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CLIENT'S COPY

OCTOBER 13, 2022

UNITED STATES OF AMERICA CHESS FEDERATION PO BOX 775308 ST. LOUIS, MO 63177

UNITED STATES OF AMERICA CHESS FEDERATION:

ENCLOSED ARE THE ORIGINAL AND ONE COPY OF THE 2021 EXEMPT ORGANIZATION RETURN, AS FOLLOWS...

2021 FORM 990

EACH ORIGINAL SHOULD BE DATED, SIGNED AND FILED IN ACCORDANCE WITH THE FILING INSTRUCTIONS. THE COPY SHOULD BE RETAINED FOR YOUR FILES.

VERY TRULY YOURS,

WILLIAM B SNYDER

#### PRIVACY POLICY

CPAS, LIKE ALL PROVIDERS OF PERSONAL FINANCIAL SERVICES, ARE NOW REQUIRED BY LAW TO INFORM THEIR CLIENTS OF THEIR POLICIES REGARDING PRIVACY OF CLIENT INFORMATION. CPAS HAVE BEEN AND CONTINUE TO BE BOUND BY PROFESSIONAL STANDARDS OF CONFIDENTIALITY THAT ARE EVEN MORE STRINGENT THAN THOSE REQUIRED BY LAW. THEREFORE, WE HAVE ALWAYS PROTECTED YOUR RIGHT TO PRIVACY.

#### TYPES OF NONPUBLIC PERSONAL INFORMATION WE COLLECT

WE COLLECT NONPUBLIC PERSONAL INFORMATION ABOUT YOU THAT IS EITHER PROVIDED TO US BY YOU OR OBTAINED BY US WITH YOUR AUTHORIZATION.

### PARTIES TO WHOM WE DISCLOSE INFORMATION

FOR CURRENT AND FORMER CLIENTS, WE DO NOT DISCLOSE ANY NONPUBLIC PERSONAL INFORMATION OBTAINED IN THE COURSE OF OUR PRACTICE EXCEPT AS REQUIRED OR PERMITTED BY LAW. PERMITTED DISCLOSURES INCLUDE, FOR INSTANCE, PROVIDING INFORMATION TO OUR EMPLOYEES AND, IN LIMITED SITUATIONS, TO UNRELATED THIRD PARTIES WHO NEED TO KNOW THAT INFORMATION TO ASSIST US IN PROVIDING SERVICES TO YOU. IN ALL SUCH SITUATIONS, WE STRESS THE CONFIDENTIAL NATURE OF INFORMATION BEING SHARED.

# PROTECTING THE CONFIDENTIALITY AND SECURITY OF CURRENT AND FORMER CLIENTS' INFORMATION

WE RETAIN RECORDS RELATING TO PROFESSIONAL SERVICES THAT WE PROVIDE SO THAT WE ARE BETTER ABLE TO ASSIST YOU WITH YOUR PROFESSIONAL NEEDS AND, IN SOME CASES, TO COMPLY WITH PROFESSIONAL GUIDELINES. IN ORDER TO GUARD YOUR NONPUBLIC PERSONAL INFORMATION, WE MAINTAIN PHYSICAL, ELECTRONIC, AND PROCEDURAL SAFEGUARDS THAT COMPLY WITH OUR PROFESSIONAL STANDARDS.

\*\*\*\*\*\*

PLEASE CALL IF YOU HAVE ANY QUESTIONS, BECAUSE YOUR PRIVACY, OUR PROFESSIONAL ETHICS, AND THE ABILITY TO PROVIDE YOU WITH QUALITY FINANCIAL SERVICES ARE VERY IMPORTANT TO US.

# TAX RETURN FILING INSTRUCTIONS

FORM 990

# FOR THE YEAR ENDING

MAY 31, 2022

PREPARED FOR	₹:
( F	UNITED STATES OF AMERICA CHESS FEDERATION PO BOX 775308 ST. LOUIS, MO 63177
PREPARED BY:	
Ę	BIBLE HARRIS SMITH PC 507 W. CLINCH AVENUE KNOXVILLE, TN 37902
AMOUNT DUE	OR REFUND:
1	NOT APPLICABLE
MAKE CHECK F	PAYABLE TO:
1	NOT APPLICABLE
MAIL TAX RETU	IRN AND CHECK (IF APPLICABLE) TO:
1	NOT APPLICABLE
RETURN MUST	BE MAILED ON OR BEFORE:

NOT APPLICABLE

**SPECIAL INSTRUCTIONS:** 

# Form **8879-TE**

# IRS e-file Signature Authorization for a Tax Exempt Entity

For calendar year 2021, or fiscal year beginning $$	$\mathtt{UN}$	1	, 2021, and ending	MAY	31	, 20 <b>2</b> .
---	---------------	---	--------------------	-----	----	-----------------

2

2021

OMB No. 1545-0047

Department of the Treasury

Internal Revenue Service Name of filer UNITED STATES OF AMERICA

CHESS FEDERATION

▶ Do not send to the IRS. Keep for your records. ► Go to www.irs.gov/Form8879TE for the latest information.

EIN or SSN 13-5624511

Name and title of officer or person subject t		•	
	EXECUTIVE DIRECTOR		
Part I Type of Return an	d Return Information		
Form 5330 filers may enter dollars and or <b>10a</b> below, and the amount on that	cents. For all other forms, enter whole dolla line for the return being filed with this form v	the applicable amount, if any, from the return rs only. If you check the box on line <b>1a, 2a,</b> vas blank, then leave line <b>1b, 2b, 3b, 4b, 5k</b> n, then enter -0- on the applicable line below	, 3a, 4a, 5a, 6a, 7a, 8a, 9a, o, 6b, 7b, 8b, 9b, or 10b,
1a Form 990 check here	▶ X b Total revenue. if any (Form 990	), Part VIII, column (A), line 12)	ть 3,913,162.
2a Form 990-EZ check here	b Total revenue, if any (Form 990	)-EZ, line 9)	2b
3a Form 1120-POL check here		22)	
4a Form 990-PF check here		me (Form 990-PF, Part V, line 5)	
5a Form 8868 check here		3c)	
6a Form 990-T check here		ine 4)	
7a Form 4720 check here		ne 1)	
8a Form 5227 check here		ear (Form 5227, Item D)	8b
9a Form 5330 check here	<b>b</b> Tax due (Form 5330, Part II, line	e 19)	9b
10a Form 8038-CP check here	b Amount of credit payment req	uested (Form 8038-CP, Part III, line 22)	10b
Part II Declaration and S	ignature Authorization of Officer	or Person Subject to Tax	
Under penalties of perjury, I declare that	at $[f X]$ I am an officer of the above entity o	r 🔲 I am a person subject to tax with res	pect to (name
of entity)	,	(EIN) and that I have	e examined a copy of the
entry to the financial institution accour financial institution to debit the entry to later than 2 business days prior to the payment of taxes to receive confidentia	It indicated in the tax preparation software for this account. To revoke a payment, I must payment (settlement) date. I also authorize the all information necessary to answer inquiries my signature for the electronic return and, it	cial Agent to initiate an electronic funds withour payment of the federal taxes owed on this contact the U.S. Treasury Financial Agent a he financial institutions involved in the proceand resolve issues related to the payment. If applicable, the consent to electronic funds	s return, and the t 1-888-353-4537 no essing of the electronic have selected a s withdrawal.
A lauthorize BIBLE HA.		to enter my F	Enter five numbers, but
	ERO firm name		do not enter all zeros
with a state agency(ies) regu on the return's disclosure co As an officer or person subje return. If I have indicated wit IRS Fed/State program, I wil	lating charities as part of the IRS Fed/State nsent screen.  cct to tax with respect to the entity, I will entity.		d ERO to enter my PIN  021 electronically filed charities as part of the
Part III Certification and	Authentication	Date	e <b>&gt;</b>
<b>ERO's EFIN/PIN.</b> Enter your six-digit enumber (EFIN) followed by your five-digit enumber (EFIN) followed by your five-digits.		62524237902 Do not enter all zeros	
		electronically filed return indicated above. I zed e-File (MeF) Information for Authorized I	
ERO's signature		Date >	
	EDO Must Datain This Farms	Coo Instructions	
Do N	ERO Must Retain This Form lot Submit This Form to the IRS U		
	Reduction Act Notice, see instructions.	mess riequested 10 D0 30	Form <b>8879-TE</b> (2021)

102521 01-11-22

**Return of Organization Exempt From Income Tax** 

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

OMB No. 1545-0047

▶ Do not enter social security numbers on this form as it may be made public.

