

2008

Open to Public Inspection

Form 990-EZ

Short Form Return of Organization Exempt From Income Tax

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

Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 at the end of the year may use this form.

Department of the Treasury Internal Revenue Service

A For the 2008 calendar year, or tax year beginning 04/01, 2008, and ending 03/31/2009

B Check if applicable: Address change, Name change, Initial return, Termination, Amended return, Application pending. C Name of organization: THE CANTON SCHOLASTIC CHESS LEAGUE. D Employer identification number: 86-1106588. E Telephone number: (330) 438-1225. F Group Exemption Number.

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Accounting method: X Cash Accrual Other (specify)

H Check X if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

I Website: www.cantonchess.org

J Organization type (check only one) - X 501(c) (3) (insert no.) 4947(a)(1) or 527

K Check X if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$1,000,000 or more, file Form 990 instead of Form 990-EZ. \$ 10,017.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)

Table with 9 rows for Revenue. Line 1: Contributions, gifts, grants, and similar amounts received. Line 3: Membership dues and assessments (9,619). Line 5a: Gross amount from sale of assets other than inventory. Line 5b: Less: cost or other basis and sales expenses. Line 5c: Gain or (loss) from sale of assets other than inventory. Line 6a: Gross revenue (not including \$ of contributions reported on line 1). Line 6b: Less: direct expenses other than fundraising expenses. Line 6c: Net income or (loss) from special events and activities. Line 7a: Gross sales of inventory, less returns and allowances (398). Line 7b: Less: cost of goods sold (200). Line 7c: Gross profit or (loss) from sales of inventory (198). Line 9: Total revenue (9,817).

Table with 7 rows for Expenses. Line 10: Grants and similar amounts paid. Line 11: Benefits paid to or for members. Line 12: Salaries, other compensation, and employee benefits (800). Line 13: Professional fees and other payments to independent contractors (600). Line 14: Occupancy, rent, utilities, and maintenance. Line 15: Printing, publications, postage, and shipping (25). Line 16: Other expenses (describe STMT 1) (10,365). Line 17: Total expenses (11,790).

Table with 3 rows for Net Assets. Line 18: Excess or (deficit) for the year (Subtract line 17 from line 9) (-1,973). Line 19: Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) (8,764). Line 20: Other changes in net assets or fund balances (attach explanation). Line 21: Net assets or fund balances at end of year. Combine lines 18 through 20 (6,791).

Part II Balance Sheets. If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ.

(See the instructions for Part II.)

Table with 7 rows for Balance Sheets. Column (A) Beginning of year, Column (B) End of year. Line 22: Cash, savings, and investments (STMT 2) (8,764 / 6,791). Line 23: Land and buildings. Line 24: Other assets (describe). Line 25: Total assets (8,764 / 6,791). Line 26: Total liabilities (describe). Line 27: Net assets or fund balances (line 27 of column (B) must agree with line 21) (8,764 / 6,791).

Part III Statement of Program Service Accomplishments (See the instructions for Part III.)

Expenses
(Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; optional for others.)

What is the organization's primary exempt purpose? STMT 3
Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title.

Table with 5 columns: Line number (28-32), Description, Amount, Foreign grants checkbox, and Expense label (28a-32).

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated. (See the instructions for Part IV.)

Table with 5 columns: (a) Name and address, (b) Title and average hours per week devoted to position, (c) Compensation (if not paid, enter -0-), (d) Contributions to employee benefit plans & deferred compensation, (e) Expense account and other allowances.

Part V Other Information (Note the statement requirements in the instructions for Part VI.)

		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		X
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a and 7a (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.		
a	Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting, and proxy tax requirements?		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?		
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Schedule N		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a		
b	Did the organization file Form 1120-POL for this year?		X
38a	Did the organization borrow from or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return?		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b		
39	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on line 9 39a		
b	Gross receipts, included on line 9, for public use of club facilities 39b		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ _____; section 4912 ▶ _____; section 4955 ▶ _____		
b	Section 501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," complete Schedule L, Part I		X
c	Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ _____		
d	Enter amount of tax on line 40c reimbursed by the organization ▶ _____		
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T		X
41	List the states with which a copy of this return is filed. ▶ _____		
42a	The books are in care of ▶ MARK WILHELM Telephone no. ▶ (330) 438-1225 Located at ▶ 616 HARMON ST SW, NORTH CANTON, OH ZIP + 4 ▶ 44720		
b	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)?	Yes	No
	If "Yes," enter the name of the foreign county: ▶ _____		X
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
c	At any time during the calendar year, did the organization maintain an office outside of the U.S.?		X
	If "Yes," enter the name of the foreign country: ▶ _____		
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here. ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43		
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ		X
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ		X

Part VI Section 501(c)(3) organizations only. All section 501(c)(3) organizations must answer questions 46-49 and complete the tables for lines 50 and 51.

