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OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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

Open to Public Inspection

A	For the	2014 calen	dar year, or tax year beginning 7/01 , 2014, and endin	g 6/	30	, 2015	
	Check if a		C , 2014, on tax year beginning 7,701 , 2014, one of the	9 07		r identification n	
ь						237Š66	
	\vdash	ess change	ACBL San Diego Unit 539 P.O. Box 601534			e number	
	H-1	e change	San Diego, CA 92160-1534				
	Initia	l return	San Diego, CA 92100 1334		(619) 282-90	51
	Final r	eturn/terminated			1		
	Amer	nded return			G Gross rea	ceipts \$	54,935
	Appli	cation pending	F Name and address of principal officer	H(a) Is this	a group return	for subordinates	Yes X No
	_		Same As C Above	H(b) Are all	subordinates	included? (see instructions)	Yes No
$\overline{\Box}$	Tax-exe	empt status		11 110,	attach a hist (see instructions)	
Ţ	Webs	ite: ► ww	w.acbldistrict22/539	H(c) Group	exemption nur	mber ▶	
ĸ		organization	X Corporation Trust Association Other ► L Year of formati			ate of legal domic	ile CA
	rt I	Summar	<u>. </u>	200	0 1 3.	ate of legal domin	- CA
Га	1 B	riefly descri	be the organization's mission or most significant activities: Social &	Pooro	ation (21 mb	
	' '	neny desem	be the organization's mission or most significant detivities. Social a	_ vecte	acron c	. T. mp	
Se	-						
a	-						
Activities & Governance	2 Ē	hack this he	ox I If the organization discontinued its operations or disposed of mo	ore than 2	5% of its n	ot accets	
g			oting members of the governing body (Part VI, line 1a)			3	10
જ			dependent voting members of the governing body (Part VI, line 1b)			4	10
ies			of individuals employed in calendar year 2014 (Part V, line 2a)			5	<u> </u>
Ξ			of volunteers (estimate if necessary)			6	10
Act	7a To	otal unrelate	ed business revenue from Part VIII, column (C), line 12		[7a	324.
_	b N	et unrelated	business taxable income from Form 990-T, line 34			7b	0.
					rior Year	Cu	rrent Year
	8 C	ontributions	and grants (Part VIII, line 1h).				
Revenue			rice revenue (Part VIII, line 2g)	.	47,6	65.	54,606.
Š.			come (Part VIII, column (A), lines 3, 4, and 7d)			8.	5.
<u> </u>	11 0	ther revenu	e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	——	1	50.	324.
J	12 To	otal revenue	e - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		47,82		54,935.
	13 G	rants and s	milar amounts paid (Part IX, column (A), lines 1-3)	,			
'	14 B	enefits paid	to or for members (Part IX, column (A), line 4)	. —			
. !	15 9		er compensation, employee benefits (Part IX, column (A), lines 5-10).				
Ses	16a P		fundraising fees (Part IX, column (A), line 11e)	`}			
Expenses	104		- ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '	ļ			
×	bio		sing expenses (Part IX, column (D), line 25)	<u> </u>			
ш	11/	ther expens	es (Part IX, column (A), lines 11a-11d, 11f-24e).	Ĺ	51,2	36.	47,727.
	18 To	otal expens	es. Add lines 13-17 (must equal Part IX, column只任的巨势上口		51,23	36.	47,727.
	א פון	evenue less		 	-3,4	13.	7,208.
8 8			expenses. Subtract line 18 noin line 12	Beginnir	ng of Current	Year En	d of Year
Net Assets Fund Baland	20 To	otal assets	(Part X, line 16)		20,10		27,311.
Ā	21 To	otal liabilitie	s (Part X. line 26)			0.	0.
ΣŽ	22 N	et assets or	fund balances. Subtract line 21 from line 20 OGDEN, UT		20,10	13	27,311.
Pa	rt II	Signatur	e Block	l	20,1	.,	21,311.
				the hest of m	v knowledge a	and hallef it is tru	e correct and
comi	olete Decla	aration of prepa	clare that I have examined this return, including accompanying schedules and statements, and to the control of	the peat of th	iy kilowledge a	lina bener, it is tra	e, correct, and
		VE	antonia Holles	1	, 11	21/1	5
Sic	ın	9 gnatu	re of officer	4 0a	ate //	<u> </u>	
Sig He	re	NV.	RARK LOCLES				
•	-	Type or	print name and title				
		Print/Type o	reparer's name Deparer's name Date		Check	ıf PTIN	
D - '	:_a	1	White I would would be to be	at	Check)"	0707
Pai			Jarcuzzi CPA Carl Marcuzz (LPA)	クン	self-employed	P0041	9/0/
LIC	eparer e Only	Firm's name	<u> </u>		ļ		
U D	e Only	Firm's addre			Firm's EIN		
			Alpine, CA 91901		Phone no		2-4172
Max	the IRS	S discuss th	is return with the preparer shown above? (see instructions)			. X Y	es No