Open to Public

Department of the Treasury Internal Revenue Service

ntern	ai Reve	enue Service Go to www.irs.gov/Form990 for instructions and	the latest	information.		inspection
A F	or th	e 2021 calendar year, or tax year beginning $$ JUN $1,$ $2021$ $$ and $\epsilon$	ending 1	MAY 31, 3	2022	
<b>3</b> c	heck if	C Name of organization		D Employer	identific	ation number
ap	oplicab	le: UNITED STATES OF AMERICA		. ,		
V	Addre					
	Name			12 5	C 2 1 E 1	1 1
	chane Initial	9		13-5		-
	returr	Number and street (or P.U. box if mail is not delivered to street address)	Room/suite			
	Final return			314-	<u> 661-9</u>	
	termi ated	City or town, state or province, country, and ZIP or foreign postal code		<b>G</b> Gross receipts	\$	3,913,162.
	Amer returr	ded CT TOTTE MO 63177		H(a) Is this a	aroup re	turn
	Appli	· ·		for subo		
	pend	PO BOX 3967, CROSSVILLE, TN 38557-3967		H(b) Are all subo		
				7 ` ´		
		empt status: X 501(c)(3) 501(c) ( ) ◀ (insert no.) 4947(a)(1) o	or 527	<b>ו</b>		list. See instructions
		te: ► WWW.USCHESS.ORG		H(c) Group e		
		forganization: X Corporation Trust Association Other	<b>L</b> Year	of formation: 1	939 N	l State of legal domicile: IL
Pa	rt I	Summary				
	1	Briefly describe the organization's mission or most significant activities: US CH	IESS F	ROMOTES	THE	STUDY AND
ည္တု		KNOWLEDGE OF THE GAME OF CHESS, FOR ITS OF				
lai	2	Check this box if the organization discontinued its operations or dispose				
Je	3					8
é	_	5 5 7 7 7 mmmmmm			" <del>                                    </del>	8
∞	4	Number of independent voting members of the governing body (Part VI, line 1b)			·· ⊢	21
Activities & Governance	5	Total number of individuals employed in calendar year 2021 (Part V, line 2a)				
₹	6	Total number of volunteers (estimate if necessary)				300
팋	7 a	Total unrelated business revenue from Part VIII, column (C), line 12			. 7a	0.
	b	Net unrelated business taxable income from Form 990-T, Part I, line 11	<u></u>		7b	0.
				Prior Year		Current Year
	8	Contributions and grants (Part VIII, line 1h)		871,	150.	1,027,658.
<u> </u>	9	Program service revenue (Part VIII, line 2g)		2,440,		2,647,563.
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		78,		90,754.
Re				79,		147,187.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		3,469,		3,913,162.
$\dashv$	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		3,409,		
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)			0.	0.
	14	Benefits paid to or for members (Part IX, column (A), line 4)			0.	0.
ဖွ	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		1,170,	232.	1,280,441.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)			0.	0.
ē		Total fundraising expenses (Part IX, column (D), line 25)  10,90	7.			
Ш		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,434,	427.	2,417,799.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		2,604,		3,698,240.
				864,	_	214,922.
_ v		Revenue less expenses. Subtract line 18 from line 12				
let Assets or ind Balances			В	eginning of Curre		End of Year
sset	20	Total assets (Part X, line 16)		5,222,		6,079,423.
ğ	21	Total liabilities (Part X, line 26)		1,540,		2,356,382.
	22	Net assets or fund balances. Subtract line 21 from line 20		3,682,	308.	3,723,041.
Pa	rt II	Signature Block				
Jnde	er pen	alties of perjury, I declare that I have examined this return, including accompanying schedules	and statem	ents, and to the b	est of my	knowledge and belief, it is
rue.	corre	ct, and complete. Declaration of preparer (other than officer) is based on all information of whi	ich preparer	has any knowled	ae.	
					<u> </u>	
Sign		Signature of officer		Date		
-		' · · ·				
Here	е	CAROL MEYER, EXECUTIVE DIRECTOR Type or print name and title				
			Т	Doto I		DTIN
		Print/Type preparer's name Preparer's signature		Date	Check if	PTIN
Paid		WILLIAM B SNYDER		10/13/2022	self-employe	
rep	arer	Firm's name ▶ BIBLE HARRIS SMITH ₽		Firm's	EIN >	62-1333840
Jse (	Only	Firm's address 507 W. CLINCH AVENUE			_	
	-	KNOXVILLE, TN 37902		Phone	no.86	5-546-2300

May the IRS discuss this return with the preparer shown above? See instructions

No

X Yes

Pai	rt III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	US CHESS IS A NON-PROFIT EDUCATIONAL ORGANIZATION DEVOTED TO ADVANCING
	THE ROLE OF CHESS IN AMERICAN SOCIETY. US CHESS PROMOTES THE STUDY
	AND KNOWLEDGE OF THE GAME OF CHESS, NOT JUST FOR ITS OWN SAKE AS AN
	ART, AN EDUCATIONAL TOOL AND FOR ENJOYMENT, BUT ALSO AS A MEANS FOR
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	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 services? Yes X No
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations 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:) (Expenses \$2,059,385. including grants of \$) (Revenue \$2,794,750. )
	US CHESS PROMOTED THE STUDY AND KNOWLEDGE OF CHESS BY EDUCATING THE
	PUBLIC, PARTICULARLY SECONDARY AND ELEMENTARY AGE STUDENTS, ABOUT THE
	GAME, ART, SCIENCE, SPORT, AND DISCIPLINE OF CHESS. US CHESS AND ITS
	MEMBERS SUPPORTED INSTRUCTIONAL PROGRAMS IN SCHOOLS; CONDUCTED,
	SPONSORED, AND PROMOTED CHESS LESSONS, SEMINARS, AND LECTURES; HELD
	CHESS TOURNAMENTS FOR YOUTH, ADULTS, AND INDIVIDUALS WITH DISABILITIES;
	PRODUCED PUBLICATIONS FOR ITS MEMBERS AND OTHERS DESCRIBING THE
	CORPORATION'S ACTIVITIES AND PROMOTING CHESS EDUCATION; ENCOURAGED THE
	FORMATION OF CHESS GROUPS, CLUBS, AND ASSOCIATIONS; AND SUPPORTED AND
	PROMOTED CHESS-RELATED ACTIVITIES THROUGHOUT THE UNITED STATES.
4b	(Code:) (Expenses \$
4c	(Code:) (Expenses \$ including grants of \$)         (Revenue \$)
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$ ) (Revenue \$ )
<u>4e</u>	
	Form <b>990</b> (2021)

