' Form **990**

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 ' 2016

Department of the Treasury Internal Revenue Service

Do not enter social security numbers on this form as it may be made public. i — Information about Form 990 and its instructions is at www.irs.gov/form990.

Open to Public

| <u>A</u> | For the 2 | 2016 calen | dar year, or tax year | beginning Au | g 1 | , 2016, and | ending Jul | 31 | , 2017 |
|--------------|---|--|---|--|--|---------------------------------------|---|---|---|
| В | Check af app | olicabler _. | C Name of organization | U.S. Ches | s Center | | | D Employer id | entification number |
| | Addres | is change | Doing business as | - Lange - Carlo | | ····· | | 52-175 | 8423 |
| | Name | change | Number and street (or | P.O. box if mail is not | delivered to street addres | 3) | Room/suite | E Telephone nu | |
| | Initial re | _ | P.O. Box 979 | | , , | | , | 1 | |
| | \vdash | | | | TP or foreign postal code | | | (202) | 857-4922 |
| • | H. | undenninaled | L - ' - ' - ' - ' - ' - ' - ' - ' - ' - | ovince, country, and a | .in or totaligh postal cods | | | 1 | |
| | | led return | Washington | | | DC 200 | 016 | G Gross receipt | s \$ 194,330. |
| ** | Applica | lion pariding | F Name and address of p | nncipal officer | | | H(a) Is this | a group return for s | ubordinates? Yes X No |
| × | | * ******* *** | Robert Tearley, Executive Orner | time as abo | ve∴Ŵa⁄shínoto | on CDC 200 |)16 H(b) Are all | subordinates includ attach a list. (see in | led? Yes No |
| l ŝe | Tax-exen | npt stalûs 🦡 | X 501(c)(3) 501 | (c) (| | 17(a)(1) oj 1/5 | | attach a list. (see in | istructions) |
| J. : | | | w.chëssctr.or | | * | | | | _ |
| | | | X corporation Trus | | | | | exemption number | |
| | | | | Association | , Other | L Year of f | ormation 199 | 1 M State o | of legal domicile DC |
| 153 | | Summar | | * | | * * | | | |
| | 31,55 Bue | atiy descrit | e the organization's m | jission or most s | gnificant activities | The U | .S. Chess | Centér t | eaches |
| 2 | <u> Ch</u> | ess to | Children and | <u>tècns as</u> | <u>'á means of</u> | improving | their a | cademic | |
| 듄 | *** <u>an</u> | d soci | aľ Śkiłls 😁 🛌 | | | | | - | Ţ |
| <u>ુકા</u> | | | <u> </u> | <u> </u> | | | | | |
| Gover | : 2 > Chie | ck this bo | x ► if the organi | zation discontinu | ed_its*operations or | disposed of m | ore than 25% | of its net assets | |
| 9 | - 3 Nur | mber of vo | ing members of the g | overning body (F | art VI, line 1a) | Z., | | 3 | • |
| vities & | 4 Nur | nber of inc | lependent voting mem | bers of the gove | ming body (Part-VI: | line_1b)* | | 4 | 7 |
| <u>₽</u> | ்5⊱ ,Tot | al number | of individuals employe | d in calendar ye | ar 2016 (Part V, line | e 2a)* | | | 7 |
| 3 | , 6 Tota | al number | of volunteers (estimat | e if necessary). | · //# · · · */* · · | *** | · · · · · · · · | 6 | |
| 老 | ु7a,∙Toli | al unrélate | d business revenue fr | om Part VIII, coli | ໍ້າທີ່ກ (C) dine 12 | | | 73 | |
| ` . | " b Net | unrelated | business taxable inco | me from Form 9 | 90-T, line 34 | | | 7 | |
| · , ` | 4468.1 4487 8x > | ' XII'' ^ ? | 7 588.55 4,13H | / 23 (X). 1 X | r jak | · · · · · · · · · · · · · · · · · · · | * * | rior Year | Current Year |
| » قارت | ွိ8 ^{့်} Cor | ntributions | and grants (Part VIII,) | line (1̂h)∫ | RECEI | \/[-[]. | 7: | 42,146. | <u>~</u> |
| 2 | | | ce revenue (Part VIII, | | * KECE | AED. | 1 - | | |
| 9 | | | ome (Part VIII, colum | | and 7d) | ن ر | si ⊢—— | 182,366. | 183,347. |
| 2 | 11 Oth | er revenue | (Part VIII, column (A | Linos 5. Ed. 8d | 9 1000-641100 | . 2047 | रा ∵ | .57 | |
| | 12 Tòt | al revenue | - add lines 8 through | 7, 11148 3, 00, 00, | Berly Column | (.401/) | (1: ├── | 643. | |
| | .13 Gra | miéséline | .— add nijes o mitougi | i i iz (musi equa | Part VIII, COlumn (A | (), line 12) | <u> </u> | 225,212. | . 194, 330. |
| * | LIS GIA | IRIS AND SI | nılar amounts paid (P | art IX. column (A | | 1 17 | · | "č× | |
| | | | o or for members (Pa | | | | ك | | |
| ٠,١ | 15 Sal | aries, othe | r compensation gempli | byee benefits (P | art IX, column (A), ji | nęs 5-10)* . | | 151,877. | . ž - 151,052. |
| 8 | 16a Pro | fessional f | undraising fees (Part I | X, column (A), ltí | ້າອ 11e) ້ຳ ້ຳ ເ | · · · · · · · · · · · · · · · · · · | . *: | * | * * * * * |
| ĕ | 1,5988888 | .⊠ - ₹8 | ng expenses (Part IX) | | T** | | A | | THE PROPERTY OF THE PARTY |
| No. | "Number 100 | Shide Arris (* ' | 5 1.36692 S SSQS SS | 85 - 8882 | | , | <u> 0. Exer</u> | THE TAX TO SELECT THE PARTY OF | ** TE |
| ` *. | | | ణ్ (Párt IX, column (A | | | 5.45 | · # · | 26,184. | 21,774. |
| 22.23 | | | s. Add lines 13-17 (m | | | | | <u>178,061</u> . | 172,826. |
| ्रह्म | .19. ⊾Rev | renue less | expenses. Subfract, lin | ne 1,8 from line 1 | 2 | <u> </u> | | 47,151. | 21,504. |
| 3 8 | *** | | | Mg (8) // / | *** | , | Beginnt | ng of Current Yea | |
| 불률 | 20 Tota | al assets (| Part X, line 16) 📐 🔌 | | | | , | 95,513. | |
| \$ 50 | 21 Tota | al liabilities | (Part X, line 26) | | | | | , 33/313. | 11,7,017. |
| せんしゃ | 82 ** * | CANNER HENNINGS | fund balances. Subtra | 1 KAY NAY | i∡ 20° | • | | <u>.</u> | 1 2 4 3 17 627 |
| | | | | Game, Zi non, m | 10 20 | ** * * * * * * * | · · · · · · | 95,513. | VIII, 011. |
| | | | e Block | 81 × 11 11 11 11 11 11 11 11 11 11 11 11 | | <u> </u> | | × | * (A) * * * * * * * * * * * * * * * * * * * |
| Inder | ponalties of | perjury, l.dec | are that I have examined this ir (other than officer) is based | return, including acco | mpanying schedules and | statements, and to | the best of my know | vledge and belief, it | is true, correct, and |
| - ××× | 200 10 00 00 00 00 00 00 00 00 00 00 00 0 | (10) 01 01 01 0 pare | | | with the palet has any kr | lowledge | | | |
| * ' * * | * * * | Kelly | - Teahn | | , 349 | x . | | <u> </u> | 2017 |
| Sigi | 1 | Signatur | e of officer | | | ** | Да | te | |
| ler | ë | Robe | rt. Teachey. | * * * | · | * | Execu | tive Dire | ector |
| | | | | * | * * | | · . | ×** | * / |
| | ** * * ** | Print Type p | eparers rame 'S | Preparer's s | gnature | Date | | Check X r | PTIN , |
|) ni- | اند پر اوسا | | ~ Amrem | AHD | , CPA | | 13/17 | , | , |
| aic | parer. | 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10 | | | 7 48 VE TUTE 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | 114/ | ±2/ 1 / | self-employed | P01390681 |
| | Only | 26 × 26,530 | ALL-AMINE | - CMA, EPA | | | | <u> </u> | , ^ ^ |
| JOC | THIN ! | Firm's addres | \$98 - \$48 | | 1501 W | ^ x | | Firm's EIN | , y |
| ķ., | (10) | | U ∰ ÉHEVY CĤA | | MD | 20815 | | Phone no (3(| 01) 455-7039 : : |
| tay | the IRS d | lışcuss this | return with the prepa | rer shown above | ?`(șee instructións) | ~, · · · · · · | | | Yes X No |
| AA | For Pag | erwark R | eduction Act Notice, | see the separa | e instructions | + 2 | TEEA0101 11/1 | 6/16 | * Form 990 (2016) |