Form 990 (2014)

	990 (2014) ACBL San Diego Unit 539	35-2237566	Page 2
Par	t III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III	<u></u>	·· · <u> </u>
1	Briefly describe the organization's mission:		
	Social & Recreation Club.		
	Did the organization undertake any significant program services during the year which were not listed on the pi	rior	
2	Form 990 or 990-EZ?		X No
	If 'Yes,' describe these new services on Schedule O.	[] 163	<u>v</u>
3	Did the organization cease conducting, or make significant changes in how it conducts, any program s	ervices? . Yes	X No
•	If 'Yes,' describe these changes on Schedule O.		<u>N</u>
4		rvices, as measured by e	xpenses.
	Describe the organization's program service accomplishments for each of its three largest program ser Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocatic and revenue, if any, for each program service reported.	ons to others, the total ex	penses,
4 8	a (Code:) (Expenses \$ including grants of \$) ((Revenue \$)
	The Organization, ACBL San Diego Unit 539 has bi-weekly bridge of	games as well as	
	seasonal tournments for the furthering of the enjoyment of tourn	nment bridge for	
	approximately 1,000 persons.		
	(Code:) (Expenses \$ including grants of \$) ((Payanua \$	<u> </u>
41	(Code) (Expenses 2 including grants of 2) (,Nevenue \$	
4 c	: (Code:) (Expenses \$ including grants of \$) ((Revenue \$)
			- -
Δr	Other program services. (Describe in Schedule O.)	-	
7.	(Expenses \$ including grants of \$) (Revenue \$)
10	• Total program service expenses ►		

Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Х 1 2 Х Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates Х 3 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 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If 'Yes,' complete Schedule D, Part II...... 7 X Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' 8 Х Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV. 9 Х Х 10 If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable. a Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI Х 11 a and a december and a company of the control of the Х 11 b Х 11 c d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX. X 11 d X 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 X Schedule D, Parts XI, and XII . . . 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 X 12b X 13 X 14a Did the organization maintain an office, employees, or agents outside of the United States?........... 14a b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If 'Yes,' complete Schedule F, Parts I and IV Х 14b Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If 'Yes,' complete Schedule F, Parts II and IV. Х 15 Х 16 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX. 17 Х Х 18 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' Х 19 20 a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H............... Х 20 b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?

	`		Yes	No
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 2	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
ŀ	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
c	d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25a		
t	that the transaction 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	! !	
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or 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 of any of these persons? If 'Yes,' complete Schedule L, Part III	27		х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a	A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		X
t	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		X
30	contributions? If 'Yes,' complete Schedule M	30	<u> </u>	X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II.	32		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 within the meaning of section 512(b)(13)?	35a		X
b	olf 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI	37		х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	х	
BAA		Form	990	(2014)

Form **990** (2014)

Par	Check if Schedule O contains a response or note to any line in this Part V			. [
		\Box	Yes	No
1 a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
ŧ	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b	- 1	1	
ď	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c		
2 a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax State- ments, filed for the calendar year ending with or within the year covered by this return			
	of at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2Ь	1	
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
3 a	a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	- 1	X
	of 'Yes' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation in Schedule 0.	3Ь	$\neg \uparrow$	
	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 a		Х
	o 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)	- 1	- {	
5 a	a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5 a	1	Х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5 b		X
	If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	5 c		
	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 charitable contributions?			х
	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were	6 a		
7	not tax deductible?	6 b		
	a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and	1	1	
•	services provided to the payor?	7 a		
Ŀ	olf 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7 b	$\neg \neg$	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file			
_	Form 8282?	7c		
	I If 'Yes,' indicate the number of Forms 8282 filed during the year			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7 e		
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
ç	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 g	ł	
ŀ	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a			
	Form 1098-C?	7 h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	\neg		
a	Did the sponsoring organization make any taxable distributions under section 4966?	9 a	- {	
t	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9 b		
10	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12	1	į	
t	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 0.	- 1		
11	Section 501(c)(12) organizations. Enter:	1	j	
a	Gross income from members or shareholders	- 1		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.).	ļ		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	olf 'Yes,' enter the amount of tax-exempt interest received or accrued during the year 12b	T	T	
	Section 501(c)(29) qualified nonprofit health insurance issuers.		1	
a	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.	T		
Ł	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			
	Enter the amount of reserves on hand	1	1	
	Did the organization receive any payments for indoor tanning services during the tax year?	14a	}	Х
	a If 'Vee' has it filed a Form 720 to report these payments? If 'Ne' i provide an evaluation in Schoolile O	14b	+	

