Department of the Treasury

## **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

Open to

OMB No. 1545 0047

foundations) Internal Revenue Service

For Paperwork Reduction Act Notice, see the separate instructions.

Public ▶ Do not enter social security numbers on this form as it may be made public. Inspection For the 2023 calendar year, or tax year beginning 01-01-2023, and ending 12-31-2023 Check if applicable: C Name of organization D Employer identification Address change TIGERS EAST ALPINES EAST number Name change 25-1456483 Number and street (or P. O. box, if mail is not delivered to street address) Room/suite Initial return PO Box 1260 E Telephone number Final return/terminated Amended return City or town, state or province, country, and ZIP or foreign postal code (717) 676-0898 Kulpsville, PA 19443 Application pending F Group Exemption Number H Check ▶ if the organization is not G Accounting Method: ▼Cash Accrual Other (specify) ► required to attach Schedule B (Form 990, 990-EZ, or 990-PF). I Website: www.teae.org 501(c)(3 501(c)( 7) < (insert no. J Tax-exempt status (check only one) -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 . . . . . . . . . 37,131 Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) Part I Check if the organization used Schedule O to respond to any question in this Part I 0 1 Contributions, gifts, grants, and similar amounts received 1 2 Program service revenue including government fees and contracts 2 0 . . . . . . . . . . . . . . . . 16,433 3 Membership dues and assessments 3 4 4 Investment income . . . . . . 5a Gross amount from sale of assets other than inventory 0 5a n 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 6 Gaming and fundraising events 0 Gross income from gaming (attach Schedule G if greater than 6a \$15,000) Gross income from fundraising events (not including \$ 0of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000). . 6b 20,454 20,264 Less: direct expenses from gaming and fundraising events Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 6d 190 7a Gross sales of inventory, less returns and allowances 7a 0 . . . . . . . . : : : b Less: cost of goods sold 244 Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7c c 8 8 Other revenue (describe in Schedule O) . . . 16,867 9 **Total revenue.** Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 9 10 Grants and similar amounts paid (list in Schedule O). 10 0 0 11 11 Benefits paid to or for members 0 12 12 Salaries, other compensation, and employee benefits 0 13 13 Professional fees and other payments to independent contractors 14 Occupancy, rent, utilities, and maintenance. 14 11,221 15 Printing, publications, postage, and shipping 15 16 Other expenses (describe in Schedule O) 16 1,402 12,623 17 Total expenses. Add lines 10 through 16 17 Excess or (deficit) for the year (Subtract line 17 from line 9) 4,244 18 18 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with Net Asser end-of-year figure reported on prior year's return). . . . . . 20,769 19 20 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 25,013 21

No. 10642I

Cat.

Form **990-EZ** (2023)

Vice President Steven Murphy

Kerch McConlogue

Kerch McConlogue

Treasurer

Secretary Joe McConlogue

Membership

Newsletter

Page **2** 

0 25<u>,013</u>

0

(A) beg	illilling of year	
22 Cash, savings, and investments	20,769	2
23 Land and buildings	0	2:
24 Other assets (describe in Schedule O)	0	24
25 Total assets	20,769	2!
26 Total liabilities (describe in Schedule O)	0	20
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	20,769	2
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 I	III	

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

27 Net asse	ts or fund balances (line 27 of column (B) must agree with line 21)	20,769	27	25,013
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				Expenses equired for section (1(c)(3) and 501(c)(4) ganizations; optional for
What is the organization's primary exempt purpose?  To promote interest in the Sunbeam Marque in general and the Tiger/Alpine segment in particular, to aid in the restoration, preservation and enjoyment of these vehicles, to pormote cooperation among other similar Sinbeam organizations and to increase communication and fellowship among those persons who are interested in this objective, through social activities.			ot	hers.)
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.				
28 Publication of the Club Newsletter for all membership			28a	
(Grants \$ )	If this amount includes foreign grants, check here	▶ □		
29			29a	

cles, to pormote cooperation among other similar Sinbeam owship among those persons who are interested in this		
shments for each of its three largest program services, as r, describe the services provided, the number of persons gram title.		
nip	28a	
ncludes foreign grants, check here 🕨 🗌		_
	29a	
ncludes foreign grants, check here 🕨 🗌		
	30a	

0

0

0

0

0

0

0

0

0

Form **990-EZ** (2023)

(Grants \$ )	If this amou	nt includes foreign gr	ants, check here .	▶ 📙		
30					30a	
(Grants \$ )	If this amou	nt includes foreign gr	ants, check here .	▶□		
<b>31</b> Other program services	(describe in Schedule	0)				
				_		
(Grants \$ )	If this amou	nt includes foreign gr	ants, check here .	▶ 🗆	31a	
32 Total program service ex	penses (add lines 28a	through 31a)			32	(
	<b>, Directors, Trustees, a</b> ganization used Schedu					
(a) Name a	nd title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-	(d) Health bene contributions employee benefit	to	(e) Estimated amount of other compensation