| BAA | TEEA0102 11/16/16 | | Form 990 (2016) |
|--|---|---|---------------------------------------|
| (Expenses \$ 4 e Total program service expenses | including grants of \$) (Revent | ue Ş | |
| 4 d Other program services (Describe in | • | | |
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| 4 b (Code) (Expenses \$ | s including grants of \$ |) (Revenue \$ |) |
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| to teach chess to chi | | | |
| | ogram by holding tournaments to motivat | | |
| | ganization has an educational program be chess to children and teens. Also, the | | |
| and at every neighbor | hood of the city, and suburban and prive | ate | |
| | at the District of Columbia Public Sch | | |
| 4a (Code) (Expenses \$ | 162,783. including grants of \$ that an educational program to teach Ch | 0 <u>.</u>) (Revenue \$ | 183,347.) |
| and revenue, if any, for each program | | | |
| Section 5O1 (c)(3) and 501(c)(4) orga | n service accomplishments for each of its three largest program ser anizations are required to report the amount of grants and allocatio | vices, as measured by e ns to others, the total ex | expenses penses, |
| If 'Yes,' describe these changes on S | - | ervices | Tes A NO |
| If 'Yes,' describe these new services 3 Did the organization cease conduction | s on Schedule O .ng, or make significant changes in how it conducts, any program se | envires? | Yes X No |
| | | | Yes X No |
| 2 Did the organization undertake any s | significant program services during the year which were not listed of | on the pnor | |
| and social skills. | | | |
| chess to children and | teens as a means of improving their ac | ademic | |
| The U.S. Chess Center | | | |
| Check if Schedule O contains Bright describe the organization's m | s a response or note to any line in this Part III | | · · · · · · · · · · · · · · · · · · · |
| Statement of Program | | | |
| rom 990 (2016) U.S. Chess Ce | | 52-1/5844 | 23 Page 2 |

52-1758423 Page 3

Checklist of Required Schedules Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Х Х 2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? . . Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates Х for public office? If 'Yes,' complete Schedule C, Part I. 3 Х 4 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III Х 5 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Х 6 Х 7 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' Х complete Schedule D, Part III..... 8 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 Х services? If 'Yes,' complete Schedule D, Part IV 9 X 10 11 If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VII, VIII, IX, a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If 'Yes,' complete Schedule 11 a b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total Х 11 b Х 11 c Х 11 d Х e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X 11 e f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X 11 f Х 12a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Х 12a b Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional Х 12 b 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E. . . Х 13 14a Did the organization maintain an office, employees, or agents outside of the United States?........ 14a Х 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 Х at \$100,000 or more? If 'Yes,' complete Schedule F, Parts I and IV . . . 14b Х 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If 'Yes,' complete Schedule F, Parts III and IV Х 16 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, Х column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions) 17 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, Х lines 1c and 8a? If 'Yes,' complete Schedule G, Part II . 18 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' 19 X 19

| 12 | Checklist of Required Schedules (continued) | | —-т | |
|------|---|---------|----------|-----------------|
| | | | Yes | No |
| 20a | Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H | 20a | | X |
| b | If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20b | | |
| 21 | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II | 21 | | х |
| 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 | | Х |
| 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 | | х |
| 24 a | a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of | | | |
| | the last day of the year, that was issued after December 31, 2002? If Yes, answer lines 24b through 24d and complete Schedule K. If No, go to line 25a | 24a | | Х |
| _ | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | |
| (| 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 duning the year? If 'Yes,' complete Schedule L, Part I | 25a | | х |
| ı | 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 |
| 00 | Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or | | | |
| 26 | former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If 'Yes,' complete Schedule L, Part II | 26 | | Х |
| 27 | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member | 27 | | x |
| | of any of these persons? If 'Yes,' complete Schedule L, Part III | = 3 - 2 | Ex estas | |
| | Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions) | -2-e-4 | | Make Salahar |
| | a A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV | 28a | | Х |
| ١ | b A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV | 28b | | х |
| • | c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV | 28c | | Х |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M | 29 | | Х |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If Yes, complete Schedule M | 30 | | х |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I | 31 | | Х |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II | 32 | | х |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If 'Yes,' complete Schedule R, Part I | 33 | | Х |
| 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 | | х |
| 35 | a Did the organization have a controlled entity with in the meaning of section 512(b)(13)? | 35a | | Х |
| | b 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 | | х |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-chantable 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 0 and provide explanations in Schedule 0 for Part VI, lines 11b and 197 Note. All Form 990 filers are required to complete Schedule 0 | 38 | х | |
| BA | | Form | 990 (| 2016) |

Form 990 (2016) U.S. Chess Center Statements Regarding Other IRS Filings and Tax Compliance

| Check if Schedule O contains a response or note to any line in this Part V | <u></u> | | |
|--|--------------|----------------|----------|
| | | Yes | No |
| 1 a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable | 0 | | |
| b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable | 0 | | |
| c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? | 1 | c X | |
| 2 a 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 2 a | 7 | | |
| b if at least one is reported on line 2a, did the organization file all required federal employment tax returns? | 2 | ЬΧ | |
| Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) | | | |
| 3 a Did the organization have unrelated business gross income of \$1,000 or more during the year? | 3 | a | Х |
| b If 'Yes,' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation in Schedule O | | | |
| 4 a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? | 4 | а | х |
| b 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) | | | |
| 5 a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | 5 | а | Х |
| b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | . 5 | b | Х |
| c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T? | . 5 | С | |
| 6.2 Does the organization have applied gross receipts that are normally greater than \$100,000, and did the organization | | | |
| 6 a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as chantable contributions? | 6 | a | Х |
| b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? | . 6 | b | |
| 7 Organizations that may receive deductible contributions under section 170(c) | | | |
| a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? | 7 | 2 | Х |
| b If Yes,' did the organization notify the donor of the value of the goods or services provided? | 7 | - | ┢▔ |
| c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file | ``` <i>\</i> | " — | \vdash |
| Form 8282? | 7 | С | Х |
| d If 'Yes,' indicate the number of Forms 8282 filed during the year | | | |
| e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | 7 | e | Х |
| f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | 7 | f | Х |
| g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | 7 | 9 | Х |
| h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a | 7 | h | х |
| 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 | | Х |
| 9 Sponsoring organizations maintaining donor advised funds. | | | |
| a Did the sponsoring organization make any taxable distributions under section 4966? | 9 | а | Х |
| b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? | 📘 9 | b | Х |
| 10 Section 501(c)(7) organizations. Enter | | | |
| a Initiation fees and capital contributions included on Part VIII, line 12 | | ļ. | |
| b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | | | |
| 11 Section 501(c)(12) organizations. Enter | | li . | |
| a Gross income from members or shareholders | | - I | |
| b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) | | | |
| 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | 12 | а | <u> </u> |
| b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year | | | |
| 13 Section 501(c)(29) qualified nonprofit health insurance issuers | | | |
| a is the organization licensed to issue qualified health plans in more than one state? | 13 | a | <u> </u> |
| 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 | | | |
| c Enter the amount of reserves on hand | | | |
| 14a Did the organization receive any payments for indoor tanning services during the tax year? | 14 | a | X |
| b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O | 14 | b | |