Pa	Governance, Management, and Disclosure For each 'Yes' response to lines 2 through 7b be a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or chan Schedule O. See instructions.	low, ges i	and n	for
	Check if Schedule O contains a response or note to any line in this Part VI			. X
Sec	ction A. Governing Body and Management			
			Yes	No
1:	a Enter the number of voting members of the governing body at the end of the tax year 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.			
١	b Enter the number of voting members included in line 1a, above, who are independent 1b	1		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4				
	since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6		6	Χ	
7 :	a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? .See .Schedule 0	7 a	_X	
1	b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7 b	Х	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
;	a The governing body?	8 a	Х	
1	b Each committee with authority to act on behalf of the governing body?	8 b	Χ	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O	9		X
Sec	ction B. Policies (This Section B requests information about policies not required by the Internal Re	venu		
	. Did the annual to be in least shorter humahar as affiliate.		Yes	No
	a Did the organization have local chapters, branches, or affiliates?	10 a		X
	b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10 Б		
11 a	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	X	
- (b Describe in Schedule O the process, if any, used by the organization to review this Form 990. See Schedule O			
	a Did the organization have a written conflict of interest policy? If 'No,' go to line 13	12a		_X_
	b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
•	c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this was done	12c		
13	Did the organization have a written whistleblower policy?	13		X
14		14		X
15	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
	a The organization's CEO, Executive Director, or top management official	15 a		X
Į	b Other officers or key employees of the organization	15 b		X
	If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions).			
	a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16 a		X
,	b if 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16 b		
Sec	ction C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ► None			
18	for public inspection. Indicate how you made these available. Check all that apply.	only)	availa	able
		ee S	Sch.	0
19	the public during the tax year. See Schedule O	ole to		
20		00		
	Barbara Holles 6357 Rancho Mission Road, # 4 San Diego Ca 92018 (619) 282-	9051		

Form 990 (2014)	ACRT.	San	Di ann	Mnit	529

35-2237566

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

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

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

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

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

X Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

				(C))							
(A) Name and Title		than	n one s both dir	box, an c ector	unles fficer truste		i	(D) Reportable compensation from	(E) Reportable compensation from	(F) Estimated amount of other compensation		
	per week (list any hours for related organiza- tions below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	from the organization and related organizations		
(1) Lamya Agelidis	_10_											
President	0	X		X				0.	0.	0.		
(2) Vicki Creamer	_10											
Vice President	0	X		Х				0.	0.	0.		
(3) Joan Maden	_10_					,						
Secretary	0	X		X				0.	0.	0.		
(4) Barbara Holles	3					!		_	_			
Treasurer	0	X		X				0.	0.	0.		
_(5) Stephanie Rake	3		1	1		} !		_	_	_		
Membership Chai	0	Х				 		0.	0.	0.		
(6) Marianne Klayman	5	:								_		
Tournment Chair	0	X	-				-	0.	0.	0.		
(7) John Boackle	10	ν,]				0		
Club Manager (8) Carolyn Casey	3	X	\vdash		_			0.	0.	0.		
Future Life Mas	3 -	х	}					0.	0.	0		
(9) Vi Breckenridge	3	_			_	-	-		U.,	0.		
Partnership Cha	5	х	}					0.	0.	0.		
(10) Gigette Caldwell	3	^					-					
Publicity Chair		х	[]			j i		0.	0.	0.		
(11)			\vdash		_			· · · · · · · · · · · · · · · · · · ·				
			}			[]						
(12)												
(13)												
(14)				-								

