

## **Return of Organization Exempt From Income Tax**

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

OMB No 1545-0047 2017

Department of the Treasury

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

**Open to Public** 

Inter	nal Reveni	ue Service	s.gov/Form990 for instru	ctions and the late	st information.		Inspection
Α	For the	2017 calendar year, or tax year beginni		, 2017, and en	ding		, 20
В	Check if	applicable C Name of organization 34	80 Club 1	ころく		D Employer	identification number
	Address	change Doing business as				<b>4</b>	
	Name ch	ange Number and street (or P O box i	E Telephone	number - 936-0491			
	Initial retu	um 100 Calun	-pussi (notifi	5		757	-936-0411
	Final return	n/terminated City or town, state or province, c	ountry, and ZIP or foreign pos	tal code			3147/7
	Amended	return New port N	eus, VA	<b>文3606</b>	•	G Gross rec	eipts \$ 224,363
	Applicate	on pending F Name and address of principal of	ficer	<u> </u>	H(a) Is this a g		bordinates? Yes X No
	• •	on pending F Name and address of principal of	5,100 Culumb	0 0 0 0 A 4 0 0 0 0	H(b) Are all		ncluded? Yes No
$\overline{}$	Tax-exen	npt status 501(c)(3) \$\infty 501(	c) (	4947(a)(1) or 527		lo," attach a lı	st (see instructions)
J	Website.			1	H(c) Group	exemption ni	umber ►
ĸ	Form of o	rganization .Corporation .Trust .Asso	ciation ☐ Other ►	L Year of form	mation 976	M State of	legal domicile
P	art i	Summary		•			
	1	Briefly describe the organization's m	ssion or most significar	nt activities:	2 MER	(A)	hold 1
ø		COMPANY for	(nights as	Columbia	5 4 X C.	ر د د	provide
and	·	FAMILITERS SO	r thon.	nad Cit	641.60	rt W	QW 5.
eШ	2	Check this box ▶ ☐ if the organization					
Governance		Number of voting members of the go				3	13
٠ ح	1	Number of independent voting member			b)	4	13
es	I .	Total number of individuals employed				5	
Activities	ł	Total number of volunteers (estimate	•	(,		6	
<b>d</b> ct	!	Total unrelated business revenue from		line 12		7a	
•	i .	Net unrelated business taxable incon	1 1 LL. L. J L. L 4	R_ K_/		7b	
	<del></del> -			S O	Prior Ye		Current Year
	8	Contributions and grants (Part VIII, Iir	MAY US	2018  우	-	7)	0
Revenue	1	Program service revenue (Part VIII, III		\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\		6	
	1	Investment income (Part VIII, column			772	2	74.661
	11	Other revenue (Part VIII, column (A), I	100 5 67 86 96 100	and 11a)	2040	7.7	266,103
		Total revenue—add lines 8 through 11			675	12	5011 672
_		Grants and similar amounts paid (Pai	····	•	191211	-32	* * 41 1 1 2
		Benefits paid to or for members (Part			<del></del>		
		Salaries, other compensation, employe		οn (Λ) lines 5 10\			<u> </u>
Expenses	J	•	•	iii (A), iiiies 5–10)			
eu	1	Professional fundraising fees (Part IX			X/X212(1X24X)(9/	MARKATAN.	NA CHILLEGE STATE OF THE COLUMN
Ä		Total fundraising expenses (Part IX, c	• •		377	77	7 ( 7 17
_	1	Other expenses (Part IX, column (A),			3 7 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	11 2	300 155
		Total expenses. Add lines 13–17 (mu		1 (A), line 25) .	(5)	167	22175
		Revenue less expenses. Subtract line	TO HUITIINE 12	• • •	Beginning of Cu	rrent Year	End of Year
ts or		Total access (Dord V. line 16)			37774		1024771
Sset	20	Total assets (Part X, line 16)			B.OLG	p	1,727,521
Net Assets or Fund Balances	21	Total liabilities (Part X, line 26)			7.0 2 2	OFO:	102422
		Net assets or fund balances. Subtrac	t line 21 from line 20	<del> </del>	F10 271	12 ]	1 <del>,424,551</del>
_	art II	Signature Block	<u> </u>				
		ies of perjury, I declare that I have examined the and complete. Declaration of preparer (other the					knowledge and belief, it is
	, conect,	and complete becautation of proparet femore	0 .4			7 50	and null
C:-		Joseph W W	actur-			1 7 1-	73020771
Sig	- h	Significant of officer	cordowsk	Traine	Da .C	"′ຜ <i>Í</i> 5	-/15/
He	re	JOSEBK WY	(07.0000 K	1, TEASC	4161	<u> </u>	110
		Type or print name and title	Drangeria cometens	,	Data		Inmi
Рa	id	Print/Type preparer's name	Preparer's signature		Date	Check _	PTIN
Pre	eparer	•			···	self-emplo	yed
	e Only				Firm	n's EIN ▶	
	_	Firm's address ►		<del></del>	Pho	ne no	
Ma	y the IR	S discuss this return with the prepare	r shown above? (see in	structions) .	<u> </u>	•	Yes No
For	Paperwi	ork Reduction Act Notice, see the sepa	rate instructions.	Cat	No 11282Y		Form 990 (2017)