Form 990 (2016) U.S. Chess Center 52-1758423 Page 6 Governance, Management, and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI. Section A. Governing Body and Management Yes 1 a Enter the number of voting members of the governing body at the end of the tax year 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 in Schedule O b Enter the number of voting members included in line 1a, above, who are independent 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other Х 2 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? Х 4 Did the organization make any significant changes to its governing documents X 5 Х Did the organization become aware during the year of a significant diversion of the organization's assets? 6 Х 7 a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more Х b Are any governance decisions of the organization reserved to (or subject to approval by) members, 7 b Х Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following 8 a Х 8 b Х Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the Х Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code. Nο 10 a Did the organization have local chapters, branches, or affiliates? 10 a Х b if 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their 10 b 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? . 11 a b Describe in 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 12 a Х b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise 12 b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in 12 c Х 13 Did the organization have a written whistleblower policy? 13 14 Did the organization have a written document retention and destruction policy? Х 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official 15 a Х 15 b Х If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a 16 a 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? 16 b Section C. Disclosure

| 7 | List the states with which a copy of this Form 990 is required to be filed ▶ District of Columbia |
|----|---|
| 8 | Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply |
| | Own website X Another's website X Upon request Other (explain in Schedule O) |
| 9 | Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial 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 |
| | Robert Teachev, Executive Director P.O. Box 9797 Washington DC 20016 (202) 857-4922 |

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| 、 Form 990 (2016) U.S. Chess Center | | | | | | | | | 52-175842 | 23 Page 7 |
|---|--|--------------------------------|-----------------------|----------------|-----------------------------|---------------------------------|--------|-------------------------------------|--|--|
| Part Vice Compensation of Officers, Director | ors, Trus | stee | es, l | Key | / Er | nplo | Эγε | es, Highest C | ompensated En | nployees, and |
| Independent Contractors Check if Schedule O contains a response or | to to o | محالي | | hio E | Joet 1 | . /// | | | | |
| Section A. Officers, Directors, Trustees, Ke | | | | | | _ | _ | | | ·· ··· <u>L</u> |
| Complete this table for all persons required to be listed organization's tax year List all of the organization's current officers, directors. | Report c | omp | ensa nethe | ation er in | for | the c | aler | ndar year ending w | th or within the | |
| compensation. Enter -0- in columns (D), (E), and (F) if no of the organization's current key employees | | | | • | | defin | utio | n of 'key employee | , | |
| List all Of the organization's current key employees List the organization's five current highest compens who received reportable compensation (Box 5 of Form Worganization and any related organizations | sated empl | loyee | s (o | ther | thai | n an c | offic | er, director, trustee | e, or key employee) | |
| • List all of the organization's former officers, key em of reportable compensation from the organization and any | | | | | ompo | ensat | ed | employees who red | ceived more than \$10 | 00,000 |
| List all of the organization's former directors or tru organization, more than \$10,000 of reportable compensat | | | | | | | | | | |
| List persons in the following order individual trustees or demployees, and former such persons | irectors, in | stitut | tiona | aí tru | stee | s, off | fice | rs, key employees, | highest compensate | d |
| Check this box if neither the organization nor any rela- | ted organi | zatıo | n co | mpe | ensa | ted a | ny c | current officer, direc | ctor, or trustee | _ |
| | | | | (C) | | | | | | |
| (A) Name and Title | (B) Average hours | than | one both | box, u an o | inless ficer i truste | | n | (D) Reportable compensation from | (E) Reportable compensation from | (F) Estimated amount of other |
| | per week (list any hours for related organiza- tions below dotted line) | Individual trustee or director | institutional trustee | Officer | Key emplayee | Highest compensated employee | Former | the organization (W-2/1099-MISC) | related organizations (W-2/1099-MISC) | compensation from the organization and related organizations |
| (1) Marc Rotenberg Chairman of the Board | 0.00 | x | | | | | | 0. | 0. | 0. |
| (2) Leonard Haynes Member of the Board | 0.00 | x | | | | _ | - | 0. | 0. | 0. |
| (3) David Mehler Founder and President | 40.00 | х | | х | | | | 30,000. | 0. | 0. |
| (4) Eugene Meyer Member of the Board | 0.00 | х | | | | | | 0. | 0. | 0. |
| (6) = 2 2 2 22 | | | $\overline{}$ | T | | 1 | | | | |

_(5) Ralph Mikell Treasurer Ο. 0. (6) Pablo Molina 0.00 Х Member of the Board 0. 0. 0. (7) Anthony Priest
Member of the Board 0.00 Х Ο. 0. 0. (8) Derrick Cogburn 0.00 Х Member of the Board Ο. 0. Ο. (10) (11) (12) (13) (14)

| Section A. Officers, Directors, Tru | istees, l | Key | Em | ple | oye | es, | ang | Highest Con | pensated Emp | loyees (continued) |
|---|--|-----------------------------------|----------------------|---------------|--------------|--|-------------|-------------------------------------|--|--|
| | (B) | | | (0 | >) | | | | | |
| (A) Name and title | Average hours per | box | , unles | heck ss pe | rson i | than o s both or/trust | an (| (D) Reportable compensation from | (E) Reportable compensation from | (F) Estimated amount of other |
| | week (list any hours | e a | Ing | Officer | ŝ | 흥류 | Former | the organization (W-2/1099-MISC) | related organizations (W-2/1099-MISC) | compensation from the |
| | for related | Individual trustee or director | nstitutional trustee | čer | Key employee | Highest compensated employee | mer | | 1 | organization and related organizations |
| | organiza - tions below | 5 E | 교 | | loye | ğ | | | | |
| | dotted line) | slee | ustee | | " | ensat | | | | |
| | 1 | 1 | | | l | g | | | | |
| (15) | | | | | | | | | | |
| (16) | | | | | | | | | | |
| (17) | | ┝╌ | \vdash | | - | ├- | | | | |
| | | | | | | _ | | | | |
| (18) | | | | | | | | | | |
| (19) | <u> </u> | | | | | | | | | |
| (20) | _ | ├ | Н | | - | | | | | |
| (20) | | | | | - | | | | | |
| (21) | | | | | | | | | | |
| (22) | | | | | | | | | | |
| (23) | | | Н | | - | - | | | | |
| (24) | | - | | | ╁ | | ┝ | <u></u> | | |
| | | <u> </u> | | | L | | _ | | | |
| (25) | | - | | | İ | | | | | |
| 1 b Sub-total | · · · · · | ٠. | | | | • • | > | 30,000. | 0. | 0. |
| c Total from continuation sheets to Part VII, Secti | | | | | | ٠. | • | | | |
| d Total (add lines 1b and 1c) | | | | | | · | _ | 30,000. | 0. | 0. |
| 2 Total number of individuals (including but not limited from the organization ▶ ∩ | d to those | listed | abo | ove) | who | rece | eive | d more than \$100,0 | 000 of reportable co | mpensation |
| | | | | | _ | | | | | Yes No |
| 3 Did the organization list any former officer, director on line 1a? If 'Yes,' complete Schedule J for such if | | | | | | | | | | . 3 X |
| 4 For any individual fisted on line 1a, is the sum of re | | | | | | | | | | |
| the organization and related organizations greater t | han \$150, | 000? | 'If 'Y | es, | ' con | nplete | e Sc | hedule J for | | . 4 X |
| 5 Did any person listed on line 1a receive or accrue of for services rendered to the organization? If 'Yes,' or | | | | | | | | | | . 5 X |
| Section B. Independent Contractors | - Compileto | | | | | | | | · · · · · · · · · · · · · · · · · · · | '' |
| Complete this table for your five highest compensa- compensation from the organization. Report compe | | | | | | | | | | ear |
| (A) Name and business addr | ess | - | | | | | | Description of | | (C) Compensation |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| 2 Total number of independent contractors (including \$100,000 of compensation from the organization | but not lin ► 0 | nited | to th | ose | liste | ed ab | ove |) who received mo | - 1 | |
| RAA | - | TEEA | 1100 | 11/1 | 6/16 | | _ | | | Form 990 (2016) |

