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SCANNED OCT 26 2021

Form **990-EZ**
Department 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 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
2016
Open to Public Inspection

A For the 2016 calendar year, or tax year beginning 07-01, 2016, and ending 06-30, 2017

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 Associa
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: _____

F Group Exemption Number: 07

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. \$ 68,505

Part II 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 ☒		
Revenue	1 Contributions, gifts, grants, and similar amounts received	80
	2 Program service revenue including government fees and cont	16,884
	3 Membership dues and assessments	41,631
	4 Investment income	8
	5a Gross amount from sale of assets other than inventory	
	b Less cost or other basis and sales expenses	6,220
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	(6,220)
	6 Gaming and fundraising events	
	a Gross income from gaming (attach Schedule G if greater than \$15,000)	
	b Gross income from fundraising events (not including from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	4,796
Expenses	c Less direct expenses from gaming and fundraising events	
	d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	4,796
	7a Gross sales of inventory, less returns and allowances	5,106
	b Less cost of goods sold	
	c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	5,106
	8 Other revenue (describe in Schedule O)	
	9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	62,285
	10 Grants and similar amounts paid (list in Schedule O)	5,000
	11 Benefits paid to or for members	7,235
	12 Salaries, other compensation, and employee benefits	
Net Assets	13 Professional fees and other payments to independent contractors	186
	14 Occupancy, rent, utilities, and maintenance	
	15 Printing, publications, postage, and shipping	130
	16 Other expenses (describe in Schedule O)	36,114
	17 Total expenses. Add lines 10 through 16	48,665
	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	13,620
	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)	96,764
	20 Other changes in net assets or fund balances (explain in Schedule O)	(21,324)
	21 Net assets or fund balances at end of year. Combine lines 18 through 20	89,060

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	75,684	89,302
23 Land and buildings	0	0
24 Other assets (describe in Schedule O)	21,080	0
25 Total assets	96,764	89,302
26 Total liabilities (describe in Schedule O)	0	242
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	96,764	89,060

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? Enjoyment and appreciation of Star Trek

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 <u>Promote the philosophy, ideal and spirit of the Star Trek</u> <u>Universe</u>		
(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
See 990 OFOV				
Robert Westfall VSC	0.00	0	0	0
Robin Woodall-Vitasek CS	0.00	0	0	0
Matthew Miller Chief of Communications	0.00	0	0	0
Peg Pellerin Chief of Education Services	0.00	0	0	0
Laura Victor Chief of Information Services	0.00	0	0	0
Linda Olson Chief Financial Officer	0.00	0	0	0
Ruth Lane Region 1 Board Trustee	0.00	0	0	0
Ryan Case Region 2 Board Trustee	0.00	0	0	0
Jeremy Carsten Region 3 Board Trustee	0.00	0	0	0
David G Nottage III Region 4 Board Trustee	0.00	0	0	0
Patrick McAndrew Region 5 Board Trustee	0.00	0	0	0
David Kloempkin Region 6 Board Trustee	0.00	0	0	0
Wayne Augustson Region 7 Board Trustee	0.00	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		X
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)		X
35 a 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)?		X
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		
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		X
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		X
37 a Enter amount of political expenditures, direct or indirect, as described in the instructions	37a	
b Did the organization file Form 1120-POL for this year?	37b	
38 a 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	X
b If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	
39 Section 501(c)(7) organizations Enter		
a Initiation fees and capital contributions included on line 9	39a	0
b Gross receipts, included on line 9, for public use of club facilities	39b	0
40 a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911, section 4912, section 4955		
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		
d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax on line 40c reimbursed by the organization		
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	X
41 List the states with which a copy of this return is filed		
42 a The organization's books are in care of <u>Linda Olson</u> Telephone no <u>850-929-4990</u> Located at <u>9020 N ST 53, Madison, FL</u> ZIP + 4 <u>32340</u>		
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	X
c At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country	42c	X
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	
44 a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	X
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	X
c Did the organization receive any payments for indoor tanning services during the year?	44c	X
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	
45 a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	X
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	X

- 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

	Yes	No
46		X

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 ☐

- 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

	Yes	No
47		

- 48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

	Yes	No
48		

- 49a Did the organization make any transfers to an exempt non-charitable related organization?

	Yes	No
49a		

- b If "Yes," was the related organization a section 527 organization?

	Yes	No
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

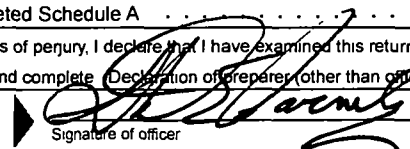
- d Total number of other independent contractors each receiving over \$100,000

- 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



17 Sept. 20

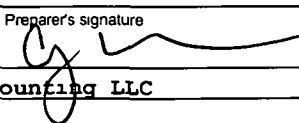
Signature of officer

Date

Steven B Parnley, Current Pres

Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name Cynthia Finkenbinder	Preparer's signature 	Date 02-03-2020	Check ☐ if self-employed	PTIN P00738958
Firm's name Alpha Omega Accounting LLC	Firm's EIN			
Firm's address 4212 Olympic Dr Greeley CO 80634	Phone no 970-344-7298			

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
Name of the organization

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

2016

**Open to Public
Inspection**

Employer identification number

STARFLEET, The International Star Trek Fan Associa

68-0290194

01. List of grants and similar amounts paid (Part I, line 10)

Activity Scholarship Awards

Amount 5,000

02. Description of other expenses (Part I, line 16)

Description Amount

Elections Expense 13,208

Equipment 1,241

Insurance 1,700

International Conference 18,441

Supplies 96

Software 706

Communications 371

Web Hosting 351

03. Other changes in net assets or fund balances (Part I, line 20)

Description Amount

Inventory reclass (21,324)

04. Description of other assets (Part II, line 24)

Category Beginning of Year End of Year

Inventory 13,080 0

Election Reserve 8,000 0

Employer identification number

68-0290194

Category	Beginning of Year	End of Year
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Sales Tax Liability	0	242
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