Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2020

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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

Open to Public Inspection

	oartment of t rnal Revenu	the Treasury	Go to www.irs.gov/Form990EZ for instructions and t	he latest in	formation.		Inspection	
			r year, or tax year beginning , 2020, and				, 20	
_	Check if ap					yer ident	ification number	
	Address ch	nange	Satuit Boat Club		04-	60147	40	
$\overline{\Box}$	Name char							
$\overline{\Box}$	Initial returr	n						
	Final return	n/terminated	8)783	-6610				
	Amended r	return	City or town, state or province, country, and ZIP or foreign postal code		F Group	Exemptic	n	
$\overline{\Box}$	Application	pending	Scituate, MA 02066		Numbe	er ►		
G	Accounti	ing Method:	X Cash Accrual Other (specify) ►		H Check ►	X if the	organization is not	
L	Website	: 🕨 satu	itboatclub.net		required to			
J	Tax-exe	mpt status (check only one) - 501(c)(3) 🗴 501(c)(7) ◀ (insert no.) 4947(a)(1) c	or 527	(Form 990,	990-EZ,	or 990-PF).	
_			X Corporation Trust Association Other				,	
L	Add lines	s 5b, 6c, and 7	Tb to line 9 to determine gross receipts. If gross receipts are \$200,000 or r	nore, or if tot	tal assets			
(Pa	art II, colu	umn (B)) are §	500,000 or more, file Form 990 instead of Form 990-EZ			. ► \$	160,031	
P	art I	Revenu	e, Expenses, and Changes in Net Assets or Fund Balar	nces (see t	the instructio	ns for P	art I)	
			the organization used Schedule O to respond to any question in the					
	1	Contributions	s, gifts, grants, and similar amounts received			1		
	2		vice revenue including government fees and contracts			2	49,744	
	3	Membership	dues and assessments			3	109,840	
	4	Investment in	ncome			4		
	5a	Gross amou	nt from sale of assets other than inventory	5a				
	b	Less: cost or						
	c	Gain or (loss	5c					
	6	Gaming and						
	a	Gross incom	e from gaming (attach Schedule G if greater than					
ne		\$15,000) .		6a				
Revenue	b	Gross incom	e from fundraising events (not including \$ of co	ntributions				
Re		from fundrais	sing 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 of	or (loss) from gaming and fundraising events (add lines 6a and 6b and subt	ract				
		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) \ldots .			7c		
	8	Other revenu	le (describe in Schedule O)			8	447	
	9	Total reven	ue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and &			9	160,031	
	10	Grants and s	imilar amounts paid (list in Schedule O)			10		
	11	Benefits paid	to or for members			11		
	12	Salaries, oth	er compensation, and employee benefits			12	39,622	
se	13	Professional	fees and other payments to independent contractors			13	7,694	
Expenses	14		ncy, rent, utilities, and maintenance					
Щ	15		lications, postage, and shipping	15	150			
	16		ses (describe in Schedule O)			16	101,221	
	17		ses. Add lines 10 through 16			17	148,687	
	18		eficit) for the year (subtract line 17 from line 9)			18	11,344	
iets	19							
Ass		-	figure reported on prior year's retum)			19	221,173	
Net Assets	20	-	es in net assets or fund balances (explain in Schedule O)			20		
	21		r fund balances at end of year. Combine lines 18 through 20		· · · . ►	21	232,517	
Fo		vork Reduction	on Act Notice, see the separate instructions.				Form 990-EZ (2020)	