| | Check if Schedule O contains a response or note to any line | e in this Part VIII | | | 🗆 |
|--|--|----------------------|--|---|--|
| | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512-514 |
| Contributions, Gifts, Grants and Other Similar Amounts | 1 a Federated campaigns 1 a b Membership dues 1 b c Fundraising events 1 c d Related organizations 1 d e Government grants (contributions) 1 e f All other contributions, gifts, grants, and similar amounts not included above 1 f 10,894. | | | | |
| onti od C | g Noncash contributions included in lines 1a-1f \$ | | | | |
| <u>5</u> 8 | h Total. Add lines 1a-1f | 10,894. | | | |
| Program Service Revenue | Business Code 2 a b c d | | | | |
| am | e | | | | |
| -go | f All other program service revenue | 183,347. | _183,347. | 0. | 0. |
| <u>-a</u> | g Total. Add Ines 2a-2f | 183,347. | | | |
| | 3 Investment income (including dividends, interest and other similar amounts) | 77. | 77. | 0. | 0 |
| | b Less rental expenses c Rental income or (loss) | | | | |
| | 7 a Gross amount from sales of assets other than inventory b Less cost or other basis and colors oversees | | | | |
| Δ. | and sales expenses c Gain or (loss) d Net gain or (loss) | | | | |
| . Revenue | (not including \$ of contributions reported on line 1c) See Part IV, line 18 | | | | |
| Other | b Less direct expenses b | | Į | | |
| ర | c Net income or (loss) from fundraising events | | | | |
| | 9 a Gross income from gaming activities See Part IV, line 19 | | | | |
| | b Less direct expenses b | | | | |
| | c Net income or (loss) from gaming activities | | | | |
| | 10 a Gross sales of inventory, less returns and allowances | | | | |
| | b Less cost of goods sold b | | | | |
| | c Net income or (loss) from sales of inventory | | | | |
| | Miscellaneous Revenue Business Code 11 a Other income 900099 b | 12. | 12. | 0. | 0. |
| | С | | | | |
| | d All other revenue | | | | |
| | e Total. Add lines 11a-11d | 12. | | | <u> </u> |
| | 12 Total revenue. See instructions | 194,330. | 183,436. | 0. | 0. |

Form 990 (2016) U.S. Chess Center Part IX | Statement of Functional Expenses

| Secti | on 501(c)(3) and 501(c)(4) organizations must com Check if Schedule O contains a res | | | | |
|-------|--|--------------------|------------------------------|-------------------------------------|--------------------------------|
| | ot include amounts reported on lines b, 8b, 9b, and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
| 1 | Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21. | | · · | | |
| 2 | Grants and other assistance to domestic individuals See Part IV, line 22 | | | | |
| 3 | Grants and other assistance to foreign 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 | 30,000. | 27,000. | 3,000. | 0. |
| 6 | Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). | | | | _ |
| 7 | Other salanes and wages | 99,761. | 99,761. | 0. | 0. |
| 8 | Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) | | | | |
| 9 | Other employee benefits | 9,669. | 9,669. | 0. | 0. |
| 10 | Payroll taxes | 11,622. | 11,622. | 0. | 0. |
| 11 | Fees for services (non-employees) | | | | |
| | Management | | | | |
| | Legal | | | | <u> </u> |
| | Accounting | | | | |
| | Lobbying | | | | · - |
| | Professional fundraising services See Part IV, line 17 | | | | |
| | Investment management fees | | | | - |
| g | Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule 0) | | | | |
| | Advertising and promotion | | | | |
| 13 | Office expenses | 964. | | 964. | 0. |
| 14 | Information technology | | | | |
| 15 | Royalties | | | | |
| 16 | Occupancy | 2,171. | 0 | 2,171. | 0. |
| 17 | Travel | 55. | <u> </u> | <u> </u> | 0. |
| 18 | Payments of travel or entertainment expenses for any federal, state, or local public officials | | | | |
| 19 | Conferences, conventions, and meetings | | | | |
| 20 | Interest | | | | |
| 21 | Payments to affiliates | | | | |
| 22 | Depreciation, depletion, and amortization | | · <u>-</u> | | |
| 23 | Insurance | 2,959. | 0. | 2,959. | 0. |
| 24 | Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O) | | | | |
| а | Program costs | 10,349. | 10,349. | 0. | 0. |
| | Telephone and internet | 831. | 0. | 831. | 0. |
| | Miscellaneous | 63. | O. | 63. | 0. |
| d | | 4,382. | 4.382. | 0. | 0. |
| | All other expenses | | | | |
| 25 | Total functional expenses. Add lines 1 through 24e | 172,826. | 162,783. | 10,043. | 0. |
| 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 | | | | |
| | SOP 98-2 (ASC 958-720) | | <u> </u> | | |
| BAA | | TEEA0110 11/ | 16/16 | | Form 990 (2016) |