- | | Yes | No |
|--|-----|----|
| 46 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 | | X |
| 47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II | | X |
| 48 Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | | X |
| 49a Did the organization make any transfers to an exempt non-charitable related organization? | | X |
| b If "Yes," was the related organization(s) a section 527 organization? | | |
- 50** Complete this table for the five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				
Total number of other employees paid over \$100,000 ▶	NONE			

51 Complete this table for the five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
NONE		
Total number of other independent contractors receiving over \$100,000 ▶	NONE	

Sign Here Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Signature of officer: *Mark E. Wilhelm* Date: 7/21/09

Type or print name and title: Mark E. Wilhelm Treasurer

Paid Preparer's Use Only

Preparer's signature: _____ Date: _____ Check if self-employed: Preparer's Identifying Number (See instructions): _____

Firm's name (or yours if self-employed), address, and ZIP + 4: _____ EIN: _____ Phone no.: _____

May the IRS discuss this return with the preparer shown above? See instructions Yes No

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2008

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

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

Name of the organization: **THE CANTON SCHOLASTIC CHESS LEAGUE** Employer identification number: **86-1106588**

Part I Reason for Public Charity Status (All organizations must complete this part.) (see instructions)

The organization is not a private foundation because it is: (Please check only one organization.)

- 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
- 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)
- 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). (Attach Schedule H.)
- 4 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: _____
- 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.)
- 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
- 7 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.)
- 9 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.)
- 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). (see instructions)
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of on or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h.
 - a Type I
 - b Type II
 - c Type III - Functionally Integrated
 - d Type III - Other
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 - (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
 - (ii) A family member of a person described in (i) above?
 - (iii) A 35% controlled entity of a person described in (i) or (ii) above?

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

h Provide the following information about the organizations the organization supports.

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
N/A									
Total									

Part II 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.)

N/A

Section A. Public Support

Table with 7 columns: (a) 2004, (b) 2005, (c) 2006, (d) 2007, (e) 2008, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1-3; 5 The portion of total contributions by each person; 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: (a) 2004, (b) 2005, (c) 2006, (d) 2007, (e) 2008, (f) Total. Rows include: 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; 10 Other income. Do not include gain or loss from the sale of capital assets; 11 Total support. Add lines 7 through 10; 12 Gross receipts from related activities, etc. (See instructions.); 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

Table with 3 columns: Line number, Description, and Percentage. Rows include: 14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f)); 15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f; 16a 33 1/3% support test - 2008; 16b 33 1/3% support test - 2007; 17a 10%-facts-and-circumstances test - 2008; 17b 10%-facts-and-circumstances test - 2007; 18 Private foundation.

Part III Support Schedule for Organizations Described in Section 509(a)(2)
 (Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")				6,869.	9,619.	16,488.
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						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1-5				6,869.	9,619.	16,488.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
c Add lines 7a and 7b.						
8 Public support (Subtract line 7c from line 6.)						16,488.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6.				6,869.	9,619.	16,488.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on					198.	198.
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						16,686.
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 ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f))	15	98.81%
16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g	16	100.00%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h	18	%

- 19a 33 1/3% support tests - 2008.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ▶
- b 33 1/3% support tests - 2007.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ▶
- 20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶

FORM 990EZ, PART I - OTHER EXPENSES

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AFFILIATION FEE	295.
BANK FEES	27.
CUSTODIAL FEES	600.
INSURANCE	270.
LEGAL PROFESSIONAL SERVICES	75.
MEETING EXPENSE	80.
OFFICE SUPPLIES	210.
POST OFFICE BOX RENTAL	42.
RATING SUBMITTAL FEES	417.
RENTAL-CHAIRS/TABLE	657.
RENTAL FACILITY CHARGE	1,472.
SUPPLIES	678.
TOURNAMENT ADVERTISING	22.
TOURNAMENT FEES	583.
TOURNAMENT STAFFING	150.
TOURNAMENT LUNCH STIPEND	163.
TROPHIES	4,576.
WEB SITE FEE	48.

