | n | March That I was | | | | | 111-23-11 | 1 |
| Her | | Signature of officer | | | | | Date Date | _ |
| 1161 | • | Biobert L Patterson-Sunweld - | \mathcal{D}_n | ACT. | 100 | 1_ | Date | |
| | | | 11 | 17/C | len, | | | — |
| | | Type or print name and title | Τ. | Db 1 | | | <u> </u> | |
| | | Preparer's Date | ء ا | Check (f self- | | parer' | s identifying number (see ins | itr.) |
| Paid | | signature | فلــ٥ | mployed | <u>▶ X </u> | | | _ |
| | arer's | Firm's name (or yours WASSERMAN & ASSOCIATES LLC | | E | EIN | <u> </u> | | _ |
| | Only | if self-employed), 8375 S HOWELL AVE STE 202 | | | | | | _ |
| | , | address, and ZIP+4 OAK CREEK, WI 53154-2924 | | T F | hone no. | ▶ (| 414)764-7020 |) |
| Mav | the IR | S discuss this return with the preparer shown above? (see instructions) | | | | | X Yes No | _ |
| | | y Act and Paperwork Reduction Act Notice, see the separate Instructions. | | - | <u> </u> | | Form 990 (200 | <u>—</u>)9) |

JVA

| If "Yes," describe these new services on Schedule O. 3 Did the organization cease conducting, or make significant changes in how it conducts, any program | | 990 (2 | | | N SCHOLASTIC | | 20-1197133 | | Page 2 |
|--|----|---------|---------------|----------------------|---------------------------------------|-----------------------|----------------------------|---------------------------------------|--|
| 2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 950-E27 | | | | | - | | | | |
| 2 Did the organization undertake any significant program services during the year which ware not listed on the prior Form 990 or 990-E2? | 1 | - | | _ | ssion: | | | | |
| the prior Form 980 or 390-EZ? | | SEE | ATTAC | HMENT #2 | | | | - · · · | |
| the prior Form 980 or 390-EZ? | | | | | | | | | |
| the prior Form 980 or 390-EZ? | | | | | | | | | |
| the prior Form 980 or 390-EZ? | | Diel Me | | | | | | | |
| If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services? If "Yes," describe these changes on Schedule O. If "Yes," describe these changes on Schedule O. Poscribe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and selection 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported. 4a (Code | 2 | | | | | | | | ₩. |
| 3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes Not Yes Yes Not If Yes; describe these changes on Schedule O. 4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 50(c)(6) and 50(c)(6) organizations and section 4947(8)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported. 4a (Cade) (Expenses \$ | | | | | | | | Tes | <u>™</u> |
| services? | 3 | | | | | changes in how | it conducte any program | | |
| If "Yes," describe these changes on Schedule O. Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 601(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported. 4a (Cade) (Expenses \$ | J | | _ | | = | | | _ | ⊠ No |
| 4b (Code) (Expenses 5 including grants of \$) (Revenue \$) 4b (Code) (Expenses 5 including grants of \$) (Revenue \$) 4c (Code) (Expenses 5 including grants of \$) (Revenue \$) 4d (Code) (Expenses 5 including grants of \$) (Revenue \$) 4d (Code) (Expenses 5 including grants of \$) (Revenue \$) 4d (Code) (Expenses 5 including grants of \$) (Revenue \$) 4d (Code) (Expenses 5 including grants of \$) (Revenue \$) 4d (Code) (Expenses 5 including grants of \$) (Revenue \$) | | | | | | | | 🛮 | <u> </u> |
| Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported. 4a (Code | 4 | | | - | | organization's th | ree largest program serv | ces by expenses. | |
| 4a (Code) (Expenses S | | Sectio | n 501(c)(3) a | and 501(c)(4) orga | nizations and section 4 | 947(a)(1) trusts : | are required to report the | amount of grants | |
| 4b (Code) (Expenses S | | and al | locations to | others, the total ex | penses, and revenue, i | f any, for each p | rogram service reported. | | |
| 4b (Code) (Expenses S | 4a | (Code | |) (Expenses \$ | inc | luding grants of \$ |) | (Revenue \$ |) |
| 4c (Code) (Expenses \$ | | • | | | | - | , . | · | |
| 4c (Code) (Expenses \$ | | | | | · · · · · · · · · · · · · · · · · · · | | | | |
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| 4c (Code) (Expenses \$ | | | | | | | | <u> </u> | • |
| 4d Other program services. (Describe in Schedule O.) | 4D | (Code | |) (Expenses \$ | inc | luding grants of \$ _ |) | (Revenue \$ | ······································ |
| 4d Other program services. (Describe in Schedule O.) | | | | | | | | | |
| 4d Other program services. (Describe in Schedule O.) | | | | | | | | | |
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| 4d Other program services. (Describe in Schedule O.) | | | | | • | | | <u> </u> | |
| 4d Other program services. (Describe in Schedule O.) | | | | | | | | - | |
| 4d Other program services. (Describe in Schedule O.) | | | | | | | | * | |
| 4d Other program services. (Describe in Schedule O.) | | | | | | | | | |
| 4d Other program services. (Describe in Schedule O.) | | | | | | | | | |
| | 4c | (Code | |) (Expenses \$ | Inc | cluding grants of \$ |) | (Revenue \$ |) |
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| | | | | | | | | | |
| | | Other | nrogram sei | vices (Describe in | Schedule (C.) | | | | |
| | 74 | | - | | • | ; |) (Revenue \$ | 1 | |

| Par | t IV 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 Schedule C, | | | |
| | Part II | 4 | | Х |
| 5 | Section 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 | | |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the | | | |
| | right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," 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? If "Yes," complete Schedule D, Part II | 7 | | X |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," | | | |
| | complete Schedule D, Part III | 8 | | Х |
| 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 | | Х |
| 10 | Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? | | | |
| | If "Yes," complete Schedule D, Part V | 10 | | Х |
| 11 | Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VIII, IX, or | | | |
| | X as applicable | 11 | X | |
| • | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, | | | ĺ |
| | Part VI. | | | |
| • | Did the organization report an amount for investments other securities in Part X, line 12 that is 5% or more of its total | | 1 | ĺ |
| | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII. | | | |
| • | 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 | | = | ĺ |
| • | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses | | 1 | ĺ |
| | the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X. | | | ĺ |
| 12 | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete | | | |
| | Schedule D, Parts XI, XII, and XIII. | 12 | | X |
| 12A | Was the organization included in consolidated, independent audited financial statements for the tax year? | | | ĺ |
| | 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 | <u> </u> | X |
| | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | Х |
| D | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, | 446 | | v |
| 45 | business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I | 14b | | X |
| 15 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization | 15 | | v |
| 46 | 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 | 40 | | v |
| 4- | 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 on | ا ا | | . |
| 40 | Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I | 17 | | X |
| 18 | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, | | | \ ., |
| 40 | lines 1c and 8a? If "Yes," complete Schedule G, Part II | 18 | - | X |
| 19 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? | ا مد ا | | v |
| 00 | If "Yes," complete Schedule G, Part III | 19 | | X |
| 20 | Did the organization operate one or more hospitals? If "Yes," complete Schedule H. | 20 | L, | X |

