Form	.990-T ∫ 🤇		i̇̀xempt Orα	ganization B	usine	ss Income T	ax Return	۱	OMB No 1545-0687	
	`,	C S	/ lendar year 2017 or other t	(and proxy tax u ax year beginning <u>JUL</u>			NT 30 201	8-	2017	
		Porca		vww irs gov/Form990T fo				$\mathbb{Z}_{\mathcal{L}}$	2017	
Depar Intern	rtment of the Treasury al Revenue Service			mbers on this form as it					pen to Public Inspection fo 01(c)(3) Organizations Only	
A [Check box if		•	(Emplo	ver identification number yees' trust, see					
	address changed							instruc	tions) 7-0103430	
	xempt under section									
] 501(c)(3)] 408(e)	Туре		room or suite no. If a P.U. T MAIN STRE	-	ISTRUCTIONS		E Unrelated business activity codes (See instructions)		
F	1408(e)220(e) 1408A530(a)			province, country, and Z		n postal code				
	529(a)		CARRBORO,		00.0.9					
C Bo	ook value of all assets end of year			number (See instructions	.) ▶		•			
	1,115,1			1 type X 501(c)	corporation	501(c) trust	401(a)	trust	Other trust	
			ary unrelated business							
				n an affiliated group or a p	arent-subs	idiary controlled group?	▶ L	Yes	No No	
			tifying number of the p			Talanh	one number 🕨 9	10 0	60 6602	
-			<u>KAREN KINC</u> de or Business			(A) Income	(B) Expenses		(C) Net	
	Gross receipts or sale		<u> </u>			(//) ///00///0	(B) Exponed		(0) 1101	
	1			c Balance	▶ 1c					
2	Cost of goods sold (S		A, line 7)		2					
3	Gross profit Subtrac			<i>[</i> \ \	3					
4 a	Capital gain net incor	ne (attac	ch Schedule D)		4a					
b	Net gain (loss) (Form	4797, F	Part II, line 17) (attach l	Form 4797)	4b					
C	Capital loss deduction				4c	-	•			
5			nips and S corporation	s (attach statement)	5					
6	Rent income (Schedi		ma (Cahadula E)		6		<u> </u>			
7 8	Unrelated debt-finance			led organizations (Sch. F)						
9				17) organization (Schedul					-	
10	Exploited exempt act			.,g (10					
11	Advertising income (-			11	_				
12	Other income (See in	structio	ns; attach schedule)		12					
13	Total. Combine lines			•	13	0.				
Pa				here (See instructior must be directly conne			s income)			
			rectors, and trustees (14		
14 15	Salaries and wages	iicers, u	rectors, and trustees (Scriedule K)				15		
16	Repairs and mainter	nance						16		
17	Bad debts							17		
18	Interest (attach sch	edule)						18		
19	Taxes and licenses							19		
20	Charitable contribut	ions (Se	e instructions for limit	ation rules)	ECE	VED		20		
21	Depreciation (attach	Form 4	te instructions for limiting 562) In Schedule A and else Incompensation plans		LULI					
22	Less depreciation of	iaimed o	n Schedule A and else	wnere on return	10v 21	7018 128/2		22b 23		
23 24	Contributions to def	forrad or	omnonestion plane	181	AUA T			24		
	Employee benefit pr				OGDE	NIIT		25		
26	Excess exempt expe				JUUE	14, 01		26		
27	Excess readership of							27		
25 26 27 28	Other deductions (a							28		
29	Total deductions							29	0	
29 30				rating loss deduction. Sul	btract line 2	9 from line 13		30	0	
31			n (limited to the amour		.			31		
				deduction. Subtract line		30		32	1,000	
32	Specific deduction (33 instructions for except		than line 30 enter the en	naller of zero or	33	1,000	
33			Lincome Cubtract line	າ ໃໃ from line ໃຕ່ ໄ≉ line ຕ		man mis az, emel me Sil	ialici vi 2610 Ul	1 1		
	Unrelated business	taxable	e income Subtract line	e 33 from line 32. If line 3	o is greater			34	0	

Form 990-1	(2017) CLUB NOVA COMMUNITY INC		27-010	03430	Page 2
Part I					
35	Organizations Taxable as Corporations See instructions for tax computation				
•	Controlled group members (sections 1561 and 1563) check here ▶ ☐ See instructions a	nd.			
