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Form **990**

Return of Organization Exempt From Income Tax

OMB No 1545-0047 2015

Department of the Treasury Internal Revenue Service

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

$\overline{\mathbf{A}}$	For t	he 2015 calen	dar year, or tax year beginning 7/01 , 2015, and er	nding	6/30		2016	
_		if applicable	C				ication number	
_		ddress change	ACBL San Diego Unit 539	3	5-22375	566		
	Н	-	P.O. Box 601534			lephone number		
	\boldsymbol{H}	ame change	San Diego, CA 92160-1534			•		
	\mathbf{H}	nitial return)		<u> </u>	(619) 28	32-9051	
	 ^{₽1}	nal return/terminated			_ ا _			
	∐^	mended return	<u> </u>			oss receipts \$	1 132	
	∐^	pplication pending	F Name and address of principal officer	1 ' '	-	return for subc	☐ ☐	
			Same As C Above		Are all subord: If 'No,' attach	inates included a list (see insti	ructions) Yes No	
1	Tax	-exempt status	501(c)(3) X 501(c) (7) (Insert no) 4947(a)(1) or 523	7				
J	We	bsite: ► ww	w.acbldistrict22/539	H(c)	Group exempt	ion number 🕨		
K	Forr	n of organization	X Corporation Trust Association Other ► L Year of fo	rmation	2000	M State of le	gal domicile CA	
Pa	ırt I	Summar						
	1			& Re	creation	on Club		
	1	,	5-5-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2		01 2401	<u> 0145</u> _		
Activities & Governance								
퍨								
ě	2	Check this bo	ox If the organization discontinued its operations or disposed of	more th	nan 25% of	its net ass	ets	
ဒ္	3	Number of vo	oting members of the governing body (Part VI, line 1a)			3	10	
୯୪	4	Number of in	dependent voting members of the governing body (Part VI, line 1b)			4	10	
<u>ë</u> .	5	Total number	of individuals employed in calendar year 2015 (Part V, line 2a)			5	0	
:≅	6		of volunteers (estimate if necessary)			6	10	
Ą			ed business revenue from Part VIII, column (C), line 12			7a	0.	
	b	Net unrelated	business taxable income from Form 990-T, line 34			7b	0.	
				Prior Y	ear	Current Year		
•	8	Contributions	and grants (Part VIII, line 1h)					
Revenue	9	Program serv	rice revenue (Part VIII, line 2g)		5.	4,606.	47,384	
3Ke	10	Investment in	ncome (Part VIII, column (A), lines 3, 4, and 7d)			5.	1.	
œ	11		e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	(129	` 	324.		
	12	Total revenue	e – add lines 8 through 11 (must equal Part VIII, column (A), liñe 12)		.) 5	4,935.	47,385.	
	13	Grants and s	imilar amounts paid (Part IX, column (A), lines 1,3)	- lû) i			
	14	Benefits paid	to or for members (Part IX, column (A), line 4) 😅 NOV 02 201					
	15	Salaries, other	er compensation, employee benefits (Part IX, column (A), lines 5-10)	(C)) 			
Ses	16 a]	} 	·- ·		
Expenses	l .		1 OODLIV, C	ا ا	j			
រដ្ឋ	Į.		sing expenses (Part IX, column (D), line 25)					
	17		ses (Part IX, column (A), lines 11a-11d, 11f-24e)			7,727.	48,016.	
	18	•	es Add lines 13-17 (must equal Part IX, column (A), line 25)			7,727.	48,016.	
	19	Revenue less	expenses. Subtract line 18 from line 12			7,208.	-631.	
8 8				Ве	eginning of Ci		End of Year	
Not Assets Fund Balan	20	Total assets	(Part X, line 16)		2	7,311.	26,680.	
Ž P	21	Total liabilitie	s (Part X, line 26)			0.	0.	
ž.	22	Net assets or	fund balances Subtract line 21 from line 20		2	7,311.	26,680.	
Pa	irt II	Signatur	e Block	-		.		
				nd to the be	est of my know	ledge and belie	ef, it is true, correct, and	
com	plete C	eclaration of prepa	eclare that I have examined this return, including accompanying schedules and statements, ar iter (other than officer) is based on all information of which preparer has any knowledge		•	<u>.</u>		
		. 1	Dankar Challes		1.11	1/28	116	
Sig	ın	Signato	re of officer		Date	, ,	· · · · · · · · · · · · · · · · · · ·	
He	re	▶ K	ARBARN HOLLE					
		Type or	print name and title					
		Print/Type p	preparer's name Date	·····	Check	ıf F	PTIN	
p-	: ~4	Carl L	Marcuzzi, CPA Carl Marcuzzi, CPA	THEOL	1		200419707	
Pa	ıa epar							
	e Or	1		. a c ± UI.		EIN ► 20-	9519450	
J	- VI	Firm's addre					8518450	
		100 1	Alpine, CA 91901		Phone	no (619	/ , , 	
May	y the	iks discuss th	is return with the preparer shown above? (see instructions)				X Yes No	

