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**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)

Open to Public

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epartment of the Treasury ternal Revenue Service	<ul> <li>Go to www.irs.gov/Form990EZ for instructions and the latest information.</li> </ul>

Inspection/

2019

OMB No 1545-0047

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  Contributions, gifts, grants, and similar amounts received  Contributions, gifts, grants, and similar amounts received  Contributions gifts, grants, and similar amounts part (subtract line 5b from line 5a)  Consider the similar forms and sasets other than inventory  Sal	A	For the	2019 calenda	r year, or tax year beginning 07-01, 2019, and	d ending		06-30	, <b>20</b> 20	
Investment candrage   Number and street (or PO box, d mail is not delivered to street address)   Roeninsum   E Telephone number	В					D Employer identification number			
Name charge		Address ch	ange	STARFLEET, The International Star Trek Fan Associa 68-			029019	94	
For determination   Policy		Name char	nge	Burning F Talanha				per	
American return   Oya or town, state or prowne, occurity, and 20 feer foreign postal code   F Group Exemption   Application products   A 31601   P Group Exemption   Application products   A 31601   P Group Exemption   Application   P Group Exemption   P Group Exe		Initial return	n						
Accounting Method		Final return	v/terminated	PO Box 391					
G Accounting Method		Amended r	etum	City or town, state or province, country, and ZIP or foreign postal code	1	F Group	Exemptio	n	
Website:   Name: af3_org   required to altach Schedule B   Tax-axempt status (check only one) -   soricit)   Soricit   Association   Other   Soricit   Soricit   Association   Other   Soricit   Soricit   Soricit   Association   Other   Soricit		Application	pending	Valdosta, GA 31601	()	Numbe	r 🕨		
Tax-axempt status (check only one)	G	Account	ing Method	X Cash	Н	Check ►	lf the	organization is not	
K Form of organization   Corporation   Trust   Association   Other	1	Website	: ► www.			required to	attach Sc	hedule B	
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)) are \$500,000 or more, the Form 990 instead of Form 990-EZ  Part E 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, grits, grainst, and similar amounts received  1 Contributions, grits, grainst, and similar amounts received  1 Contributions, grits, grainst, and similar amounts received  2 7,1,156 3 Membership dues and assessments  2 7,1,156 3 Membership dues and assessments  3 22, 289 4 Investment income  4 4 24 4 Investment income  5 Gann or (floss) from sale of assets other than inventory  6 Gann or (floss) from sale of assets other than inventory (Subtract line 5b from line 5a)  6 Garning and fundraising events  a Gross income from fundraising events (not including 5 of contributions from fundraising events (not including 6 of contributions from fundr	J	Tax-exe	mpt status (c	heck only one) -	or 527	(Form 990,	990-EZ,	or 990-PF)	
(Part II. Column (B)) are \$500,000 or more, file Form 990 instead of Form 990-EZ  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  1 Contributions, gifts, grants, and similar amounts received  1 1 3, 735  2 Program service revenue including government fees and contracts  3 2 2 7, 1, 156  3 Membership dues and assessments  3 22, 299  4 Investment income  5 Gross amount from sale of assets other than inventory  b Less cost or other basis and sales expenses  c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)  6 Garming and fundraising events  a Gross income from garning (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)  b Gross income from fundraising events (not including of contributions)  c Less direct expenses from garning and fundraising events (add lines 6a and 6b and subtract line 6c)  7 a Gross sales of inventory, less returns