•	Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that ord				
a		ici <i>j</i> .	1]	
	(1) \$ (2) \$ (3) \$				
D	Enter organization's share of: (1) Additional 5% tax (not more than \$11,750)		ļ		
	(2) Additional 3% tax (not more than \$100,000)				_
C	Income tax on the amount on line 34		>	35c	0.
36	<u>Trusts Taxable at Trust Rates</u> <u>See instructions for tax computation</u> . Income tax on the amount	it on line 3	4 from.		
	Tax rate schedule or Schedule D (Form 1041)		>	36	
37	Proxy tax See instructions	37			
38	Alternative minimum tax			38	
39	Tax on Non-Compliant Facility Income See Instructions			39	
40	Total. Add lines 37, 38 and 39 to line 35c or 36, whichever applies			40	0.
Part I				1. 40	<u></u>
	- 1	44-		T .	
	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	41a	· 	-	
b	Other credits (see instructions)	41b		4	
C	General business credit. Attach Form 3800	41c		_	
d	Credit for prior year minimum tax (attach Form 8801 or 8827)	41d		_	
е	Total credits Add lines 41a through 41d			41e	
42	Subtract line 41e from line 40			42	0.
43	Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8	866 🔲	Other (attach schedule)	43	
44	Total tax Add lines 42 and 43			44	0.
	Payments: A 2016 overpayment credited to 2017	45a			
	2017 estimated tax payments	45b		1	
	Tax deposited with Form 8868			1	
	·	45c		-	
	Foreign organizations: Tax paid or withheld at source (see instructions)	45d		-	
	Backup withholding (see instructions)	45e	5,309	-	•
f	Credit for small employer health insurance premiums (Attach Form 8941)	<u>. </u>			
g	Other credits and payments: Form 2439				
	Form 4136 Other Total ▶	45g	 	_	
46	Total payments. Add lines 45a through 45g	46	<u>5,309.</u>		
47	Estimated tax penalty (see instructions). Check if Form 2220 is attached			47	
48	Tax due. If line 46 is less than the total of lines 44 and 47, enter amount owed		•	48	
49	Overpayment If line 46 is larger than the total of lines 44 and 47, enter amount overpaid	•	49	5,309.	
50	Enter the amount of line 49 you want: Credited to 2018 estimated tax		Refunded >	50	5,309.
	Statements Regarding Certain Activities and Other Informat	ion (see		1 00 1	<u> </u>
51	At any time during the 2017 calendar year, did the organization have an interest in or a signature				Yes No
٥,	over a financial account (bank, securities, or other) in a foreign country? If YES, the organization		•		103 110
	, , , , , , , , , , , , , , , , , , , ,	•			,
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the	e loreign c	ountry		
	here >				_ <u>X</u>
52	During the tax year, did the organization receive a distribution from, or was it the grantor of, or t	transferor	to, a foreign trust?		<u> </u>
	If YES, see instructions for other forms the organization may have to file.				,
53	Enter the amount of tax-exempt interest received or accrued during the tax year > \$:
۵.	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer.	d statements arer has any	, and to the best of my kno knowledge	wledge and belie	f, it is true,
Sign				May the IRS discus	e this return with
Here	Willy MINT 14 NOW SE TREASUR	ne preparer shown			
	Signature of officer Date Title	structions)?	- '— I		
	Print/Type preparer's name Preparer's signature Da	ate	Check	ıf PTIN	
D-:-1		./ .+	self- employed		
Paid	ROBIN MCDUFFIE Gover M. Buffee 1	(1//4/	18		98611
Prepa	The state of the s	+ +	Firm's EIN ▶		304727
Use C			FIIIISEIN	20-1	<u> </u>
	1414 RALEIGH RD, SUITE 300		Dhanana	(010)04	2 0700
	Firm's address ► CHAPEL HILL, NC 27517		Phone no.	<u>(919)94</u>	
				Forn	n 990-T (2017)

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