See a Social Security Number? Say Something!
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Or call the IRS Identity Theft Hotline at 1-800-908-4490

Form **990-EZ**

Short Form
Return of Organization Exempt From Income Tax

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

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

▶ Information about Form 990-EZ and its instructions is at *www.irs.gov/form990*.

OMB No 1545-1150

2015

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the 2015 calendar year, or tax year beginning July 1 , 2015, and ending June 30 , 20 15

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final return/terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
STARFLEET, The International Star Trek Fan Association, Inc.

Number and street (or P O box, if mail is not delivered to street address) | Room/suite
PO Box 391

City or town, state or province, country, and ZIP or foreign postal code
Valdosta, GA 31601

D Employer identification number
68-0290194

E Telephone number
888-734-8735

F Group Exemption Number ▶

G Accounting Method: ☑ Cash ☐ Accrual Other (specify) ▶

H Check ▶ ☑ if the organization is **not** required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

I **Website:** ▶ www.sfi.org

J **Tax-exempt status** (check only one) – ☐ 501(c)(3) ☑ 501(c) (7) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

K Form of organization: ☑ Corporation ☐ Trust ☐ Association ☐ Other

L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are $200,000 or more, or if total assets (Part II, column (B) below) are $500,000 or more, file Form 990 instead of Form 990-EZ . . . . . ▶ $ 60711.15

Part I **Revenue, Expenses, and Changes in Net Assets or Fund Balances** (see the instructions for Part I)

Check if the organization used Schedule O to respond to any question in this Part I . . . . . ☑

	1	Contributions, gifts, grants, and similar amounts received		1	510
	2	Program service revenue including government fees and contracts		2	0
	3	Membership dues and assessments		3	52505
	4	Investment income		4	3
	5a	Gross amount from sale of assets other than inventory	5a 0		
	b	Less: cost or other basis and sales expenses	5b 0		
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)		5c	0
	6	Gaming and fundraising events			
	a	Gross income from gaming (attach Schedule G if greater than $15,000)	6a 0		
	b	Gross income from fundraising events (not including $ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds $15,000)	6b 0		
	c	Less: direct expenses from gaming and fundraising events	6c 0		
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)		6d	0
	7a	Gross sales of inventory, less returns and allowances	7a 11031		
	b	Less: cost of goods sold	7b 3338		
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		7c	7693
	8	Other revenue (describe in Schedule O)		8	0
	9	**Total revenue.** Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ▶		9	60711
Expenses	10	Grants and similar amounts paid (list in Schedule O)		10	5209
	11	Benefits paid to or for members		11	0
	12	Salaries, other compensation, and employee benefits		12	0
	13	Professional fees and other payments to independent contractors		13	0
	14	Occupancy, rent, utilities, and maintenance		14	371
	15	Printing, publications, postage, and shipping		15	46527
	16	Other expenses (describe in Schedule O)		16	9983
	17	**Total expenses.** Add lines 10 through 16 ▶		17	62090
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18	(1379)
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)		19	98143
	20	Other changes in net assets or fund balances (explain in Schedule O)		20	0
	21	Net assets or fund balances at end of year. Combine lines 18 through 20 ▶		21	96764

Part II Balance Sheets (see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II . . . . . ☐

		(A) Beginning of year		(B) End of year
22	Cash, savings, and investments	80253	22	75684
23	Land and buildings	0	23	
24	Other assets (describe in Schedule O)	17890	24	21080
25	**Total assets**	98143	25	96764
26	**Total liabilities** (describe in Schedule O)		26	
27	**Net assets or fund balances** (line 27 of column (B) **must** agree with line 21)	98143	27	96764

Part III Statement of Program Service Accomplishments (see the instructions for Part III)

Check if the organization used Schedule O to respond to any question in this Part III . . ☑

What is the organization's primary exempt purpose? **See Schedule O**

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

Expenses (Required for section 501(c)(3) and 501(c)(4) organizations, optional for others.)

