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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)

OMB No 1545-1150

2015**Open to Public Inspection**Department of the Treasury
Internal Revenue Service

▶ 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.

A For the 2015 calendar year, or tax year beginning July 1, 2015, and ending June 30, 2016	
B Check if applicable: ☐ Address change ☐ Name change ☐ Initial return ☐ Final return/terminated ☐ Amended return ☐ Application pending	C Name of organization Propeller Club of the U. S., Port of Savannah Number and street (or P O box, if mail is not delivered to street address) Room/suite P O Box 9480 City or town, state or province, country, and ZIP or foreign postal code Savannah, GA 31412-6480
D Employer identification number 58-1540618	
E Telephone number 912-897-6862	
F Group Exemption Number ▶	
G Accounting Method ☒ Cash ☐ Accrual Other (specify) ▶	
I Website: ▶ www.propellerclubsavannah.com	
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	
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. \$ 181,910	

Part I 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	1	8,750
	2 Program service revenue including government fees and contracts	2	112,055
	3 Membership dues and assessments	3	61,080
	4 Investment income	4	25
	5a Gross amount from sale of assets other than inventory 5a		
	b Less cost or other basis and sales expenses 5b		
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) 5c		
	6 Gaming and fundraising events		
	a Gross income from gaming (attach Schedule G if greater than \$15,000) 6a		
b 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			
c Less direct expenses from gaming and fundraising events 6c			
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 6d			
7a Gross sales of inventory, less returns and allowances 7a			
b Less: cost of goods sold 7b			
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7c			
8 Other revenue (describe in Schedule O) 8			
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ▶ 9		181,910	
Expenses	10 Grants and similar amounts paid (list in Schedule O) 10		4,500
	11 Benefits paid to or for members 11		
	12 Salaries, other compensation, and employee benefits 12		
	13 Professional fees and other payments to independent contractors 13		4,980
	14 Occupancy, rent, utilities, and maintenance 14		
	15 Printing, publications, postage, and shipping 15		1,137
	16 Other expenses (describe in Schedule O) 16		151,526
	17 Total expenses. Add lines 10 through 16 ▶ 17		162,143
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9) 18		19,767
	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		107,875
	20 Other changes in net assets or fund balances (explain in Schedule O) 20		
	21 Net assets or fund balances at end of year. Combine lines 18 through 20 ▶ 21		127,642

For Paperwork Reduction Act Notice, see the separate instructions.

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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	107,875	22 127,642
23 Land and buildings		23
24 Other assets (describe in Schedule O)		24
25 Total assets	107,875	25 127,642
26 Total liabilities (describe in Schedule O)		26
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	107,875	27 127,642

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**

(Required for section 501(c)(3) and 501(c)(4) organizations, optional for others)

What is the organization's primary exempt purpose? Promote Port of Savannah and Maritime Related Industry

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 <u>Host monthly meetings at which guest speakers identified with local, state and national maritime or port related subjects educate members on topics of interest</u> <u>Attendance ranges from 100 to 150 members</u> (Grants \$) If this amount includes foreign grants, check here ☐	28a
29 <u>Sponsor annual State of the Port Address for the Director of Georgia Ports Authority to update members, state and regional leaders on accomplishments and challenges of the previous fiscal year</u> <u>Attendance ranges from 1,000 to 1,300 including members and the community at large</u> (Grants \$) If this amount includes foreign grants, check here ☐	29a
30 <u>Fund scholarships for students enrolled in Logistics and Transportation degree programs or Merchant Marine Academies throughout the U. S. Also support a local Maritime Logistics Education Task Force to encourage youth to enter the industry</u> (Grants \$) If this amount includes foreign grants, check here ☐	30a
31 <u>Other program services (describe in Schedule O)</u> (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
Michael Forbes, President	8	0	0	0
Captain Craig Maggioni, First Vice President	6	0	0	0
Ralph Maggioni, Second Vice President	4	0	0	0
Chuck Heimes, Third Vice President	4	0	0	0
Thomas W. Wright, Secretary	10	0	0	0
Robert J. Cole, Treasurer	8	0	0	0
Captain Trey Thompson, Board of Governors	3	0	0	0
Hays Clark, Board of Governors	3	0	0	0
J. Robert Myrick, Jr., Board of Governors	3	0	0	0
Dudley New, Jr., Board of Governors	3	0	0	0
Jason Ball, Board of Governors	3	0	0	0
Lynn Brennan, Board of Governors	3	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		✓
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)?		✓
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		
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		✓
37a Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a 0		
b Did the organization file Form 1120-POL for this year?		✓
38a 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?		✓
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		
b Gross receipts, included on line 9, for public use of club facilities 39b		
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		
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		✓
41 List the states with which a copy of this return is filed ▶ Georgia		
42a The organization's books are in care of ▶ Robert J. Cole Telephone no. ▶ 912-897-6862 Located at ▶ 18 Cozy Bluff Road, Savannah Georgia ZIP + 4 ▶ 31410		
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)?	Yes	No
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 U.S.?		✓
If "Yes," enter the name of the foreign country ▶		
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		
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		✓
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		✓
c Did the organization receive any payments for indoor tanning services during the year?		✓
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		
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		✓
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)		✓

- 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		☒

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

48		
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- 49a** Did the organization make any transfers to an exempt non-charitable related organization?

49a		
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- b** If "Yes," was the related organization a section 527 organization?

49b		
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- 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 ▶

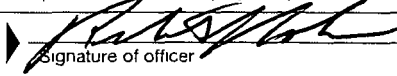
- 51** Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(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 ▶  **Signature of officer** 11/15/2016
Date
 ▶ **Robert J. Cole, Treasurer**
 ▶ **Type or print name and title**

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
Firm's name ▶	Firm's EIN ▶		Phone no ▶	
Firm's address ▶				

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

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

2015

**Open to Public
Inspection**

Name of the organization

Propeller Club of the U S , Port of Savannah

Employer identification number

58-1540618

PART 1 Line 10 Grants and similar amounts paid

1) Logistics and Intermodal Scholarships 1,000

2) International Seamen's House 2,250

3) Benedictine Military Academy 250

4) Georgia Foreign Trade Conference 1,000

TOTAL PART 1 LINE 10 4,500

PART 1 Line 16 Other Expenses

1) Annual Dues - National Propeller Club 9,868

2) Annual Dues - SERAC 500

3) Conference Expenses 1,467

4) Insurance 1,194

5) Monthly Meeting Meals 22,233

6) National Maritime Day 1,322

7) International Convention 113,861

8) Miscellaneous 1,081

TOTAL PART 1 LINE 16 151,526

PART III Statement of Program Service Accomplishments, continued

31) Send delegates to National and Regional Propeller Club conferences to meet with other clubs and keep up-to-date on maritime issues

32) Host social functions including an annual Oyster Roast to support fellowship among Club members and attract new 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 and members of the local maritime community who passed away during the year The club honors a Maritime Person of the Year and a Propeller Club Person of the Year

Name of the organization

Employer identification number

Propeller Club of the U. S., Port of Savannah

58-1540618

PART IV List of Officers, Directors, Trustees and Key Employees, continued

Ben Goldberg, Board of Governors	0	0	0
Lee Beckman, Board of Governors	0	0	0
Jonathon Claughton, Board of Governors	0	0	0
Robbie Shea, Board of Governors	0	0	0
Robert Dowd, Board of Governors	0	0	0
Robert Prescott, Board of Governors	0	0	0
Mark Troughton, Immediate Past President	0	0	0