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# SCANNED OFC 117 2015

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)

2014

OMB No 1545-1150

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

Open to Public

Inspection Department of the Treasury ▶ Information about Form 990-EZ and its instructions is at www.irs.gov/form990. Internal Revenue Service A For the 2014 calendar year, or tax year beginning July 1 2014, and ending June 30 , 20 15 B Check if applicable C Name of organization D Employer identification number Propeller Club of the U. S., Port of Savannah 58-1540618 Address channe Room/suite Name chance Number and street (or P O box, if mail is not delivered to street address) E Telephone number Initial return 912-897-6862 Final return/terminated City or town, state or province, country, and ZIP or foreign postal code F Group Exemption Amended return Savannah, GA 31412-6480 Number ▶ Application pending H Check ► if the organization is not G Accounting Method www.propellerclubsavannah.com required to attach Schedule B Website: ▶ (Form 990, 990-EZ, or 990-PF). J Tax-exempt status (check only one) — □ 501(c)(3) 🗹 501(c) ( 6 ) ◀ (insert no.) □ 4947(a)(1) or □ 527 K Form of organization ☐ Corporation ☐ Trust Association Other 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 . . . . . . . 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 . . .  $\overline{\mathbf{Z}}$ 9,970 2 4,069 2 Program service revenue including government fees and contracts 3 63,810 3 Investment income . . . . . . . . . . . . . . . . 4 75 5a 5a Gross amount from sale of assets other than inventory Less; cost or other basis and sales expenses . . . . . . . . . . . . Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . . Gaming and fundraising events Gross income from gaming (attach Schedule G if greater than 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 Less: direct expenses from gaming and fundraising events . . . 6c Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract 6d Gross sales of inventory, less returns and allowances . . . Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7c 8 Other revenue (describe in Schedule O) . . . . . . . . . 8 **Total revenue.** Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 9 77,924 9 10 Grants and similar amounts paid (list in Schedule O) . 10 7,700 Benefits paid to or for members . . . . . . . . . 11 11 Salaries, other compensation, and employee benefits . 12 12 Professional fees and other payments to independent contractors 13 4,800 13 Occupancy, rent, utilities, and maintenance . . . . . . . . . 14 14 15 15 Printing, publications, postage, and shipping . . . . 360 16 Other expenses (describe in Schedule O) . . . . 16 56,000 68,860 17 Total expenses. Add lines 10 through 16. 17 Excess or (deficit) for the year (Subtract line 17 from line 9) . . . . . 18 18 9064 Net Assets Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with 19 19 98,811 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 21 107,875

Ŗar		•				
	Check if the organization used Schedule	O to respond to ar	ny question in this		<u> </u>	<u> </u>
				(A) Beginning of year		(B) End of year
22	Cash, savings, and investments			98,111		107,875
23	Land and buildings				23	
24					24	
25	Total assets			98,111	25	107,875
26		(5)		00.444	26	407.075
27	Net assets or fund balances (line 27 of column	1 (B) must agree with	n line 21)	98,111	27	107,875
Part						Expenses
	Check if the organization used Schedule				(Rea	uired for section
	is the organization's primary exempt purpose?	Promote Port of Sav		<del></del>	501(	c)(3) and 501(c)(4)
	ibe the organization's program service accompli				orga othe	nizations, optional for
as m	easured by expenses. In a clear and concise n	nanner, describe the	e services provide	d, the number of	ome	15)
	ns benefited, and other relevant information for e					<del></del>
28	Host monthly meetings at which guest speakers ide		e & national maritin	le or port related		
	subjects educate the members on topics of interest.	·				
	Attendance ranges from 100 to 150 members	the standard for a town own			- 00	
	`	t includes foreign gra			28a	
29	Sponsor the annual State of the Port Address annua					:
	update members, state and regional leaders on acco			ious fiscal year		
	Attendance ranges from 1,000 to 1,300 members and		<del>-</del>		-	
	,	t includes foreign gra		Morehant Marina	29a	<u> </u>
30	Fund scholarships for students enrolled in Logistic					
	Academies throughout the U. S. Also support a loc		!			
	youth to enter the industry	t includes foreign gra	nto chook horo		30a	
04				· · · • ·	SUA	'
31	Other program services (describe in Schedule O)				31a	
32	(Grants \$ ) If this amount Total program service expenses (add lines 28a	t includes foreign gra			32	<u>'                                    </u>
Par	· · · · · · · · · · · · · · · · · · ·				ļ	ctions for Part I\A
L GU	Check if the organization used Schedule				13114	
	Officer if the organization used coneduct		(c) Reportable	(d) Health benefits,	Τ̈́	<u> </u>
	(a) Name and title	(b) Average hours per week	compensation (Forms W-2/1099-MIS	contributions to employ		Estimated amount of other compensation
	• •	devoted to position	(if not paid, enter -0-			other compensation
Mark	Troughton, President	8 hours		<del>                                     </del>		
		•		o	o	0
Bill E	arbee, First Vice President	6 hours	-			
				o	o	0
Mich	ael Forbes, Second Vice President	4 hours				•
				0	0	0
Capt	ain Craig Maggioni, Third Vice President	4 hours				
1				0	o	0
Thon	nas Wright, Secretary	10 hours				
		-		o	0	0
Robe	rt J. Cole, Treasurer	8 hours				
	***************************************			0	0	0
Capt	ain William T. Browne, Jr, Board of Governors	3 hours				
				0	0	0
Chuc	k Heimes, Board of Governors	3 hours				
				o	0	0
J. Ro	bert Myrick, Jr, Board of Governors	3 hours			$\top$	_
				0	0	0
Dudl	ey New, Jr, Board of Governors	3 hours				
				0	0	0
Edw	ard Bazemore, Board of Governors	3 hours			$\top$	
		<u> </u>	<u> </u>	0	0	0
Lynr	Brennan, Board of Governors	3 hours				
		1	1	ol	o	0