| Part IV | Checklist of Required Schedules (continued) | | | <u> </u> |
|---------------|--|----------------|-----|----------|
| | • | | Yes | No |
| 21 Did | the organization report more than \$5,000 of grants and other assistance to governments and organizations in the | | | |
| Uni | ited 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, | | | |
| cole | umn (A), line 2? If "Yes," complete Schedule I, Parts I and III | 22 | | X |
| | the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's | | | |
| | rrent and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," | ļ | | |
| | mplete Schedule J | 23 | | Х |
| | the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of | | | |
| | last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete | | | |
| | hedule K. If "No," go to line 25 | 24a | | Х |
| | the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | |
| | I the organization maintain an escrow account other than a refunding escrow at any time during the year to defease | | | |
| | y tax-exempt bonds? | 24c | 1 | |
| | If the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | |
| | ction 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a | | | |
| | qualified person during the year? If "Yes," complete Schedule L, Part I. | 25a | | Х |
| | the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, | 200 | - | |
| | d that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," | | | |
| | mplete Schedule L, Part I | 25b | | Х |
| | as a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or | 200 | | - 21 |
| | qualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II | 26 | | Х |
| | I the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial | 10 | | |
| | ntributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete | | | |
| | | 27 | , | Х |
| | as the organization a party to a business transaction with one of the following parties (see Schedule L, | 2, | | - 21 |
| | rt IV instructions for applicable filing thresholds, conditions, and exceptions): | | | |
| | current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | 28a | 1 | X |
| | amily member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, | | | |
| | rt IV | 28b | | х |
| | entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) | | | |
| | s an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV | 28c | | Х |
| | If the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M | 29 | | X |
| | If the organization receive contributions of art, historical treasures, or other similar assets, or qualified | | | |
| | nservation contributions? If "Yes," complete Schedule M, | 30 | | Х |
| | If the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, | • | | |
| Par | | 31 | | Х |
| | the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete | | | |
| | hedule N, Part II | 32 | | Х |
| | If the organization own 100% of an entity disregarded as separate from the organization under Regulations | - | | |
| | ctions 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I | 33 | | Х |
| | as the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, | - | | |
| | IV, and V, line 1 | 34 | | Х |
| | any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete | • | | |
| | hedule R, Part V, line 2 | 35 | | Х |
| | ction 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related | Ju | | |
| | ganization? If "Yes," complete Schedule R, Part V, line 2 | 36 | | Х |
| | If the organization conduct more than 5% of its activities through an entity that is not a related organization | الله الله | | |
| | d that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI | 37 | | Х |
| | the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? | <u> </u> | | ᢡ |
| | te: All Form 990 filers are required to complete Schedule O | 38 | x | |
| | | Form 9 | | 20091 |

Part Y Statements Regarding Other IRS Filings and Tax Compliance

| | | | 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 1b 0 | | - | |
| С | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable | | | |
| | gaming (gambling) winnings to prize winners? | 1c | | X |
| 2a | 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 0 | _ | | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? \dots N/A | 2b | | |
| | Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions) | | | |
| 3 a | Did the organization have unrelated business gross income of \$1,000 or more during the year covered by | _ | | ,, |
| _ | this return? | 3a | | X |
| b | If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O | 3b | | <u> </u> |
| 4a | At any time during the calendar year, did the organization have an interest in, or a signature or other authority | | | |
| | over, a financial account in a foreign country (such as a bank account, securities account, or other financial | | | ٠, |
| | account)? | 4a | | X |
| b | If "Yes," enter the name of the foreign country: | | | |
| | See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts | | | |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | 5a | 3 | х |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5b | | $\frac{\lambda}{X}$ |
| c | If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding | 30 | | <u> </u> |
| | Prohibited Tax Shelter Transaction? | 5c | | |
| 6a | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization | 30 | | \vdash |
| - | solicit any contributions that were not tax deductible? | 6a | | x |
| b | If "Yes," did the organization include with every solicitation an express statement that such contributions or | Ou. | | |
| - | gifts were not tax deductible? | 6b | | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | | _ |
| a | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and | | | |
| | and services provided to the payor? | 7a | | х |
| 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 | | Х |
| 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 | | Х |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | 7 f | | Х |
| g | For all contributions of qualified intellectual property, did the organization file Form 8899 as required? | 7g | | Х |
| h | For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as | | | |
| | required? | 7h | | X |
| 8 | Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting 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 | | X |
| 9 | Sponsoring organizations maintaining donor advised funds. | | | |
| а | Did the organization make any taxable distributions under section 4966? | 9a | | X |
| b | Did the organization make a distribution to a donor, donor advisor, or related person? | 9b | | X |
| 10 | Section 501(c)(7) organizations. Enter | | | |
| а | Initiation fees and capital contributions included on Part VIII, line 12 | | | |
| b | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b | | | ı |
| 11 | Section 501(c)(12) organizations. Enter: | | | |
| а | Gross income from members or shareholders 11a | Į | | 1 |
| b | Gross income from other sources (Do not net amounts due or paid to other sources | |] . | |
| | against amounts due or received from them) | | | 1 |
| 12a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | 12a | | X |
| b | If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b | <u>. </u> | <u> </u> | <u> </u> |

Part VIGovernance, 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.

| Secti | on A. Governing Body and Management | - | | |
|----------|--|-----|-----|----------|
| | | | Yes | No |
| 1a | Enter the number of voting members of the governing body | | | |
| b | Enter the number of voting members that are independent | | | |
| 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 | | X |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct | | | |
| | supervision of officers, directors or trustees, or key employees to a management company or other person? | 3 | | X |
| 4 | Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? | 4 | | X |
| 5 | Did the organization become aware during the year of a material diversion of the organization's assets? | 5 | | X |
| 6 | Does the organization have members or stockholders? | 6 | | X |
| 7a | Does the organization have members, stockholders, or other persons who may elect one or more members | | | |
| | of the governing body? | 7a | | X |
| b | Are any decisions of the governing body subject to approval by members, stockholders, or other persons? | 7b | | X |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during | | | |
| | the year by the following: | | | |
| а | The governing body? | 8a | | X |
| b | Each committee with authority to act on behalf of the governing body? | 8b | | X |
| 9 | is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the | | | |
| | organization's mailing address? If "Yes," provide the names and addresses in Schedule O | 9a | | _X_ |
| Secti | on B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) | | | |
| | | | Yes | No |
| 10a | Does the organization have local chapters, branches, or affiliates? | 10a | | X |
| 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? N/A | 10b | | |
| 11 | Has the organization provided a copy of this Form 990 to all members of its governing body before filing the | | | |
| | form? | 11 | | X |
| 11a | 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 | | X |
| b | Are officers, directors or trustees, and key employees required to disclose annually interests that could give N/A | İ | | |
| | rise to conflicts? | 12b | | |
| С | Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," N/A | | | |
| | describe in Schedule O how this is done | 12c | | <u> </u> |
| 13 | Does the organization have a written whistleblower policy? | 13 | | X |
| 14 | Does the organization have a written document retention and destruction policy? | 14 | | Χ |
| 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: | | | ٠, |
| a | The organization's CEO, Executive Director, or top management official? | 15a | | X |
| b | Other officers or key employees of the organization? | 15b | | X |
| 40- | If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions) | | | |
| 16a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement | 40- | | . |
| L | with a taxable entity during the year? | 16a | | X |
| b | If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard N/A | | | |
| | the organization's exempt status with respect to such arrangements? | 16b | | ŀ |
| Secti | on C. Disclosure | 105 | | |
| 17 | List the states with which a copy of this Form 990 is required to be filled ▶ NONE | | | |
| 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 Upon request | | | |
| 19 | Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest | | | |
| | policy, and financial statements available to the public. | | | |
| 20 | State the name, physical address, and telephone number of the person who possesses the books and records of the | | | |
| | organization ► SEE ATTACHMENT #3 | | | |

