

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



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 black lung benefit trust or private foundation)

Sponsoring 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

Α	For the	2011 calenda	ar year, or tax year beginning	July 01	, 2011,	and ending		June 30	, 20	12		
В	Check if applicable		C Name of organization				D Emp	loyer id	entification numb	er		
	Address c	hange	Propeller Club of the United States, Po	ort of Savannah				5	8-1540618			
	Name cha	ange	Number and street (or P O box, if mail is not	treet (or P O box, if mail is not delivered to street address) Room/suite				E Telephone number				
닖	Initial retui		P O Box 9480					912-897-6862				
H	Terminate		City or town, state or country, and ZIP + 4				F Gro	Group Exemption				
H	Amended Applicatio		Savannah, Georgia 31412-9480					Number ►				
귿		ting Method:		16.1	1.1							
	Websit	•	✓ Cash			^r		Check > If the organization is no				
			eck only one) — 501(c)(3) 501(c) (C) 45	1 40 47(-)(4)		•		ach Schedule B			
_						<u> </u>		n 990, 990-EZ, or 990-PF)				
	Check ▶		e organization is not a section 509(a)(3) suj									
			0. A Form 990-EZ or Form 990 return is n		-orm 990-N (e	e-postcard) n	nay be red	quired ((see instructions)	. But if		
			eses to file a return, be sure to file a comp									
			b, to line 9 to determine gross receipts If gr		,000 or more,	or if total asse	ets (Part II,					
_			w) are \$500,000 or more, file Form 990 inste			· <u>· · · · · · · · · · · · · · · · · · </u>		<u>► \$</u>		_		
L	Part I		e, Expenses, and Changes in N									
	-,		the organization used Schedule O		y question	in this Part	<u> 1</u>		<u> </u>	. 🗸		
	1	Contribution	ons, gifts, grants, and similar amount	s received				1		8,000		
	2	Program se	ervice revenue including government	fees and contract	s			2		5,550		
	3	Membersh	ip dues and assessments					3		53,666		
	4	Investment	income					4		157		
	5a	Gross amo	ount from sale of assets other than in	ventory	. 5a	1			, , ,			
	Ь		or other basis and sales expenses .					1				
	С		ss) from sale of assets other than inv			ine 5a)		5c				
	6		d fundraising events	, (-				
	а	_	ome from gaming (attach Schedu	ule G if greater	than							
e	1				. 6a	i						
୬ଳୁବ୍ର Revenue	Ь	Gross inco	me from fundralsing events (not inclu	udina \$		contribution	ne -	1				
€	:		aising events reported of fige (COMMIDUM	0115					
G C	•	sum of suc	ch gross income and contributions ex	ceeds \$15(000)	· 6b	I						
<u></u>			t expenses from gaming and fundrai		. 6c	<u> </u>		1 1				
C2	ď	Net income	e or (loss) from gaming and fundrai	sing everyte		d 6b and e	ubtract					
	l u	line 6c) .	e or (loss) from gariing-and ignorgi	by g events (add	illes da alic	a oo and s	ubiraci					
	7-	•	s of inventory less returns and allow					_6d				
()	7a			ances	. <u>7a</u>			∤				
	b		or goods sold		. <u>7b</u>	L		-				
	C	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)				7c		_				
ラジジ	8							8				
<u>~</u>	9		nue. Add lines 1, 2, 3, 4, 5c, 6d, 7c,					9		67,373		
	10		similar amounts paid (list in Schedu					10		5,250		
	11		aid to or for members					11				
Expenses	12		ther compensation, and employee be					12				
	13		al fees and other payments to indepe					13		4,200		
Š	14		y, rent, utilities, and maintenance .					14				
û	٠,٠	Printing, publications, postage, and shipping						15		1,415		
	16	Other expe	Other expenses (describe in Schedule O)							44,375		
	17	Total expe	enses. Add lines 10 through 16	<u> </u>		<u> </u>		17		55,240		
Net Assets	18	Excess or ((deficit) for the year (Subtract line 17	from line 9)				18		12,133		
	19	Net assets	or fund balances at beginning of y	ear (from line 27,	column (A))	(must agre	e with					
	!	end-of-yea	r figure reported on prior year's retur	m)				19		75,656		
	20		nges in net assets or fund balances (e					20				
Ž	21		or fund balances at end of year. Cor					21		87,789		