Form	n 990 (2015) ACBL San Diego Unit 539		35-2	237566	Page 2
Par	rt.III Statement of Program Service Accomp	ishments			
	Check if Schedule O contains a response or note	to any line in this Part III			
1	Briefly describe the organization's mission				
	Social & Recreation Club				
		· 			
2	Did the organization undertake any significant program service	es during the year which were no	ot listed on the prior		
	Form 990 or 990-EZ?	-		Yes	X No
	If 'Yes,' describe these new services on Schedule O			u	
3	Did the organization cease conducting, or make significal	nt changes in how it conducts,	any program services?	Yes	X No
•	If 'Yes,' describe these changes on Schedule O			L.J	ت
4	Describe the organization's program service accomplishing	nents for each of its three large	est program services, as n	neasured by a	expenses
•	Section 501(c)(3) and 501(c)(4) organizations are require	ed to report the amount of gran	nts and allocations to other	s, the total e	xpenses,
	and revenue, if any, for each program service reported				
					
4 a	a (Code:) (Expenses \$)
	The Organization, ACBL San Diego Un				
	seasonal tournments for the further	ing of the enjoymen	t of tournament 1	oridge fo	or
	approximately 1,000 persons.				
		· 			
		· 			
-46	(Code) (Expenses \$	uncluding grants of \$	\ (Payanua	¢)
40	(Code) (Expenses \$	including grants of \$) (Nevenue	¥	
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		. 	_		
		· 	-		
		· 			
40	(Code) (Expenses \$	including grants of \$) (Revenue	Ś	
70				<u> </u>	
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			- 		
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		. 			
		. 			
		. 			
4 0	Other program services (Describe in Schedule O)				
	(Expenses \$ including grants	of \$) (Revenue \$)
4 e	Total program service expenses				

35-2237566

Page 2

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	1		Х
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		Х
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II	4		
5	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	5		х
6	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, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If 'Yes,' complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, 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
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If 'Yes,' complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VIII, IX, or X as applicable			
á	a Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI	11 a		Х
ì	Did the organization report an amount for investments — other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII	11 b		х
(Did the organization report an amount for investments – program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII	11 c		х
•	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	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		Х
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
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, and XII	12a		х
	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	12 b		х
	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		X
	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		X_
ı	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	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If 'Yes,' complete Schedule F, Parts II and IV	15		Х
16	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	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions)	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III	19		х

			Yes	No
20a	Did the organization operate one or more hospital facilities? If 'Yes', complete Schedule H	20a		Х
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 17 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? <i>If 'Yes,' complete Schedule J</i>	23		Х
24 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
b	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		
	I 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		
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		
	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
	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 current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		Х
b	A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b		Х
	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
	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29		Х
	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M	30		Х
	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
	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
	a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
t	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	Note. All Form 990 filers are required to complete Schedule O	38	Х	
3 4 4		Form	990	つの15

Check if Schedule O contains a response or note to any line in this Part V		,	
		Yes	No
1 a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	0		1
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		ĺ
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	0		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2 b		ĺ
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	3 b		
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 a		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)		ļ	
5 a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5 a		X
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 c		
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 charitable 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 a		
b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7 b	,	\vdash
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7 c		
d If 'Yes,' indicate the number of Forms 8282 filed during the year 7 d	1		
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7 e		
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 g		
h 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.			
a Did the sponsoring organization make any taxable distributions under section 4966?	9 a		
b 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	0.	١.	
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	0.	.	
11 Section 501(c)(12) organizations. Enter.			
a Gross income from members or shareholders			
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) 11 b			
12 a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12 a	1	
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 13b			
c Enter the amount of reserves on hand			١,,
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	1	(00:
TEEA0105L 10/12/15	Forn	n 990	(2015)

