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# 990-EZ

Bepartment of the Treasury Internal Revenue Service

# Short Form Return of Organization Exempt From Income Tax

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

Sponsoning organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions).

All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No. 1545-1150

2011

Open to Public Inspection

_ Za	For the	2011 calenda	ar year, or tax year beginning July 1	, 2011,	and ending	Ju	ne 30	, <b>2</b> 0 12	
æ	Check if ap	ck if applicable C Name of organization D Em		D Emplo	Employer identification number				
	Address cl	s change STARFLEET, The International Star Trek Fan Association					68-0290194		
	Name cha						one number	<del></del>	
$\Box$	Initial retur		PO Box 8213				905-877-9435		
$\exists$ $\vdash$	Terminate	-	City or town, state or country, and ZIP + 4		·	F Groun	Exemption		
ѷӉ	Amended Application		Bangor, ME 04402				per ▶		
G		ing Method:	✓ Cash		н	Check ▶	if the org	anization is not	
	Websit	-	.sfi.org				to attach Scho		
J	Tax-exem	npt status (che	eck only one) —	rt no.) 4947(a)(1) or	527	(Form 990	0, 990-EZ, or	990-PF).	
	Check ▶		e organization is not a section 509(a)(3) supporting orga		527 organizati	on and its	gross receipts	s are normally	
	not more		00. A Form 990-EZ or Form 990 return is not required t						
			oses to file a return, be sure to file a complete return.						
L	Add lines	5b, 6c, and 7	b, to line 9 to determine gross receipts. If gross receipts	are \$200,000 or more,	or if total asset	s (Part II,			
ı	ine 25, co	olumn (B) belo	ow) are \$500,000 or more, file Form 990 instead of Form 9	90-EZ			<b>▶</b> \$	71158	
F	art I	Revenu	e, Expenses, and Changes in Net Assets	or Fund Balanc	es (see the	instruct	ions for Pa	rt I.)	
		Check if	the organization used Schedule O to respond	to any question	in this Part I			🗆	
	1	Contribution	ons, gifts, grants, and similar amounts received	,			1	1851	
	2	Program se	ervice revenue including government fees and c	ontracts		[	2	0	
<b>S</b>	3	Membersh	nip dues and assessments			[	3	47,345	
7 7 7	4	Investment	t income			[	4	38	
	5a	Gross amo	ount from sale of assets other than inventory	<b>5</b> a	İ	10137			
<b>∌</b> ≓	b	Less: cost	or other basis and sales expenses	4650					
	c	Gain or (los	ss) from sale of assets other than inventory (Sub	5c	5487				
UEC	6	Gaming an	nd fundraising events	<u> </u>					
<u> </u>	a	Gross inc	ome from gaming (attach Schedule G if g	reater than					
뜄	1	\$15,000) .		<u>6a</u>		0			
图	b		ome from fundraising events (not including \$		f contributio	ns			
	1		raising events reported on line 1) (attach Sched			ŀ	Ī		
SCANNED		sum of suc	ch gross income and contributions exceeds \$15	,000) <u>[6b</u>		0			
w	C		ct expenses from gaming and fundraising events			0	ł		
	d		e or (loss) from gaming and fundraising events	; (add lines 6a and	d 6b and su	btract			
	1	line 6c) .				· ·	6d	0	
	7a		es of inventory, less returns and allowances .			11185			
	b		of goods sold	<u>7b</u>	<u> </u>	3488			
	C		fit or (loss) from sales of inventory (Subtract line			· ·	7c	7697	
	8		enue (describe in Schedule O)			·	8	602	
-	9		<u> </u>			. 🏲 📙	9	63020	
	10		nts and similar amounts paid (list in Schedule O)					4,250	
(0	11 12	•	aid to or for members	10: F	11	0			
Expenses	13	•	nal fees and other payments to independent con	$\sim$ -	12	0			
ě	. 14		· ·	<b>છ</b>   ⊢	13 14				
ă	15		ncy, rent, utilities, and maintenance				15	20,584	
ш	16	Printing, publications, postage, and shipping					16	8,418	
	17	•	enses. Add lines 10 through 16			-	17	33,252	
_	10		(deficit) for the year (Subtract line 17 from line 9				18	29768	
ets	19		s or fund balances at beginning of year (from I					23700	
188	1.					ľ	19	60,530	
Net Assets	20	•	nges in net assets or fund balances (explain in S			<b>⊢</b>	20	00,030	
ž	21		s or fund balances at end of year. Combine lines	·			21	90298	

Form **990-EZ** (2011)