TOTAL	10,365.
	=====

FORM 990EZ, PART II - CASH, SAVINGS AND INVESTMENTS

=====

DESCRIPTION	BEGINNING OF YEAR	END OF YEAR
-----	-----	-----
SAVINGS	8,764.	6,791.
TOTALS	8,764.	6,791.
	=====	=====

FORM 990EZ, PART III - ORGANIZATION'S PRIMARY EXEMPT PURPOSE
=====

THE CANTON SCHOLASTIC CHESS LEAGUE IS A NON-PROFIT VOLUNTARY ORGANIZATION DEVOTED TO EXTENDING THE ROLE OF CHESS FOR STUDENTS IN GRADES K-12 IN STARK AND ADJOINING COUNTIES, OHIO.

FORM 990EZ, PART IV - LIST OF OFFICERS, DIRECTORS, AND TRUSTEES

=====

OFFICER NAME:

TOM PETERSON

ADDRESS:

PO BOX 2372
NORTH CANTON, OH 44720

TITLE:

PRESIDENT

AVERAGE HOURS PER WEEK DEVOTED TO POSITION: 1

COMPENSATION 100.

OFFICER NAME:

BILL MALLOY

ADDRESS:

PO BOX 2373
NORTH CANTON, OH 44720

TITLE:

VICE PRESIDENT

AVERAGE HOURS PER WEEK DEVOTED TO POSITION: 1

COMPENSATION 500.

OFFICER NAME:

MARK WILHELM

ADDRESS:

PO BOX 2372
NORTH CANTON, OH 44720

TITLE:

TREASURER

AVERAGE HOURS PER WEEK DEVOTED TO POSITION: 1

COMPENSATION 50.

OFFICER NAME:

GLENDA GRISWOLD

ADDRESS:

PO BOX 2373
NORTH CANTON, OH 44720

TITLE:

REGISTRAR

AVERAGE HOURS PER WEEK DEVOTED TO POSITION: 1

COMPENSATION 150.

TOTAL COMPENSATION:

800.

=====

CANTON SCHOLASTIC CHESS LEAGUE
(CSCL)

MISSION STATEMENT

CSCL is a non-profit voluntary membership organization devoted to extending the role of chess for students in grades K-12 in Stark and adjoining counties, Ohio.

CSCL promotes the study and knowledge of the game of chess, for its own sake as an art and enjoyment, but also as a means for the improvement of society. It informs, educates, and fosters the development of players and potential players. It encourages the development of a network of schools devoted to enhancing the growth of chess.

To these ends, CSCL will coordinate the efforts of its member schools toward the ultimate objective of interscholastic chess competition. The CSCL shall provide a means for member schools to cooperate in order to enhance, protect, and build their interscholastic chess programs.



COPY

RICHARD CORDRAY
OHIO ATTORNEY GENERAL

VERIFICATION OF FILING WITH THE INTERNAL REVENUE SERVICE

This form is to be completed by 501(c)(3) non-profit organizations, located in Ohio, that file one of the federal tax forms listed below. NOTE: This form should be filed in lieu of a copy of the federal tax return. Do not submit the federal return with this form.

I hereby certify that I am a trustee or officer of

THE CANTON SCHOLASTIC CHESS LEAGUE

(Name of Organization as filed with the Attorney General's Office)

PO BOX 2373

NORTH CANTON

44720

Charity Street Address

City

Zip Code

86-1106588

07-1542

(Federal Employer Identification Number)

(State Charter Number if applicable)

and that the above named organization completed and/or will complete and file: (check one)

Form 990 Form 990-PF Form 990-EZ Form 990-N (e-Postcard)

required by the Internal Revenue Service for the: (check and complete one of the following)

calendar year 2 _ _ _

tax year beginning APRIL 1, 2008, and ending MARCH 31, 2009

and that such filing occurred on/or will occur on 08/14/2009 (Filing Date)

Did the organization request a federal extension of time to file this report? Y N

If yes, what was/is the extended due date? (Federal Extended Due Date)

For fee purposes, please indicate the current total value of assets, or if filing this form prior to an extended federal due date, estimate the current total value of assets, at year end \$ 6,791.00

Mark E. Wilhelm
Name of Trustee/Officer (Please Print)

(330) 438-1225
Telephone number

Mark E. Wilhelm
Signature of Trustee/Officer

Treasurer@cantonchess.com
Charitable Organization E-mail Address

Treasurer
Trustee/Officer Title

OFFICE USE ONLY
FILING FEE PAID

7/21/09
Date

Amount

Date

Check #

VFIRS/Revised 6/09