Form	990	(2017)

## 5480 Clubs INC

54 0788156 Page 2

Part	Statement of Program Service Accomplishments  Check if Schedule O contains a response or note to any line in this Part III
1	Due fly describe the organization's mission:
	We he holding company 500 [Chients of Columbus Contil 5480]. Us previde FACITIES FOR CIUPE CIUDS
	We provide specities for civic clubs
	$i^{\mu}$ $i^{\mu}$ $i^{\mu}$ $i^{\mu}$ $i^{\mu}$ $i^{\mu}$ $i^{\mu}$
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
3	If "Yes," describe these new services on Schedule O  Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	services?
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported
4a	(Code) (Expenses \$including grants of \$) (Revenue \$)
	<u> </u>
4b	(Code. ) (Expenses \$ including grants of \$ ) (Revenue \$ )
40	(Code. ) (Expenses \$ including grants of \$) (Revenue \$)
4c	(Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )
4d	Other program services (Describe in Schedule O )
40	(Expenses \$ including grants of \$ ) (Revenue \$ )  Total program service expenses ▶
4e	Total program sorvice expenses *

## Form 990 (2017) 5480 Club tpc. Part IV Checklist of Required Schedules

54-0788156

A	
Pac	/3

			T	7
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A		Yes	No Y
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		<u>\                                    </u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		
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		X
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		X
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		X.
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		X
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		X
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		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a		X
	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	11b		×
	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	11c		×
	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	11d		×
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 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	11e		×
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		x
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	12b		×
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14 a	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	14b		×
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
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		×
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		X.
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		×
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		X

Page 4

Part IV Checklist of Required Schedules (continued) Yes No 20 a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or 21 domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 21 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 27 If "Yes," complete Schedule I, Parts I and III 22 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the 23 organization's current and former officers, directors, trustees, key employees, and highest compensated X employees? If "Yes," complete Schedule J. . . . 23 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a . . . . . . 24a 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 . . . . . . . . 24c d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . 24d 25a 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 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? 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 X disqualified persons? If "Yes," complete Schedule L, Part II . . . 26 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, 27 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 Was the organization a party to a business transaction with one of the following parties (see Schedule L, 28 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 A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete 28b 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 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified 30 30 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, 31 X 31 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," 32 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, 34 34 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? . . . . . . . 35a If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2... 35b Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable 36 36 Did the organization conduct more than 5% of its activities through an entity that is not a related organization 37 and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, X 37 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 Form 990 (2017)