Form 990-EZ (2020) Satuit Boat Club			04-6	014	740 Page 2
Part II Balance Sheets (see the instructions for Pa	'				
Check if the organization used Schedule O t	to respond to any qu	estion in this Part II			X
		(A) Beginning of year		(B) End of year
22 Cash, savings, and investments \ldots			119,407	22	134,267
23 Land and buildings			53,545	23	52,057
24 Other assets (describe in Schedule O)			48,221	24	46,193
25 Total assets			221,173	25	232,517
26 Total liabilities (describe in Schedule O)			0	26	0
27 Net assets or fund balances (line 27 of column (B) must	•		221,173	27	232,517
Part III Statement of Program Service Accompli	•		·		Expenses
Check if the organization used Schedule O			II	(Rec	uired for section
What is the organization's primary exempt purpose? Boating	g knowledge & m	artime skills		•	c)(3) and 501(c)(4)
Describe the organization's program service accomplishments for	or each of its three large	est program services,			nizations; optional for
as measured by expenses. In a clear and concise manner, desc	ribe the services provid			othe	•
persons benefited, and other relevant information for each progra	am title.				
28 Junior Sailing Program					
(Grants \$) If this amo	ount includes foreign gra	ants, check here	▶ []	28a	
29 Summer Racing Program					
· · · ·	ount includes foreign gra	ants, check here	▶ []	29a	
30					
		uta ala ala la la ana		20-	
(Grants \$) If this amo 31 Other program services (describe in Schedule O)	ount includes foreign gra			30a	
	ount includes foreign gra			31a	
32 Total program service expenses (add lines 28a through 5	00			312	
Part IV List of Officers, Directors, Trustees, and Key				-	ns for Part I\/)
Check if the organization used Schedule O to res					
	1	(c) Reportable	(d) Health benefits,		<u> </u>
(a) Name and title	(b) Average hours per week	compensation	contributions to employe	e	(e) Estimated amount of
	devoted to position	(Forms W-2/1099-MISC) (if not paid, enter -0-)	benefit plans, and deferred compensation		other compensation
Bob Ulwick					
Commodore	0.00	0	C)	0
Dave sullo					
Rear Commodore	0.00	0	C)	0
James Baldassari					
Secretary	0.00	0	C)	0
Gregg McBride					
Treasurer	0.00	0	C)	0
				_	
				_	
				_	
				_	
				-	

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Pa	t 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	33		x
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed			
34				
	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		x
35 a	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		X
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule Q	35b		
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		х
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		х
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions 37a			
	Did the organization file Form 1120-POL for this year?	37b		x
	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		x
h	If "Yes," complete Schedule L, Part II, and enter the total amount involved	000		
39	Section 501(c)(7) organizations. Enter:	-		
	Initiation fees and capital contributions included on line 9	-		
	Gross receipts, included on line 9, for public use of club facilities	-		
40 a	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		
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		х
41	List the states with which a copy of this return is filed			
42 a	The organization's books are in care of > Gregg McBride Telephone no. > 781-3	78-1	845	
	Located at ► 73 Border Street, Scituate, MA ZIP + 4 ► 02066			
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over		Yes	No
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		х
	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 United States?	42c		x
5	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.		►	
-10	and enter the amount of tax-exempt interest received or accrued during the tax year.	•••	•••	
			Yes	No
11 -	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be		162	
44 d		440		
L	completed instead of Form 990-EZ.	44a		x
a	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		X
	Did the organization receive any payments for indoor tanning services during the year?	44c		x
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	44d		<u> </u>
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		х
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		х