| | | 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 | Cash – non-interest-bearing | 93,961. | 1 | 109,982. |
| | 2 | Savings and temporary cash investments | | 2 | <u> </u> |
| | 3 | Pledges and grants receivable, net | | 3 | - |
| | 4 | Accounts receivable, net | | 4 | |
| | 5 | Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L | | | |
| | | Part II of Schedule L | | 5 | |
| | 6 | Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L | | 6 | |
| ø | 7 | Notes and loans receivable, net | | 7 | |
| Assets | 8 | Inventones for sale or use | | 8 | |
| As | 9 | Prepaid expenses and deferred charges | 1,552. | 9 | 7 035 |
| | 10 a | Land, buildings, and equipment cost or other basis | 1,552. | | 7,035. |
| | | | | | |
| | 11 | Less accumulated depreciation | | 10 c | 0. |
| | 12 | Investments — other securities See Part IV, line 11 | | 11 | |
| | 13 | Investments – program-related See Part IV, line 11 | | 12 | |
| | 14 | Intangible assets | | 13 | |
| | 15 | Other assets See Part IV, line 11 | | 14 | |
| | | | | 15 | |
| _ | 16 17 | Total assets. Add lines 1 through 15 (must equal line 34) | 95,513. | 16 | 117,017. |
| | 18 | Grants payable | | 17 | . |
| | 19 | Deferred revenue | | 19 | |
| | 20 | Tax-exempt bond liabilities | | 20 | |
| Ś | 21 | Escrow or custodial account liability Complete Part IV of Schedule D | | 21 | |
| Liabilities | 22 | Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L | | | |
| | 22 | Secured mortgages and notes payable to unrelated third parties | · | 22 | |
| | 23 24 | Unsecured notes and loans payable to unrelated third parties | | 23 | |
| | 24 25 | · | | 24 | |
| | 25 | 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 | | 25 | |
| | 26 | Total liabilities. Add lines 17 through 25. | 0. | 26 | 0. |
| | | Organizations that follow SFAS 117 (ASC 958), check here ► X and complete | | | |
| » | | lines 27 through 29, and lines 33 and 34. | | | |
| ances | 27 | Unrestricted net assets | 94,541. | 27 | 116,045. |
| | 28 | Temporanly restricted net assets | 972. | 28 | 972. |
| 핗 | 29 | Permanently restricted net assets | | 29 | |
| Net Assets or Fund Ba | | Organizations that do not follow SFAS 117 (ASC 958), check here ► and complete lines 30 through 34 | | | |
| g | 30 | Capital stock or trust principal, or current funds | | 30 | |
| 8 | 31 | Paid-in or capital surplus, or land, building, or equipment fund | | 31 | |
| Ą | 32 | Retained earnings, endowment, accumulated income, or other funds | | 32 | |
| 10 | 33 | Total net assets or fund balances | 95,513. | 33 | 117,017. |
| z | 34 | Total liabilities and net assets/fund balances | 95,513. | 34 | 117,017. |
| BA | | | | | Form 990 (2016) |

| Form | 1990 (2016) U.S. Chess Center 5 | <u>2-1758</u> | 3423 | | Page | 3 12 |
|------|---|---------------|----------|--------------|--------|----------|
| 0,5 | Reconciliation of Net Assets | | | | | _ |
| | Check if Schedule O contains a response or note to any line in this Part XI | <u> </u> | <u> </u> | <u></u> | | Ш |
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | | 194 | , 33 | 0. |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | . 2 | | 172 | , 82 | 6. |
| 3 | Revenue less expenses Subtract line 2 from line 1 | . 3 | | 21 | . 50 | 4. |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | . 4 | | 95 | , 51 | 3. |
| 5 | Net unrealized gains (losses) on investments | . 5 | | | | = |
| 6 | Donated services and use of facilities | . 6 | | | | |
| 7 | Investment expenses | . 7 | | | | _ |
| 8 | Pnor penod adjustments | . 8 | | | | |
| 9 | Other changes in net assets or fund balances (explain in Schedule O) | . 9 | | _ | _ | |
| 10 | Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | 10 | | 117 | ,01 | _ .7 |
| Per | Financial Statements and Reporting | | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XII | | | | | .П |
| | | | | Ye | s | No |
| 1 | Accounting method used to prepare the Form 990 Cash X Accrual Other | | [| | | |
| | If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O | | | | | |
| 2 a | a Were the organization's financial statements compiled or reviewed by an independent accountant? | | [| 2 a | x | |
| | If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed o | n a | I | | | |
| | separate basis, consolidated basis, or both X Separate basis Consolidated basis Both consolidated and separate basis | | ¥ | | 4 | |
| | | |] | | | 37 |
| 1 | were the organization's financial statements audited by an independent accountant? | | [| 2 b | | <u>X</u> |
| | 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 | | Ì | | 1 | |
| | Separate basis Consolidated basis Both consolidated and separate basis | | | 1 | | |
| | ت السادة : If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the a | udit. | ľ | Ť | | |
| | review, or compilation of its financial statements and selection of an independent accountant? | | · · · [| 2 c | X | |
| | If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O | | | | | |
| 3 : | a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sing Audit Act and OMB Circular A-133? | gle | [| 3 a | \bot | х_ |
| 1 | of Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required | d audit | | | | |
| | or audits, explain why in Schedule O and describe any steps taken to undergo such audits | | | 3 b | | |
| BAA | | | | Form 99 | 0 (20 |)16) |

SCHEDULE A (Form 990 or 990-EZ)

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

Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

2016

Open to Public inspection

Employer identification number

52-1758423 U.S. Chess Center Reason for Public Charity Status (All organizations must complete this part) See instructions 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) 1 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ)) 2 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 4 name, city, and state 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv) (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college 9 or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 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 10 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) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 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 in 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 f Enter the number of supported organizations g Provide the following information about the supported organization(s) (i) Name of supported organization (n) FIN (iv) is the anization listed (v) Amount of monetary (vi) Amount of other (III) Type of organization (described on lines 1-10 above (see instructions)) in your governing document? Yes (A) (B) (C) (D) (E) Total

| Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi |
|---|
|---|

(Complete only if you checked the box on line 5, 7, or 8 of Part I 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)

| | <u>-</u> | | | <u> </u> | | | |
|-----|---|--|--|--|---|--|-------------|
| Sec | tion A. Public Support | | | | | | |
| | ndar year (or fiscal year nning in) ► | (a) 2012 | (b) 2013 | (c) 2014 | (d) 2015 | (e) 2016 | (f) Total |
| 1 | Gifts, grants, contributions, and membership fees received (Do not include any 'unusual grants') | | | | | | |
| 2 | Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | 1 | 7 |
| 3 | The value of services or facilities furnished by a governmental unit to the organization without charge | | · · · · · · | | | | |
| 4 | Total Add lines 1 through 3 . | | | | | / | |
| | 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 | | | | | | |
| Sec | tion B. Total Support | | | | | | |
| | ndar year (or fiscal year nning m) ► | (a) 2012 | (b) 2013 | (c) 201 <u>4</u> | (d) 2015 | (e) 2016 | (f) Total |
| 7 | Amounts from line 4 | | | _// | | | |
| 8 | Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | | | | | | |
| 9 | Net income from unrelated business activities, whether or not the business is regularly carned on | | | | | | |
| 10 | Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) | | | | | | |
| | Total support. Add lines 7 through 10 | | | | | | |
| 12 | Gross receipts from related activiti | es, etc (see ınstrü | ctions) | | | 12 | <u> </u> |
| 13 | First five years. If the Form 990 is organization, check this box and s | for the organization for the organization for the formula is the following the foll | | third, fourth, or fifth | | tion 501(c)(3) | ▶ 🗍 |
| | tion C. Computation of Pu | | | | | | |
| 14 | Public support percentage for 2010 | ' " | | | | 14 | % |
| 15 | Public support percentage from 20 | 115 Schedule A, Pa | art II, line 14 | | | 15 | % |
| 16a | 33-1/3% support test—2016. If the and stop here. The organization of | | | | | | oox ▶ [] |
| b | 33-1/3% support test—2015. If the and stop here. The organization of | e organization did qualifies as a publi | not check a box o cly supported orga | n line 13 or 16a, ar anization | | % or more, check | this box |
| 17a | 10%-facts-and-circumstances te or more, and if the organization method organization meets the 'facts-a | est—2016 If the or eets the 'facts-and ind-circumstances' | ganization did not -circumstances' te ' test The organiz | check a box on line est, check this box a ation qualifies as a | e 13, 16a, or 16b, and stop here . Ex publicly supported | and line 14 is 10% plain in Part VI hov 1 organization | ′ ▶ 📋 |
| b | 10%-facts-and-circumstances te or more, and if the organization me organization meets the facts-and- | eets the 'facts-and | circumstances' te | st, check this box a | ind stop here. Ex | olain in Part VI hov | |
| 18 | Private foundation. If the organiz | ation did not checl | k a box on line 13, | 16a, 16b, 17a, or | 17b, check this bo | x and see instruction | ons ▶ 📙 |