Form 990 (2015) ACBL San Diego Unit 539 Part VI Governance, Management, and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. X Check if Schedule O contains a response or note to any line in this Part VI Section 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 1 a 10 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 1 b 10 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other Х officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 Х of officers, directors, or trustees, or key employees to a management company or other person? 4 Did the organization make any significant changes to its governing documents 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? X 5 X See Schedule O 6 Did the organization have members or stockholders? 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 O Х b Are any governance decisions of the organization reserved to (or subject to approval by) members. See Sch O stockholders, or persons other than the governing body? 7 b Х Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following Х a The governing body? 8 a b Each committee with authority to act on behalf of the governing body? 8ь X 9 Is there any officer, director, trustee, or key employee listed in Part VII. Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code. No 10 a X 10 a Did the organization have local chapters, branches, or affiliates? 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 b Х 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 See Schedule O 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 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 X 13 Did the organization have a written whistleblower policy? Х 14 Did the organization have a written document retention and destruction policy? 14 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 X 15 b b Other officers or key employees of the organization 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 Х 16 a taxable entity during the year? 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 16 b organization's exempt status with respect to such arrangements? Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed None 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 Another's website X Upon request |X| Other (explain in Schedule O) See Sch. O Own website 19 Describe in Schedule 0 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. See Schedule O

State the name, address, and telephone number of the person who possesses the organization's books and records

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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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee (C) Position (do not check more than one box, unless person is both an officer and a (E) **(F)** (A) (B) (D) Estimated amount of other compensation from the organization Reportable compensation from the organization (W-2/1099-MISC) Reportable compensation from related organizations (W 2/1099 MISC) Name and Title Average hours director/trustee) per week employee Individual Officer Key employee Institutional trustee lighest compensated ormer (list any and related organizations organiza tions trustee below (1) Lamya Angelidis 10 President ō Х 0 0 0. Х (2) John Boakle 10 Х 0 0 0. Vice President Х 0 (3) Joan Maden 10 Х Х 0 0 0. Secretary 0 (4) Barbara Holles 3 Х 0 0 0. 0 Treasurer 3 (5) Gigette Caldwell Х 0 0 0. 0 Publicity Chair (6) Vicki Creamer 3 Х 0 0 0. 0 Membership Chai (7) Chris Hastie 3 Х 0 0 0. PArtnership Cha 0 (8) Tom Herzog 3 0 0. Х 0 Awards Chair 0 3 (9) Maryanne Klayman 0 0. Х 0 0 Tournament Chai 3 (10) Marty Roth 0 0. 0 Х 0 Hospitality Cha (11)(12)(13)(14)

(A) Name and title	Average hours per week (list any hours for related organiza - tions below dotted line)	(do box, offic	not ch unles er and	Pos neck ss pe d a d	ition more rson i	than on a thousand the strict that is both as the strict that is the s	ie an e)	(D) Reportable compensation from the organization (W 2/1099 MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	E amo cor or or ar	(F) Sstimated unit of other order of the paragentzation of the par	j ther on on
(15)	 	-					_		 			
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(21)												
(22)							+					
(23)												
(24)												
(25)							-					
1 b Sub-total c Total from continuation sheets to Part VII, Sect d Total (add lines 1b and 1c) 2 Total number of individuals (including but not limited		ısted	abov	/e) w	vho r	eceive	ed m	0. 0. 0. nore than \$100,00	0. 0. 0. 0 of reportable com	pensatio	n	0. 0. 0.
from the organization • 0											Yes	No
3 Did the organization list any former officer, direct on line 1a? If 'Yes,' complete Schedule J for such	ctor, or tru ch individu	stee, <i>al</i>	key	em	ploy	ee, or	hiç	ghest compensat	ed employee	3		х
For any individual listed on line 1a, is the sum of the organization and related organizations great such individual	f reportab er than \$1	le cor 50,00	nper 00?	nsat <i>If 'Y</i>	lion a 'es' d	and of	the: ete	r compensation f Schedule J for	rom	4		х
5 Did any person listed on line 1a receive or accrufor services rendered to the organization? If 'Ye	ie comper s,' <i>comple</i>	satio	n fro	m a ule .	any u <i>J for</i>	unrela such	ted <i>pe</i>	organization or rson	ındıvıdual	5		х
1 Complete this table for your five highest comper compensation from the organization Report compe	sated inde	epend	dent	con	tract	tors th	nat	received more th	nan \$100,000 of			
(A) Name and business add		THE CO	216110	Jai y	year v	enung	J WI	(B) Description of	1	Comp	C) ensatic	 on
							+					
	·						+					
2 Total number of independent contractors (including	but not lim	ited to	tho:	se li	sted	above) w	vho received more	than			
\$100,000 of compensation from the organization										· ,		