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46	Did the organization on good, directly or indirectly	in political compaign potivi	tion on bobolf of or in on	nonition			Yes	No
	Did the organization engage, directly or indirectly, to candidates for public office? If "Yes," complete					. 46		x
Part			<u></u>	<u></u>	<u></u>			Λ
	All section 501(c)(3) organization		ons 47 - 49b and 5	2, and com	olete the t	ables fo	r lines	6
	50 and 51.	hadula O ta raanand	to only question in t	thic Dort V/				
	Check if the organization used Sc	nequie O to respond	to any question in	Inis Part VI		••••	Yes	· 🗌
47	Did the organization engage in lobbying activities	or have a section 501(h) e	lection in effect during th	ne tax			103	
	year? If "Yes," complete Schedule C, Part II		-			47		
48	Is the organization a school as described in section	n 170(b)(1)(A)(ii)? If "Yes,	complete Schedule E.			. 48		
	Did the organization make any transfers to an exe		-				1	
	If "Yes," was the related organization a section 52	-				49	ו	
50	Complete this table for the organization's five higher employees) who each received more than \$100,00				-			
	employees) who each received more than \$100,0			(d) Health b				
	(a) Name and title of each employee	(b) Average hours per week	(c) Reportable compensation	contributions to benefit plans, an	employee	(e) Estima	ited amou compensa	
		devoted to position	(Forms W-2/1099-MISC)	compens		ouner	ompensa	
f	Total number of other employees paid over \$100,	00▶	1	1				
51	Complete this table for the organization's five high	est compensated independe	ent contractors who each	received mor	e than			
	\$100,000 of compensation from the organization.	If there is none, enter "Nor	e."					
	(a) Name and business address of each independent cont	ractor	(b) Type of servic	æ	(c) Compensa	ion	
	((-, -, -,		(-	,		
d	Total number of other independent contractors ear	ch receiving over \$100,000						
	Did the organization complete Schedule A? Note					· Ye	s X	No
52	completed Schedule A	· · · · · · · · · · · · · · · · · · ·	<u></u>					
52 Under	completed Schedule A	eturn, including accompanying	schedules and statements,	and to the best	of my knowled	dge and bel	ief, it is	
52 Under	completed Schedule A	eturn, including accompanying	schedules and statements,	and to the best		dge and bel	ief, it is	
52 Under true, co	completed Schedule A	eturn, including accompanying	schedules and statements,	and to the best		dge and bel	ief, it is	
52 Under true, co Sign	completed Schedule A	eturn, including accompanying officer) is based on all informa	schedules and statements,	and to the best any knowledge.		dge and bel	ief, it is	
52 Under true, co	completed Schedule A penalties of perjury, I declare that I have examined this re prrect, and complete. Declaration of preparer (other than Gregg McBride Signature of officer	eturn, including accompanying officer) is based on all informa	schedules and statements,	and to the best any knowledge.		dge and bel	ief, it is	
52 Under true, co Sign	completed Schedule A	eturn, including accompanying officer) is based on all informa	schedules and statements,	and to the best any knowledge. Date	eck if	dge and bel	ief, it is	
52 Under true, ca Sign Here	completed Schedule A	eturn, including accompanying officer) is based on all informa	schedules and statements, ation of which preparer has	and to the best any knowledge. Date				
52 Under true, co Sign Here Paid Prep	completed Schedule A	eturn, including accompanying officer) is based on all informa Preparer's signature Lynn Durkin	schedules and statements, ation of which preparer has	and to the best any knowledge. Date	eck if	PTIN		
52 Under true, co Sign Here Paid Prep	completed Schedule A	eturn, including accompanying officer) is based on all informa Preparer's signature Lynn Durkin	schedules and statements, ation of which preparer has	and to the best any knowledge. Date Date	eck if	PTIN		
52 Under true, co Sign Here Paid Prep Use	completed Schedule A	Preparer's signature Lynn Durkin	schedules and statements, ation of which preparer has Date 08-04-20	and to the best any knowledge. Date Date Date Firm's Elf Phone no	eckif f-employed	PTIN P01251	.629	
52 Under true, co Sign Here Paid Prep Use	completed Schedule A	Preparer's signature Lynn Durkin	schedules and statements, ation of which preparer has Date 08-04-20	and to the best any knowledge. Date Date Date Firm's Elf Phone no	eckif f-employed	PTIN P01251 378-184 X Ye	.629	No

SCHEDULE O	Supplemental Information to Form 990 or 990-EZ	OMB No. 1545-0047
(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.	2020
Department of the Treasury	Attach to Form 990 or 990-EZ.	Open to Public
Internal Revenue Service Name of the organization	► Go to www.irs.gov/Form990 for the latest information.	Employer identification number
Satuit Boat Club		04-6014740
01. Description of	of other revenue (Part I, line 8)	
Description	Amount	
Interest Income	447	
02. Description of	of other expenses (Part I, line 16)	
Description	Amount	
Depreciation from	n 4562 10,516	
Fees	2,266	
Fuel	917	
Insurance	16,781	
Maintenance	49,040	
Utilities	6,166	
Supplies	3,625	
Taxes & licenses	11,910	
03. Description of	of other assets (Part II, line 24)	
Category	Beginning of Year End or	f Year
Other Depreciable	e Assets 48,221	46,193

Form 4	562
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Depreciation and Amortization (Including Information on Listed Property)