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

X Check this box if the organization did not compensate any current officer, director, or trustee.

| (A) Name and Title | (B) Average | | | (0 | C) | at apply) | | (D) Reportable | (E) Reportable | (F) Estimated |
|---|----------------------|---------------------------------|----------------|---------|------------------------------|---------------|--------|--|--|--|
| Haile and the | hours per week | T R I R I V I E C R I D U A L L | - NST-FUT-OXA- | OFF-CFE | K E M Y P L O Y E E | H COMPENSATED | FORMER | compensation from the organization (W-2/1099-MISC) | compensation from related organizations (W-2/1099-MISC) | amount of other compensation from the organization and related organizations |
| ROBERT PATTERSON-SUMWALT PRESIDENT JOE CAYEN DIRECTOR | 40.00 | х | | Х | | | | 0 | 0 | 0 |
| KATIE DELAHUNT DIRECTOR KRISTEN HILDEBRANDT | 2.00 | x | | | | | | 0 | 0 | 0 |
| DIRECTOR GUIDO VISCONTI DIRECTOR | 1.00 | x | | | | | | 0 | o o | 0 |
| CHRIS BROWN DIRECTOR MICHAEL O'BRIEN | 1.00 | x | | | | i | | 0 | 0 | 0 |
| DIRECTOR | 3.00 | X | | | | | | | | |

Form **990** (2009)

JVA

| Parl | VII Section A. Officers | , Director | s, Truste | ees, K | ey En | ploye | es, and | High | est Compensated E | mployees (continue | ed) | | | |
|---------|---|-------------------|--|------------|---------------|-------------------|---------------|------------------|---------------------------------|---------------------------|-----------|-------------|-------------------|------|
| | (A) | (B) | tors, Trustees, Key Employees, and Highest Compensated Employees (continued) (C) (D) (E) | | | | | | | | | | (F) | |
| | Name and title | Average | Po | · - | (check | all th | at apply) | | Reportable | Reportable | | | mated | |
| | | hours per | I T D N R I | I T N R | O F | K E E M Y P | H C E | F O | compensation from | compensation from related | | | ount o ther | ī |
| | | week | D U R I S E V T C | I RUSTEE | O F F - C E R | L | GMPLOYEE NE T | R M E R | the | organizations | | | ensati | on |
| | | | U E O | T E | E | O Y E E | SNY | Ŕ | organization | (W-2/1099-MISC |) | | m the | |
| | | | U P A P | Ĭ | '' | Ē | ĂĒ | | (W-2/1099-MISC) | | | _ | nizatıo | |
| | | | A P | O N | | | Ē | | | | - | | relate uzatio: | |
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| | | | | | | | | <u> </u> | <u> </u> | | _ | | | |
| 1b | Total | (ıncludına | but not | limited | to the | se list | ed abov | | o received more that | 0 3 \$100 000 in repor | 0 tabl | e com | nensa | tion |
| - | from the organization | (molading | but not | | 10 1110 | ,00 IIO | ou upor | o, | o roogrou moro ma | , φ (σσ,σσσ ιιι τορσι | | 0 00 | P 01.00 | |
| | - | | | | | | | | | | | | Yes | No |
| 3 | Did the organization list any employee on line 1a? If "Yes | | | | | | | - | _ | | | 3 | | х |
| 4 | For any individual listed on I | | | | | | | | | | • | | | |
| | the organization and related | | | | | | | | | | | | | |
| _ | | | | | | | | | | | | 4 | | X |
| 5 | Did any person listed on line services rendered to the org | | | | • | | | - | _ | | | 5 | | х |
| Section | on B. Independent Contracto | • | 11 100, | 00111 | 51010 € | 2011041 | 10 0 101 | ouo,, | 50,0011 , , , , , , , , , , , , | | | | | |
| 1 | Complete this table for your | five highe | st comp | ensate | ed inde | epend | ent cont | ractors | s that received more | than \$100,000 of | | | | |
| | compensation from the orga | | | | | | | | | | | | | |
| | Name and | (A) d business | address | 3 | | | | | (B) Description of s | ervices | c | (C Compe | | n |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | ļ | | - | | | | |
| | · · · · · · · · · · · · · · · · · · · | | | | | | | | | | | | | |
| 2 | Total number of independer | nt contract | ors (ıncl | udıng | but no | t limit | ed to the | se list | ed above) who rece | ived more than | | | | |
| | \$100,000 in compensation f | rom the or | ganızatı | on 🕨 | | | | | | | | | | |

| Part | VIII | Statement of Revenue | | | | |
|-------------------------|---------|---|---------------------------------------|--|--|--|
| | | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512, 513, or 514 |
| G O C I T | 1a | Federated campaigns 1a | | | | |
| OFH | | Membership dues | | | | |
| O F H N T E T S R | | Fundraising events | \dashv | 1 | | |
| R G S | | Related organizations 1d | | | | |
| I Ř M | | Government grants (contributions) 1e | | 1 | | |
| BAN L | | | | 1 | | |
| TSA | • | All other contributions, gifts, grants, & similar amounts not included above 1f 500 | | | | |
| O A A N N M S D T | а | Noncash contributions included in lines 1a-1f \$ | | 1 | | |
| S DT | _ | Total. Add lines 1a-1f | 500 | | | |
| P | | Business Co | | | | |
| R | 2a | REGISTRATION FEES 713990 | 29096 | 29096 | | |
| ÖS GE | | NATIONAL CHESS TOURNAM 713990 | 14547 | 14547 | | |
| RRR | _ | | · | | | |
| A V E M I V | d | | | | | |
| "CE | е | | | | | |
| E N U | f | All other program service revenue | | | | <u> </u> |
| E | g | Total. Add lines 2a-2f | 4 3643 | | | |
| | 3 | Investment income (including dividends, interest, and | | İ | | |
| | | other similar amounts) | ▶ 53 | | 53 | |
| | 4 | Income from investment of tax-exempt bond proceeds | | | | |
| | 5 | Royalties | . • | | | |
| | | (i) Real (ii) Persona | | | | |
| | 6a | Gross Rents | | | | |
| | b | Less: rental expenses | | | | |
| | c | Rental income or (loss) | | | • | |
| | d | Net rental income or (loss) | ▶ | | | |
| | | (i) Securities (ii) Other | | | | |
| | /a | Gross amount from sales of assets other than inventory | | | | |
| | b | Less: cost or other basis | | | | |
| _ | | and sales expenses | | | | |
| O | c | Gain or (loss) | | | | |
| - і і | | Net gain or (loss) | • | | | |
| Ε | 8a | Gross income from fundraising | | | | |
| R | | events (not including \$ | | 1 | | |
| _ | | of contributions reported on line 1c). | | 1 | | |
| R E | | See Part IV, line 18 | | | | |
| v | | Less: direct expenses b | | | | |
| E | | Net income or (loss) from fundraising events | > | | | |
| N U | 9a | Gross income from gaming activities. See | | | <u> </u> | |
| Ē | | Part IV, line 19 | | | | - |
| | | Less: direct expenses b | | 1 | | ł |
| | | Net income or (loss) from gaming activities | • | | ļ | |
| | 10a | Gross sales of inventory, less | | | | |
| | _ | returns and allowances | | | | |
| | | Less cost of goods sold b 494 | | | • | 1 |
| | c | Net income or (loss) from sales of inventory | · · · · · · · · · · · · · · · · · · · | 1637 | | |
| | 44 - | Miscellaneous Revenue Business Co | <u>de</u> | 1 | 1 | † |
| | 11a | | + | 1 | | |
| | b | | | 1 | | |
| | C | All other revenue | | + | | |
| | | All other revenue | | | | <u> </u> |
| | е 12 | | 45022 | 45200 | 52 | |
| JVA | | Total revenue. See instructions 9909 TWF 33401 Copyright Forms (Software Only) - 2009 TW | . > 45833 | 45280 | 53 | Form 990 (2009) |