and allowances  4 A 1,200  4 B 1,200  5 B 1,200  5 B 1,200  6 B 1,106  6 B 1,106  6 C 1,106  6 C 1,106  6 C 1,106  7 a Gross sales of inventory, less returns and allowances  7 a 3,270  8 Other revenue (describe in Schedule O)  9 Total revenue. Add lines 1,2,3,4,500  10 Grants and similar amounts paid (list in Schedule O)  10 5,359  11 Benefits paid to or for members  12 Callanes, other compensation, and employee beging an ARK  11 Callanes, other compensation, and employee beging an ARK  12 Callanes, other compensation, and employee beging an ARK  13 Professional fees and other payments to independent contractors  14 Cocupancy, rent, utilities, and maintenance  15 Printing, publications, postage, and familiar and maintenance  16 Chief expenses (describe in Schedule O)  17 Total expenses. Add lines 1, 2, 4, 560  18 Excess or (deficit for the year (Subtract line 17 from line 9)  18 Excess or (deficit for the year (Subtract line 17 from line 9)  20 Other changes in net assets	ĸ	Form of	organization	▼ Corporation					
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  Contributions, gifts, grants, and similar amounts received  1	L.	Add line:	s 5b, 6c, and	7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or mo	ore, or if total a	ssets			
Check if the organization used Schedule O to respond to any question in this Part I  1 Contributions, grifs, grants, and similar amounts received  1 1 3, 735 2 Program service revenue including government fees and contracts 3 2 2, 71, 156 3 Membership dues and assessments 4 4 4 4 4 4 5 5 Gross amount from sale of assets other than inventory b Less cost or other basis and sales expenses c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) 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 \$ of contributions from fundraising events (not including \$ of contributions of such gross income and contributions exceeds \$15,000) c Less direct expenses from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 7a Gross sales of inventory, less returns and allowances 7b Less cost of goods sold c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7c 3,270 8 Other revenue (describe in Schedule O) 10 Grants and similar amounts paid (list in Schedule O) 11 Benefits paid to or for members 12 Salanes, other compensation, and employee tagget smark 13 Professional fees and other payments to independent contributors 14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping SED 1.7 2020 15 Other expenses (describe in Schedule O) 16 Other expenses (describe in Schedule O) 17 Total expenses. Add lines 10.3 A, 5.6 db, 7.6 and 8 18 Excess or (defact) for the year (Subtract line 7b from line 9) 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on priough 15 Printing, publications, postage, and shipping SED 1.7 2020 19 Net assets or fund balances at end of year (Combine lines 18 through 20 20 Other changes in net assets or fund balances (explain in Schedule O) 21 Net assets or fund balances at end of year (From line 9) 22 Net assets or fund ba	(Pa	ırt II, colu	ımn (B)) are \$	500,000 or more, file Form 990 instead of Form 990-EZ			. ▶ \$	42,560	
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d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)			sum of such	gross income and contributions exceeds \$15,000)	6b	6,106	. (\$73) - (\$73)		