Part VII Section A. Officers, Directors, Tre	(B)	l	<u> </u>	<u>'PI</u>			4110	Trighest Con	ipensated Linp	0,000	(commacu)
` (A)	Average	(do	not c	Pos	sition	than	one i	(D)	(E)		(F)
Name and title	hours per	box	, unie	ess pe	erson directo	is both or/trus	tee)	Reportable compensation from	Reportable compensation from	Es ^s	timated nt of other
	week (list any hours for related organiza - tions below dotted line)			ξ _Q	emp H	Fon	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	fre	pensation om the anization	
	for related organiza	vidua	ttion S	cer	emp	est co	ner			and	related nizations
	- tions below	โมร	al tru		oyee	mper					
	dotted line)	8	क्ष			Highest compensated employee					
(15)		-									
							'				
(16)								_			
(17)											"
(18)						-					
(19)		-			 -		-				
(20)		-		-	-						
(21)		-			-		_				
(23)		_		_	_						
(22)											
(23)		-									
(24)											
(25)						-					
1 b Sub-total		<u> </u>	\sqcup		<u></u>		A	0.	0.		0.
c Total from continuation sheets to Part VII, Secti	on A						•	0.	0.		0.
d Total (add lines 1b and 1c) 2 Total number of individuals (including but not limited							▶	0.	0.	oncotion	0.
from the organization • 0	1 10 (11056 1	isieu	auov	ve) v	WIIO	recen	veu	more than \$100,00	o or reportable comp	ensation	
											Yes No
3 Did the organization list any former officer, direct on line 1a? If 'Yes,' complete Schedule J for suc	tor, or tru ch individu	stee, al.	key 	em .	olqr 	/ee,	or h	nighest compensa	ted employee	. 3	X
4 For any individual listed on line 1a, is the sum of the organization and related organizations greater	f reportab er than \$1	le co 50,00	mpe 00?	nsa // '}	tion es'	and comi	oth olet	er compensation e Schedule J for	from].]	
such individual ,											X
5 Did any person listed on line 1a receive or accrufor services rendered to the organization? If 'Yes Section B. Independent Contractors	s,' comple	te Sc	hed	lule	J fo	r suc	h p	erson		. 5	X
Complete this table for your five highest compen compensation from the organization. Report compen	sated ind	epen	dent	t cor	ntrac	ctors	tha	it received more the	nan \$100,000 of		
(A) Name and business add			J. C. I.	<u></u>	your	Cridi	lg v	(B) Description	Í	(C Comper	:) esation
								Боотраон			
2 Total number of independent contractors (including t	out not limi	ted to) the	Se I	isted	laho	ve)	who received more	than		
\$100,000 of compensation from the organization			10		,		,		U (GIT)		
BAA		TEFAC	1081	03/0	10/15					Form 9	990 (2014)

Part VIII Statement of Revenue

	. Check if Schedule O contains a response or note to an	y line in this Part	VIII		., Г
,		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from ta under sections
Contributions, Gifts, Grants	b Membership dues. 1b c Fundraising events 1c d Related organizations 1d e Government grants (contributions) 1e f All other contributions, gifts, grants, and similar amounts not included above 1f g Noncash contributions included in lines 1a-1f: \$ h Total. Add lines 1a-1f		revenue		512-514
Program Service Revenue	2a <u>Sectionals</u>				
Rey	b Unit Games	33,339.			1
ic e	b Unit Games c ACBL Income	<u>14,779.</u>			
8	d <u>Donations</u>	<u>2,748.</u>	2,748		
Ë	e Holiday Party	1,935.	1,935.		
Ď	f All other program service revenue WKS	965. 840.	965.		
<u> </u>	The state of the s	54,606.	840.		
	 Investment income (including dividends, interest and other similar amounts). Income from investment of tax-exempt bond proceeds. Royalties. 	5.	5.		
	(i) Real (ii) Personal			ļ	
	6 a Gross rents b Less: rental expenses c Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of (i) Securities (ii) Other		·		
	assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss)				
Other Revenue	8 a Gross income from fundraising events (not including . \$	-			
	9a Gross income from gaming activities. See Part IV, line 19		-		
	b Less: cost of goods sold b c Net income or (loss) from sales of inventory		,		
177	a Miscellaneous Revenue Business Code	-			
	p	324.		324.	
	c				
	d All other revenue				
	e Total. Add lines 11a-11d	224			
12		324. 54,935.	E4 C11		
\A	TEFACION		54,611.	324.	0.