Part IX

X Statement of Functional Expenses

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

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D). (B) Program service expenses (A) Total expenses (C) Management and (**D)** Fundraising Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. general expenses expenses Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21 3000 3000 Grants and other assistance to individuals in 2 the U.S. See Part IV, line 22 . . . Grants and other assistance to governments, 3 organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 4 Benefits paid to or for members Compensation of current officers, directors, 5 trustees, and key employees Compensation not included above, to disqualified 6 persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 7 Pension plan contributions (include section 401(k) and section 403(b) employer contributions) Other employee benefits 10 Payroll taxes 11 Fees for services (non-employees): а Management b Legal d Lobbying . . . Professional fundraising services See Part IV, line 17 ... Other 12 Advertising and promotion 838 5588 4750 13 Office expenses . . . Information technology 14 15 16 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 362 362 19 20 Interest .. 21 Payments to affiliates 22 23 24 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.) NATIONAL CHESS TOURNAMENT 14793 14793 LOCAL TOURNAMENT MANAGEMENT 10088 10088 TOURNAMENT SUPPLIES 6509 6509 C CHESS SCHOOL SUPPLIES d 4319 4319 PROGRAM BOOKLET 2019 2019 e All other expenses Total functional expenses. Add lines 1 through 24f 25 46678 45478 1200 Joint costs. Check here ▶ If following SOP 98-2. 26 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.

| Parl | Х | Balance Sheet | | | |
|-----------|------|--|--------------------------|-----|---------------------------------|
| - | | | (A) Beginning of year | | (B) End of year |
| | 1 | Cash non-interest bearing | 5,715 | 1 | 340 |
| | 2 | Savings and temporary cash investments | 2,521 | 2 | 8,167 |
| | 3 | Pledges and grants receivable, net | | 3 | |
| | 4 | Accounts receivable, net | | 4 | <u>-</u> |
| | 5 | Receivables from current and former officers, directors, trustees, key | | | |
| | | employees, and highest compensated employees. Complete Part II of | | 1 1 | |
| | | 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 | | 1 1 | |
| A S | | Part II of Schedule L | | 6 | |
| S | 7 | Notes and loans receivable, net | | 7 | |
| E | 8 | Inventories for sale or use | | 8 | |
| Ś | 9 | Prepaid expenses and deferred charges | | 9 | |
| | 10 a | Land, buildings, and equipment: cost or other | | | |
| | | basis Complete Part VI of Schedule D 10a | | 1 | |
| | b | Less: accumulated depreciation | | 10c | |
| | 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 | 1,595 | 15 | 1,595 |
| | 16 | Total assets. Add lines 1 through 15 (must equal line 34) | 9,831 | 16 | 10,102 |
| | 17 | Accounts payable and accrued expenses | | 17 | · · |
| | 18 | Grants payable | <u>.</u> | 18 | · |
| Ļ | 19 | Deferred revenue | | 19 | *** |
| Ä | 20 | Tax-exempt bond liabilities | | 20 | |
| В | 21 | Escrow or custodial account liability. Complete Part IV of Schedule D | | 21 | |
| ŀ | 22 | Payables to current and former officers, directors, trustees, key | | | |
| ī | | employees, highest compensated employees, and disqualified | | 1 | |
| Ţ | | persons Complete Part II of Schedule L | | 22 | |
| Ė | 23 | Secured mortgages and notes payable to unrelated third parties | | 23 | |
| S | 24 | Unsecured notes and loans payable to unrelated third parties | | 24 | |
| | 25 | Other liabilities. Complete Part X of Schedule D | 5,617 | 25 | |
| | 26 | Total liabilities. Add lines 17 through 25 | 5,617 | 26 | 0 |
| | | Organizations that follow SFAS 117, check here ▶ ☐ and | | 1 1 | |
| N F | | complete lines 27 through 29, and lines 33 and 34. | | | |
| Ēυ | | Unrestricted net assets | | 27 | |
| T N | 28 | Temporarily restricted net assets | | 28 | · · |
| | 29 | Permanently restricted net assets | | 29 | |
| A B S A L | | Organizations that do not follow SFAS 117, check here ▶ ☒ | | 1 1 | |
| ĒL | | and complete lines 30 through 34. | | 1 | |
| SN | | Capital stock or trust principal, or current funds | | 30 | 6 533 |
| C | 31 | Paid-in or capital surplus, or land, building, or equipment fund | 4 274 | 31 | 6,733 |
| RS | | Retained earnings, endowment, accumulated income, or other funds . | 4,214 | 32 | 3,369 |
| | 33 | Total liabilities and not seed fund balances | 4,214 | 33 | 10,102 |
| 11/0 | 34 | Total liabilities and net assets/fund balances | 9,831 | 34 | 10,102 Form 990 (2009 |

| Par | t XII Financial Statements and Reporting | | |
|------------|---|--------------|----------|
| | | Ye | s No |
| 1 | Accounting method used to prepare the Form 990: 🔀 Cash 📗 Accrual 📗 Other | | T |
| | If the organization changed its method of accounting from a prior year or checked "Other," explain | | |
| | ın Schedule O | | 1 |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | ١ [|] x |
| b | Were the organization's financial statements audited by an independent accountant? | \prod | TX |
| c | If "Yes" to lines 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? | : | X |
| | If the organization changed either its oversight process or selection process during the tax year, explain in | | T |
| | 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: | | 1 |
| | Separate basis Consolidated basis Both consolidated and separate basis | | |
| 3 a | 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? | 1 | X |
| 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 N/A 3 | <u> </u> | <u> </u> |
| JVA | 09 99012 99011 TWF 33421 Copyright Forms (Software Only) – 2009 TW For | n 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 4947(a)(1) nonexempt charitable trust.