Inne 6c)  7a Gross sales of inventory, less returns and allowances b Less cost of goods sold c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)  8 Other revenue (describe in Schedule O) 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8  9 Total revenue Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8  10 Grants and similar amounts paid (list in Schedule O) 11 Benefits paid to or for members 12 Salanes, other compensation, and employee basels mank 13 Professional fees and other payments to independent contractors 14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping CP 1 7 2020 16 Other expenses (describe in Schedule O) 17 Total expenses. Add lines 10 through 16.  18 Excess or (deficit) for the year (Subtract line 17 from line 9) 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on pnor year's return) 19 Other changes in net assets or fund balances (explain in Schedule O) 20 Other changes in net assets or fund balances (explain in Schedule O) 21 Net assets or fund balances at end of year Combine lines 18 through 20 21 Net assets or fund balances at end of year Combine lines 18 through 20 21 Paperwork Reduction Act Notice, see the separate instructions.		c	Less direct	expenses from gaming and fundraising events	6c				
Ta Gross sales of inventory, less returns and allowances b Less cost of goods sold c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7c 3,270 8 Other revenue (describe in Schedule O) 8 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 9 37,328 10 Grants and similar amounts paid (list in Schedule O) 10 5,359 11 Benefits paid to or for members 11 Salanes, other compensation, and employee benefits MARK RECEIVED 12 13 Professional fees and other payments to independent contractors 13 1,500 14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping SEP 1 7 2020 SEP 2 1 2020 15 15 16 Other expenses (describe in Schedule O) 15 15 16 Other expenses (describe in Schedule O) 16 4 3,287 17 Total expenses. Add lines 10 through 16. CINCINNAT 17 50,146 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) 20 Other changes in net assets or fund balances (explain in Schedule O) 21 Net assets or fund balances at end of year Combine lines 18 through 20 5 21 98,992 2 10 199 5 27 Paperwork Reduction Act Notice, see the separate instructions.		d	Net income of	or (loss) from gaming and fundraising events (add lines 6a and 6b and subtr	act				
b Less cost of goods sold							6d	6,106.	
b Less cost of goods sold		7a	Gross sales	of inventory, less returns and allowances	7a	3,270			
8 Other revenue (describe in Schedule O) 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 9 37, 328 10 Grants and similar amounts paid (list in Schedule O) 11 Benefits paid to or for members 12 Salanes, other compensation, and employee benefits MARK 13 Professional fees and other payments to independent contractors 14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 50 1.7 2020 16 Other expenses (describe in Schedule O) 17 Total expenses. Add lines 10 through 16. 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 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 Other changes in net assets or fund balances (explain in Schedule O) 20 Net assets or fund balances at end of year Combine lines 18 through 20 21 Net assets or fund balances at end of year Combine lines 18 through 20 21 Septimental Payment Reduction Act Notice, see the separate instructions.					7b				
8 Other revenue (describe in Schedule O) 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 9 37, 328 10 Grants and similar amounts paid (list in Schedule O) 11 Benefits paid to or for members 12 Salanes, other compensation, and employee benefits MARK 13 Professional fees and other payments to independent contractors 14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 50 1.7 2020 16 Other expenses (describe in Schedule O) 17 Total expenses. Add lines 10 through 16. 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 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 Other changes in net assets or fund balances (explain in Schedule O) 20 Net assets or fund balances at end of year Combine lines 18 through 20 21 Net assets or fund balances at end of year Combine lines 18 through 20 21 Septimental Payment Reduction Act Notice, see the separate instructions.		c	Gross profit	or (loss) from sales of inventory (Subtract line 7b from line 7a)			7c	3,270	