# UNITED STATES OF AMERICA

Form 990 (2021) CHESS FEDERATION
Part 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	_X_	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
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		<u>X</u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		_X_
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			7.7
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		<u>X</u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			37
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		<u> </u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			37
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		<u>X</u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			37
	Schedule D, Part III	8		<u> </u>
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?	_		37
	If "Yes," complete Schedule D, Part IV	9		<u>X</u>
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments		7.7	
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		7.7	
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			37
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		<u>X</u>
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			37
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		<u>X</u>
d	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			v
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
_	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			v
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		<u>X</u>
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		v	
	Schedule D, Parts XI and XII	12a	<u> </u>	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			v
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		<u>X</u>
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	4.41-		Х
45	or more? If "Yes," complete Schedule F, Parts I and IV	14b		
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	45		Х
46	foreign organization? If "Yes," complete Schedule F, Parts II and IV  Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	15		
16		16		v
17	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u>X</u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	17		Х
10	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	18		Х
10	1c and 8a? If "Yes," complete Schedule G, Part II  Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	10		
19	,	19		Х
20-	complete Schedule G, Part III			X
20a h	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a 20b		
21	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?  Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		
<u>~ 1</u>	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х
	demostic gerenment our at ix, column (x), into 1: 11 Tes, complete schedule I, Parts I and II	<b>4</b> I		

132003 12-09-21

Form **990** (2021)

# UNITED STATES OF AMERICA CHESS FEDERATION

Form 990 (2021)

Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals 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
24a	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 line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	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		
	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), 501(c)(4), and 501(c)(29) 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		X
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		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			\ <sub>3,7</sub>
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			x
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If	00-		x
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		
C	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If	28c		x
20	"Yes," complete Schedule L, Part IV	29	Х	125
29 30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	29	- 21	
30		30		x
31	contributions? If "Yes," complete Schedule M	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
<b>52</b>	Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	- 02		
00	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, Part II, III, or IV, and			
	Part V, line 1	34		x
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
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		Х
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 on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	X	
Pai	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	000	

132004 12-09-21

Form 990 (2021) CHESS FEDERATION

Part V Statements Regarding Other IRS Filings and Tax Compliance (continuo

13-5624511 Page **5** 

ıaı	Statements negaring other in 3 mings and rax compliance (continued)			
			Yes	No
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 21			
			v	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
0-	<b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.	0-		Х
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		_^
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	4-		x
<b>L</b>	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		
D	If "Yes," enter the name of the foreign country  See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
50	Marshar and a state of the same of the sam	5a		х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	KINA II. II. E. EL KINA III. E. O000 TO	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
ou	any contributions that were not tax deductible as charitable contributions?	6a		x
h	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	- Ou		T
-	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	0.0		
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		х
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	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 7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
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			
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders  Cross income from other sources. (De not not amounts due or poid to other sources against			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against			
120	amounts due or received from them.)  Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	120		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
I4a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		<u> </u>
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any			1
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes," complete Form 6069.			

5 Form **990** (2021) 132005 12-09-21 2021.04030 UNITED STATES OF AMERICA 91000101 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 on Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 8			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b			
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 direct supervision			
Ū		3		х
4	of officers, directors, trustees, or key employees to a management company or other person?  Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
	5:11	6	Х	- 21
6	Did the organization have members or stockholders?  Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	-	-21	
7a			Х	
	more members of the governing body?	7a		
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or		Х	
_	persons other than the governing body?	7b		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		37	
a	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			37
800	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a	X	
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			37
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	77	X
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	<u>X</u>	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	on Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13		X
14	Did the organization have a written document retention and destruction policy?	14	X	
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		X
b	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶TN			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s	only)	availat	ole
	for public inspection. Indicate how you made these available. Check all that apply			
	X Own website			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	financ	cial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	UNITED STATES CHESS FEDERATION - 314-661-9500			
	PO BOX 775308, ST. LOUIS, MO 63177			

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

Check if Schedule O contains a response or note to any line in this Part VII

#### 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.
- 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, if any. See the 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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.

See the instructions for the order in which to list the persons above.

Check this box if neither the organization ne	or any related	orga	niza	tion	con	npen	sate	ed any current officer, di	rector, or trustee.	
(A)	(B)			(0	<b>C</b> )			(D)	(E)	(F)
Name and title	Average	(do		Pos		l than d	nne	Reportable	Reportable	Estimated
	hours per	box	, unle	ss per	son i	s both	an	compensation	compensation	amount of
	week	_	cer an	la a a	recto	r/trus	iee)	from	from related	other
	(list any	irecto						the	organizations	compensation
	hours for related	e or d	tee			sated		organization (W-2/1099-MISC/	(W-2/1099-MISC/ 1099-NEC)	from the organization
	organizations	ruste	l trus		ee ee	ubeu		1099-NEC)	1099-NEC)	and related
	below	dual t	ntiona	_	oldm	st col	70	10001120)		organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			3
(1) CAROL MEYER	40.00									
EXECUTIVE DIRECTOR		Х						132,494.	0.	0.
(2) RANDY BAUER	4.00									
VICE-PRESIDENT				Х				0.	0.	0.
(3) KEVIN PRYOR	4.00									
MEMBER AT LARGE		Х						0.	0.	0.
(4) CHUCK UNRUH	4.00									
VICE-PRESIDENT FINANCE				Х				0.	0.	0.
(5) FUN FONG	4.00									
SECRETARY				Х				0.	0.	0.
(6) DAVID DAY	4.00									
MEMBER AT LARGE		Х						0.	0.	0.
(7) JOHN FERNANDEZ	4.00									
MEMBER AT LARGE		Х						0.	0.	0.
(8) DAVID HATER	4.00									
MEMBER AT LARGE		Х						0.	0.	0.
(9) MIKE HOFFPAUIR	10.00									
PRESIDENT				Х				0.	0.	0.
			_							
			_							
		l								
			_							
		ł								
-										

Form 990 (2021)

	t VII Section A. Officers, Directors, Trust	ees, Key Emp	oloy	ees,	and	l Hig	ghes	st C	ompensated Employee	s (continued)				
	<b>(A)</b> Name and title	(B) Average hours per week	box	not c , unle:	ss per	ition more rson i	than is both	n an	( <b>D</b> ) Reportable compensation from	(E) Reportable compensation from related		am	(F) timate lount o other	
		(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC 1099-NEC)	>/	fro orga and	pensati om the anizati I relate nizatio	e on ed
					0	×	± 40							
											-			
	Subtotal  Total from continuation sheets to Part VII							<b>&gt;</b>	132,494.		0.			0.
	Total (add lines 1b and 1c)  Total number of individuals (including but no							<u> </u>	132,494.		0.			0.
	compensation from the organization												Yes	No
3	Did the organization list any <b>former</b> officer, line 1a? <i>If</i> "Yes," <i>complete Schedule J for su</i> For any individual listed on line 1a, is the sur	ıch individual										3		Х
5	and related organizations greater than \$150 Did any person listed on line 1a receive or a	,000? If "Yes,	" co	mple	ete S	Sche	edule	e J f	for such individual			4		Х
Sec	rendered to the organization? If "Yes." comparison B. Independent Contractors	olete Schedule	e J fo	or su	ıch r	oers	on				]	5		Х
	Complete this table for your five highest con the organization. Report compensation for the										nsat	tion fro (C		
	Name and business	address	NC	ONE	<u> </u>				Description of s	ervices	C	comper		1
2	Total number of independent contractors (in	· ·	ot lin	nited	d to t	_	_	ted	above) who received mo	ore than				
	\$100,000 of compensation from the organiz	ation				(	J					Form 9	990 /	2021

