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)

2018

OMB No 1545-1150

Department of the Treasury

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

▶ Go to www.irs.gov/Form990EZ for instructions and the latest information.

Open to Public Inspection

<u> </u>	For the	2018 calend	ar year, or tax year beginning July 1 , 2018, and ending	June 3	, 20 19							
=	Check if ap				entification number							
	-	•	· -	• •								
Propeller Club of the U.S., Port of Sa				58-1540618								
H	Name cha Initial retur	•	Number and street (or P O box, if mail is not delivered to street address) Room/suite E Tel	E Telephone number								
Ħ		m/terminated	P O Box 9480	912-897-6862								
	Amended			Group Exemption								
	Application	n pending	Savannah, GA 31412-6480	ımber 🕨								
G	Account	ing Method.	☑ Cash ☐ Accrual Other (specify) ► H Check	if the organization is no								
1.1	Nebsite	: ► www	savannah.propellerclub.us requir	ed to attach Schedule B								
Jī	ах-ехеп	npt status (ch	eck only one) — ☐ 501(c)(3) ☑ 501(c) (6) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527 (Form	990, 99	D-EZ, or 990-PF).							
			☐ Corporation ☐ Trust ☐ Association ☑ Other Non Profit									
			7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total asset	s								
(Pa	rt II. col	umn (B)) are	\$500,000 or more, file Form 990 instead of Form 990-EZ	▶ s								
	art I		e, Expenses, and Changes in Net Assets or Fund Balances (see the instr	uctions	for Part I) 🛤							
	aiti	Chook	the organization used Schedule O to respond to any question in this Part I									
0:4	1 4			ŤŤ	15,676							
2	1		ons, gifts, grants, and similar amounts received	2	4,150							
	-	_	ervice revenue including government fees and contracts	3	57,308							
	3		up dues and assessments		40							
?	4	Investmen	1	4								
	5a	Gross amo	ount from sale of assets other than inventory 5a	4								
	b		or other basis and sales expenses	4_1								
	C	Gain or (lo	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)									
3	6		ning and fundraising events: ss income from gaming (attach Schedule G if greater than									
3	a	Gross inc	ŀ									
ž Š		\$15,000)	_									
Revenue	b	Gross inco										
e e			aising events reported on line 1) (attach Schedule G if the									
_		sum of suc	ch gross income and contributions exceeds \$15,000) 6b	-								
Š	С	Less: direc	ct expenses from gaming and fundraising events 6c 6c	_								
,	d	Net incom	e or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract									
•		line 6c)		6d								
	7a	Gross sale	s of inventory, less returns and allowances									
	b		of goods sold	7								
	c		it or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c								
	8			- 8								
	9		nue (describe in Schedule O)	9	77,174							
_	10		t similar amounts paid (list in Schedule O)	10	14,000							
	11		ald to or for members									
s	12	<u>.</u> .		12								
	12	Orafossion	al feed and other payments to independent contracts	13	7,965							
Expense	13	Consession	ther compensation, and employee benefits all fees and other payments to independent contractors OGDEN, UT v. rent. utilities, and maintenance	14	7,000							
×	14		y, rent, utilities, and maintenance	15	227							
ш	1.0		16	227								
	16		enses (describe in Schedule O) 🔛	17	55,725 77,917							
_	17	Total expe	enses. Add lines 10 through 16		-743							
Ş	18	Excess or	(deficit) for the year (Subtract line 17 from line 9)	18	-/43							
SSe	19		s or fund balances at beginning of year (from line 27, column (A)) (must agree with		444 464							
Net Assets		-	ar figure reported on prior year's return)	19	141,494							
	20		nges in net assets or fund balances (explain in Schedule O)	20	448 = 24							
	21	Net assets	or fund balances at end of year.Combine lines 18 through 20 🔻	21	140,751							