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		I _	Other revenu	ue (describe in Schedule O)			8		
10 Grants and similar amounts paid (list in Schedule O)	_	9	Total revenu	ue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		>	9	37,328	
Salanes, other compensation, and employee benefits MARK  13 Professional fees and other payments to independent contractors  14 Occupancy, rent, utilities, and maintenance  15 Printing, publications, postage, and shipping School 1.7 2020  16 Other expenses (describe in Schedule O)  17 Total expenses. Add lines 10 through 16.  18 Excess or (deficit) for the year (Subtract line 17 from line 9)  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)  20 Other changes in net assets or fund balances (explain in Schedule O)  21 Net assets or fund balances at end of year Combine lines 18 through 20  For Paperwork Reduction Act Notice, see the separate instructions.		10					10	5,359	
Professional fees and other payments to independent contractors  13 1,500  14 Occupancy, rent, utilities, and maintenance  15 Printing, publications, postage, and shipping SEP 1.7 2020 SEP 2.1 2020  16 Other expenses (describe in Schedule O)  17 Total expenses. Add lines 10 through 16. CINCINNATI  18 Excess or (deficit) for the year (Subtract line 17 from line 9) SERVICE SENTER  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)  20 Other changes in net assets or fund balances (explain in Schedule O)  21 Net assets or fund balances at end of year Combine lines 18 through 20  For Paperwork Reduction Act Notice, see the separate instructions.  Form 990-EZ (2019)		11	Benefits paid				11		
Professional fees and other payments to independent contractors  13 1,500  14 Occupancy, rent, utilities, and maintenance  15 Printing, publications, postage, and shipping SEP 1.7 2020 SEP 2.1 2020  16 Other expenses (describe in Schedule O)  17 Total expenses. Add lines 10 through 16. CINCINNATI  18 Excess or (deficit) for the year (Subtract line 17 from line 9) SERVICE SENTER  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)  20 Other changes in net assets or fund balances (explain in Schedule O)  21 Net assets or fund balances at end of year Combine lines 18 through 20  For Paperwork Reduction Act Notice, see the separate instructions.  Form 990-EZ (2019)	,=	12	Salanes, oth	er compensation, and employee benefits and party	RECEIVE	D · · · ·	12		
16 Other expenses (describe in Schedule O)  17 Total expenses. Add lines 10 through 16	Ses	13	Professional	fees and other payments to independent contractors			13	1,500	
16 Other expenses (describe in Schedule O)  17 Total expenses. Add lines 10 through 16	Sen .	14	Occupancy,	rent, utilities, and maintenance	ED 0 4 6		14	<u></u>	
16 Other expenses (describe in Schedule O)	Exp	15	Printing, pub	ilications, postage, and shipping $c_{\overline{c}} p \cdot 1 \cdot 7 \cdot 2020 \cdot \cdots \cdot \cdots \cdot 5$	ET. 4.12	ULU · ·	15		
18 Excess or (deficit) for the year (Subtract line 17 from line 9) SERVICE GENTER		16	Other expen	ses (describe in Schedule O)			16	43,287	
18 Excess or (deficit) for the year (Subtract line 17 from line 9) SERVICE GENTER		17				<u></u> .▶	17	50,146	
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)	ets	18	Excess or (d	eficit) for the year (Subtract line 17 from line 9) SERVICE GENTER	<b>}</b>			(12,818)	
end-of-year figure reported on pnor year's return)		19	Net assets o	r fund balances at beginning of year (from line 27, column (A)) (must agree	with		· 2222		
For Paperwork Reduction Act Notice, see the separate instructions.	\ss						19	111,810	
For Paperwork Reduction Act Notice, see the separate instructions.	et/	20					20		
torraporment reasonably to the experience measurement.	Z	21	Net assets o	r fund balances at end of year Combine lines 18 through 20		· · · · <b>&gt;</b>	21	98,992	
			vork Reducti	on Act Notice, see the separate instructions.				Form <b>990-EZ</b> (2019)	