	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . 1a	1.51		, 14 , 14
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable . 1b	'	ູ່ເງ່	- 5 3
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
_	reportable gaming (gambling) winnings to prize winners?	1c	\	1.3533
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	3.1	7. 19	7.00 V
	Statements, filed for the calendar year ending with or within the year covered by this return 2a		-13-15	
ь	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Jing Tu	14.43° 1
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O.	3b		<u> </u>
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
Tu	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		X
b	If "Yes," enter the name of the foreign country. ▶	15. C		
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts	્રિ. ફુર્ન 21 .:38		
	(FBAR).	77.0	201	問題
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? .	5a		<u>X</u>
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	_		X
<b>.</b>	organization solicit any contributions that were not tax deductible as charitable contributions? If "Yes," did the organization include with every solicitation an express statement that such contributions or	6a		<del>^</del>
b	qifts were not tax deductible?	6ь		
7	Organizations that may receive deductible contributions under section 170(c).	12 5 F	P. Ja	<b>经有效的</b>
'a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods		30.7	
	and services provided to the payor?	7a	Jana	X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year		述語	雄的
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		·
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?.	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?  Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	7h	419.5	CWCMEA
8	sponsoring organization have excess business holdings at any time during the year?	8	_1.6A	W.C.
9	Sponsoring organizations maintaining donor advised funds.	3.CV	- 19.7.15	5
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a	22262	Marai.
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:	1,50	in	
а	Initiation fees and capital contributions included on Part VIII, line 12		<b>#</b>	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	1 . 4		
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders	7.		32
ь	Gross income from other sources (Do not net amounts due or paid to other sources	•	1	
	against amounts due or received from them.)	100	3 3	E L
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  If "Yes," enter the amount of tax-exempt interest received or accrued during the year   12b	12a	- '5	* , ' ; }
b	Section 501(c)(29) qualified nonprofit health insurance issuers.		* * * *	\$
13	Is the organization licensed to issue qualified health plans in more than one state?	13a		. 1
а	Note. See the instructions for additional information the organization must report on Schedule O		78-3	25
b	Enter the amount of reserves the organization is required to maintain by the states in which	1	2	25.
	the organization is licensed to issue qualified health plans	ا، ا	3	1 Tag .
C	Enter the amount of reserves on hand			55
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	000	
		Forn	ո 990	(2017)

5480 Club INC

54-0788156

Page 6

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Section A. Governing Body and Management No Yes 1a 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. Enter the number of voting members included in line 1a, above, who are independent 1b 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 Did the organization delegate control over management duties customarily performed by or under the direct 3 supervision of officers, directors, or trustees, or key employees to a management company or other person? 3 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 5 Did the organization have members or stockholders? 6 6 Did the organization have members, stockholders, or other persons who had the power to elect or appoint 7a Are any governance decisions of the organization reserved to (or subject to approval by) members, 7b 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following The governing body? 8a Each committee with authority to act on behalf of the governing body? 8b 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.) Yes No 10a Did the organization have local chapters, branches, or affiliates? 10a 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? 10b Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a 11a Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 12a . . . . . 12a Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? b 12b Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," 12c 13 Did the organization have a written whistleblower policy? . . 13 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 . . . 15a Other officers or key employees of the organization . . . . . 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement 16a 16a \$ 1965 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 16b Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶ 17 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) 18 available for public inspection. Indicate how you made these available. Check all that apply. ■ Upon request ☐ Other (explain in Schedule O) Own website ☐ Another's website Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and 19 financial statements available to the public during the tax year. 20 State the name, address, and telephone number of the person who possesses the organization's books and records. ▶ JOSHAR Drondowski, TREASURER 757-930-0491

	5480	Club	tre
--	------	------	-----

Form 990 (2017)

54-0788156

Page :

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
  - List all of the organization's current key employees, if any See 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 no	or any relate	d orga	anız			ompe	nsa	ited any curren	t officer, director	, or trustee.
(A) Name and Title	(B) Average hours per week (list any	box,	unles	Pos neck ss pe	rson	e than o is both or/trust	an tee)	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	hours for related organizations below dotted line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) John Edwards: President (2) Alberto Blos	10			×						
(2) Alberto Blos	16			у.						
(3) Ren Gotman	6			×						
14 TOE Drozoows(C)	10			×						
5 TOUN SArgent Director	6			Х						
16) Bernie Gürleich Director	<b></b>			×						
17) Toe Roser Director	<i>-</i> ∕6			×						
(8) Keuin Conscil	9			×						
1) Robie De Bartelo Director	4			Y						
Director	Υ			X						
(11)										-
(12)						:				
(13)										
(14)										