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Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (B) (C) Related or exempt Unrelated Revenue excluded Total revenue from tax under function revenue business revenue sections 512 - 514 1a Contributions, Gifts, Grants and Other Similar Amounts **1 a** Federated campaigns 1b **b** Membership dues c Fundraising events ..... 1c d Related organizations 1d 189,437. e Government grants (contributions) 1e f All other contributions, gifts, grants, and 838,221 similar amounts not included above 1f g Noncash contributions included in lines 1a-1f 1,027,658. h Total. Add lines 1a-1f **Business Code** 713990 492,864.1 492,864. 2 a MEMBERSHIP Program Service Revenue **b** TOURNAMENT REVENUES 713990 750,303. 750,303. 273,204. 273,204. c PROGRAM FEES 713990 713990 119,922. 119,922. d SALES COMMISSION 713990 11,270. 11,270. f All other program service revenue 647,563. g Total. Add lines 2a-2f Investment income (including dividends, interest, and 90,754 90,754 other similar amounts) Income from investment of tax-exempt bond proceeds 18,689. 18,689. 5 Royalties ..... (i) Real (ii) Personal 6 a Gross rents 6b **b** Less: rental expenses ... c Rental income or (loss) d Net rental income or (loss) (i) Securities (ii) Other 7 a Gross amount from sales of assets other than inventory 7a b Less: cost or other basis and sales expenses ...... 7b Other Revenue 7с c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not including \$ contributions reported on line 1c). See Part IV, line 18 **b** Less: direct expenses ..... c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 9a **b** Less: direct expenses 9b c Net income or (loss) from gaming activities  $\triangleright$ 10 a Gross sales of inventory, less returns and allowances 10a **b** Less: cost of goods sold ..... c Net income or (loss) from sales of inventory **Business Code** 106,169 11 a SUBSCRIPTIONS 511120 106,169. 511120 22,329. 22,329. **b** ADVERTISING d All other revenue 128,498. Total. Add lines 11a-11d 913,162.2,794,750. 90,754. Total revenue. See instructions 12

132009 12-09-21

Form **990** (2021)

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	Check if Schedule O contains a respons not include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	( <b>D</b> ) Fundraising
	8b, 9b, and 10b of Part VIII.		expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations				
_	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
2	individuals. See Part IV, line 22				
3	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	136,156.	73,524.	62,632.	
6	Compensation not included above to disqualified		,	0=700=1	
•	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	1,144,285.	617,914.	526,371.	
8	Pension plan accruals and contributions (include		,		
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
0	Payroll taxes				
1	Fees for services (nonemployees):				
а	Management				
b		37,261.	37,261.		
С	Accounting	19,250.	19,250.		
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A), amount, list line 11g expenses on Sch 0.)	70,172.	9,334.	60,838.	
2	Advertising and promotion	10,907.		40.004	10,907
3	Office expenses	40,934.		40,934.	
4	Information technology	540,161.		540,161.	
5	Royalties				
6	Occupancy	26 710		26 710	
7	Travel	36,718.		36,718.	
8	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
9	Conferences, conventions, and meetings	1 457		1 457	
.0	Interest	1,457.		1,457.	
1	Payments to affiliates	92,845.		92,845.	
22	Depreciation, depletion, and amortization	22,435.		22,435.	
23	Insurance	22,433.		22,433.	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
а	TOURNAMENT EXPENSE - DO	762,429.	762,429.		
b	PRINTING AND PUBLICATIO	265,323.	254,279.	11,044.	
C	DONATION EXPENSE	153,344.	153,344.	,	
d	CDEDIE CLDD DDCCECCIUC	100,992.		100,992.	
	All other expenses	263,571.	132,050.	131,521.	
25	Total functional expenses. Add lines 1 through 24e	3,698,240.	2,059,385.	1,627,948.	10,907
26	Joint costs. Complete this line only if the organization	.,,	, : == , ===	, . = . , . =	==,,,,,,
-	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (A) Beginning of year (B) End of year 1,440,035. 1,012,816. 1 Cash - non-interest-bearing 1,265,346. 1,907,439. 2 Savings and temporary cash investments 3 Pledges and grants receivable, net 3 2,132. 0. 4 Accounts receivable, net Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 5 Loans and other receivables from other disqualified persons (as defined 6 under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) Notes and loans receivable, net 7 Inventories for sale or use 8 1,500. 149,171. Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment: cost or other 1,377,096. basis. Complete Part VI of Schedule D \_\_\_\_\_\_ 10a 979,690. 933,552. b Less: accumulated depreciation 10b 10c 2,076,445. 1,534,106. Investments - publicly traded securities 11 11 Investments - other securities. See Part IV, line 11 12 Investments - program-related. See Part IV, line 11 13 13 14 14 Intangible assets 15 Other assets. See Part IV, line 11 15 6,079,423. 5,222,809. 16 **Total assets.** Add lines 1 through 15 (must equal line 33) 16 150,043. 515,217. Accounts payable and accrued expenses 17 17 18 18 Grants payable 1,202,415. 1,841,165. 19 19 Deferred revenue Tax-exempt bond liabilities 20 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 Loans and other payables to any current or former officer, director, Liabilities trustee, key employee, creator or founder, substantial contributor, or 35% 22 controlled entity or family member of any of these persons 188,043. 0. Secured mortgages and notes payable to unrelated third parties 23 24 24 Unsecured notes and loans payable to unrelated third parties Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 1,540,501. 2,356,382. 26 **Total liabilities.** Add lines 17 through 25 Organizations that follow FASB ASC 958, check here 

X Net Assets or Fund Balances and complete lines 27, 28, 32, and 33. 2,573,344. 27 1,755,450. 27 Net assets without donor restrictions Net assets with donor restrictions 1,108,964. 1,967,591. Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. 29 Capital stock or trust principal, or current funds 29 Paid-in or capital surplus, or land, building, or equipment fund 30 30 31 Retained earnings, endowment, accumulated income, or other funds 31 3,723,041. Total net assets or fund balances 3,682,308. 32 32

6,079,423. Form **990** (2021)

Total liabilities and net assets/fund balances

5,222,809.

33

orm	990 (2021) CHESS FEDERATION	13-562	24511	Pag	<sub>je</sub> 12
Par	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	3,913		
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,698		
3	Revenue less expenses. Subtract line 2 from line 1	3	214		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	3,682		
5	Net unrealized gains (losses) on investments	5	-174	.,18	<u>33.</u>
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			-6.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	3,723	, 04	<u> 11.</u>
Par	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII	<u></u>			X
				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 on Schedule	Ο.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		. 2a		_X_
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	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	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	dule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sing	jle 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 on Schedule O and describe any steps taken to undergo such audits

Form **990** (2021)

### **SCHEDULE A**

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Name of the organization

# **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.

Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for instructions and the latest information.