OMB No. 1545-0047

2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

WISCONSIN SCHOLASTIC CHESS FEDERATION

Employer Identification number

| M T | SC | <u>ONSIN SC</u> | HOLASTIC CH | ESS FEDERAT | 'ION | | | | <u>0-119</u> | 7133 | | | |
|-------------|-----|---|---|--|---------------|----------------------|--------------|--------------|---------------------------------------|-------------------------|---------|---------|-------|
| Pa | | | for Public Chari | | | | | | tructions. | | | | |
| The | org | anization is not a | a private foundation be | cause it is: (For lines 1 | through 1 | 1, check o | only one bo | ox.) | | | | | |
| 1 | | • | ention of churches, or | | | ed in s ect i | on 170(b) | (1)(A)(I). | | | | | |
| 2 | L | | bed in section 170(b) | | , | | | | | | | | |
| 3 | L | • | cooperative hospital so | <u>-</u> | | | | | | | | | |
| 4 | L | | arch organization oper | ated in conjunction with | th a hospit | al describe | ed in secti | on 170(b) | (1)(A)(III). | Enter the | hospit | al's na | me, |
| _ | | city, and state | | C. I. II. | | | | | | | | | |
| 5 | L | | n operated for the bene). (Complete Part II.) | efit of a college or univ | ersity own | ed or oper | ated by a | governme | ntaj unit di | escribed II | n secti | on | |
| 6 | | A federal, state | , or local government | or governmental unit d | lescribed ir | section | 170(b)(1)(| A)(v). | | | | | |
| 7 | | A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vI). (Complete Part II) | | | | | | | | | | | |
| 8 | | 1 | ust described in section | | omplete Pa | art II.) | | | | | | | |
| 9 | X | | that normally receives | , | • | - | n contribu | tions, men | nbership fe | ees, and g | ross | | |
| | _ | | ctivities related to its ex | | | | | | | | | | |
| | | | ross investment incom | | | , | | | from busii | nesses | | | |
| | | acquired by the | e organization after Jur | ne 30, 1975 See secti o | on 509(a)(2 | 2). (Comp | ete Part III | .) | | | | | |
| 10 | | An organization | organized and opera | ted exclusively to test t | for public s | afety. See | section 5 | 609(a)(4). | | | | | |
| 11 | Г | An organization | n organized and opera | ted exclusively for the | benefit of, | to perform | the functi | ons of, or | to carry ou | ut the | | | |
| | | | e or more publicly sup | • | | | | | | | on | | |
| | | 509(a)(3). Chec | ck the box that describ | es the type of support | ing organiz | zation and | complete | lines 11e 1 | hrough 11 | h. | | | |
| | _ | a 🗌 Type i | b Type | II c 🔲 1 | Гуре III-Fu | nctionally | ıntegrated | | d∐T | ype III-Ot | ther | | |
| е | L | , , | s box, I certify that the | _ | | - | | | | | | | |
| | | • | han foundation manag | jers and other than on | e or more | publicly su | ipported o | rganızatıcı | ns describ | ed in sect | ion | | |
| | | 509(a)(1) or sec | ction 509(a)(2). | | | | | | | | | | |
| f | | If the organization | ion received a written i | determination from the | IRS that it | іѕ а Туре | i, Type II o | or Type III | supporting | 9 | | | _ |
| | | organization, cl | neck this box | | | • • • • • | | | | | | | · L |
| g | | Since August 1 following perso | 7, 2006, has the organ | ization accepted any o | gift or conti | ibution fro | m any of t | he | | | | | |
| | | | rho directly or indirectly | controls other slane | or togethe | r wath nor | cone docc | nbod in (ii) | 1 | | | Yes | No |
| | | | ow, the governing boo | | | | | | | Г | 11g(l) | | X |
| | | | ember of a person des | | | | | | · · · · · · · · · · · · · · · · · · · | _ | 1g(ll) | | X |
| | | | trolled entity of a perso | | | | | | | | 1g(III) | | X |
| h | | | owing information abo | | | | | | | · · · · · · <u> · ·</u> | . 5(, | | |
| | | 1 10 1140 1110 1011 | | The supported organ | l Ludon(o). | | | | 4-1 | | 1 | | |
| (I) 1 | Vam | e of supported | (II) EIN | (III) Type of organization | (iv) Is the d | organization | (V) Did you | notify the | (Vl) i organizatio | | (vII) | Amou | nt of |
| | or | ganızatıon | | (described on lines 1-9 | , , | | | | organize | | s | uppor | t |
| | | | | above or IRC section (see instructions)) | governing | document? | of your s | support? | υ.s | | | | |
| | | | | (000, | Yes | No | Yes | No | Yes | No | 1 | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | 1 | | |
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| | | | 1 | | 1 | | | | 1 | | | | |
| | | | - | | 1 | | | | | | 1 | | |
| Tot | al | | | | | | 1 | | [| | | | |

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

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

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

| Sec | tion A. Public Support | | | | | | |
|---------|--|------------------|--------------------|---------------------------------------|--------------------|-------------------------|--------------|
| Cal | endar year (or fiscal year beginning in) ▶ | (a) 2005 | (b) 2006 | (c) 2007 | (d) 2008 | (e) 200 | 09 (f) Total |
| 1 | Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.") | 3800 | 2514 | 2430 | 915 | 500 | 10159 |
| 2 | Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose | 2774 | 9465 | 14060 | 51595 | 43643 | 121537 |
| 3 | Gross receipts from activities that are not an unrelated trade or business under section 513 | | | | | | |
| 4 | Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 5 | The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 6 | Total. Add lines 1 through 5 | 6574 | 11979 | 16490 | 52510 | 44143 | 131696 |
| 7a | Amounts included on lines 1, 2, and 3 received from disqualified persons | | | | | | |
| | Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year | | | | | | |
| C | Add lines 7a and 7b | | | | | ļ | |
| 8 | Public support (Subtract line 7c from line 6) | | | <u> </u> | | <u> </u> | 131696 |
| | tion B. Total Support | | 1 | 1 | | 1 | |
| | endar year (or fiscal year beginning in) | (a) 2005 | (b) 2006 | (c) 2007 | (d) 2008 | (e) 20 | |
| 9 | Amounts from line 6 | 6574 | 11979 | 16490 | 52510 | 44143 | 131696 |
| 10a | Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | | | | | 53 | 53 |
| b | Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | |
| с 11 | Add lines 10a and 10b | | | | | 53 | 53 |
| 12 | Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) | | | | | | |
| 13 | Total support. (Add lines 9, 10c, 11, and 12) | 6574 | 11979 | 16490 | 52510 | 44196 | 131749 |
| 14 | First five years. If the Form 990 is for the or organization, check this box and stop here | - | | | x year as a sectio | | _ |
| Sec | tion C. Computation of Public Sup | • | | | | | |
| 15 | Public support percentage for 2009 (line 8, c | olumn (f) dıvide | ed by line 13, col | umn (f)) | | 15 | 99.96 % |
| 16 | Public support percentage from 2008 Sched | | | · · · · · · · · · · · · · · · · · · · | <u></u> | 16 | % |
| Sec | tion D. Computation of Investmen | t Income Pe | ercentage | | | | |
| 17 | Investment income percentage for 2009 (line | 10c, column (f |) divided by line | 13, column (f)) | | 17 | 0 % |
| 18 | Investment income percentage from 2008 Se | | | | | 18 | % |
| 19a | 33 1/3 % support tests 2009. If the organ | nization did not | check the box o | n line 14, and lir | ne 15 is more tha | n 33 1/3 <mark>%</mark> | |
| | not more than 33 1/3 %, check this box and | stop here. The | organization qu | alıfıes as a publı | icly supported or | ganızatıon | ▶ 🏻 |
| b | 33 1/3 % support tests 2008. If the organ | | | | | | _ |
| | 18 is not more than 33 1/3 %, check this box | | | | | |)— |
| 20 | Private foundation. If the organization did r | ot check a box | on line 14, 19a, | or 19b, check th | nis box and see ii | nstructions | ▶ [|

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► 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.