Part				
	instructions for Part V) Check if the organization used Schedule O to respond to any question in this	Part '		
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a		Yes	No
35	detailed description of each activity in Schedule O	33		<b>✓</b>
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		<b>√</b>
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		1
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	<del>-</del>		
b	Did the organization file Form 1120-POL for this year?	37b		<b>✓</b>
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		1
b	If "Yes," complete Schedule L, Part II and enter the total amount involved   38b	304		<b>V</b>
39	Section 501(c)(7) organizations. Enter.	1		
а	Initiation fees and capital contributions included on line 9			
b	Gross receipts, included on line 9, for public use of club facilities	]		
40a	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	ļ	
С	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			
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		<b>✓</b>
41	List the states with which a copy of this return is filed ► Georgia			
42a		912-89		2
L	Located at ► 18 Cozy Bluff Road, Savannah Georgia ZIP + 4 ►	31	410	
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:	42b		No ✓
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
С	At any time during the calendar year, did the organization maintain an office outside the U.S.?	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		•	▶ □
			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	ļ	<b>✓</b>
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		<b>√</b>
С	Did the organization receive any payments for indoor tanning services during the year?	44c		1
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an		ļ	
	explanation in Schedule O	44d	+	<b>_</b> -
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	1	✓
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	_	-

Form 990-EZ (	(2014)			<del></del>				age 4		
46 Did	the organization engage, directly or in	directly in political o	eamnaidh activities i	on behalf of or	in oppositio	n 🗀	Yes	No		
	andidates for public office? If "Yes," c					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 50 and 51.									
	Check if the organization used Sch	nedule O to respond	to any question in	this Part VI						
	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	Yes	No		
<b>48</b> Is th	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E									
49a Did	the organization make any transfers to	o an exempt non-cha	aritable related orga	e related organization?						
	es," was the related organization a se					49b				
	Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and keep in the compensation of the compensation of the compensation. If there is none, enter "None."									
emp	oloyees) who each received more than	\$100,000 of compe	nsation from the org			enter "N	lone."			
(2	a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MIS	(d) Health to contributions to benefit plans, a compens	o employee (o and deferred					
								·		
		<u> </u>				<del></del> _				
					-					
		0400 000				<del></del> -				
<b>51</b> Cor	al number of other employees paid ov mplete this table for the organization 10,000 of compensation from the orga	s five highest comp	ensated independe	nt contractors	who each r	received	more	thar		
(3	(a) Name and business address of each independ	dent contractor	ontractor (b) Type of service			(c) Compensation				
			-							
					-					
			-							
# Tal	al number of other independent contra	actore each recourse	Over \$100,000			·				
<b>52</b> Did	the organization complete Schedungleted Schedung	_		ganizations m	ust attach			No		
Under penalti	es of perjury, I declare that I have examined this and complete Declaration of preparer (other that									
Sign	Signature of officer			Date	<del></del>	2012	5			
Here										
	<del></del>	Preparer's signature	<del>-</del> -	Date		PTIN				
Paid Prepare	Print/Type preparer's name	, repair o digradate			Check !! if self-employe	† <b> </b>				

Preparer

**Use Only** 

Firm's address ►

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

► ☐ Yes ☐ No

Firm's EIN ▶

Phone 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

2014

Open to Public Inspection

Employer identification number

Propeller Club of the U.S , Port of Savannah		58-1540618
PART 1 Line 10. Grants and similar amounts pa	sid	
1) Logistics and Intermodal Scholarships	2,500	
2) International Seamen's House	2,250	
3) Benedictine Military Academy	250	
4) Georgia Foreign Trade Conference	1,500	
5) Donations in Memorium of Deceased Member	ers 700	
6) Propeller Club, Port of Jacksonville	500	
TOTAL PART 1 LINE 10	7,700	
PART 1 Line 16 Other Expenses		
1) Annual Dues- National Propeller Club	10,140	
2) Annual Dues - SERAC	500	
3) Conference Expenses	12,127	
4) Insurance	1,155	
5) Monthly Meeting Meals	22,184	
6) National Maritime Day	7,339	
7) Miscellaneous	2,555	
TOTAL PART 1 LINE 16	56,000	
PART III Statement of Program Service Accomp	olishments, continued	
31) Send delegates to National and Regional Pr	opeller Club conferences to meet with other clubs and	keep up-to-date on maritime issues.
32) Host social functions including an annual O	lyster Roast to support fellowship among Club member	s and attract new members.
33) Host annual Maritime Day Celebration in su	pport of National Maritime Day on May 22nd. The event	consists fo a ceremony in which a
wreath is placed in the Savannah River in m	emory of seamen who lost their lives at sea and member	ers of our local maritime community
who passed away during the year. The clul	b honors a Maritime Person of the Year and a Propeller	Club Person of the Year.

Schedule O (Form 990 or 990-EZ) (2014)	<u>-</u>			Pag	e 2
Name of the organization				Employer identification number	
Propeller Club of the U. S., Port of Savannah	<u> </u>			58-1540618	
PART IV List of Officers, Directors, Trustees	and Key Employe	es, continued			<b>-</b> -
Ben Goldberg, Board of Governors	0	00	0		
Lee Beckman, Board of Governors	00	0	00		·
Danica Grone, Board of Governors	0	0	00		<b>-</b>
Robbie Shea, Board of Governors	0	0	0		
Robert Dowd, Board of Governors	0	0	0		<u>-</u>
Robert Prescott, Board of Governors	00	0	0		<b>-</b>
Nick Puhala, Board of Governors	0	00	00		
		••••			
		•••••			<b></b>
			•••••		