28 ---

(Grants $) If this amount includes foreign grants, check here . . . . ▶ ☐ 28a

29 ---

(Grants $) If this amount includes foreign grants, check here . . . . ▶ ☐ 29a

30 ---

(Grants $) If this amount includes foreign grants, check here . . . . ▶ ☐ 30a

31 Other program services (describe in Schedule O) . . . . . .

(Grants $) If this amount includes foreign grants, check here . . . . ▶ ☐ 31a

32 **Total program service expenses** (add lines 28a through 31a) . . . . . ▶ 32

Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated—see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV . . . . . ☑

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
Wayne L Killough Jr - President (Deceased) (04/17/2016) 9815 Copper Creek Dr, APT 812 Austin, TX 78729	20	0	0	0
Robert Westfall - President 929 Park Ave Leavenworth KS 66048-5551	20	0	0	0
Hayden Segel - Vice President (Through 02/17/2016) 5744 Governor's Pond Circle Alexandria, VA 22310	20	0	0	0
Robin Woodall-Vitasek - Vice President 2535 Tom Sawyer Drive Apt E Reno NV 89512	20	0	0	0
Michael Garcia - Chief of Communications (Ended 10/2015 2059 Camden Ave #103 San Jose, CA 95124	20	0	0	0
Matthew Miller - Chief of Communications 151 Weaverville Rd Apt 33 Asheville, NC 28804	20	0	0	0
Peg Pellerin - Chief of Education Services 6 Getchell Lane Winslow, ME 04901	20	0	0	0
Laura Victor - Chief of Information Services 408 Giles Ave Middlesex NJ 08846-2007	20	0	0	0
Linda Olson - Chief Financial Officer 9020 N ST53 Madison FL 32340	20	0	0	0
Ruth Lane - Region 1 Board Trustee 2951 Pitt Rd Akron OH 44312	5	0	0	0
Ryan Case - Region 2 Board Trustee 307 Alder Cove Pearl MS 39208	5	0	0	0
Jeremy Carsten - Region 3 Board Trustee 5335 Gemsbuck Chase San Antonio TX 78251	5	0	0	0

Part V **Other Information** (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V ☐

			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 activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a	✔	
b	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	✔	
c	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		✔
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		✔
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a 0			
b	Did the organization file **Form 1120-POL** for this year?	37b		✔
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee **or** were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		✔
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b 0			
39	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on line 9 39a 52505.07			
b	Gross receipts, included on line 9, for public use of club facilities 39b 0			
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ 0 ; section 4912 ▶ 0 ; section 4955 ▶ 0			
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) 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		✔
c	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ 0			
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶ 0			
e	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 ▶ **North Carolina (NC)**			
42a	The organization's books are in care of ▶ **Linda Olson** Telephone no. ▶ **850-929-4990** Located at ▶ **9020 N. State Road 53 Madison FL** ZIP + 4 ▶ **32340-3541**			
b	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)? If "Yes," enter the name of the foreign country: ▶ See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	42b		✔
c	At any time during the calendar year, did the organization maintain an office outside the U.S.? If "Yes," enter the name of the foreign country: ▶	42c		✔
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 ▶ 43			
			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		✔
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		✔
c	Did the organization receive any payments for indoor tanning services during the year?	44c		✔
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	44d		✔
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		✔
b	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," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b		✔

		Yes	No
46	Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	46	✔

Part VI **Section 501(c)(3) organizations only**

All section 501(c)(3) organizations must answer questions 47–49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI . . . . . ☐

			Yes	No
47	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	47		✔
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48		
49a	Did the organization make any transfers to an exempt non-charitable related organization?	49a		✔
b	If "Yes," was the related organization a section 527 organization?	49b		✔

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than $100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and title of each employee	(b) 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) Estimated amount of other compensation

f Total number of other employees paid over $100,000 . . . . ▶

51 Complete this table for the organization's five highest compensated independent contractors who each received more than $100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation

d Total number of other independent contractors each receiving over $100,000 . . ▶ 0