Total revenue		Check if Schedule O contains a response or note to any	line in this Part VI	ti		
By Membership duos c Fundrating average with a coverment grant contributions of the document grant contributions of the grant				Related or exempt function	Unrelated business	Revenue excluded from tax under sections
2 a Sectionals	ts ts	1 a Federated campaigns 1 a				
2 a Sectionals	ra E	b Membership dues 1 b				
2 a Sectionals	چ چ	c Fundraising events 1 c				
2 a Sectionals	ar /	d Related organizations 1 d				
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2 a Sectionals	P S	f All other contributions, gifts, grants, and				
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3 Investment income (including dividends, interest and other similar amounts) 4 Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (ii) Personal 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 assets other than inventory b Less cost or other basis and sales exprises c Gain or (loss) d Net gain or (loss) d Net gain or (loss) d Net gain or (loss) 5 a Gross income from fundraising events (not including \$\frac{5}{2}\$ of contributions reported on line 1c) See Part IV, line 18 b Less direct expenses c Net income or (loss) from gaming activities See Part IV, line 19 b Less cost or other pass and allowances see Part IV, line 19 b Less cost or other pass and allowances b Less cost or other pass and allowances b Less cost or other pass and allowances and allowances b Less cost or other pass and allowances and allowances a b Less cost or other pass and allowances a b Less cost or opods sold c Net income or (loss) from sales of inventory Mascellaveous Revenue Business Code 11 a b C C Intribution See instructions 47,385. 47,385. 0. 0.						
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Form 990 (2015) ACBL, San Diego Unit 539

Part IX Statement of Functional Expenses

Sect	tion 501(c)(3) and 501(c)(4) organizations must con Check if Schedule O contains a r	plete all columns All ott	her organizations must c	omplete column (A)	
	Check if Schedule O contains a f	(A)	(B)	(C)	(D)
	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	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				
11	Fees for services (non-employees)				
	Management				
	Legal				
	: Accounting		···		
	Lobbying				
	Professional fundraising services See Part IV, line 17		<u></u>		
	Investment management fees				
	Other (If line 11g amount exceeds 10% of line 25, column				
ч	(A) amount, list line 11g expenses on Schedule 0)				
12	Advertising and promotion	932.			
13	Office expenses	2,772.			
14	Information technology				
15	Royalties				
16	Occupancy	12,850.			
17	Travel				
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				
	Insurance				1.1' .' -' .
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.)			-	,
ē	Bridge Games-Direct/Caddie Fee	9,938.			
	P Hospitality	8,641.			
(ACBL Fees & Sanctions	5,954.			
c	Free Plays/Fills	2,724.			
	All other expenses .	4,205.			
	Total functional expenses. Add lines 1 through 24e	48,016.			
	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 Infollowing SOP 98-2 (ASC 958-720)				

Pa	rt X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash — non-interest-bearing	9,738.	1	9,106.
	2	Savings and temporary cash investments.	17,573.	2	17,574.
	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		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	-
S	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use.		8	
As	9	Prepaid expenses and deferred charges		9	
	10 a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	. ,		
	b	Less accumulated depreciation 10b		10 c	
	11	Investments — publicly traded securities		11	
	12	Investments – other securities See Part IV, line 11		12	
	13	Investments - program-related See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	27,311.	16	26,680.
	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	· · · · · · · · · · · · · · · · · · ·
<u>ē</u> .	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	
	23	Secured mortgages and notes payable to unrelated third parties		23	· · · · · · · · · · · · · · · · · · ·
	24	Unsecured notes and loans payable to unrelated third parties		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.
ses		Organizations that follow SFAS 117 (ASC 958), check here ► X and complete lines 27 through 29, and lines 33 and 34.			
Te.	27	Unrestricted net assets	21,478.	27	20,847.
Ba	28	Temporarily restricted net assets	4,412.	28	4,412.
밑	29	Permanently restricted net assets	1,421.	29	1,421.
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here ► and complete lines 30 through 34.			
क्	30	Capital stock or trust principal, or current funds		30	
8	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Ä	32	Retained earnings, endowment, accumulated income, or other funds		32	
₹ F	33	Total net assets or fund balances	27,311.	33	26,680.
	34	Total liabilities and net assets/fund balances.	27,311.	34	26,680.
BA	Α				Form 990 (2015)

Forn	n 990 (2015) ACBL San Diego Unit 539 35-	2237566		Pa	ge 12
Pai	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		47,3	<u> 85.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2		48,0)16.
3	Revenue less expenses. Subtract line 2 from line 1	3		- (<u>531.</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		27,3	<u> 311.</u>
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10		26,6	580.
Par	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 in Schedule O				
2 8	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 reviews separate basis, consolidated basis, or both Separate basis Both consolidated and separate basis	ed on a			
1	b Were the organization's financial statements audited by an independent accountant?		2 b		Х
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both Separate basis Consolidated basis Both consolidated and separate basis	ate			
(c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit review, or compilation of its financial statements and selection of an independent accountant?		2 c		
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O				
3 8	a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		3 a		X
	b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audits, explain why in Schedule O and describe any steps taken to undergo such audits	dit	3 b		
BAA			Form	990	(2015)

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

alnspection ***

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

at www.irs.gov/form990.

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's 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 available 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.