(Grants \$ )	If this amount includes foreign gr	ants, check here .	▶ 🗀			
31 Other program services (describe in Schedule O)						
(Grants \$ )	If this amount includes foreign grants, check here <b>&gt; \</b>					
32 Total program service expenses (a	dd lines 28a through 31a)		🕨 32	0		
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>(b)</b> Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099- MISC) (if not paid,	(d) Health benefits, contributions to employee benefit plan and	of other		
		enter -0-)	deferred compensatio	on		
Jim Lindner	2	0		0 0		
President						
Robert Harter	0	0		0 0		

		• •				
(Grants \$ )	If this amou	nt includes foreign gr	ants, check here	. ▶ 🗆 31a		
32 Total pro	32 Total program service expenses (add lines 28a through 31a)					
Part IV	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 plan and deferred compensatio		
Jim Lindner		2	0		0	
President						
Robert Hart	er	0	0		0	

5

orm	990-EZ (2023)			Page 3
Pa	rt V Other Information (Note the Schedule A and personal benefit contract statement requirem	ents i	n the	
	instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part	٧		$\cdot \Box$
			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		Νo
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		Νo
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		Νo
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide	35b		
C	Mexplanation in Schedule 0 was the work of the work of the work of the organization and 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			
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during	35c		No
30	the year? If "Yes," complete applicable parts of Schedule N	36		No
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions.   37a			
b	Did the organization file <b>Form 1120-POL</b> for this year?	37b		Νo
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee <b>or</b> were			
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		Νo
b	If "Yes," complete Schedule L, Part II and enter the total amount involved . 38b			
39	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on line 9 39a 0			
	Gross receipts, included on line 9, for public use of club facilities 39b 0	-		
	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:			
	section 4911 ; section 4912 ; section 4955			
h	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 sections4912, 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			
_	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter			
	transaction? If "Yes," complete Form $8886  cdot  cdot$	40e		Νo
41	List the states with which a copy of this return is filed.		_	
42a	The organization's books are in care of ► <u>Steven Murphy</u> Teleph (703) 499-4886	one no	0.	
	Located at 4005 Harris Place Alexandria , VA ZIP + 4	<u>223</u>	04	
			Yes	No
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority	42b		Νo
	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:			
	- <i>,</i>			
	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 U.S.?	42c		Νo
	If "Yes," enter the name of the foreign country:			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041 -</b> Check here		. 🕨	
	and enter the amount of tax-exempt interest received or accrued during the tax year		,	
	,		Vac	Ne
442	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed ins	ica	Yes	No
. <b>-</b> a	of Form 990-EZ	<b>44a</b>		Νo
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be complete			N o
_	instead of Form 990-EZ	44b		No
	Did the organization receive any payments for indoor tanning services during the year?	44c		No
a	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		Νo

45b Did the organization receive any payment from or engage in any transaction with a controlled entity within the 

45b

**Additional Data** Return to Form **Software ID:** 23018249 Software Version: v1.00

Form 990-EZ, Special Condition Description: **Special Condition Description** 

## Schedule B OMB No. 1545-0047 Schedule of Contributors (Form 990) Attach to Form 990, 990-EZ, or 990-PF. 2023 Department of the Treasury Go to www.irs.gov/Form990 for the latest information. Internal Revenue Service Name of the organization **Employer identification number** TIGERS EAST ALPINES EAST 25-1456483 Organization type (check one): Filers of: Section: Form 990 or 990-F7 ☐ 501(c)( ) (enter number) organization 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation 527 political organization 501(c)(3) exempt private foundation Form 990-PF 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the **General Rule** or a **Special Rule**. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or other property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33<sup>1</sup>/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively

or on its Form 990PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ Name of organization TIGERS EAST ALPINES EAST Employer identification number 25-1456483

Part I Contributors	Contributors (see instructions). Use duplicate copies of Part I if additional	I space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
DEGERACES			Person
RESTRICTED			Payroll
		\$ RESTRICTED	Noncash
	,		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person
-			Payroll
		\$	Noncash
			(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person
-			Payroll
		\$	Noncash
			(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person
-			Payroll
		\$	Noncash
			(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person
-			Payroll
		\$	Noncash
			(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person
-		_	Payroll
		\$	Noncash
			(Complete Part II for noncash contributions.)

Part II

Schedule B (Form 990) (2023)

**Employer identification number** 

25-1456483

Page 3

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
- / \			

 $\textbf{Noncash Property} \ (\text{see instructions}). \ \textbf{Use duplicate copies of Part II if additional space is needed}.$ 

·   <u>                                </u>			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received

No. from Part I	Description of noncash property given	FMV (or estimate) (See instructions)	Date received
- =		<u> </u>	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
- =		<u> </u>	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-			

Part I	Description of noncasti property given	(See instructions)	Date received
- =		<u> </u>	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
- =		<u> </u>	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
- =		<u> </u>	
			Schedule B (Form 990) (2023)

### SCHEDULE O (Form 990)

Name of the organization TIGERS FAST ALPINES FAST

For Paperwork Reduction Act Notice, see the Instructions for 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

OMB No. 1545-0047

2023

Open to Public

Inspection

Schedule O (Form 990) 2023

Employer identification number

25-1456483

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.

Return **Explanation** Reference Liability Insurance 916.00 Web Hosting 427.08 Bank Fees 59.38 Form 990-EZ. Part I. Line 16

Cat. No. 51056K