AMERICA

UNITED STATES OF

OMB No. 1545-0047

2021
Open to Public

Inspection
Employer identification number

CHESS FEDERATION 13-5624511 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 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.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 X An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

#### Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge	ı					
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						
	tion B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 4	(4) 2011	(2) 2010	(0) 2010	(4) 2020	(6) 2021	(1) 10141
	Gross income from interest.						
Ŭ	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						
10	or loss from the sale of capital						
	assets (Explain in Part VI.)						
44	Total support. Add lines 7 through 10						
	• • • • • • • • • • • • • • • • • • • •	eta (eca inetruetio				10	l
	Gross receipts from related activities,	•		fourth or fifth tox		12	
13	First 5 years. If the Form 990 is for the			ŕ	•	. , , ,	ightharpoonup
Sec	organization, check this box and stop ction C. Computation of Publi			•••••			
	Public support percentage for 2021 (li			column (f))		14	%
	Public support percentage from 2020		•	* * * * * * * * * * * * * * * * * * * *		15	
	33 1/3% support test - 2021. If the c						
100							
h	stop here. The organization qualifies as a publicly supported organization  b 33 1/3% support test - 2020. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box						
b							
17^	and <b>stop here.</b> The organization quali						
ı/a	10% -facts-and-circumstances test						
	and if the organization meets the facts				="	vi now the organiz	zauon 🛌 🥅
	meets the facts-and-circumstances te	•	•			47a and Pro 45 '	100/ -::
b	10% -facts-and-circumstances test	_					10% Or
	more, and if the organization meets th				-		<b>.</b> —
	organization meets the facts-and-circu		-	• •			
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17b	o, check this box a	nd see instructions	<u> </u>

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to

Sec	qualify under the tests listed be ction A. Public Support	elow, please comp	lete Part II.)				
	ndar year (or fiscal year beginning in)	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Gifts, grants, contributions, and	(4) = 3 · ·	(2) 20 : 0	(0) = 0 : 0	(4) = 0 = 0	(5) = 5 = 1	(.,
	membership fees received. (Do not						
	include any "unusual grants.")	2143671.	2161462.	2828717.	2420323.	2520522.	12074695.
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	1190216.	1407221.	993,784.		1143429.	
2	Gross receipts from activities that	11302101	1107221	33377010	07073310	11131231	31030111
3	are not an unrelated trade or bus- iness under section 513						
4	Tax revenues levied for the organ- ization'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						
	Total. Add lines 1 through 5	3333887.	3568683.	3822501.	3090717.	3663951.	17479739.
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						0.
b	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						0.
С	Add lines 7a and 7b						0.
8	Public support. (Subtract line 7c from line 6.)						17479739 <b>.</b>
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9	Amounts from line 6	3333887.	3568683.	3822501.	3090717.	3663951.	17479739.
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	25,335.	84,499.	130,235.	110,068.	109,443.	459,580.
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b	25,335.	84,499.	130,235.	110,068.	109,443.	459,580.
11	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	333,518.	389,807.	292,482.	268,734.	139,768.	1424309.
13	Total support. (Add lines 9, 10c, 11, and 12.)	3692740.	4042989.	4245218.	3469519.	3913162.	19363628.
14	First 5 years. If the Form 990 is for th	ne organization's fir	st, second, third, f	ourth, or fifth tax y	ear as a section 5	01(c)(3) organization	on,
	check this box and stop here						<b>&gt;</b>
Section C. Computation of Public Support Percentage							
15	Public support percentage for 2021 (li	ine 8, column (f), d	ivided by line 13, c	olumn (f))		15	90.27 %
16	Public support percentage from 2020	Schedule A, Part	III, line 15			16	90.14 %
Sec	ction D. Computation of Inves	tment Income	Percentage				
17	Investment income percentage for 20	<b>)21</b> (line 10c, colun	nn (f), divided by lir	ne 13, column (f))		17	2.37 %
	Investment income percentage from 2					18	1.94 %
	19a 33 1/3% support tests - 2021. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not						
	more than 33 1/3%, check this box ar 33 1/3% support tests - 2020. If the	nd <b>stop here.</b> The	organization qualif	ïes as a publicly s	upported organizat	ion	<b>▶</b> X
,							
20	line 18 is not more than 33 1/3%, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization  Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions						

132023 01-04-22

# Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

## Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

ı		Yes	No
	1		
	2		
	_		
	За		
	3b		
	3c		
	_		
	4a		
	4b		
	4c		
	5a		
	5b		
	5c		
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	8		
	9a		
	9b		
	9c		
	10a		
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Par	t IV	Supporting Organizations (continued)			
				Yes	No
11	Has t	the organization accepted a gift or contribution from any of the following persons?			
а	A per	rson who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c k	below, the governing body of a supported organization?	11a		
b	A fan	nily member of a person described on line 11a above?	11b		
С	A 359	% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detai	il in Part VI.	11c		
Sect	ion	B. Type I Supporting Organizations			
				Yes	No
1	Did tl	he governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
		e supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
		etors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) etively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
		nization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
		orted organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did tl	he organization operate for the benefit of any supported organization other than the supported			
	orgar	nization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
_	supe	rvised, or controlled the supporting organization.	2		
Sect	ion	C. Type II Supporting Organizations			
				Yes	No
1	Were	e a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or tru	ustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or ma	anagement of the supporting organization was vested in the same persons that controlled or managed			
	the s	upported organization(s).	1		
Sect	ion	D. All Type III Supporting Organizations			
				Yes	No
1	Did tl	he organization provide to each of its supported organizations, by the last day of the fifth month of the			
	orgar	nization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year,	(ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	orgar	nization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
		e any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	orgar	nization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
		organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By re	eason of the relationship described on line 2, above, did the organization's supported organizations have a			
	-	ficant voice in the organization's investment policies and in directing the use of the organization's			
	incor	me or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
C1		orted organizations played in this regard. E. Type III Functionally Integrated Supporting Organizations	3		
Seci		7			
1	Chec	ck the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
а		The organization satisfied the Activities Test. Complete line 2 below.			
b		The organization is the parent of each of its supported organizations. Complete line 3 below.			
C	A - 4:	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see ins	truction		NI -
2		rities Test. Answer lines 2a and 2b below.		Yes	No
		substantially all of the organization's activities during the tax year directly further the exempt purposes of			
		supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify</b>			
		e supported organizations and explain how these activities directly furthered their exempt purposes,			
		the organization was responsive to those supported organizations, and how the organization determined	2a		
h		these activities constituted substantially all of its activities.  he activities described on line 2a, above, constitute activities that, but for the organization's involvement,	<u> </u>		
		or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	_	VI the reasons for the organization's position that its supported organization(s) would have engaged in			
		e activities but for the organization's involvement.	2b		
		nt of Supported Organizations. <b>Answer lines 3a and 3b below.</b>			
		he organization have the power to regularly appoint or elect a majority of the officers, directors, or			
		ees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	За		
		he organization exercise a substantial degree of direction over the policies, programs, and activities of each			
_		supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b		
_			_		_

132025 01-04-22 Schedule A (Form 990) 2021

Par	t V Type III Non-Functionally Integrated 509(a)(3) Supportin	g Organi	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyin	g trust on N	ov. 20, 1970 ( <i>explain in</i>	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must	t complete S	Sections A through E.	
Secti	on A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Secti	on B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Secti	on C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functional	ly integrated	d Type III supporting orga	anization (see

Schedule A (Form 990) 2021

instructions).

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chedule A (Form 990) 2021	CHESS FEI	DERATION	
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Secti	on D - Distributions		•		Current Year
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	S	3	
4	Amounts paid to acquire exempt-use assets			4	
5 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)				5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive	,		
(provide details in Part VI). See instructions.				8	
9 Distributable amount for 2021 from Section C, line 6			9		
10	Line 8 amount divided by line 9 amount			10	
		(i)	(ii)		(iii)

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1 Distributable amount for 2021 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2021 (reason-			
able cause required - explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2021			
<b>a</b> From 2016			
<b>b</b> From 2017			
<b>c</b> From 2018			
<b>d</b> From 2019			
e From 2020			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2021 distributable amount			
i Carryover from 2016 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2021 from Section D,			
line 7:			
a Applied to underdistributions of prior years			
<b>b</b> Applied to 2021 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2021, if			
any. Subtract lines 3g and 4a from line 2. For result greater			
than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2021. Subtract lines 3h			
and 4b from line 1. For result greater than zero, explain in			
Part VI. See instructions.			
7 Excess distributions carryover to 2022. Add lines 3j			
and 4c.			
8 Breakdown of line 7:			
a Excess from 2017			
<b>b</b> Excess from 2018			
c Excess from 2019			
d Excess from 2020			
e Excess from 2021			

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12;
	Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information.
	(See instructions.)

# Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Organization type (check one):

# **Schedule of Contributors**

Attach to Form 990 or Form 990-PF.

► Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2021

Name of the organization
UNITED STATES OF AMERICA
CHESS FEDERATION

Employer identification number
13-5624511

Filers of:	Section:					
Form 990 or 990-EZ	$\boxed{\textbf{X}}$ 501(c)( $3$ ) (enter number) organization					
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation					
	527 political organization					
Form 990-PF	501(c)(3) exempt private foundation					
	4947(a)(1) nonexempt charitable trust treated as a private foundation					
	501(c)(3) taxable private foundation					
• •	s covered by the <b>General Rule</b> or a <b>Special Rule.</b> (7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.					
General Rule						
For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.						
Special Rules						
sections 509(a)(1) contributor, during	For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.					
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.						
year, contributions is checked, enter h purpose. Don't co	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the <b>General Rule</b> applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year					
Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify hat it doesn't meet the filing requirements of Schedule B (Form 990).						

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990) (2021)

Page 2

Name of organization
UNITED STATES OF AMERICA
CHESS FEDERATION

Employer identification number

13-5624511

Part I	Contributors (see instructions). Use duplicate copies of Part I if additiona	I space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	ROCKFELLER CAPITAL MANAGEMENT  18 DIVISION ST, SUITE 308  SARATOGA SPRINGS, NY 12866	\$\$	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
	Name, address, and ZIP + 4  CHESS CLUB AND SCHOLASTIC CENTER OF  ST. LOUIS  4657 MARYLAND AVENUE  ST LOUIS, MO 63108	\$ 60,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	AMERITRADE TRANSFER BALTIMORE PROGRAM PO BOX 2209 OMAHA, NE 68103-2209	\$\$	Person X Payroll
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Person Payroll Complete Part II for noncash contributions.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
NO.	Name, aud 655, and £if † †	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name address and ZIP + 4	(c) Total contributions	(d) Type of contribution
	Name, address, and ZIP + 4	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization
UNITED STATES OF AMERICA
CHESS FEDERATION

Employer identification number

13-5624511

Part II	Noncash Property (see instructions). Use duplicate copies of Pa	art II if additional space is needed.	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
1	PUBLICLY TRADED STOCK		
		\$ 202,950.	12/16/21
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		   \$	
23/53 11-11	1.01	<sup>Ψ</sup>	Schedule B (Form 990) (2021)

Name of organization **Employer identification number** UNITED STATES OF AMERICA CHESS FEDERATION 13-5624511 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

## **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

▶ Attach to Form 990.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Inspection

UNITED STATES OF AMERICA Name of the organization CHESS FEDERATION

**Employer identification number** 13-5624511

Pai	rt I Organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		or Accounts. Complete if the
	organization answered Tes Off Offi 990, Fart IV, inte	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	(1)	(2)
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in v		ed funds
	are the organization's property, subject to the organization's	-	
6	Did the organization inform all grantees, donors, and donor ad		
	for charitable purposes and not for the benefit of the donor or		
Pai	rt II Conservation Easements. Complete if the org	ganization answered "Yes" on Form 990, F	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization	on (check all that appl <u>y).</u>	
	Preservation of land for public use (for example, recreat	tion or education) Preservation of	a historically important land area
	Protection of natural habitat	Preservation of	a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualifi	ied conservation contribution in the form o	
	day of the tax year.		Held at the End of the Tax Year
а			
b	•		
С	Number of conservation easements on a certified historic stru		
d	Number of conservation easements included in (c) acquired a		I I
_	listed in the National Register		
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminated by the	organization during the tax
	year	amount in Investors N	
4	Number of states where property subject to conservation eas		
5	Does the organization have a written policy regarding the peri		Yes No
6	violations, and enforcement of the conservation easements it Staff and volunteer hours devoted to monitoring, inspecting, I		
6	Start and volunteer riours devoted to monitoring, inspecting, i	nariding of violations, and emorcing const	ervation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violations, and enforcing conservati	ion easements during the year
•	\$	ing or violations, and omoroting conservati	ion casomonia daring the year
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 170/h	n)(4)(B)(i)
_	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservation		
	balance sheet, and include, if applicable, the text of the footn		
	organization's accounting for conservation easements.		
Pai	rt III Organizations Maintaining Collections of	Art, Historical Treasures, or Oth	her Similar Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 958	8, not to report in its revenue statement ar	nd balance sheet works
	of art, historical treasures, or other similar assets held for pub	lic exhibition, education, or research in fu	rtherance of public
	service, provide in Part XIII the text of the footnote to its finan	icial statements that describes these items	S.
b	If the organization elected, as permitted under FASB ASC 958	•	
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in further	erance of public service,
	provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		
2	If the organization received or held works of art, historical trea		gain, provide
	the following amounts required to be reported under FASB AS	-	
а	Revenue included on Form 990, Part VIII, line 1		
b	Assets included in Form 990, Part X		> \$

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

Pai	t III Organizations Maintaining C	ollections of Art	t, Historical Tre	easures, or (	Other	Simila	r Assets	(contin	nued)	
3	Using the organization's acquisition, accession	on, and other records	s, check any of the	following that m	nake się	gnificant ι	use of its			
	collection items (check all that apply):									
а	a Public exhibition d Loan or exchange program									
b	b Scholarly research e Other									
С	c Preservation for future generations									
4	Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.									
5	During the year, did the organization solicit o	r receive donations o	of art, historical trea	sures, or other s	similar	assets		_		_
	to be sold to raise funds rather than to be ma							Yes		No
Par	t IV Escrow and Custodial Arrang		ete if the organization	on answered "Ye	es" on	Form 990	), Part IV,	line 9, or		
	reported an amount on Form 990, Par	t X, line 21.								
1a	Is the organization an agent, trustee, custodi		•				_	_	_	_
	on Form 990, Part X?						L	Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	lowing table:							
								Amoun	t	
	Beginning balance									
d	Additions during the year									
е	Distributions during the year									
f	Ending balance					1f		٦.,		٦
	Did the organization include an amount on Fo					ty?		Yes		_ No
	If "Yes," explain the arrangement in Part XIII. <b>T V</b> Endowment Funds. Complete i									
ı aı	Endowment i ands. Complete	(a) Current year	(b) Prior year	(c) Two years			ears back	(e) Four	r veare	hack
4.	Designing of year balance	1,192,979.	827,723,		000.	(u) Tilloo y	/cars back	(e) i oui	yours	Dack
_	Beginning of year balance	470,609.	337,156.		<del></del>					
b	Contributions	-49,312.	•	· ·	<del></del>					
C	Net investment earnings, gains, and losses	, , , , , , , , , , , , , , , , , , ,								
	Grants or scholarships			1						
е	Other expenditures for facilities									
	and programs									
	Administrative expenses  End of year balance	1,614,276.	1,192,979.	. 827,	723					
g 2	Provide the estimated percentage of the curr			· · · · · · · · · · · · · · · · · · ·	,					
	Board designated or quasi-endowment	18.0000	%	i)) Helu as.						
b	Permanent endowment > 82.0000	%								
		^% %								
·	The percentages on lines 2a, 2b, and 2c short									
За	Are there endowment funds not in the posses	•	tion that are held a	nd administered	d for the	e organiza	ation			
ou	by:	osion of the organiza	alon that are neid a	na aammistoree	1 101 111	o organizi	2011		Yes	No
	(i) Unrelated organizations							3a(i)	Х	
	(ii) Related organizations							3a(ii)		Х
b	If "Yes" on line 3a(ii), are the related organiza	tions listed as require	ed on Schedule R?					3b		
4	Describe in Part XIII the intended uses of the									
Par	t VI Land, Buildings, and Equipm	ent.								
	Complete if the organization answered	d "Yes" on Form 990	, Part IV, line 11a.	See Form 990, F	Part X, I	line 10.				
	Description of property	(a) Cost or o	ther (b) Cos	t or other	(c) A	ccumulate	ed	(d) Boo	k valu	<u>е</u>
		basis (investr	nent) basis	(other)	dep	oreciation				
1a	Land	264,0	000.					26	4,0	00.
b	Buildings		421.		2	288,50	67.	35	2,8	54.
С	Leasehold improvements									
d	Equipment	171	675.		1	L5 <b>4</b> ,9'	77.	31	6,6	98.
е	Other									
Total	. Add lines 1a through 1e. (Column (d) must e	gual Form 990, Part	X. column (B), line 1	10c.)			<b>&gt;</b>	93	3,5	52.