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 qualify under the tests listed below, please complete Part II)

| Sec | tion A. Public Support | | | | | | | |
|---------|---|--------------------------|----------------------|---|---------------------------------------|---------------------|-------------------|--|
| Calen | dar year (or fiscal year beginning in) 🕨 | (a) 2012 | (b) 2013 | (c) 2014 | (d) 2015 | (e) 2016 | (f) Total | |
| 1 | Gifts, grants, contributions, and membership fees received (Do not include | | | | | | - | |
| | any 'unusùal grants '). | 30,486. | 22,612. | 21,687. | 42,146. | 10,894. | 127,825. | |
| 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 | 287,010. | 240,885. | 209,099. | 182,366. | 183,347. | 1,102,707. | |
| 3 | Gross receipts from activities that are not an unrelated trade | 287,010. | 240,005. | 200,000. | 102,300. | 103,347. | 1,102,707. | |
| 4 | or business under section 513. Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | | |
| 5 | The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | | |
| 6 7a | Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons | 317,496. | 263,497. | 230,786. | 224,512. | 194,241. | 1,230,532. | |
| 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. | | | | | | | |
| C | Add lines 7a and 7b | | | | | | | |
| 8 | Public support. (Subtract line 7c from line 6) | _ | | | | | 1,230,532. | |
| Sec | tion B. Total Support | | | | | | | |
| Calen | dar year (or fiscal year beginning in) 🕨 | (a) 2012 | (b) 2013 | (c) 2014 | (d) 2015 | (e) 2016 | (f) Total | |
| 9 | Amounts from line 6 | 317,496. | 263,497. | 230,786. | 224,512. | 194,241. | 1,230,532. | |
| | Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | 12. | 6. | | 57. | 77. | 152. | |
| | income (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | | |
| | Add lines 10a and 10b | 12. | 6. | | 57. | 77. | 152. | |
| 11 | Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carned on | | | | | | | |
| 12 | Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) | | | | | 12. | 12. | |
| 13 | Total support. (Add lines 9, 10c, 11, and 12) | 317,508. | | | | | 1,230,696. | |
| 14 | 14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here | | | | | | | |
| Sec | tion C. Computation of Pu | | | | | | | |
| 15 | Public support percentage for 2016 | , , | , | , | | · · · · <u>15</u> | 99.99 % | |
| 16 | Public support percentage from 20 | 115 Schedule A, Pa | art III, line 15 | | · · · · · · · · · · · · · · · · · · · | 16 | 100.00 % | |
| Sec | tion D. Computation of Inv | estment Incor | ne Percentag | e | | | | |
| 17 | Investment income percentage for | 2016 (line 10c, ∞ | lumn (f) divided by | line 13, column (f |)) | 17 | 0.01 % | |
| 18 | Investment income percentage fro | m 2015 Schedule | A, Part III, line 17 | | | 18 | 0.00 % | |
| 19a | 33-1/3% support tests—2016. If t is not more than 33-1/3%, check the | | | | | | | |
| | 33-1/3% support tests—2015. If t line 18 is not more than 33-1/3%, o | check this box and | stop here. The o | rganızatıon qualıfie | s as a publicly sup | ported organization | , and •n . | |
| 20 | Private foundation. If the organiz | ation did not check | ca box on line 14, | 19a, or 19b, check | this box and see | instructions | | |

Part IV Supporting Organizations

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

| Sec | tion A. All Supporting Organizations | | | |
|-----|--|-----|----------|----|
| | | | Yes | No |
| 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. | 1 | | |
| 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 (b) and (c) below | 3a | | |
| 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 | 3b | | |
| 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 | 3c | | |
| 4a | Was any supported organization not organized in the United States ('foreign supported organization')? If 'Yes' and if you checked 12a or 12b in Part I, answer (b) and (c) below | 4a | | |
| 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 | 4b | | |
| 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 | 4c | | |
| 5 a | Did the organization add, substitute, or remove any supported organizations during the tax year? If 'Yes,' answer (b) and (c) 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) | 5a | | |
| 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? | 5b | | |
| c | Substitutions only. Was the substitution the result of an event beyond the organization's control? | 5c | | |
| 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 chantable 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. | 6 | | _ |
| 7 | Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (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 or 990-EZ) | 7 | | |
| 8 | Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ) | 8 | | |
| 9 a | 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 | 9a | | ļ |
| b | Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If 'Yes,' provide detail in Part VI | 9b | | |
| c | : Did a disqualified person (as defined in 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 | 9c | | |
| 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 10b below | 10a | | |
| 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) | 10b | <u> </u> | |

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|----------|--|-------------------------|--|----------|
| Pai | tV Supporting Organizations (continued) | | V | N- |
| 11 | Has the organization accepted a gift or contribution from any of the following persons? | | Yes | No |
| á | A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, | | | ╁ |
| | governing body of a supported organization? | 112 | + | _ |
| | o A family member of a person described in (a) above? | 111 | + | |
| | c A 35% controlled entity of a person described in (a) or (b) above? If 'Yes' to a, b, or c, provide detail in Part VI. tion B. Type I Supporting Organizations | | <u>' </u> | |
| <u> </u> | tion B. Type I Supporting Organizations | | Yes | No |
| 1 | Did the directors, trustees, or membership of one or more supported organizations have the power to regularly a or elect at least a majority of the organization's directors or trustees at all times during the tax year? If 'No,' describerty to how the supported organization's effectively operated, supervised, or controlled the organization's activity of the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any applied to such powers during the tax year | nbe in ties e | | |
| 2 | Did the organization operate for the benefit of any supported organization other than the supported organization that operated, supervised, or controlled the supporting organization? If 'Yes,' explain in Part VI how providing subenefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization | s) ch | | |
| Sec | tion C. Type II Supporting Organizations | 454 | | |
| | | | Yes | No |
| 1 | Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees during the tax year also a majority of the directors or trustees during the organization's supported organization(s)? If 'No,' describe in Part VI how control or management of supporting organization was vested in the same persons that controlled or managed the supported organization | of the | | <u> </u> |
| Sec | tion D. All Type III Supporting Organizations | | ' | · |
| | <u> </u> | | Yes | No |
| 1 | Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax | x | | |
| | year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? | | | |
| 2 | Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If 'No,' explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s) | 2 | | |
| 3 | By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If 'Yes,' describe in Part VI the role the organization's supported organizations play in this regard | ved 3 | | |
| Sec | tion E. Type III Functionally Integrated Supporting Organizations | | • | • |
| 1 | Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see | e instructions). | | |
| | The exception estation the Astrutus Test. Complete line 3 helpsy | | | |
| | The organization is the parent of each of its supported organizations Complete line 3 below | | | |
| | The organization supported a governmental entity Describe in Part VI how you supported a government en | tity (see instructions) | | |
| | The digametation supported a governmental clinicy December in various year supported a government on | my (dae mandadiene) | | |
| 2 | Activities Test Answer (a) and (b) below. | _ | Yes | No |
| i | a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If 'Yes,' then in Part VI identify those suporganizations and explain how these activities directly furthered their exempt purposes, how the organization responsive to those supported organizations, and how the organization determined that these activities constitute substantially all of its activities. | ported was | | |
| | substantially all of its activities | | | † |
| | b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If 'Yes,' explain in Part VI the reasor the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement | | , | ļ |
| 3 | Parent of Supported Organizations Answer (a) and (b) below. | | | |
| | a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees each of the supported organizations? <i>Provide details in Part VI</i> | of 3: | | |
| | b Did the 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 | | † | |
| | Supported Significations . If 100, Geodine in a case as a for fore project by the Gryanization in this regard | | | |