1 OIII			(Includii	ng Information on	Listed Pr	operty)			2020
Depar	ment of the Treasury			Attach to your tax				A	ttachment
	al Revenue Service (99)	► G	io to www.irs.go	ov/Form4562 for instruc			mation.	_	Sequence No. 179
Name	s) shown on return			Business or	activity to which	this form relates		Identify	ving number
	uit Boat Club				990EZ -	- 1		04-	6014740
Pa		•		operty Under Secti					
		•		complete Part V befo		•			
1	Maximum amount	see instructions))					1	
2				(see instructions)				2	
3			-	tion in limitation (see inst				3	
4				zero or less, enter -0			• • • • • •	4	
5	Dollar limitation for	tax year. Subtra	ict line 4 from line	1. If zero or less, enter -	0 If married	d filing			
	separately, see ins	tructions						5	
6		(a) Description of pr	roperty	(b) Cost (b	ousiness use onl	y) (c) Elected cost		
7	Listed property. En	ter the amount f	rom line 29		7				
8	Total elected cost	of section 179 p	roperty. Add amo	ounts in column (c), lines (6 and 7			8	
9	Tentative deductio	n. Enter the sm	aller of line 5 or	line 8				9	
10	Carryover of disalle	owed deduction	from line 13 of yo	our 2019 Form 4562				10	
11	Business income li	mitation. Enter th	he smaller of bus	iness income (not less th	an zero) or l	ine 5. See inst	ructions	11	
12	Section 179 expen	se deduction. Ac	dd lines 9 and 10,	, but don't enter more tha	n line 1.1	. <u></u>		12	
13	Carryover of disalle	owed deduction	to 2021. Add line	s 9 and 10, less line 12	►	13			
Note	: Don't use Part II o	or Part III below	for listed propert	y. Instead, use Part V.					
Pa	rt II Special	Depreciatio	n Allowance	and Other Deprec	iation (D	on't include	listed proper	ty. See	instructions.)
14	Special depreciation	n allowance for	qualified property	(other than listed proper	ty) placed in	service			
	during the tax year.	See instructions	s					14	
15	Property subject to	section 168(f)(1	1) election					15	
16	Other depreciation	(including ACR	S)					16	9,51
Pa	rt III MACRS	6 Depreciati	on (Don't inc	lude listed property. S	See instruct	ions.)			
				Section A					
17	MACRS deduction	s for assets plac	ed in service in t	ax years beginning befor	e 2020			17	
18	If you are electing	to group any as	sets placed in se	rvice during the tax year i	nto one or m	ore general			
	asset accounts, ch	eck here					►		
	Section	n B - Assets F	Placed in Serv	ice During 2020 Tax	Year Usin	g the Gener	al Depreciat	ion Sy	stem
	(a) Classification of p	roperty	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only-see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) 🗆	Depreciation deduction
19a	3-year property								
b	5-year property							1	
 C	7-year property			7,000	7	НҮ	200 DB		1,00
d	10-year property			,,000	, 1				1,00
	15-year property								
¢	, , , ,								
f	20-year property				25 100		C/I		
b	25-year property				25 yrs.	N 4 N 4	S/L		
h	Residential rental				27.5 yrs.	MM	S/L		
<u> </u>	property				27.5 yrs.	MM	S/L		
i	Nonresidential real				39 yrs.	MM	S/L		
	property		L			MM	S/L		
		- Assets Pla	ced in Service	During 2020 Tax Ye	ar Using t	he Alternati	-	tion Sy	/stem
<u>20a</u>	Class life						S/L		
	12-year				12 yrs.		S/L		
	30-year				30 yrs.	MM	S/L		
	40-year	(Q) ·			40 yrs.	MM	S/L		
		ary (See instr						<u> </u>	
21	Listed property. Er				••••	••••		21	
22			-	17, lines 19 and 20 in co					
			-	tnerships and S corporat		structions		22	10,51
23	For assets shown a	above and place	ed in service durir	ng the current year, enter	the				

23

OMB No. 1545-0172

Department of the Treasury

Internal Revenue Service

IRS *e-file* Signature Authorization for an Exempt Organization

For calendar year 2020, or fiscal year beginning , and ending

Do not send to the IRS. Keep for your records.

► Go to www.irs.gov/Form8879EO for the latest information.

OMB No. 1545-0047

2020

Taxpayer identification number

04-6014740

Name of exempt organization or person subject to tax

Satuit Boat Club

Name and title of officer or person subject to tax

Gregg McBride, Treasurer

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you
check the box on line 1a, 2a, 3a, 4a, 5a, 6a, or 7a, below, and the amount on that line for the return being filed with this form was
blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, or 7b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the
return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

1a	Form 990 check here b To	tal revenue, if any (Form 990, Part VIII, column (A), line 12)					
2a	Form 990-EZ check here b	Total revenue, if any (Form 990-EZ, line 9)	160,031				
3a	Form 1120-POL check here	b Total tax (Form 1120-POL, line 22)					
4a	Form 990-PF check here b	Tax based on investment income (Form 990-PF, Part VI, line 5) 4b					
5a	Form 8868 check here ► _ b	Balance due (Form 8868, line 3c)					
6a	Form 990-T check here b	Total tax (Form 990-T, Part III, line 4)					
7a	Form 4720 check here ► _ b	Total tax (Form 4720, Part III, line 1)					
P	Part II Declaration and Signature Authorization of Officer or Person Subject to Tax						