Form 990-EZ (2019) STARFLEET, The Inter		rek Fan Assocı	a 68-0	290:	194 Page 2
Part II Balance Sheets (see the instructions for Pa	•				_
Check of the organization used Schedule O t	o respond to any qu	estion in this Part II	<u></u>		<u> x</u>
<b>i.</b>		<u> </u>	A) Beginning of year	<u> </u>	(B) End of year
22 Cash, savings, and investments		<u> </u>	112,044	22	99,210
23 Land and buildings			0	23	0
24 Other assets (describe in Schedule O)		· · · · · · · · .	0	24	20
25 Total assets · · · · · · · · · · · · · · · · · · ·		<u> </u>	112,044	25	99,230
<b>26 Total liabilities</b> (describe in Schedule O) · · · · · · · · ·			234	26	238
27 Net assets or fund balances (line 27 of column (B) must ag			111,810	27	98,992
Part III Statement of Program Service Accomplis	•		_		Expenses
Check if the organization used Schedule O				(Rea	uired for section
What is the organization's primary exempt purpose? Enjoyme	ent and appricia	ation of Star T	rek	, ,	c)(3) and 501(c)(4)
Describe the organization's program service accomplishments for	r each of its three large:	st program services.			nizations, optional for
as measured by expenses. In a clear and concise manner, descripersons benefited, and other relevant information for each progra	be the services provide			other	• •
28 Promote the philosophy, ideal and spirit	t of the Star	Trek			
Universe			<del></del>		
(Grants \$ ) If this amo	unt includes foreign gra	ints, check here	▶ 🗍	28a	
29		<del></del> _			<del></del>
		<del></del> .	<del></del>		
					}
(Grants \$ ) If this amo	unt includes foreign gra	ints, check here · ·	▶ □	29a	
30		<del></del>			<del>                                      </del>
<del></del>					
	· · · · · · · · · · · · · · · · · · ·				
(Grants \$ ) If this amo	unt includes foreign gra	ints, check here	▶ 🗍	30a	
. •	unt includes foreign gra	ints, check here	▶ ∏	31a	
32 Total program service expenses (add lines 28a through 31				32	<del> </del>
Part IV List of Officers, Directors, Trustees, and Key E				ons fo	r Part IV)
Check if the organization used Schedule O to resp	ond to any question in t	his Part IV			
	(b) Average	(c) Reportable	(d) Health benefits,		
(a) Name and title	hours per week	compensation	contributions to employee	•   '	e) Estimated amount of other compensation
See 990 OFOV	devoted to position	(Forms W-2/1099-MISC) (If not paid, enter -0-)	benefit plans, and deferred compensation		other compensation
William T Knopes					
Cheif of Computer Operations	0.00	0	o		0
Linda Olson				T	
Chief Financail Officer	0.00	0	o	-	0
Ruth Lane					
Region 1 Board Trustee	0.00	_ 0_	0	1	0
Ryan Case					
Region 2 Board Trustee	0.00	0	0		0
Jeremy Carsten				T	
Region 3 Board Trustee	0.00	0	0		0
David G Nottage III				T	
Region 4 Board Trustee	0.00	0	0	$\perp$	
Mitch Dunn				T	
Region 5 Board Trustee	0.00	0_	0		
David Kloempkin					
Region 6 Board Trustee	0.00	0_	0		0
Wayne Augustson					
Region 7 Board Trustee	0.00_	0	0		0
Owen Swart					
Region 8 Board Trustee	0.00	0	0		0
John Sullivan				T	
Region 9 Board Trustee	0.00	0	0		0
Paul Reid			<u> </u>	$\top$	
Region 10 Board Trustee	0.00	o	0		0
		U I			
Bran Stimpson	0.00			1	
Bran Stimpson Region 17 Board Trustee	0.00	0	0		0