Pa	t II Balance Sheets. (see the instructions to	for Part II.)				
	Check if the organization used Schedule	O to respond to ar	ny question in this	Part II		🗆
				(A) Beginning of year		(B) End of year
22	Cash, savings, and investments		[75,656	22	87,789
23	Land and buildings		[23	
24	Other assets (describe in Schedule O)		· · · · · [24	
25	Total assets			75,656	25	87,789
26	Total liabilities (describe in Schedule O)				26	
27	Net assets or fund balances (line 27 of column			75,656	27	87,789
Par	t III Statement of Program Service Accomp	•		•		Expenses
	Check if the organization used Schedule				(Rec	uired for section
Wha	t is the organization's primary exempt purpose?	Promote Port of Sav	annah & Maritime R	elated Industries		(c)(3) and 501(c)(4)
as n	cribe the organization's program service accomplisheasured by expenses. In a clear and concise months for each on the firm of the control of	anner, describe the			494	anizations and section 7(a)(1) trusts; optional others.)
28	Hold monthly meetings at which various speakers id	entified with local, st	ate and national ma	ritime or port		
	related subjects educate the membership on topics of	of interest				
	Attendance varies from 100 to 150 members					
	(Grants \$) If this amount	includes foreign gra	ints, check here .	▶ 🗆	28 a	ı <u> </u>
29	Sponsor the annual State of the Port Address each S	September for the Dire	ector of Georgia Po	rts Authority		
	to update the community on challenges and accomp	lishments of the past	t year			
	Attendance varies from 1,000 to 1,200 attendees					
	(Grants \$) If this amount	includes foreign gra	ints, check here .	▶ 🗆	29 a	1
30	Make monetary contributions to fund scholarships for	or students enrolled i	in Logistics and Tra	nsportation		
	programs throughout the United States at various co	lleges				
	Number of scholarships varies from 3 to 5					
	(Grants \$) If this amount	includes foreign gra	ints, check here .	▶ 🔲	30a	1
31	Other program services (describe in Schedule O)					
		ıncludes foreign gra	ints, check here .	▶ □	31a	1
32	Total program service expenses (add lines 28a t				32	
Par	t IV List of Officers, Directors, Trustees, and Key	Employees. List eac	h one even if not co	npensated. (see the in	nstru	ctions for Part IV.)
	Check if the organization used Schedule	O to respond to ar	ny question in this	Part IV		🗸
	(a) Name and address	(b) Title and average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISO (if not paid, enter -0-		-[10	Estimated amount of other compensation
McL	eod Rominger, Sitework Construction, LLC	President, 8 hrs				
РΟ	Box 15386, Savannah, GA 31416	·		0	0	0
Jerr	y Hogan, Jr , M J Hogan & Co , Inc	1st Vice President .				
PΟ	Box 30277, Savannah, GA 31410	6 hrs		0	0	0
Chri	s Rice, Georgia Ports Authority	2nd Vice President,				
	Box 2406, Savannah, GA 31402	4 hrs		o	0	0
Nick	Puhala, BB&T Insurance	3rd Vice President,			1	
PO	Box 3597, Savannah, GA 31414	4 hrs		o	0	0
	mas W. Wright	Secretary, 10 hrs				
710	Bradley Point Road, Savannah, GA 31410	000.010.7, 1010		ol	0	0
	ert J Cole, Georgia Ports Authority	Treasurer, 8 hrs				_
	Box 2406, Savannah, GA 31402	1100000101701110		o	0	0
Lan	gston Bass, Brennan, Harris & Rominger	Board of	_			
	Box 2784, Savannah, GA 31401	Governors, 3 hrs		o	ol	0
	nael Forbes, Coastal Ship Services, LLC	Board of			T	
	Wings Ct., Bay #2, Savannah, GA 31408	Governors, 3 hrs		ol	٥	0
	ck Davis, Cargo Group Ltd. ,	Board of				<u> </u>
	Box 8456, Savannah, GA 31412	Governors, 3 hrs		o	0	O
-	ica Grone, Georgia Ports Authority			-	+	
	Box 2406, Savannah, GA 31402	Board of Governors, 3 hrs		o	o	o
_	ie Johnson, Georgia Ports Authority	<u> </u>	<u> </u>	-	+	
	Box 2406, Savannah, GA 31402	Board of Governors, 3 hrs		o	o	0
	tain William T Browne, Jr., Savannah Pilots Assoc		 	` 	╁	
	Box 9267, Savannah, GA 31412	Board of Governors, 3 hrs		o	اه	0