		U-1-		~	-~	-	
chedule D (Form 990	) 2021	CHES	S F	EDER#	ITA	on	

(a) Description of security or category (including name of security)	(b) Book value	11b. See Form 990, Part X, line 12.  (c) Method of valuation: Cost or er	nd-of-year market value
Financial derivatives	( )		,
Closely held equity interests			
Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
al. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Investments - Program Related.	Farres 000 Dart IV line	11a Cas Farms 000 Best V line 10	
Complete if the organization answered "Yes" of (a) Description of investment	(b) Book value		ad of voor more of volve
	(b) Book value	(c) Method of valuation: Cost or er	10-of-year market value
(1)			
(2)			
(3)			
(4)			
(5) (6)			
(7)			
(8)			
(9)			
al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Complete if the organization answered "Yes" (a) [	on Form 990, Part IV, line Description	11d. See Form 990, Part X, line 15.	(b) Book value
(a) [		11d. See Form 990, Part X, line 15.	(b) Book value
(a) [ (1) (2)		11d. See Form 990, Part X, line 15.	(b) Book value
(a) [ (1) (2) (3)		11d. See Form 990, Part X, line 15.	(b) Book value
(a) [ (1) (2) (3) (4)		a 11d. See Form 990, Part X, line 15.	(b) Book value
(a) [ (1) (2) (3) (4) (5)		e 11d. See Form 990, Part X, line 15.	(b) Book value
(a) [ (1) (2) (3) (4) (5)		a 11d. See Form 990, Part X, line 15.	(b) Book value
(a) [ (1) (2) (3) (4) (5) (6) (7)		a 11d. See Form 990, Part X, line 15.	(b) Book value
(a) [ (1) (2) (3) (4) (5) (6) (7)		a 11d. See Form 990, Part X, line 15.	(b) Book value
(a) [ (1) (2) (3) (4) (5) (6) (7) (8) (9)	Description		(b) Book value
(a) [ (1) (2) (3) (4) (5) (6) (7) (8) (9) (al. (Column (b) must equal Form 990, Part X, col. (B) line	Description		(b) Book value
(a) [ (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line	Description  15.)		
(a) [ (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities.	Description  15.)		
(a) [ (1) (2) (3) (4) (5) (6) (7) (8) (9) (al. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities.  Complete if the organization answered "Yes" of	Description  15.)		5.
(a) [ (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities.  Complete if the organization answered "Yes" of (a) Description of liability	Description  15.)		5.
(a) [ (1) (2) (3) (4) (5) (6) (7) (8) (9) (al. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities.  Complete if the organization answered "Yes" of the complete if the organization of liability (1) Federal income taxes	Description  15.)		5.
(a) [ (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2)	Description  15.)		5.
(a) [ (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities.  Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) (3)	Description  15.)		5.
(a) [ (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities.  Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2) (3) (4)	Description  15.)		5.
(a) [ (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities.  Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2) (3) (4) (5)	Description  15.)		5.
(a) [ (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6)	Description  15.)		5.
(a) [ (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities.  Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7)	Description  15.)		5.
(a) [1] (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8)	15.)on Form 990, Part IV, line		5.

CHESS FEDERATION

Part			Revenue per Re	turn.	
	Complete if the organization answered "Yes" on Form 990, Part IV,	line 12a.			2 720 074
				1	3,738,974.
	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 - 1	17/ 102		
	Net unrealized gains (losses) on investments		-174,183.	1	
	Donated services and use of facilities			1	
	Recoveries of prior year grants			1	
	Other (Describe in Part XIII.)			-	_17/ 183
	Add lines 2a through 2d			2e 3	-174,183. 3,913,157.
	Subtract line <b>2e</b> from line <b>1</b> Amounts included on Form 990, Part VIII, line 12, but not on line 1:				3,313,137.
	nvestment expenses not included on Form 990, Part VIII, line 7b	4a			
	Other (Describe in Part XIII.)		5.	•	
	Add lines <b>4a</b> and <b>4b</b>			4c	5.
	Total revenue. Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990. Part I. line 1.			5	3,913,162.
Part	XII Reconciliation of Expenses per Audited Financial S	tatements With	Expenses per F		า.
	Complete if the organization answered "Yes" on Form 990, Part IV,				
1 7	Total expenses and losses per audited financial statements			1	3,698,241.
	Amounts included on line 1 but not on Form 990, Part IX, line 25:				- <b>, ,</b>
	Donated services and use of facilities	2a			
	Prior year adjustments				
	Other losses				
	Other (Describe in Part XIII.)				
е А	Add lines 2a through 2d			2e	0.
	Subtract line <b>2e</b> from line <b>1</b>			3	3,698,241.
	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
a l	nvestment expenses not included on Form 990, Part VIII, line 7b	4a			
<b>b</b> (	Other (Describe in Part XIII.)	4b	-1.		
c A	Add lines <b>4a</b> and <b>4b</b>			4c	-1.
5 ]	otal expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line	18.)		5	3,698,240.
	XIII Supplemental Information.				
	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and		* * * * * * * * * * * * * * * * * * * *	; Part X	K, line 2; Part XI,
lines 2	d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide	any additional inforn	nation.		
חתגת	n 17   T TNIE 4 .				
PAR	ΓV, LINE 4:				
mur	TINTED CHARGE OF AMEDICA CUESC FEDERA	אתדטא שטוסט	ב אאור דאוניפפ	mс	
Inc	UNITED STATES OF AMERICA CHESS FEDERA	ALTON HOLDS	WIN THAES	15	
ENDO	DWMENTS, THE INCOME FROM WHICH IS AVAI	TT.ABT.F FOR	тиг вгиггт	יר חי	र क्यार
TIADO	MMENTS, THE INCOME FROM WHICH IS AVAI	LUADUE FOR	THE DEMERT	1 01	. 11111
ידאוז	FED STATES OF CHESS FEDERATION.				
01111	THE STREET OF CHEESE FEBRUARY				
PART	T X, LINE 2:				
IT I	S THE FEDERATION'S POLICY TO RECOGNIZ	ZE INTEREST	AND/OR PE	NAL!	ries -
==					
RELA	ATED TO UNCERTAIN TAX POSITIONS, IF AN	NY, IN INCO	ME TAX EXP	ENSI	E. THERE
		,			
ARE	NO ACCRUALS FOR INTEREST AND/OR PENAL	TIES FOR T	THE CURRENT	TAZ	X YEAR.
_					
PAR'	T XI, LINE 4B - OTHER ADJUSTMENTS:				
ROUN	NDING				

Schedule D (Form 990) 2021

132054 10-28-21

# UNITED STATES OF AMERICA

Schedule D (Form 990) 2021 CHESS FEDERATION	13-5624511 Page 5
Schedule D (Form 990) 2021 CHESS FEDERATION  Part XIII Supplemental Information (continued)	
PART XII, LINE 4B - OTHER ADJUSTMENTS:	
ROUNDING	

## **SCHEDULE M** (Form 990)

**Noncash Contributions** 

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

► Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

➤ Attach to Form 990.