Page 3

Form 990-EZ (2019) STARFLEET, The International Star Trek Fan Associa

68-0290194

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 33 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 34 Х 35 a Did the organization have unrelated business gross income of \$1,000 or more during the year from business Х 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 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 X 36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets 37 a Enter amount of political expenditures, direct or indirect, as described in the instructions ..... 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 38b Section 501(c)(7) organizations Enter 39a 39b 40 a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ▶ , section 4912 > 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, Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter List the states with which a copy of this return is filed 42 a The organization's books are in care of ▶ Linda Olson Telephone no 850-929-4990 Located at ▶ 9020 N ST 53, Madison, FL ZIP+4 ▶ 32340 b At any time during the calendar year, did the organization have an interest in or a signature or other authority over No a financial account in a foreign country (such as a bank account, securities account, or other financial account)? X 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) 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 ▶ Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041-Check here . . . . . . . Yes No 44 a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be 44a **b** Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be 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 44d 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 ...........

Form 990	-EZ (201	9) STARFLEET, The	International Sta	r Trek Fan Assoc	1a 68	-0290194	F	age 4
<b>46</b> D	ad the a	organization opened directly or indirectly	in nelitical campaian activiti	as an habalf of ar in anno	cuhon		Yes	No
		organization engage, directly or indirectly, dates for public office? If "Yes," complete				46		×
Part V		Section 501(c)(3) Organization				111	<u> </u>	
		All section 501(c)(3) organization		ons 47 - 49b and 52	, and complete th	ne tables for	lines	
	5	50 and 51						
	_ (	Check if the organization used S	chedule O to respond	to any question in t	hıs Part VI		· · ·	. 🗆
							Yes	No
<b>47</b> D	old the	organization engage in lobbying activities	or have a section 501(h) ele	ction in effect during the t	ax			
y	ear? If	"Yes," complete Schedule C, Part II				47		
48 ls	s the or	ganization a school as described in section	on 170(b)(1)(A)(ii)? If "Yes," (	complete Schedule E .		48		
		organization make any transfers to an exe	•	_				
b If	"Yes,"	was the related organization a section 52	7 organization?			· · · 49b	<u> </u>	
<b>50</b> C	omplet	te this table for the organization's five high	nest compensated employee	s (other than officers, dire	ctors, trustees and key	y		
e	mploye	es) who each received more than \$100,0	00 of compensation from the	organization If there is	none, enter "None "			
			(b) Average	(c) Reportable	(d) Health benefits,	(e) Estimate	ad amou	nt of
		(a) Name and title of each employee	hours per week	compensation	contributions to employee benefit plans, and deferred	1 '''	mpensat	
			devoted to position	(Forms W-2/1099-MISC)	compensation			
	_						_	
		<del></del>						
				<u> </u>	<u></u>			
		mber of other employees paid over \$100,						
		te this table for the organization's five high			received more than			
\$	100,00	0 of compensation from the organization	If there is none, enter "Non	e "				
	(a)	Name and business address of each independent cor	ntractor	(b) Type of service	,	(c) Compensation	n	
			<del></del>	·				
		<del></del>			<del>-</del>			
					-			
d To	otal aur	mber of other independent contractors ea	ch recovered over \$100,000		<del></del>			
		organization complete Schedule A? <b>Note</b>	<del>-</del>		<u>.</u>			
						▶ ∏ Yes	$\mathbf{x}$	No
		of perjury, I declare that I have examined this in						110
		or perjuly, I declare that I have examined this is a complete Depraying of proparer (other than				edge and belief, i	. 15	
ilde, con	rect, and	Complete Deplayment of appealer (Office that	officer) is based off all informat	ion of which preparer has any	17.Sep	1.70		
Sign		Somewhat of officer			Date	,, <u>,</u> , , ,		
Here		Stores B Bornley Commit	-dom					
		Steven B Parmley, Comman	ider					
		Pnnt/Type preparer's name	Preparer's signature	Date	Check	ef PTIN		
Paid			1	08-20-20	I -	.	350	
Prepa	rer	Cynthia Finkenbinder	2000	ps-20-20		P007 <u>389</u>	-20	
Use C		Firm's name Alpha Omega Ac			Firm's EIN			
J36 (	illy	Firm's address 4212 Olympic D		<u> </u>		0 244 7000		
May the	UDC 4	Greeley CO 806 scuss this return with the preparer shown			Phone no 97	0-344-7298 ▶ 🕱 Yes	_	No
	ino di	souss this return with the preparer snown	andre . See monucions					
EÉA						Form <b>99</b>	×-⊑∠ (	∠∪19

## 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.

► Attach to Form 990 or 990-EZ.

► Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047 2019 Openito Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

STARFLEET, The International S	tar Trek Fan Associa	168-0290194	_
-	amounts paid (Part I, line 10)		
Activity	Scholarship Awards		
	4,000		
Activity	Doctors without Boarders		
	1,359		
Amount	1/333		
	-		
02 Description of other exper	nses (Part I, line 16)		
Description			
Insurance			
International Conference			-
Supplies			
		-	
Software			
Web Hosting			
Organizational Fees		-	
Promotions	-		
Election Expense	2,011		
	ts (Part II, line 24)		
Category	Beginning of Year	End of Year	
Inventory	0	20	
04. Description of total liab	ulities (Part II, line 26)		
Category	Beginning of Year	End of Year	

Schedule O (Form 990 or 990-EZ) (2019)			Page 2
Name of the organization		Employer Identification n	umber
STARFLEET, The International Star Trek Fan Associa	<u> </u>	68-0290194	
41	224	0.20	
Sales Tax Liability	234	238	
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