OMB No. 1545-0047

2009

Open to Public Inspection

| Nam | of the organization | | E | mployer identification number |
|---------|--|--|-----------|--|
| WIS | CONSIN SCHOLASTIC CHESS F | EDERATION | 20 | 0-1197133 |
| Pa | Organizations Maintaining Donor Advise | d Funds or Other Similar Funds or Accounts | s. Com | plete if |
| | the organization answered "Yes" to Form 9 | 90, Part IV, line 6. | | |
| | | (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 a | _ | | |
| | funds are the organization's property, subject to the | | | |
| 6 | Did the organization inform all grantees, donors, ar | | | • |
| | for charitable purposes and not for the benefit of the | * * * | | |
| _ | Impermissible private benefit? | | | |
| Pa | | organization answered "Yes" to Form 990, Pa | rt IV, li | ne 7. |
| 1 | Purpose(s) of conservation easements held by the | | | |
| | Preservation of land for public use (e.g., recreat | H | | of an historically important land area |
| | Protection of natural habitat | Preserv | ation o | of a certified historic structure |
| | Preservation of open space | | | |
| 2 | Complete lines 2a through 2d if the organization he | eld a qualified conservation contribution in the f | orm of | a conservation |
| | easement on the last day of the tax year | | F | |
| | | | - | Held at the End of the Tax Year |
| | Total number of conservation easements | | | 2a |
| | Total acreage restricted by conservation easements | | • • • • | 2b |
| | Number of conservation easements on a certified h | | | 2c |
| _ | Number of conservation easements included in (c) | | _ | 2d |
| 3 | Number of conservation easements modified, trans | sterred, released, extinguisned, or terminated by | y tne o | rganization during the tax |
| | year • | | | |
| 4 | Number of states where property subject to conser | | | alations and |
| 5 | Does the organization have a written policy regards | | | |
| 6 | enforcement of the conservation easements it hold: | | | |
| 7 | Staff and volunteer hours devoted to monitoring, in Amount of expenses incurred in monitoring, inspec | | | |
| 8 | Does each conservation easement reported on line | | | |
| · | 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? | • • • | | Yes No |
| 9 | In Part XIV, describe how the organization reports | | ense s | |
| _ | balance sheet, and include, if applicable, the text o | | | |
| | the organization's accounting for conservation ease | <u>-</u> | | |
| Pai | | Art, Historical Treasures, or Other Similar A | Assets | |
| | Complete if the organization answered "Ye | | | |
| | | | | |
| 1a | If the organization elected, as permitted under SFA | S 116, not to report in its revenue statement an | nd bala | ance sheet works of |
| | art, historical treasures, or other similar assets held | • | further | rance of public service, |
| | provide, in Part XIV, the text of the footnote to its fil | nancial statements that describes these items. | | |
| b | If the organization elected, as permitted under SFA | | | |
| | historical treasures, or other similar assets held for | | heranc | e of public service, |
| | provide the following amounts relating to these item | nis | | |
| | (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, his | | ancial g | jain, provide the |
| | following amounts required to be reported under S | FAS 116 relating to these items: | | |
| | Revenues included in Form 990, Part VIII, line 1 | | | |
| b | Assets included in Form 990, Part X | | | > \$ |

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| Pa | rt III Organizations Mainta | ining Collect | ons of | Art, Historical Tre | easur | es, or Other Sim | lar A | ssets (continued) | | | |
|------|-------------------------------------|---------------------|------------|-------------------------|------------------|---------------------|---------|-------------------------|---------------|-------------|--------|
| | | | | | | | | . | | | |
| 3 | Using the organization's acquis | sition, accessi | on, and | other records, che | eck a | ny of the following | that | are a significant use o | of its collec | ction | |
| | items (check all that apply): | | | | . — | | | | | | |
| a | Public exhibition | | | d | \boldsymbol{H} | Loan or exchange | | | | | |
| b | Scholarly research | | | е | • 📙 ' | Other | _ | | | _ | |
| С | Preservation for future gen | | | | | | | | | | |
| 4 | Provide a description of the org | ganızatıon's c | ollections | s and explain how | v they | further the organi | zatioi | n's exempt purpose in | ו | | |
| | Part XIV | | | | | | | | | | |
| 5 | During the year, did the organi | | | | | | | | | | п |
| _ | assets to be sold to raise funds | | | | | _ | | | . Ye | 8 | No |
| Pai | rt IV Escrow and Custodia | • | | | | n answered "Yes" | to Fo | rm 990, | | | |
| | Part IV, line 9, or repor | ted an amour | t on For | m 990, Part X, line | e 21. | | | | | | |
| | | | | | | | | | | | |
| 1a | Is the organization an agent, tr | | | | | | | | | | |
| | included on Form 990, Part X? | | | | | | | | Ye | 8 | ∐ No |
| b | If "Yes," explain the arrangeme | ent in Part XIV | and con | nplete the followir | ng tab | lle: | | , | _ | | |
| | | | | | | | | Am | nount | | |
| С | Beginning balance | | | | | | 1c | | | | |
| d | Additions during the year | | | | | | 1d | | | | |
| e | Distributions during the year | | | | | | 1e | | | | |
| f | Ending balance | | | | | | 1f | | | | |
| 2a | Did the organization include ar | n amount on F | orm 990 |), Part X, line 21? | | | | | ∐ Ye | S | ∐ No |
| b | If "Yes," explain the arrangeme | | | | | | | | | | |
| Pa | T V Endowment Funds. C | | | ation answered " | Yes" t | o Form 990, Part | IV, lın | e 10. | | | |
| | | (a) Current | year | (b) Prior year | r | (c) Two years ba | ick (| d) Three years back | (e) Four | years | back |
| 1a | Beginning of year balance | | | | | | | | | | |
| b | Contributions . | | | | | | | | <u> </u> | | |
| С | Net investment earnings, | | | | | | | | | | |
| | gains, and losses | | | | | | | | | | |
| d | Grants or scholarships | | | | | | | | | | |
| e | Other expenditures for | | | | | | | | | | |
| | facilities and programs | | | | | | | | <u> </u> | | |
| f | Administrative expenses . | | | | | | | | | | |
| g | End of year balance | | | | | | | | | | 11114 |
| 2 | Provide the estimated percentage | age of the yea | r end ba | alance held as: | | | | | | | |
| а | Board designated or quasi-en- | dowment > | | % | | | | | | | |
| b | Permanent endowment > | | % | | | | | | | | |
| C | Term endowment ▶ | % | _ | | | | | | | | |
| За | Are there endowment funds no | ot in the posse | ssion of | the organization | that a | re held and admi | nister | ed for the | | | |
| | organization by: | | | | | | | | | Yes | No |
| | (i) unrelated organizations | | | | | | | | . 3a(l) | | |
| | (II) related organizations | | | | | | | | За(II) | | |
| b | If "Yes" to 3a(II), are the related | d organization | s listed a | as required on Sci | hedul | e R? | | | 3b | | |
| 4 | Describe in Part XIV the intend | ed uses of the | e organiz | zation's endowme | ent fur | nds. | | | | | |
| Pa | rt VI Investments Lar | ıd, Bulldings, | and Eq | ulpment. See For | rm 990 | o, Part X, line 10. | | | | | |
| | Description of investmen | nt | (a) Cos | st or other basis | (b) | Cost or other | (4 | c) Accumulated | (d) Bo | ok valu | 1e |
| | | | (II | nvestment) | | basis (other) | | depreciation | | | |
| 1a | Land | | | | | | | | | | |
| b | Buildings | | | | | | | | | | |
| c | Leasehold improvements | | | | | | | | | • | |
| d | Equipment | | | | | | | | | | • |
| e | Other | | | | | | 1 | | | | • |
| Tota | I. Add lines 1a through 1e. (Coli | | d equal | Form 990, Part X, | , colu | mn (B), line 10(c). |) | | | | |
| JVA | | | | e Only) - 2009 TW | | | | | le D (For | m 990 |) 2009 |