Form 990 (2017) 5480 Club INC 54-0788/56

	(A) Name and title	(B) Average hours per	box,	ot ch unles	Pos eck s pe	rson	e than o	n an	(D) Reportable compensation	(E) Reportab	n from	(F) Estimated amount of
	•	week (list any hours for related organizations below dotted line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	related organizatio (W-2/1099-N	ons	other compensation from the organization and related organizations
(15)												
(16)												
(17)												-
(18)												
(19)												
(20)					_							
(21)												
(22)												
(23)												
(24)												
(25)												
1b	Sub-total							<b>•</b>				
c d	Total from continuation sheets to Part Total (add lines 1b and 1c)	VII, Sectio						<b>•</b>				
2	Total number of individuals (including but reportable compensation from the organization)	not limited						) wl	ho received mo	ore than \$10	00,00	O of
3	Did the organization list any former off employee on line 1a? If "Yes," complete S	icer, direct	tor, o	r tru	uste ndr	e, l	key e	mp	loyee, or high	est compe	nsate	Yes No
4	pulse COPO III, EC-Dro. Library											
5	Did any person listed on line 1a receive of for services rendered to the organization?									ation or ind	ividua	
Section	on B. Independent Contractors											
1	Complete this table for your five highest of compensation from the organization. Rep year.											
	(A) Name and business addr	ess							(B) Description of se	rvices		(C) Compensation
	po Compens	atio	W									
	All VoluNI	teer	- ک									
2	Total number of independent contractor received more than \$100,000 of compensations.		-					the	ose listed abo	ve) who		

Form 990 (2017)

## 5480 Club INC 54-0788156

Par	t VIII	Statement of Revenue				
		Check if Schedule O contains a response or not	e to any line in thi	s Part VIII		
	, .,		(A) Total revenue	(B) Related or	(C) Unrelated	(D) Revenue
7.11	, ,,		- Total levelide	exempt	business	excluded from tax
-	. ;			function revenue	revenue	under sections 512-514
<del>بة كة</del>	1a	Federated campaigns . 1a 4	*X*** *	100		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
r a	b	Membership dues . 1b			1. 经分别表现	
عَ 5	C	Fundraising events . 1c				10000000000000000000000000000000000000
fts	d	Related organizations . 1d		1.5	The state of the state of	
Contributions, Gifts, Grants and Other Similar Amounts	l u	Government grants (contributions) 1e		No strate		
Sir	e	All other contributions, gifts, grants,				
i i	f					
들	i	The similar amounts not included above				
ont d	g	Noncash contributions included in lines 1a-1f \$	ب المنظمة المسلمة المنظمة		1.2 7 - 1.3 - 1.0 1 2 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Mark Tarin 1994
	h	Total. Add lines 1a-1f	<b>&gt;</b>	**************************************	CHECKEN SHIP	
age .		Business Cod	e Similaria		The second of th	التُنَّانُحُشْنُ فَسَعَالِكُمُ
, Ker	2a					
æ	b					
<u>3</u> .	С					
en G	d					
Ē	e					
Program Service Revenue	f	All other program service revenue .				
P.	g	· -	<b>&gt;</b>	N. W. S. Carlo	APPENDED TO	CARREL CONTROL TO
	3	Investment income (including dividends, interes	t.			(
		and other similar amounts)	•			
	4	Income from investment of tax-exempt bond proceeds		<del> </del>		
	1					
	5	Royalties	37. 3 3.272. 30	THE WATER COMME	1719 / 1925 PP - 1889 PR	验验的现在分子的性性的。
		1	7	4. 经共享的		
	6a	Closs terms				
	b	Less: rental expenses				
	C	Rental income or (loss) 28800 178,00				
	d	Net rental income or (loss)	267600			
	7a	Gross amount from sales of (i) Securities (ii) Other				
	ĺ	assets other than inventory				
	b	Less cost or other basis				
		and sales expenses .				
	С	Gain or (loss) .			7 / th 6 / 1 / 1	
	d	Net gain or (loss)			1	ATTA MERITAGE LANGUES AND COMMEN
	_	(101 gam or (100)	TATE post-fall	534.787-1879	Y Y HOW WHAT AND	THE REPORT OF THE
nue	8a	Gross income from fundraising				
	00	events (not including \$				
Other Reve	1	of contributions reported on line 1c).				
Œ	i	See Part IV, line 18 a	3,5,2	<b>经验</b> 公司。		
ř	١.					
ŏ	1	Ecos: direct experiess :				3/1
		Net income or (loss) from fundraising events		•		·
	9a	Gross income from gaming activities. See Part IV, line 19 a	'		154254	H_NX K
		<u> </u>	_		, % 1 fr. 8	• *
	b	Less: direct expenses b				
	С	Net income or (loss) from gaming activities	$\cdot$	<u></u>		
	10a	Gross sales of inventory, less				
		returns and allowances a				
	Ь	Less: cost of goods sold b				
		Net income or (loss) from sales of inventory				
	<del></del>	Miscellaneous Revenue Business Cod	e	*		•
	11a		0	<del> </del>	<u> </u>	
			<del>  さ</del>			
	b		<u> </u>			·
	C	All other recomme	1/1/2/2	<u> </u>		
	ď	All other revenue	10,162			
		Total. Add lines 11a–11d	16,662			
	12	Total revenue. See instructions	1224,362	<u>†                                    </u>		