| • | | | |
|--|------------|----------------|--------------------------------|
| Schedule A (Form 990 or 990-EZ) 2016 U.S. Chess Center | | 52-17 | 758423 Page 6 |
| Type III Non-Functionally Integrated 509(a)(3) Supporting C | Organizati | | |
| Check here if the organization satisfied the Integral Part Test as a qualifying trust instructions. All other Type III non-functionally integrated supporting organization. | | | |
| Section A — Adjusted Net Income | | (A) Prior Year | (B) Current Year (optional) |
| 1 Net short-term capital gain | 1 | | |
| 2 Recoveries of pnor-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 | | |
| Section 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) | | | |
| a Average monthly value of secunties | 1 a | | |
| b Average monthly cash balances | 1 b | | |
| c Fair market value of other non-exempt-use assets | 1 c | | |
| d Total (add lines 1a, 1b, and 1c) | 1 d | | |
| e 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 1-1/2% 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 035 . | 6 | | L |
| 7 Recoveries of pnor-year distributions | 7 | | |
| 8 Minimum Asset Amount (add line 7 to line 6) | 8 | | |
| Section C — Distributable Amount | | | Current Year |
| 1 Adjusted net income for prior year (from Section A, line 8, Column A) | 1 | | |
| 2 Enter 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 | | |

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions)

Schedule A (Form 990 or 990-EZ) 2016

BAA

| Par | | upporting Organiza | itions (continued) | | | | |
|------|---|--------------------------------|--|---|--|--|--|
| Sect | ion D - Distributions | | | Current Year | | | |
| 1 | Amounts paid to supported organizations to accomplish exempt purposes | | | | | | |
| 2 | Amounts paid to perform activity that directly furthers exempt purposes in excess of income from activity | ns, | | | | | |
| 3 | Administrative expenses paid to accomplish exempt purposes of suppo | orted organizations | | | | | |
| 4 | Amounts paid to acquire exempt-use assets | | | | | | |
| 5 | Qualified set-aside amounts (prior IRS approval required) | | | | | | |
| 6 | Other distributions (describe in Part VI) See instructions | | | | | | |
| 7 | Total annual distributions. Add lines 1 through 6 | | | | | | |
| 8 | Distributions to attentive supported organizations to which the organization Part VI) See instructions | ation is responsive (provid | de details | | | | |
| 9 | Distributable amount for 2016 from Section C, line 6 | _ | | | | | |
| 10 | Line 8 amount divided by Line 9 amount | <u>-</u> | | | | | |
| Sect | ion E – Distribution Allocations (see instructions) | (ı) Excess Distributions | (ii) Underdistributions Pre-2016 | (iiı) Distributable Amount for 2016 | | | |
| 1 | Distributable amount for 2016 from Section C, line 6 | | | | | | |
| 2 | Underdistributions, if any, for years prior to 2016 (reasonable cause required – explain in Part VI) See instructions | | | | | | |
| 3 | Excess distributions carryover, if any, to 2016 | | | | | | |
| a | | | | | | | |
| b | | | | | | | |
| С | From 2013 | | | | | | |
| d | From 2014 | | | | | | |
| e | From 2015 | | | | | | |
| f | Total of lines 3a through e | | <u></u> | | | | |
| g | Applied to underdistributions of prior years | | | | | | |
| h | Applied to 2016 distributable amount | | | | | | |
| | Carryover from 2011 not applied (see instructions) | | | | | | |
| j | Remainder Subtract lines 3g, 3h, and 3i from 3f | | | | | | |
| 4 | Distributions for 2016 from Section D, line 7 \$ | | | | | | |
| а | Applied to underdistributions of prior years | | | | | | |
| b | Applied to 2016 distributable amount | | | | | | |
| с | Remainder Subtract lines 4a and 4b from 4 | | | | | | |
| 5 | Remaining underdistributions for years prior to 2016, 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 2016 Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions | | | | | | |
| 7 | Excess distributions carryover to 2017. Add lines 3j and 4c | | | | | | |
| 8 | Breakdown of line 7 | | | | | | |
| a | | | | | | | |
| b | Excess from 2013 | | | | | | |
| С | Excess from 2014 | | | | | | |
| d | Excess from 2015 | | | | | | |
| | Excess from 2016 | | | | | | |

BAA

Schedule A (Form 990 or 990-EZ) 2016

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)

Pt III Ln 12 Other Income Part III, Line 12

SCHEDULE D (Form 990)

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.

OMB No 1545-0047 2016

Open to Public Inspection

Internal Revenue Service

Department of the Treasury ► Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990. Name of the organization

U.S. Chess Center 52-1758423 Part : 4 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered 'Yes' on Form 990, Part IV, line 6 (a) Donor advised funds (b) Funds and other accounts Total number at end of year . . Aggregate value of contributions to (during year) . . Aggregate value of grants from (during year) . Aggregate value at end of year . . . Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds No are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for chantable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? . . . No Ragues Conservation Easements. Complete if the organization answered 'Yes' on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Tax Year 2 a a Total number of conservation easements 2 b **b** Total acreage restricted by conservation easements . c Number of conservation easements on a certified historic structure included in (a) . . 2 c d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, No and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year **►**\$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) No and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for Part III - Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered 'Yes' on Form 990, Part IV, line 8 1 a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items b if the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (ii) Assets included in Form 990, Part X . . . 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items a Revenue included on Form 990, Part VIII, line 1