52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations must attach a completed Schedule A . . . . . ▶ ☐ Yes ☑ No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Sign Here

▶ Signature of officer — Date: 02/15/2017

▶ Daniel J Toole Vice-President/Secretary
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN

Firm's name ▶ | Firm's EIN ▶

Firm's address ▶ | Phone no

May the IRS discuss this return with the preparer shown above? See instructions . . . . . ▶ ☐ 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.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990.*

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization	Employer identification number
STARFLEET, The International Star Trek Fan Association, INC	68-0290194

Part I, Line 10 Grants and Similar Amounts Paid :$5,209

- Miscellaneous Charitable Grants: $2,209

- Michael Denman 9750 Weedon Loop Bryan, TX 77808; $1,000 Scholarship

- Galen Pischke 3016 Mount Vernon Church Rd. Raleigh, NC 27613-7406; $1,000 Scholarship

- Margret Murphy 4884 Liberty Rd #153 Salem, OR 97306; $1,000 Scholarship

Part I, Line 16 - Other Expenses: $9,983

- Bond & Liability Insurance: $1,460

- Merchant Service Fees: $2,451

- Web Hosting: $261

- Quickbook Fees: $270

- International Conference Expenses: $5,541

Part II, Line 24 - Other Assets: $21,080 (Inventory: $13,080 & Election Reserve: $8,000)

Part III - Statement of Program Service Accomplishments What is the organization's primary exempt purpose?

To provide the meads for enhancing the enjoyment and appreciaton of Star Trek in all of its various forms by promoting the philosophy, ideal, 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, international 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 the laws of the United States of America. We support higher education by establishing, funding, and awarding a variety of specialized scholarships to members.

Part IV - Board of Directors (cont)

David G Nottage III 715 47th Avenue San Francisco CA 94121-3205 Region 4 Board Trustee 5 Hours 0 0 0

Patrick McAndrew 1307 N. 15th Ave Pasco WA 99301 Region 5 Board Trustee 5 Hours 0 0 0

David Kloempkin 7527 Derby Lane Shakopee MN 55379-7085 Region 6 Board Trustee 5 Hours 0 0 0

Wayne Augustson 11 Sarah Drive Lake Grove NY 11755 Region 7 Board Trustee 5 Hours 0 0 0

Owen Swart 274 Fern Avenue Ferndale Randburg Gaulen South Africa 2194 Region 8 Board Trustee 5 hours 0 0 0

Name of the organization	Employer identification number
STARFLEET, The International Star Trek Fan Association, INC	68-0290194

John Sullivan Majaka 51-7 Tallinn Estonia 11411 Region 9 Board Trustee 5 Hours 0 0 0

Paul Reid 2211-991 Cloverdale Avenue Victoria British Columbia Canada V8X2T5 Region 10 Board Trustee 5 Hours 0 0 0

David Hines PO Box 742 Darwin, Northeast Territories Australia 0800 Region 11 Board Trustee (Through 04/01/2016) 5 Hours 0 0 0

Donna Reed 45 McQueen Court Paralowee South Australia 5108 Region 11 Board Trustee 5 Hours 0 0 0

Chris Tolbert 5809 Cotton Gin Lane Ozark AR 72949 Region 12 Board Trustee 5 hours 0 0 0

Richard Smith 4316 Valencia Mussey, MI 48014 Region 13 Board Trustee 5 hours 0 0 0

Kenneth Purdie 138 Prentiss Street Orange MA 01364 Region 15 Board Trustee 5 Hours 0 0 0

Bran Stimpson 1114 Racine Street Aurora CO 80011 Region 17 Board Trustee 5 Hours 0 0 0

Daniel Adams 21 Emton Circle Creswell Worksop Nottinghamshire UK S8O 4 EJ Region 20 Board Trustee 5 Hours 0 0 0