Form	990-62 (· · · · · · · · · · · · · · · · · · ·					Page Z
Pa	rt II	Balance Sheets (see the instructions	•		_		
		Check if the organization used Schedule	O to respond to a	ny question in this		<u> </u>	
	0				(A) Beginning of year		(B) End of year
22		n, savings, and investments			141,494		140,761
23 24.		and buildings			·	23 24	ļ
25		•			141,494		140 784
26		Il assets			141,494	26	140,751
27		assets or fund balances (line 27 of column	· · · · · · · · · · · · · · · · · · ·	h line (21)	141,494		140,751
	1 111	Statement of Program Service Accom				21	140,751
يتكار		Check if the organization used Schedule	•		•		Expenses
Wha	t is the	organization's primary exempt purpose?					quired for section
				· · · — — — — — — — — — — — — — — — — —			(c)(3) and 501(c)(4) anizations; optional for
as n	neasure	e organization's program service accompli ed by expenses. In a clear and concise m	soments for each c	i its three largest p	rogram services,	, .	ers)
pers	ons ber	nefited, and other relevant information for ea	ach program title.	S SOLVIDOS PIOVIGOS	,		
28		onthly meetings at which guest speakers iden		e and national mariti	me or port related		
		ts educate members on topics of interest					
	(Grant	s\$) If this amount	includes foreign gra	ants, check here .	▶ 🗆	28	a
29	Spons	or annual State of the Port Address for the Dir					-
	and re	gional leaders on accomplishments, challenge	s and opportunities				

	(Grant		includes foreign gra			29	a
30		cholarships for students enrolled in Logistics					}
		nies througout the U.S. Also suport a local f	Naritime Logistics Ed	ucation Taskforce to	encourage		
		o enter the industry					
	(Grant		includes foreign gra	ints, check here .	<u> ▶ ⊔</u>	30	3
31		program services (describe in Schedule O)			· · ·		
20	(Grants	s \$) If this amount	includes foreign gra	ints, check here .	· · · · · · · · · · · · · · · · · · ·	316	
Par		program service expenses (add lines 28a				32	<u></u>
r er	CIV	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule				1511 0	Clions for Fart IV)
		Officer if the organization used ochedule		(c) Reportable	(d) Health benefits,	Ť	
		(a) Name and title	(b) Average hours per week	compensation	contributions to employ		Estimated amount of other compensation
			devoted to position	(Forms W-2/1099-MISC (if not paid, enter -0-)			other compensation
Lvnn	Brenna	n, President		,		+	
			8	ĺ		٥	0
Capta	ain Trev	Thompson, 1st Vice President		<u> </u>		1	
re.			6)	a	0
Lee E	Beckmai	nn, 2nd Vice President				1	
			4			0	0
Hays	Clark, 3	Brd Vice President					<u></u>
_			4	ĺ		0	0
McLe	od Rom	linger, Secretary				T	-
			4			Q	0
Robe	rt J. Co	le, Treasurer					
			8			0	0
Chuc	k Helme	es, Past President					
			3			0	0
Lang	ston Ba	ss, Judge Advocate					
			3			9	0
Jaso	n Ball, E	loard of Governors					
			3		 	9	0
Joe N	lyatt, Be	pard of Governors	ļ				-
			3		<u> </u>	9_	0
Jim N	fyrick, E	Board of Governors	Į				=
			3			9	0
Tom	Wright,	Board of Governors					

Page	3

Form 990-EZ (2018)

Ì	Part					•
-		instructions for Part V.) Check if the organization used Schedule O to respond to any question in this	SPari	Yes	No	-
	33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a		168	NO	-
		detailed description of each activity in Schedule O	33		1	6
4	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		~	- 6
	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		<u> </u>	•
	h	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	$\vdash \dashv$	_	•
	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	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			<u> </u>	· •
	b	Did the organization file Form 1120-POL for this year?	37b			
	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?	38a		~	
		If "Yes," complete Schedule L, Part II and enter the total amount involved	1			:
	39	Section 501(c)(7) organizations. Enter:	1			•
	a b	Initiation fees and capital contributions included on line 9	1	,		
	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			ا .
	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			
	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, Treasurer Telephone no. ▶	12-89	7-6862		
	_	Located at ► 18 Cozy Bluff, Savannah GA ZIP + 4 ►	314			
	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)?	42b	Yes	No ✓	
		If "Yes," enter the name of the foreign country				i
		See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
		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	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		, Þ	· 🗀	
•	44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be	. ~	Yes	No	
	b	completed instead of Form 990-EZ Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be	44a		· ·	
		completed instead of Form 990-EZ	44b	ļ ļ	V	
		Did the organization receive any payments for indoor tanning services during the year?	44c			
	AE-	explanation in Schedule O	44d	 	~	
•	45a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a			
		Form 990-EZ. See instructions	45b	~, ~~	V	