Pa	rt II Balance Sheets. (se		•	· -			
	Check if the organizat	on used Schedule	O to respond to ar	ny question in this		<del></del>	🗆
					(A) Beginning of year	-	(B) End of year
22	Cash, savings, and investme				50,383	+==+	77,842
23	Land and buildings				40.447	23	
24	Other assets (describe in Sch Total assets	•			10,147 60,530	+	12456
25 26	Total liabilities (describe in S				60,530	26	90298
27	Net assets or fund balance				60,530		90298
	t III Statement of Program		<del> </del>		<u> </u>	121	30230
	Check if the organizat		•		•	(Da.	Expenses
Wha	t is the organization's primary e			., 4250			quired for section (c)(3) and 501(c)(4)
	cribe the organization's program	• • •		f ite three largest	orogram services		anizations and section
	neasured by expenses. In a cl					1	7(a)(1) trusts; optional others.)
pers	ons benefited, and other relevan	nt information for ea	ch program title.				
28							
	(Grants \$	) If this amount	includes foreign gra	ints, check here .	▶ 📙	28a	1
29							
	***************************************						•
	(Grants \$	\ If this amount	includes foreign are	ente chook horo		29a	
30			includes foreign gra			200	·
-							
	(Grants \$	) If this amount	includes foreign gra	ints. check here .	▶ 🗍	30a	
31	Other program services (descr						
	(Grants \$	) If this amount	includes foreign gra	ints, check here .	▶ 🗆	31a	n
	Total program service expen					32	
Par	t IV List of Officers, Director						•
	Check if the organizat	on used Schedule		ny question in this  (c) Reportable	Part IV (d) Health benefits,	<del></del>	· · · · <u>L</u>
	(a) Name and addres:	s	(b) Title and average hours per week	compensation	contributions to employ		
	<b>(,</b>		devoted to position	(Forms W-2/1099-MIS (if not paid, enter -0-			other compensation
See	Schedule O				<u> </u>		
						$\bot$	
	·					+	
		•••••				1	
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		<u>_</u>	<u> </u>		<del></del>		<u> </u>
			I	1	1	- 1	

Part				
	instructions for Part V.) Check if the organization used Schedule O to respond to any question in this	Part		
20	Did the experience expense in any significant activity not provide to the IDSO If (IVes " provide a		Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33		✓
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business	34		_
	activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a	✓	
	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b	<b>✓</b>	
С	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		1
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets	330		-
	during the year? If "Yes," complete applicable parts of Schedule N	36		1
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions.			,
b 38a	Did the organization file <b>Form 1120-POL</b> for this year?	37b	2	✓
<b>50</b> a	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? .	38a	1	7
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b			<u> </u>
39	Section 501(c)(7) organizations. Enter:	,	1	
a	Initiation fees and capital contributions included on line 9	ĺ		
ь 40а	Gross receipts, included on line 9, for public use of club facilities			
40a	section 4911 ► ; section 4912 ► ; section 4955 ►			
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit			
	transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been			
	reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		<u> </u>
С	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		-
41	List the states with which a copy of this return is filed. ▶ NC	_		
42a		50-92		0
ь	Located at ▶ 9020 N State Rd 53, Madison, FL ZIP + 4 ▶ At any time during the calendar year, did the organization have an interest in or a signature or other authority over	32340	Yes	No
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	103	<b>√</b>
	If "Yes," enter the name of the foreign country: ▶			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank			
_	At any time during the colonder year, did the organization maintain an office outside the U.S.2	40-	,	ł
С	At any time during the calendar year, did the organization maintain an office outside the U.S.?	42c	✓	<u> </u>
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here			▶ □
	and enter the amount of tax-exempt interest received or accrued during the tax year			
			Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	- 44a		1
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		1
C	Did the organization receive any payments for indoor tanning services during the year?	44c		1
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O			
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	44d 45a	<del> </del>	1
45a 45b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the	700		┪
· <del>-</del>	meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b		1

om 99	0-EZ (2011)					P	age
46	Did the organization engage, directly or to candidates for public office? If "Yes,"					Yes	No
Dowl							_ ✓
Part	Section 501(c)(3) organization 501(c)(3) organizations and sec and 52, and complete the table Check if the organization used Section 1.	tion 4947(a)(1) none: s for lines 50 and 51	cempt charitable tru	sts must answer que	•		) 
						Yes	No
47	Did the organization engage in lobbying year? If "Yes," complete Schedule C, Pa		section 501(h) election	_	tax 47		1
48	Is the organization a school as described	in section 170(b)(1)(A)(i	i)? If "Yes," complete S	Schedule E	. 48		1
49a	Did the organization make any transfers						1
b	If "Yes," was the related organization as	section 527 organization	on?		. 49b		1
50	Complete this table for the organization employees) who each received more that						
	(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimate other con		
None					•	_	
					•		
f	Total number of other employees paid o	ver \$100.000	. •	<u> </u>			
51	Complete this table for the organization \$100,000 of compensation from the organization	n's five highest compe	ensated independent	contractors who each	received	more	tha
(a)	Name and address of each independent contractor p	paid more than \$100,000	(b) Type of serv	ice (c)	Compensati	on	
None							
				-			
				··		·	
d		•	· · · · · · · · · · · · · · · · · · ·	<u> </u>			
52	Did the organization complete Schedule nonexempt charitable trusts must attack			and 4947(a)(1)	► □ Yes		NI