WISCONSIN SCHOLASTIC CHESS

| | SCHOLASTIC C | HESS 20-119/133 | Page 3 |
|---|-------------------------|-------------------------|----------------|
| Fart VII Investments Other Securities. See Form | n 990, Part X, line 12. | | |
| (a) Description of security or category | (b) Book value | (c) Method of valua | |
| (including name of security) | | Cost or end-of-year mar | ket value |
| Financial derivatives | | | · - |
| Closely-held equity interests | | | |
| Other | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| Total. (Column (b) must equal Form 990, Part X, col (B) line 12.) | | | |
| Part VIII Investments Program Related. See For | m 990, Part X, line 13 | | |
| (a) Description of investment type | (b) Book value | (c) Method of valua | tion: |
| | | Cost or end-of-year mar | ket value |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 13) | | | |
| Part IX Other Assets. See Form 990, Part X, line 15 | l | | |
| | scription | | (b) Book value |
| CHESS SETS; OFFICE EQUIPMENT | | | 1,595 |
| ~ | | | · |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. See Form 990, Part X, line | | ▶ | 1,595 |
| | | | |
| (a) Description of liability Federal income taxes | (b) Amount | | |
| i ederal income taxes | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
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| | | | |
| | 1 | 1 | |

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.

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JVA

Total. (Column (b) must equal Form 990, Part X, col (B) line 25.)

| Page | 9 4 |
|------|-----|
| raut | , , |

| ******* | aule D (Form s | | | 3 | Page 4 |
|---------|----------------|---|-------------------|----------|--------|
| Par | | conciliation of Change in Net Assets from Form 990 to Audited Fin | | | |
| İ | Total revenue | (Form 990, Part VIII, column (A), line 12) | | 1 | |
| 2 | Total expense | s (Form 990, Part IX, column (A), line 25) | | 2 | |
| 3 | Excess or (de | ficit) for the year. Subtract line 2 from line 1 | [| 3 | |
| 4 | Net unrealize | d gains (losses) on investments | | 4 | |
| 5 | Donated serv | ces and use of facilities , ,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | 5 | |
| 6 | Investment ex | penses | | 6 | |
| 7 | Prior period a | • | P | 7 | |
| 8 | Other (Descri | oe in Part XIV) | | 8 | |
| 9 | Total adjustm | ents (net). Add lines 4 through 8 | | 9 | |
| 10 | | ficit) for the year per audited financial statements. Combine lines 3 and | d 9 | 10 | |
| Par | t XII Re | conciliation of Revenue per Audited Financial Statements With Re | venue per Return | | |
| 1 | Total revenue | , gains, and other support per audited financial statements | | 1 | |
| 2 | Amounts inclu | ided on line 1 but not on Form 990, Part VIII, line 12: | | | |
| а | Net unrealize | d gains on investments | 2a | _ | |
| b | Donated serv | ces and use of facilities | 2b | _ | |
| С | Recoveries of | prior year grants | 2c | | |
| d | Other (Descri | pe in Part XIV.) | 2d | _ | |
| е | Add lines 2a | through 2d | | 2e | |
| 3 | Subtract line | 2e from line 1 | | 3 | |
| 4 | Amounts inclu | ided on Form 990, Part VIII, line 12, but not on line 1: | | | |
| a | Investment ex | penses not included on Form 990, Part VIII, line 7b | la | | |
| b | Other (Descri | pe in Part XIV.) | 4b | 7 | |
| C | Add lines 4a | and 4b | | | |
| 5 | Total revenue | . Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) | | 5 | |
| Par | t XIII Re | conciliation of Expenses per Audited Financial Statements With Ex | penses per Return | | |
| 1 | Total expense | s and losses per audited financial statements | | 1 | |
| 2 | Amounts inclu | ided on line 1 but not on Form 990, Part IX, line 25 | | | |
| а | Donated serv | ces and use of facilities | 2a | | |
| b | Prior year adj | ustments | 2b | | |
| С | Other losses | | 2c | | |
| d | Other (Descri | pe in Part XIV) | 2d |] | |
| е | Add lines 2a | through 2d | | 2e | |
| 3 | Subtract line | 2e from line 1 | | 3 | |
| 4 | Amounts inclu | ided on Form 990, Part IX, line 25, but not on line 1: | | | |
| а | Investment ex | penses not included on Form 990, Part VIII, line 7b | 4a | | |
| b | Other (Descri | pe in Part XIV.) | 4b | 7 | |
| | - | and 4b | | 4c | 1 |
| | | s Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) | | 5 | |
| | V 10 000 00 1 | | | | |

Part XIV Supplemental Information

Complete 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 and 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

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.

OMB No. 1545-0047

2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

WISCONSIN SCHOLASTIC CHESS FEDERATION

Employer Identification number

20-1197133

PART VI, LINE 11A: FORM REVIEWED BY PRESIDENT

AND DIRECTORS. COMPARED TO ALL FINANCIAL

RECORDS BEFORE FILING.

PART VI, LINE 19: GOVERNING DOCUMENTS,

CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS

ARE MADE AVAILABLE TO PUBLIC ON AN AS-NEEDED OR AS-REQUESTED BASIS.

PRIMARY EXEMPT PURPOSE

ATTACHMENT 1: FORM 990 PAGE 1, PART I

OPEN TO PUBLIC

For calendar year 2009 or tax period beginning 07 - 01INSPECTION

06-30-2010. , and ending

Name of Organization

WISCONSIN SCHOLASTIC CHESS FEDERATION

Employer Identification Number

20-1197133

Primary Purpose

TO PROMOTE CHESS FOR THE YOUTH IN GREATER MILWAUKEE AND WISCONSIN. TO COORDINATE SCHOLASTIC CHESS TOURNAMENTS AT AREA SCHOOLS, OPERATE A CHESS SCHOOL WITH QUALIFIED INSTRUCTORS WHO FOLLOW OUR CURRICULUM, OFFER SERVICES THROUGH OUR CHESS CLUB COACH PROGRAM, CONDUCT CHESS CLUB MANAGEMENT SEMINARS FOR PARENTS AND TEACHERS, AND TO PROVIDE CHESS CLUB START-UP GRANTS.