Under penalties of perjury, I declare that	I am an officer of the above organization or	I am a person subject to tax with respect to

(name of organization) ________, (EIN) ________, and that I have examined a copy of the 2020 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

X lauthorize Lynn Durkin CPA	to enter my PIN <u>38567</u> as my signature
ERO firm name	Enter five numbers, but do not enter all zeros
	icated within this retum that a copy of the retum is being filed with a ed/State program, I also authorize the aforementioned ERO to enter my
electronically filed return. If I have indicated within this retur	ganization, I will enter my PIN as my signature on the tax year 2020 m that a copy of the return is being filed with a state agency(ies) I will enter my PIN on the return's disclosure consent screen.
ignature of officer or person subject to tax	Date > 08-04-2021
Part III Certification and Authentication	
, , , , , , , , , , , , , , , , , , , ,	
, , , , , , , , , , , , , , , , , , , ,	045951 38567 Do not enter all zeros
umber (EFIN) followed by your five-digit self-selected PIN.	045951 38567
certify that the above numeric entry is my PIN, which is my signatu	045951 38567 Do not enter all zeros
, , , , , , , , , , , , , , , , , , , ,	045951 38567 Do not enter all zeros

1 Land 07011978 6,135 2 BUILDING 07011978 247,915 3 EQUIPMENT 01012011 9,676 4 LEASEHOLD IMPROVEMENT 07012007 24,119 5 EQUIPMENT 07012014 1,860 6 BLDG REHAB 12312014 24,400 7 DEFIBRILATOR 09082015 1,472 8 LOCKERS 05182015 1,406 9 BATHROOM FIXTURES 06242015 922											
Name(s) as shown on return Satuit Boat Club No. Description Date Cost 1 Land 07011978 6,135 2 BUILDING 07011978 247,915 3 EQUIPMENT 01012011 9,676 4 LEASEHOLD IMPROVEMENT 07012007 24,119 5 EQUIPMENT 07012014 1,860 6 BLDG REHAB 12312014 24,400 7 DEFIBRILATOR 09082015 1,472 8 LOCKERS 05182015 1,406 9 BATHROOM FIXTURES 06242015 922		990 EZ For your records only								PAGE 1	
No. Description Date Cost 1 Land 07011978 6,135 2 BUILDING 07011978 247,915 3 EQUIPMENT 01012011 9,676 4 LEASEHOLD IMPROVEMENT 07012007 24,119 5 EQUIPMENT 07012014 1,860 6 BLDG REHAB 12312014 24,400 7 DEFIBRILATOR 09082015 1,472 8 LOCKERS 05182015 1,406 9 BATHROOM FIXTURES 06242015 922								Social sec	urity number/EI	1	
Land 07011978 6,135 2 BUILDING 07011978 247,915 3 EQUIPMENT 01012011 9,676 4 LEASEHOLD IMPROVEMENT 07012007 24,119 5 EQUIPMENT 07012014 1,860 6 BLDG REHAB 12312014 24,400 7 DEFIBRILATOR 09082015 1,472 8 LOCKERS 05182015 1,406 9 BATHROOM FIXTURES 06242015 922								04	-6014740		
2 BUILDING 07011978 247,915 3 EQUIPMENT 01012011 9,676 4 LEASEHOLD IMPROVEMENT 07012007 24,119 5 EQUIPMENT 07012014 1,860 6 BLDG REHAB 12312014 24,400 7 DEFIBRILATOR 09082015 1,472 8 LOCKERS 05182015 1,406 9 BATHROOM FIXTURES 06242015 922	Basis Business Adjustment percentage	Section 179	Bonus depreciation	Depreciable Basis	Life	Method	Rate	Prior Depreciation	Current Depreciation	Accumulated Depreciation	AMT Current
3 EQUIPMENT 01012011 9,676 4 LEASEHOLD IMPROVEMENT 07012007 24,119 5 EQUIPMENT 07012014 1,860 6 BLDG REHAB 12312014 24,400 7 DEFIBRILATOR 09082015 1,472 8 LOCKERS 05182015 1,406 9 BATHROOM FIXTURES 06242015 922	6,135 100.00			0	0		0				
4 LEASEHOLD IMPROVEMENT 07012007 24,119 5 EQUIPMENT 07012014 1,860 6 BLDG REHAB 12312014 24,400 7 DEFIBRILATOR 09082015 1,472 8 LOCKERS 05182015 1,406 9 BATHROOM FIXTURES 06242015 922	100.00			247,915	39		0	247,915		247,915	
5 EQUIPMENT 07012014 1,860 6 BLDG REHAB 12312014 24,400 7 DEFIBRILATOR 09082015 1,472 8 LOCKERS 05182015 1,406 9 BATHROOM FIXTURES 06242015 922	100.00			9,676	5		0	9,676		9,676	
6 BLDG REHAB 12312014 24,400 7 DEFIBRILATOR 09082015 1,472 8 LOCKERS 05182015 1,406 9 BATHROOM FIXTURES 06242015 922	100.00			24,119	39	SL MM	2.564	6,664	618	7,282	618
7 DEFIBRILATOR 09082015 1,472 8 LOCKERS 05182015 1,406 9 BATHROOM FIXTURES 06242015 922	100.00			1,860	5		0	1,860		1,860	
8 LOCKERS 05182015 1,406 9 BATHROOM FIXTURES 06242015 922	100.00			24,400	39	SL MM	2.564	3,130	626	3,756	626
9 BATHROOM FIXTURES 06242015 922	100.00			1,472	5	SL HY	20	1,472		1,472	
	100.00			1,406	7	SL HY	14.286	1,005	201	1,206	201
	100.00			922	7	SL HY	14.286	660	132	792	132
10 FLOATS 05122016 7,281	100.00			7,281	7	SL HY	14.286	3,640	1,040	4,680	1,040
11 LAUNCH REFURBISH 05202016 27,671	100.00			27,671	10	SL HY	10	9,685	2,767	12,452	2,767
12 SHED 03042016 3,985	100.00			3,985	39	SL MM	2.564	387	102	489	102
13 FURNACE 11232016 5,531	100.00			5,531	39	SL MM	2.564	444	142	586	142
14 21 'CROSBY LAUNCH 04022018 4,256	100.00			4,256	7	200 DB HY	17.49	4,256		4,256	
15 WHALER REHAB/REPOWER 02152018 7,786	100.00			7,786	7	200 DB HY	17.49	7,786		7,786	
16 DOCKS 05032018 7,880	100.00			7,880	10	SL HY	10	1,313	788	2,101	788
17 LIGHT WIRING 01262018 1,285	100.00			1,285	10	SL HY	10	247	128	375	128
18 420S SAILBOATS 02222019 20,802	100.00			20,802	7	SL HY	14.286	2,476	2,972	5,448	2,972
19 BOAT 09172020 7,000	100.00			7,000	7	200 DB HY	14.29		1,000	1,000	1,000
Totals 411,382				405,247				302,616	10,516	313,132	10,516