Form 990 (2017)

54-0788156

Balance Sheet Part X Check if Schedule O contains a response or note to any line in this Part X (B) (A) Beginning of year End of year 1 Cash-non-interest-bearing 1 2 Savings and temporary cash investments 2 Pledges and grants receivable, net . 3 3 Accounts receivable, net . 4 4 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L . . 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 Assets  $\mathcal{O}$ 7 Notes and loans receivable, net . 7 Inventories for sale or use . 8 9 Prepaid expenses and deferred charges Land, buildings, and equipment: cost or 10a other basis Complete Part VI of Schedule D 10a 10b 10c Less: accumulated depreciation . . . 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 Intangible assets 0 15 Other assets. See Part IV, line 11 . . . 15 16 16 Total assets. Add lines 1 through 15 (must equal line 34) 17 17 Accounts payable and accrued expenses 18 Grants payable . . . . . . . . 18 Deferred revenue . . . . . 19 19 Tax-exempt bond liabilities . 20 20 Escrow or custodial account liability. Complete Part IV of Schedule D. 21 21 Loans and other payables to current and former officers, directors, 22 Liabilities trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 23 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 24 Other liabilities (including federal income tax, payables to related third 25 parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D . . . . . . . . . . . 25 Total liabilities. Add lines 17 through 25 . 26 Organizations that follow SFAS 117 (ASC 958), check here ▶ Fund Balances complete lines 27 through 29, and lines 33 and 34. Unrestricted net assets . 27 27 28 28 Temporarily restricted net assets . . . 29 Permanently restricted net assets . . . . . . . . . 29 Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 30 through 34. Assets or CO 30 Capital stock or trust principal, or current funds . 31 Paid-in or capital surplus, or land, building, or equipment fund . . . 31 32 32 Retained earnings, endowment, accumulated income, or other funds. Š 33 33 Total net assets or fund balances . Total liabilities and net assets/fund balances

As a result of a federal award, was the organization required to undergo an audit or audits as set forth in

If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

Form 990 (2017)

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.

Open to Public Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or 990-EZ. ► Go to www.irs.gov/Form990 for the latest information.

יידישוחליטו זוה טושמווגמווטו 5480 Club Inc

Employer identification number 54-0788156

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. ATXI01

Schedule O (Form 990 or 990-EZ) (2016)