| • | | | | | | | |
|---|---|--|---------------------------------|---------------------------------|--|-----------|----------------|
| | Chess Ce | | | 52-1758 | | | Page 2 |
| Paর্ণ ্রা Organizations Mainta | ining Colle | ctions of Art, Hist | orical Treasures, | or Other Similar Ass | ets (c | ontinu | ed) |
| 3 Using the organization's acquisitio items (check all that apply) | n, accession, a | and other records, check | any of the following tha | it are a significant use of its | collect | on | |
| a Public exhibition | | d Loan | or exchange programs | | | | |
| b Scholarly research | | e Othe | r | | | | |
| c Preservation for future genera | tions | _ | | | | | |
| 4 Provide a description of the organi Part XIII | zation's collect | tions and explain how th | ey further the organizati | on's exempt purpose in | | | |
| 5 During the year, did the organization to be sold to raise funds rather that | n to be mainta | ined as part of the organ | nization's collection? | <u></u> | Yes | | No |
| Escrow and Custodia line 9, or reported an a | i Arrangen mount on F | n ents. Complete if orm 990, Part X, Iir | the organization and ne 21. | swered 'Yes' on Form | 990, 1 | Part IV | /, |
| 1 a Is the organization an agent, truste on Form 990, Part X? | e, custodian o | or other intermediary for | contributions or other as | ssets not included | Yes | Г | No |
| b If 'Yes,' explain the arrangement in | | | | | | _ | |
| bit res, explain the attailgement if | r art Alli and | complete the following t | abio | Г-7 | Amount | | |
| c Beginning balance | | | | 1c | Titlouit | | |
| | | | | 1d | | | |
| e Distributions during the year | | | | 1e | | | |
| f Ending balance | | | | 11 | | | |
| 2 a Did the organization include an an | | | | | Yes | - | No |
| b If 'Yes,' explain the arrangement in | | | | , L | | | -{′′′ |
| 2 ii Tos, oxpidiii iio difatigotiioticii | ., | ok nord if the explanation | on had been provided on | | | ٠٢ | |
| Endowment Funds. | Complete if t | he organization an | swered 'Yes' on For | rm 990. Part IV. line 1 | 0 | | |
| | (a) Current | | | | | our years | s back |
| 1 a Beginning of year balance | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | 3, , | | 1 | | |
| b Contributions | <u> </u> | | | | 1 | | |
| a Not investment comings, gains | | | | | | | |
| c Net investment earnings, gains, and losses | | ļ | | | 1 | | |
| d Grants or scholarships | | | | | | | |
| e Other expenditures for facilities and programs | | | | | | | |
| f Administrative expenses | | | | | † | | |
| g End of year balance | | | | | | | |
| 2 Provide the estimated percentage | of the current | year end balance (line 1 | lg, column (a)) held as | <u>-</u> | | | |
| a Board designated or quasi-endow | | , , , , , , , , , , , , , , , , , , , | | | | | |
| b Permanent endowment ► | | | | | | | |
| c Temporanly restricted endowment | · • | 8 | | | | | |
| The percentages on lines 2a, 2b, a | and 2c should | equal 100% | | | | | |
| 3 a Are there endowment funds not in organization by | the possessio | n of the organization tha | at are held and administe | ered for the | г | Yes | No |
| (i) unrelated organizations | | | | | . 3a(i) | 163 | -140 |
| (ii) related organizations | | | | | . 3a(ii) | | |
| b If 'Yes' on line 3a(ii), are the relate | | | | | 3b | | ├ — |
| 4 Describe in Part XIII the intended | • | · | | | 1 30 1 | | Ь |
| Land, Buildings, and | | | 101103 | | | | |
| Complete if the organization | | | 990, Part IV, line 1 | 1a See Form 990, P | art X, I | ine 10 |) |
| Description of property | | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) E | Book va | ilue |
| 1 a Land | | | | | | | |
| b Buildings | | | | | | | |
| c Leasehold improvements | | | | | | | |
| | | | | | | | |

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10c) BAA

. . ▶ 0 . Schedule **D** (Form 990) 2016

| Schedule D (Form 990) 2016 U.S. Chess Center | | 52-1758423 | Page 3 |
|---|---------------------|---|---------|
| Part VII Investments - Other Securities. | / | Dart IV Land 44b Con Francisco Con Dart V Francisco | |
| | (b) Book value | Part IV, line 11b See Form 990, Part X, line 12 (c) Method of valuation Cost or end-of-year market value | |
| (a) Description of security or category (including name of security) (1) Financial derivatives | (D) Dook value | (c) Method of Valuation Cost of end-of-year market value | |
| (2) Closely-held equity interests | | | |
| (3) Other | | | |
| (A) | | | |
| (B) | | | |
| (c) | | | |
| (D) | | | |
| (E) | | | |
| <u>(F)</u> | | | |
| (G) | | | |
| (H) | | | |
| (1) | | | |
| Total. (Column (b) must equal Form 990, Part X, column (B) line 12) ▶ | | <u> </u> | |
| Part VIII Investments — Program Related. Complete if the organization answered 'Y | 'es' on Form 990, I | Part IV, line 11c See Form 990, Part X, line 13 | 3 |
| (a) Description of investment | (b) Book value | (c) Method of valuation Cost or end-of-year market va | |
| (1) | | | |
| (2) | | | |
| (3) | | | |
| (4) | | | |
| (5) | | | |
| (6) | | | |
| (7) | - | | |
| (8) | | | |
| (9) (10) | | | |
| Total. (Column (b) must equal Form 990, Part X, column (B) line 13). | | | |
| Part IX Other Assets. | | | |
| Complete if the organization answered 'Y | | Part IV, line 11d. See Form 990, Part X, line 15 | 5 |
| (a) Des | cription | (b) Book va | lue |
| <u>(1)</u> (2) | | | |
| (3) | | | |
| (4) | | | |
| (5) | | | |
| (6) . | | | |
| (7) | | | |
| (8) | | | |
| (10) | | | |
| Total. (Column (b) must equal Form 990, Part X, column (B) lim | ne 15) | | |
| Part X Other Liabilities. | | | |
| Complete if the organization answered 'Yes' on Fo | | | |
| (a) Description of liability | (b) Book value | | |
| (1) Federal income taxes (2) | - | | |
| (3) | | | |
| (4) | | | |
| (5) | | | |
| (6) | | | |
| (7) | | | |
| (8) | | | |
| (9) | | | |
| (10) | | | |
| (11) | | - | |
| Total. (Column (b) must equal Form 990, Part X, column (B) line 25) 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footn | | noral statements that reports the organization's liability for uncortain | |
| tax positions under FIN 48 (ASC 740) Check here if the text of the footnote h | - | | 🖂 |
| BAA | TEEA3303 08/15/16 | Schedule D (Form 99 | 0) 2016 |

| Reconciliation of Revenue per Audited Financial Statements With Revenue per Re | turn. |
|--|---------|
| Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a 1 Total revenue, gains, and other support per audited financial statements | 1 |
| 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12 | |
| a Net unrealized gains (losses) on investments | |
| | |
| | |
| c Recoveries of pnor year grants | |
| d Other (Describe in Part XIII) | |
| e Add lines 2a through 2d | |
| 3 Subtract line 2e from line 1 | 3 |
| 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1 | |
| a Investment expenses not included on Form 990, Part VIII, line 7b 4a | |
| b Other (Describe in Part XIII) | |
| c Add lines 4a and 4b | 4 c |
| 5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) | 5 |
| Reconciliation of Expenses per Audited Financial Statements With Expenses per Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a | Return. |
| 1 Total expenses and losses per audited financial statements | 1 |
| 2 Amounts included on line 1 but not on Form 990, Part IX, line 25 | |
| a Donated services and use of facilities | |
| b Prior year adjustments | |
| c Other losses | |
| d Other (Describe in Part XIII) | |
| e Add lines 2a through 2d | 2 e |
| 3 Subtract line 2e from line 1 | 3 |
| 4 Amounts included on Form 990, Part IX, line 25, but not on line 1 | |
| a Investment expenses not included on Form 990, Part VIII, line 7b | |
| b Other (Describe in Part XIII) | |
| C Add lines 4a and 4b | 4 c |
| 5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) | 5 |
| RandXIII Supplemental Information. | |

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part XI, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information

Schedule **D** (Form 990) 2016

SCHEDULE O (Form 990 or 990-EZ)

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 990-EZ.

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990

OMB No 1545-0047 2016

Open to Public

| | at www.jerijerijerijerijerijerijerijerijerijeri | |
|--------------------------|---|--------------------------------|
| Name of the organization | | Employer identification number |
| U.S. Chess Center | | 52-1758423 |
| Pt VI, Line 15a | The process of determining compensation of CEO | or top management |
| Pt VI, Line 15a | includes review of comparable data before it is | approved. |
| Pt VI, Line 15b | The process of determining compensation of CEO of | or top management |
| Pt VI, Line 15b | includes review of comparable data before it is | approved. |
| Pt VI, Line 11b | Form 990 is distributed to the members of the bo | ard and it is discussed |
| Pt VI, Line 11b | among the members. | • |
| Pt VI, Line 19 | The Organization makes available to the public : | its governing |
| Pt VI, Line 19 | documents, and financial statements upon request | t. |

TEEA4901 08/16/16