Depreciation Detail Listing

* Item is included in UBIA for Section 199A calculations.

Land Amount Net Depreciable Cost

2020

			s Depreciation V (Keep for your records)			20	20		
ame(s)	(s) as ahown on return Tax ID Number								
atui	04-	04-6014740							
orm	Multi-Form		Date	Basis	Method	Life	Deduction		
z	1	Land	07-01-1978		NDA	0			
z	1	BUILDING	07-01-1978	247,915	SL	39			
Z	1	EQUIPMENT LEASEHOLD IMPROVEMENTS	01-01-2011 07-01-2007	9,676 24,119	M	5 39	C1		
Z		EQUIPMENT	07-01-2014		SL M	5	618		
Z	1	BLDG REHAB	12-31-2014		SL	39	626		
Z	1	DEFIBRILATOR	09-08-2015	1,472	SL	5	020		
z	1	LOCKERS	05-18-2015	1,406	SL	7	200		
z	1	BATHROOM FIXTURES	06-24-2015	922	SL	7	130		
z	1	FLOATS	05-12-2016	7,281	SL	7	1,040		
Z	1	LAUNCH REFURBISH	05-20-2016	27,671	SL	10	2,767		
Z	1	SHED	03-04-2016	3,985	SL	39	102		
z	1	FURNACE	11-23-2016	5,531	SL	39	142		
z	1	21 'CROSBY LAUNCH	04-02-2018	4,256	м	7			
z	1	WHALER REHAB/REPOWER	02-15-2018	7,786	м	7			
Z	1	DOCKS	05-03-2018	7,880	SL	10	788		
Z	1	LIGHT WIRING	01-26-2018	1,285	SL	10	128		
Z	1	420S SAILBOATS	02-22-2019	20,802	SL	7	2,972		
Z	1	BOAT	09-17-2020	7,000	M	7	1,714		
		TOTAL					11,227		