Sign Here	Signature of officer  David Blaser, Commander of		Date				
	Type or print name and title	or or an electric residency					
Paid Preparer	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed PTIN			
Use Only	Firm's name ▶		Firm's EIN ▶				
	Firm's address ▶		Phone no				
May the IRS	discuss this return with the pr	eparer shown above? See instruction	ons	· · · · ▶ ☐ Yes ☐ No			

#### SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

## 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.

OMB No. 1545-0047

2011

Open to Public Inspection

STARFLEET, The International Star Trek Fan Association, Inc.	68-0290194
Part 1 - Line 8 - Other Revenue	
CQ Advertising Income - \$602,	
Part 1 - Line 10 - Scholarships Awarded	
Debbie Blaser, 74072-269 Guelph St, Georgetown, ON L7G 4B5 - \$500 paid to Sheridan College (Davis	Campus)
Catherine M. Andronik, 531 Lake Ave, Bridgeport, CT 06605 - \$500 paid to Charles Sturt University	
Paula Luther, 861 Smith Dr, York, PA 17408 - \$500 paid to Laramie County Community College	
Jeffrey Triz, 5152 Richmond Ave, Blasdell, NY 14219 - \$500 paid to Bryant and Stratton College	······
Juanita Marie Burlew, 24116 62nd Way S #16-202, Kent, WA 98032 - \$500 paid to Green River Commun	ity College
Andrey Kuznetsov, 712 Joree Ln, San Ramon, CA 94582 - \$500 paid to University of California Santa C	
Emma Hanashiro, PO Box 803276, Santa Clarita, CA 91380 - \$500 paid to Pitzer College	102
Christopher Bishop, 203 Loudon Rd Unit 521, Concord, NH 03301-6078 - \$500 paid to Keene State Coll	ege
Jeffrey Triz, 5152 Richmond Ave, Blasdell, NY 14219 - \$250 paid to Bryant and Stratton College	······································
Part 1 - Line 15: Printing, Publications, Postage & Shipping	
Membership Processing Printing - \$8,185 Bi-Monthly CQ - \$12,399 - Total - \$20,584	
Part 1 - Line 16: Other Expenses	
Bank Fees - \$211, Bond & Liability Insurance - \$2,936, PayPal/Credit Card Fees - \$2,288, New Equipme	nt Software - \$1,184,
Office Supplies - \$1,619, Web Hosting - \$180 - Total - \$8,418	
Part II - Line 24: Other Assets	
Inventory - \$11637, Election Reserve - \$819, Total Other Assets - \$12456	
Part III - Statement of Program Service Accomplishments: What is the Organization's primary exempt	purpose?
The Organization's primary exempt purpose is to provide the means for enhancing the enjoyment and	appreciation of Star Trek in all of its
various forms by promoting the philosophy, ideals, and spirit of the Star Trek Universe, especially as	expressed in the concepts of Infinite
Diversity in Infinite Combinations (IDIC). We also promote social and ecological responsibility, interna	tional friendship and fellowship,
community and humanitarian service and space exploration. We allow members a collective means to	engage in charitable and other
worthwhile activities under laws of the United States of America. We support higher education by esta	

variety of specialized scholarships to members.

Schedule O (Form 990 or 990-EZ) (2011)					Page <b>2</b>
lame of the organization STARFLEET, The International Star Tr	rek Fan Association. Inc.	Employ	er identific 68-0	ation nun 290194	
• 0					
Part IV - List of Officers, Directors, Tru	ustees, and Key Employees				
Name and Address	Title	с)	d) e	e)	
David Blaser	Commander/President	0	0 (	0	
260 Guelph St	20 hours				
Box 74072					
Georgetown, Ontario, L7G 5L1		••••			
Canada		••			
Bran Stimpson	Vice Commander/Vice President	••	0	0	0
1114 Racine St	20 hours				
Aurora, CO 80011					
Joseph Sare	Operations Officer	0	0	0	
2716 Sinclair Ave	20 hours				
Waterford, MI 48328					
Michalel Dugas	Communications Officer	0	0	0	•••
404 NW 36th St Terrace	20 hours				
Blue Springs,MO 64015-2594					
Peg Pellerin	Academy Director	0	0	0	••••••
180 S Reynolds Rd	20 hours	*			
Winslow, ME 04901-0806					
Chris Carothers	Operations Officer	0	0	0	
2762 Yarnali Rd	20 hours				
Halethorpe, MD 21227-4813		*			
Linda Olson	Chief Financial Officer	0 ·	0	0	
9020 N State Rd 53					
Madison, FL 32340-3541					