PRIMARY EXEMPT PURPOSE

ATTACHMENT 2: FORM 990 PAGE 2, PART III

OPEN TO PUBLIC

INSPECTION For calendar year 2009 or tax period beginning

07 - 01 , and ending

06-30-2010.

Name of Organization
WISCONSIN SCHOLASTIC CHESS FEDERATION

Employer Identification Number 20-1197133

Primary Purpose

TO PROMOTE CHESS FOR THE YOUTH IN GREATER MILWAUKEE AND WISCONSIN. TO COORDINATE SCHOLASTIC CHESS TOURNAMENTS AT AREA SCHOOLS, OPERATE A CHESS SCHOOL WITH QUALIFIED INSTRUCTORS WHO FOLLOW OUR CURRICULUM, OFFER SERVICES THROUGH OUR CHESS CLUB COACH PROGRAM, CONDUCT CHESS CLUB MANAGEMENT SEMINARS FOR PARENTS AND TEACHERS, AND TO PROVIDE CHESS CLUB START-UP GRANTS.

| BOOKS ARE IN CARE OF | | | | | | |
|---|--|--|--|--|--|--|
| ATTACHMENT 3: FORM 990 PAGE 6, PART VI, SECTION C, LINE 20 | | | | | | |
| OPEN TO PUBLIC | | | | | | |
| INSPECTION For calendar year 2009 or tax period beginning 07-01, and ending 06-30-2010. | | | | | | |
| Name of Organization Employer Identification Number | | | | | | |
| WISCONSIN SCHOLASTIC CHESS FEDERATION 20-1197133 | | | | | | |
| Part VI - Line 91a | | | | | | |
| Individual Name ROBERT PATTERSON - SUMWALT | | | | | | |
| Business Name | | | | | | |
| | | | | | | |
| | | | | | | |
| Street Address | | | | | | |
| | | | | | | |
| U.S. Address: | | | | | | |
| Zip code 53092 City MEQUON State WI | | | | | | |
| or Foreign Address | | | | | | |
| Totolgii Addiess | | | | | | |
| City | | | | | | |
| Province or State | | | | | | |
| Country | | | | | | |
| Postal code | | | | | | |
| Phone Number | | | | | | |
| Fax Number | | | | | | |
| | | | | | | |

| WISCONSIN SCHOLASTIC CHESS FED | | |
|---|---|-----------------|
| 20-1197133 | <u>, , , , , , , , , , , , , , , , , , , </u> | PAGE 1 |
| STATEMENT #1 - () CHESS SETS; OFFICE EQUIPMENT | BEGINNING 0 | ENDING 1,595 |
| TOTAL CARRIED TO | • | 1,595 |

Form **8868**

(Rev April 2009)

Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

| Internal Revenue Service | ▶ F | File a separate application for each return. | | | |
|---|---|--|-----------------|--------------------------|---------------------------|
| | Automatic 3-Month Extension | on, complete only Part I and check this box | | | <u>▶ X</u> |
| | | -Month Extension, complete only Part II (on page 2 | | | |
| | • | n granted an automatic 3-month extension on a previ | | • | 8868. |
| | | f Time. Only submit original (no copies needed). | | | - |
| A corporation required the Part I only | to file Form 990-T and requesti | ng an automatic 6-month extension check this box | and co | omplete | ▶∏ |
| All other corporations (in tax returns. | ncluding 1120-C filers), partner | ships, REMICs, and trusts must use Form 7004 to req | uest ar | n extensio | n of time to file income |
| returns noted below (6 if (1) you want the addit consolidated Form 990- | months for a corporation requir tional (not automatic) 3-month -T Instead, you must submit th | cally file Form 8868 if you want a 3-month automatic e ed to file Form 990-T). However, you cannot file Form extension or (2) you file Forms 990-BL, 6069, or 8870, e fully completed and signed page 2 (Part II) of Form click on e-file for Charities & Nonprofits. | 8868 e group | electronic returns, (| ally or a composite or |
| Type or Name of E | xempt Organization | | En | nployer i | dentification number |
| print WISCON | ISIN SCHOLASTIC | CHESS FEDERATION | 20 | -119' | 7133 |
| File by the Number, s | treet, and room or suite no. If a | P.O. box, see instructions. | | | · |
| due date for 2803 N | I. TEUTONIA AVE. | | | | |
| return See City, town | or post office, state, and ZIP or | ode. For a foreign address, see instructions. | | | |
| | JKEE WI 53206 | - | | | |
| | o be filed (file a separate applic | cation for each return); | | | |
| X Form 990 | ` ' ' | Form 990-T (corporation) | | | Form 4720 |
| Form 990-BL | | Form 990-T (sec. 401(a) or 408(a) trust) | | | Form 5227 |
| Form 990-EZ | | Form 990-T (trust other than above) | | | Form 6069 |
| Form 990-PF | | Form 1041-A | | | Form 8870 |
| ☐ 1 om 1 o 1 1 | | | | | ☐ 1 01111 007 0 |
| | e care of ▶ <u>SEE_ATTAC</u> | | | | |
| Telephone No ▶ _ | | FAX No. ▶ | | | |
| - | | of business in the United States, check this box | | | |
| Term | _ | 's four digit Group Exemption Number (GEN) | | | If this is |
| for the whole group, che | eck this box | If it is for part of the group, check this box | | | ▶ ☐ and attach |
| | d EINs of all members the exte | | | | |
| 1 I request an automa | atic 3-month (6 months for a co | orporation required to file Form 990-T) extension of time | e | | |
| until <u>FEBRU</u> ARY | $_15$, 20 $\underline{11}$, to file the exer | mpt organization return for the organization named ab | ove. Th | ie extensi | on is |
| for the organization' | | | | | |
| ▶ ☐ calendar yea | | | | | |
| ► X tax year beg | inning JULY | 01 , 20 <u>09</u> , and ending <u>JUNE</u> 3 | 30, | 20 10 | |
| 2 If this tax year is for | less than 12 months, check rea | ason: Initial return Final return | Ch | iange in a | accounting period |
| 3a If this application is | for Form 990-BL. 990-PF. 990 | -T, 4720, or 6069, enter the tentative tax, | T | | |
| | able credits. See instructions. | The state of the s | 3a | \$ | 0 |
| | | er any refundable credits and estimated tax | | <u> </u> | <u>~_</u> _ |
| | clude any prior year overpayme | | 3b | \$ | 0 |
| <u> </u> | | e your payment with this form, or, if required, | 1 - | + - | |
| | | EFTPS (Electronic Federal Tax Payment | | | |
| System). See instru | | I S (Libertonio i Odorai Tax i aymont | 3c | \$ | 0 |
| | | vithdrawal with this Form 8868, see Form 8453-EO an | 1 | | 0 |
| _ | _ | windrawai wiiii iiiis Form 6666, see Form 6453-EO an | u FOIII | 1 00/9-6 | , |
| for payment instructions | ». | | | | 0000 (5 |