Part IX Statement of Functional Expenses

Seci	Check if Schedule O contains a re	esponse or note to any	line in this Part IX	omplete coluitiii (A).	
	not include amounts reported on lines 7b, 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	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)	0.			
7	Other salaries and wages				
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits			· · · · · · · · · · · · · · · · · · ·	
10	Payroll taxes				
	Fees for services (non-employees):				
	Management	}			
	Legal				
	: Accounting				
	<u>-</u>				
	Lobbying				
	Professional fundraising services. See Part IV, line 17				
	Investment management fees				
9	(A) amount, list line 11g expenses on Schedule (A)				
12	Advertising and promotion	950.			
13	Office expenses	1,443.			
14	Information technology				
15	Royalties				
16	Occupancy	11,200.			
17	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 20	Conferences, conventions, and meetings				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	427.			
	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.).	421.		`	
я	Bridge Games Director Fees	12 220			
		13,329.			
	Hospitality	9,748.			
	Free Plays/Fills	3,196.			
	ACBL Fees & Sanctions	3,145.			
	All other expenses	4,289.			
2 5	Total functional expenses. Add lines 1 through 24e	47,727.			
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ► ☐ if following SOP 98-2 (ASC 958-720)				

Net Assets

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32

33

35-2237566 Balance Sheet (A) Beginning of year End of year 1 2.535 9,738 Cash — non-interest-bearing 2 2 Sayings and temporary cash investments 17,568 17,573. 3 3 Accounts receivable, net 4 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L..... 5 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 7 Notes and loans receivable, net . 8 9 10 a Land, buildings, and equipment: cost or other basis.

Complete Part VI of Schedule D 10 a **b** Less: accumulated depreciation. 10b 10 c Investments - publicly traded securities ... 11 11 Investments – other securities. See Part IV, line 11... 12 12 Investments - program-related. See Part IV, line 11 13 13 14 14 15 15 16 20.103 16 27,311. 17 Accounts payable and accrued expenses 17 18 Grants payable 18 19 Deferred revenue 19 20 21 21 Loans and other payables to current and former officers, directors, trustees, 22 23 23 Unsecured notes and loans payable to unrelated third parties 24 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 Ō 26 0. Organizations that follow SFAS 117 (ASC 958), check here > X and complete or Fund Balances lines 27 through 29, and lines 33 and 34. Unrestricted net assets........... 14. 270 27 21,478. 4,412 28 4,412. 421 29 1.421. Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34.

Form 990 (2014)

27,311

27,311.

30

31

32

33

34

20,103

20,103

Paid-in or capital surplus, or land, building, or equipment fund

Total liabilities and net assets/fund balances......

Retained earnings, endowment, accumulated income, or other funds

orr	n 990 (2014) ACBL San Diego Unit 539	5-22	237566		Pa	ige 12
Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					
7	Total revenue (must equal Part VIII, column (A), line 12)		1		54,9	935.
2	Total expenses (must equal Part IX, column (A), line 25)	Γ	2		47,	
3	Revenue less expenses. Subtract line 2 from line 1	.	3		7.2	208.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	. [4		20,1	
5	Net unrealized gains (losses) on investments	[5			
6	Donated services and use of facilities	. [6			
7	Investment expenses	<u> </u>	7			
8	Prior period adjustments	.	8			
9	Other changes in net assets or fund balances (explain in Schedule O)		9			0.
10						
	column (B))	. 1	0		27,3	311.
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII			•		· [
					Yes	No
1	Accounting method used to prepare the Form 990: Cash Accrual X Other					
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain					
	ın Schedule O.					
2	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 review	ewed	on a			
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis			1 1		}
-	b Were the organization's financial statements audited by an independent accountant?			2 b	l	Х
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a sep basis, consolidated basis, or both:	parate				
	Separate basis Consolidated basis Both consolidated and separate basis			()		
	c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the au review, or compilation of its financial statements and selection of an independent accountant?	udit,		2 c		1
	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 Singl	е				v
	Audit Act and OMB Circular A-133?			l 3al		X

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3 b

Form 990 (2014)

SCHEDULE O (Form 990 or 990-EZ)

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.lrs.gov/form990.

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

ACBL San Diego Unit 539

Employer identification number

35-2237566

Form 990, Part VI, Line 6 - Explanation of Classes of Members or Shareholder

The Organization has members of the American Contract Bridge League.

Form 990, Part VI, Line 7a - How Members or Shareholders Elect Governing Body

Members vote annually to elect members of the Organization governing board.

Form 990, Part VI, Line 7b - Decisions of Governing Body Approval by Members or Shareholders

The Organization by-laws which give the governing board authority are approved by the general membership of the Organization.

Form 990, Part VI, Line 11b - Form 990 Review Process

Form 990 is available to any governing board member who requests the form 990.

Form 990, Part VI, Line 18 - Explanation of Other Means Forms Available For Public Inspection

Form 990 is avaiable to members or anyone requesting form 990.

Form 990, Part VI, Line 19 - Other Organization Documents Publicly Available

Documents are available upon request to members and general public upon request.