► Go to www.irs.gov/Form990 for instructions and the latest information.

UNITED STATES OF AMERICA CHESS FEDERATION

Employer identification number 13-5624511

Par	t I Types of Property				1			
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of de noncash contribu	etermining		
1	Art - Works of art			, , ,				
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded	Х	1	202,950.	MARKET QUOT	10ITA	NS	
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or							
	trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
	Historic structures							
14	Qualified conservation contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other ()							
26	Other ()							
27	Other ()							
<u>28</u> 29	Other ( )  Number of Forms 8283 received by the organize	zation during	the tax year for e	ontributions				
23	for which the organization completed Form 826							
	for which the organization completed form oze	bo, i ait v, b	onee Acknowledg	ement 29		V	'es	No
30a	During the year, did the organization receive by	, contributio	n any property rep	orted in Part I lines 1 throug	nh 28 that it			140
oou	must hold for at least three years from the date		*					
	exempt purposes for the entire holding period?		•	willow for the quired to be a		30a		Х
b	If "Yes," describe the arrangement in Part II.					- CGG		
31	Does the organization have a gift acceptance p	oolicv that re	equires the review	of anv nonstandard contribu	tions?	31		Х
	Does the organization hire or use third parties							
	contributions?		~	· · ·		32a		Х
b	If "Yes," describe in Part II.							
33	If the organization didn't report an amount in c	olumn (c) foi	a type of property	for which column (a) is che	cked,			
	describe in Part II.							
	For Demanded Deduction Ast Notice and					A /F C		

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

# UNITED STATES OF AMERICA

Schedule M	(Form 990) 2021	CHESS	FEDERAT	'ION				13-5624	511	Page 2
Part II	(Form 990) 2021 <b>Supplemental</b> is reporting in Part this part for any ac	Informati	tion. Provide o), the number	the information of contribution	n required by I is, the number	Part I, lines 30 r of items rece	b, 32b, and 33, ived, or a comb	and whether the bination of both.	e organiza Also comp	tion olete

Schedule M (Form 990) 2021

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## SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or Form 990-EZ.

Go to www.irs.gov/Form990 for the latest information.

2021 Open to Public Inspection

OMB No. 1545-0047

Name of the organization

UNITED STATES OF AMERICA CHESS FEDERATION

Employer identification number 13-5624511

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

ENJOYMENT, BUT ALSO AS A MEANS FOR THE IMPROVEMENT OF SOCIETY. IT

INFORMS, EDUCATES, AND FOSTERS THE DEVELOPMENT OF PLAYERS (PROFESSIONAL

AND AMATEUR) AND POTENTIAL PLAYERS. IT ENCOURAGES THE DEVELOPMENT OF A

NETWORK OF INSTITUTIONS DEVOTED TO ENHANCING THE GROWTH OF CHESS, FROM

LOCAL CLUBS TO STATE AND REGIONAL ORGANIZATIONS, AND IT PROMOTES CHESS

IN AMERICAN SCHOOLS.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

THE IMPROVEMENT OF SOCIETY.

FORM 990, PART VI, SECTION A, LINE 6:

CLASSES OF MEMBERS OR STOCKHOLDERS - MEMBERS ELECT GOVERNING BODY.

FORM 990, PART VI, SECTION A, LINE 7A:

REGISTERED VOTING MEMBERS DIRECTLY ELECT THE MEMBERS OF THE EXECUTIVE

BOARD, WHICH IS THE BOARD OF DIRECTORS. MEMBERS MAY ALSO SELECT THE BOARD

OF DELEGATES, WHO UNDER THE ARTICLES OF INCORPORATION HOLD CERTAIN POWERS

NORMALLY ASSIGNED TO THE BOARD OF DIRECTORS. MEMBERS ALSO RETAIN THE RIGHT

TO APPROVE ANY FURTHER CHANGES IN THE ARTICLES OF INCORPORATION.

FORM 990, PART VI, SECTION A, LINE 7B:

UNDER THE ARTICLES OF INCORPORATION, THE BOARD OF DELEGATES MUST APPROVE

ANY CHANGES IN THE US CHESS BYLAWS, THE CODE OF ETHICS AND THE RULES OF

CHESS AND APPROVE THE BUDGET. THE BOARD OF DELEGATES ALSO APPOINTS CERTAIN

COMMITTEE MEMBERS INCLUDING THE ELECTION COMMITTEE, AUDIT COMMITTEE, AND

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

Schedule O (Form 990) 2021

132211 11-11-21

Schedule O (Form 990) 2021 Page **2** 

Name of the organization UNITED STATES OF AMERICA CHESS FEDERATION

Employer identification number 13-5624511

TRUSTEES FOR THE LIFE MEMBER ASSET TRUST. THE REGISTERED VOTING MEMBERS
MUST APPROVE ANY CHANGES IN THE ARTICLES OF INCORPORATION.

FORM 990, PART VI, SECTION B, LINE 10B:

THE ORGANIZATION ALLOWS FOR OTHER ORGANIZATIONS TO JOIN AS AFFILIATE

MEMBERS. AFFILIATES ARE AUTONOMOUS ORGANIZATIONS AND INCLUDE A VARIETY OF

TYPES OF ENTITIES. SOME AFFILIATES ARE OTHER NON-PROFIT CORPORATIONS OR

ASSOCIATIONS, SCHOOLS, FOR-PROFIT COMPANIES, AND INDIVIDUALS. AFFILIATES

ARE REQUIRED TO ABIDE BY THE USCF CODE OF ETHICS BUT ARE OTHERWISE

INDEPENDENT OF US CHESS.

FORM 990, PART VI, SECTION B, LINE 11B:

ORGANIZATION'S PROCESS USED TO REVIEW FORM 990 - A COPY OF THE 990 WILL BE PROVIDED TO THE BOARD OF DIRECTORS FOR REVIEW BEFORE IT IS FILED.

FORM 990, PART VI, SECTION B, LINE 12C:

ALL EMPLOYEES MUST READ AND SIGN THE CONFLICT OF INTEREST POLICY UPON

HIRING. EXECUTIVE BOARD MEMBERS MUST ALSO READ AND DISCLOSE ANY POTENTIAL

CONFLICTS OF INTEREST ANNUALLY. MEMBERS OF THE BOARD OF DELEGATES HAVE

ADOPTED A CONFLICT OF INTEREST POLICY REQUIRING THEM TO ALSO READ AND

DISCLOSE ANY POTENTIAL CONFLICTS OF INTEREST ANNUALLY.

FORM 990, PART VI, SECTION C, LINE 19:

ALL OPEN MEETINGS OF THE EXECUTIVE BOARD, INCLUDING CONFERENCE CALLS, AND

OF THE BOARD OF DELEGATES, ARE RECORDED IN THEIR ENTIRETY. RECORDINGS ARE

MADE AVAILABLE TO MEMBERS. WRITTEN MINUTES ARE MAINTAINED PERMANENTLY FOR

ALL MEETINGS.

Schedule O (Form 990) 2021	Page 2
Name of the organization UNITED STATES OF AMERICA	Employer identification number
CHESS FEDERATION	13-5624511
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
FORM 990, PART AI, DINE 9, CHANGED IN NET ADDEED.	
ROUNDING	-6.
FORM 990, PART XII, LINE 2C	
AUDITING PRCEDURES HAVE NOT CHANGED FROM THE PRIOR YEAR.	