rorm 990	J-EZ (Z							Yes	No
46	Did t	he organization engage, directly or in indidates for public office? If "Yes," o	ndirectly, in political c complete Schedule C	campaign activities	on behalf	of or in opposit	tion 46		7
Part \		Section 501(c)(3) Organization: All section 501(c)(3) organization 50 and 51.	s Only			<u>"</u>		for lir	105
		Check if the organization used Sci	hedule O to respond	to any question i	n this Par	t VI	<u> </u>	<u> </u>	<u>, 0</u>
		the organization engage in lobbying? If "Yes," complete Schedule C, Par		• •	tion in eff	fect during the	tax 47	Yes	No
	•	e organization a school as described in			 te Schedu	ie E	-	-	+-
		he organization make any transfers to							1
b	lf "Y€	es," was the related organization a se	ection 527 organization	on?			. 49		
		plete this table for the organization's oyees) who each received more than							
	(a)	Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MIS	contribu	dealth benefits, utions to employee plans, and deferred empensation	(e) Estima	ited amo ompensa	
			-						
	•			<u>,</u>					
51	Com	number of other employees paid over plete this table for the organization, ,000 of compensation from the orga	s five highest compe		nt contra	 ctors who each	receive	d more	e than
	(a)	Name and business address of each independ	lent contractor	(b) Type of s	ervice	(c)	Compens	ation	
									_
52	Did t	number of other independent contra the organization complete Schedu pleted Schedule A	ile A? Note: All se	ction 501(c)(3) or					
Under per	naities	of perjury, I declare that I have examined this r	eturn, including accompany	ying schedules and state	ments, and	to the best of my kn	. ▶ Y e owledge a		No , it is
Sign	Ţ	Signature of officer		The state of the s		Date /	120	19	7
Horo		Robert J. Cole, Treasurer Type or print name and title		···				·	
Paid		Print/Type preparer's name	Preparer's signature		Date	Check C	if PTIN		
Prepa Use O		Firm's name ▶				seif-employ	yeu		
		Firm's address				Phone no			<u> </u>
way the	e ino	discuss this return with the preparer	Snown above? See I	nstructions	<u>· · · · · · · · · · · · · · · · · · · </u>		Form 9	90-EZ	No (2018)

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.

OMB No 1545-0047 Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

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

Propeller Club of the U.S., Port of Savannah		58-1540618					
PART 1 Line 10. Grants and similar amounts paid							
1) Logistics and Intermodal Scholarships	3,500						
2) International Seamen's House	3,000						
3) Maritime Bethei	3,000						
4) Maritime Logistics Education Taskforce	2,000						
5) Georgia Foreign Trade Conference	1,000						
6) Benedictine Military Academy	500						
7) Savannah Navy League	500						
8) Port of Tampa	500						
TOTAL PART 1 LINE 10	14,000						
PART I Line 16. Other Expenses 1) Annual Dues - National Propeller Club	11,765						
2) Annual Dues - SERAC	540						
3) Conference Expenses	2,833						
4) Insurance	1,152						
5) Monthly Meeting Meals	24,991						
6) National Maritime Day	11,000						
7) Miscellaneous	3,444						
TOTAL PART LINE 16	65,725						
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.							
	yster Roast to support fellowship amont club members						
	upport of National Maritime Day on May 22nd.						
34) Select and honor Propeller Club Person of							

Name of the organization				Employer Ident	Page 2
Propeller Club of the U.S., Port of Savannah				i i	8-1540618
PART IV List of Officers, Directors, Trustees and K	ey Employees, co	ntinued			
Emily Goldman, Board of Governors	3	0	00	0	
Ben Goldberg, Board of Governors	3	0	00	0	
Billy Groves, Board of Governors	3	0	0	0	
Robble Shea, Board of Governors	3	0	0	0	••••
Jonathon Claughton, Board of Governors	3	0	0	00	
Gary Davis, Board of Governors	3	0	0	0	
Robert Dowd, Board of Governors	3	0	0	00	
Nick Harty, Board of Governors	3	0	0	0	
Chuck Heimes, Immediate Past President	3	0	0	0	
					•••••

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