Part							
	instructions for Part V.) Check if the organization used Schedule O to respond to any question in this	rant	∨ 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	162	\ <u>\</u>			
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)						
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)?	34 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		_			
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					
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						
ь 38а	Did the organization file Form 1120-POL for this year?	37b		✓			
550	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? .	38a		1			
b	If "Yes," complete Schedule L, Part II and enter the total amount involved			-			
39	Section 501(c)(7) organizations. Enter:						
а	Initiation fees and capital contributions included on line 9	-					
ь 40а	Gross receipts, included on line 9, for public use of club facilities	1					
40 a	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					
	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						
	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. ▶ Georgia						
42a	· · · · · · · · · · · · · · · · · · ·	912-89		2			
h	Located at ► 18 Cozy Bluff Road, Savannah Georgia ZIP + 4 ► At any time during the calendar year, did the organization have an interest in or a signature or other authority over	314	Yes	No			
-	a financial account in a foreign country (such as a bank account, secunties account, or other financial account)?	42b	1.03	1			
	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 and Financial Accounts.						
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		. 1	▶ □			
	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		1 68	No			
	completed instead of Form 990-EZ	44a		1			
b	completed instead of Form 990-EZ	44b	-	Ī			
C	Did the organization receive any payments for indoor tanning services during the year?	44c	_	 			
d	explanation in Schedule O	44d		 			
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		1			
45b	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	-				
		-					

Form 990-EZ (2011) Page 4											
46	Did th	e organization engage, directly or in	idirectly, in political c	ampaign activities	on behalf	of or in opposit	ion 🗆	Yes	No		
Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 47–49b and 52, and complete the tables for lines 50 and 51.								b			
	(Check if the organization used Sch	nedule O to respond	l to any question i	n this Part	VI					
								Yes	No		
		ne organization engage in lobbying If "Yes," complete Schedule C, Part	ect during the	tax 47							
		organization a school as described in					. 48				
		I the organization make any transfers to an exempt non-charitable related organization?									
50	If "Yes," was the related organization a section 527 organization?										
		rne 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-MIS	(d) H contribu benefit p	ealth benefits, tions to employee lans, and deferred mpensation	(e) Estimated other comp	d amou	unt of		
51	Comp \$100,	number of other employees paid over plete this table for the organization' 000 of compensation from the organization	s five highest compounization. If there is no	ensated independe one, enter "None."	· · · · · ·				than		
(a) i	varie ai	nd address of each independent contractor pa	more than \$100,000	(b) Type of s	Service	(6,) Compensation	——			
				-							
				-							
				-							
				-					_		
d	Total	number of other independent contra	actors each receiving	over \$100,000 .	. ▶						
52	Did th	ne organization complete Schedule A	A? Note: All section 5	601(c)(3) organization	ons and 49		► □ Yes		No		
Under pe	enalties	of perjury, I declare that I have examined this is decomplete. Declaration of preparer (other than	return, including accompan	lying schedules and stat	ements, and	to the best of my ki					
		RNOUSL				11/13	/201	2			
Sign Here		Signature of officer Robert J Cole, Treasurer				Date		•			
		Type or print name and title									
Paid Prepa	arer	Print/Type preparer's name	Preparer's signature		Date	Check self-emplo					
Use (1	Firm's name				Firm's EIN ▶					
May th	e IRS	Firm's address ▶ Phone no IRS discuss this return with the preparer shown above? See instructions									
		no property									

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

2011

Department of the Treasury Internal Revenue Service Name of the organization 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.

Open to Public Inspection

OMB No 1545-0047

Name of the organization		Employer identification number						
Propeller Club of the United States, Port of Savannah		58-1540618						
PART I Line 10 Grants and similar amounts paid								
1) Logistics & Intermodal Transport Program Scholarships	3,000							
2) International Seamen's House	2,000							
3) Benedictine Military Academy ROTC	250							
TOTAL Part 1 Line 10	5,250							
PART I Line 16 Other expenses								
1) Annual Dues - National	9,841							
2) Annual Dues - Southeast Regional Advisory Committee	400							
3) Conference expenses	4,989							
4) Insurance	321							
5) Monthly meeting meals	27,594							
6) National Maritme Day expenses	1,079							
7) Miscellaneous expenses	151							
TOTAL Part 1 Line 16	44,375							
PART III Statement of Program Service Accomplishments, continued								
31) Send delegates to the National, Regional and State Propeller Club conventions to keep abreast of maritime-related issues								
32) Host social functions including an annual oyster roast to support fellowship among Club members and attract new members								
Attendance varies from 100 to 200 members.								
33) Host annual Maritime Day Celebration in support of National Maritime Day on May 22nd. The event consists of a ceremony in which a								
wreath is placed in the Savannah River in memory of seamen who lost their lives at sea as well as members of the local maritime community								
who passed away during the previous year The club selects and honors the Maritime Day Person of the Year and the Propeller Club Person								
of the year Attendance varies from 100 - 200 members								