

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)

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

A For the 2020 calendar year, or tax year beginning, 2020, and ending, 20

B Check if applicable: Address change, Name change, Initial return, Final return/terminated, Amended return, Application pending. C Name of organization: Satuit Boat Club. D Employer identification number: 04-6014740. E Telephone number: (508) 783-6610. F Group Exemption Number.

G Accounting Method: [X] Cash [] Accrual Other (specify) H Check [X] if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

I Website: satuitboatclub.net

J Tax-exempt status (check only one) - [] 501(c)(3) [X] 501(c)(7) (insert no.) [] 4947(a)(1) or [] 527

K Form of organization: [X] 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)) are \$500,000 or more, file Form 990 instead of Form 990-EZ \$ 160,031

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 [X]

Table with 3 main sections: Revenue (lines 1-9), Expenses (lines 10-17), and Net Assets (lines 18-21). Includes sub-rows for gaming events and inventory sales. Total revenue is 160,031 and total expenses is 148,687.

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 [X]

Table with 4 columns: Description, (A) Beginning of year, (B) End of year. Rows include Cash, savings, and investments; Land and buildings; Other assets; Total assets; Total liabilities; Net assets or fund balances.

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? Boating knowledge & maritime skills

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.

Table with 3 columns: Program Title, Description, Expenses. Rows include Junior Sailing Program, Summer Racing Program, and Total program service expenses.

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 []

Table with 5 columns: (a) Name and title, (b) Average hours per week devoted to position, (c) Reportable compensation, (d) Health benefits, contributions to employee benefit plans, and deferred compensation, (e) Estimated amount of other compensation. Rows include Bob Ulwick (Commodore), Dave sullo (Rear Commodore), James Baldassari (Secretary), Gregg McBride (Treasurer).

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

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 33 through 45b regarding organizational activities, financials, and compliance.

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		X

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

48 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 an exempt non-charitable related organization?

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

	Yes	No
47		
48		
49a		
49b		

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

▶ **Gregg McBride**
Signature of officer _____ Date _____

▶ **Gregg McBride, Treasurer**
Type or print name and title _____

Paid Preparer Use Only

Print/Type preparer's name Lynn Durkin	Preparer's signature Lynn Durkin	Date 08-04-2021	Check <input type="checkbox"/> if self-employed	PTIN P01251629
Firm's name ▶ Lynn Durkin CPA	Firm's EIN ▶ _____			
Firm's address ▶ 73 Border Street Scituate MA 02066	Phone no. 781-378-1845			

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

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

OMB No. 1545-0047

2020

**Open to Public
Inspection**

Satuit Boat Club

Employer identification number

04-6014740

01. Description of other revenue (Part I, line 8)

Description	Amount
Interest Income	447

02. Description of other expenses (Part I, line 16)

Description	Amount
Depreciation from 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 other assets (Part II, line 24)

Category	Beginning of Year	End of Year
Other Depreciable Assets	48,221	46,193

Depreciation and Amortization (Including Information on Listed Property)

Department of the Treasury
Internal Revenue Service (99)

▶ Attach to your tax return.

▶ Go to www.irs.gov/Form4562 for instructions and the latest information.

Attachment
Sequence No. **179**

Name(s) shown on return Satuit Boat Club	Business or activity to which this form relates FORM 990EZ - 1	Identifying number 04-6014740
----------------------------------------------------	--------------------------------------------------------------------------	-----------------------------------------

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)		
2	Total cost of section 179 property placed in service (see instructions).		
3	Threshold cost of section 179 property before reduction in limitation (see instructions)		
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-		
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions		
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7		
9	Tentative deduction. Enter the smaller of line 5 or line 8		
10	Carryover of disallowed deduction from line 13 of your 2019 Form 4562		
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions		
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11		
13	Carryover of disallowed deduction to 2021. Add lines 9 and 10, less line 12 ▶	13	

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions		
15	Property subject to section 168(f)(1) election		
16	Other depreciation (including ACRS)		9,516

Part III MACRS Depreciation (Don't include listed property. See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2020.		
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>		

Section B - Assets Placed in Service During 2020 Tax Year Using the General Depreciation System

(a)	Classification of property	(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						
c	7-year property		7,000	7	HY	200 DB	1,000
d	10-year property						
e	15-year property						
f	20-year property						
g	25-year property			25 yrs.		S/L	
h	Residential rental property			27.5 yrs.	MM	S/L	
i	Nonresidential real property			39 yrs.	MM	S/L	

Section C - Assets Placed in Service During 2020 Tax Year Using the Alternative Depreciation System

20a	Class life					
b	12-year			12 yrs.		S/L
c	30-year			30 yrs.	MM	S/L
d	40-year			40 yrs.	MM	S/L

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28		
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instructions		10,516
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

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

Department of the Treasury
Internal Revenue Service

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.**

2020

Name of exempt organization or person subject to tax

Satuit Boat Club

Taxpayer identification number

04-6014740

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 ▶ <input type="checkbox"/>	b Total revenue , if any (Form 990, Part VIII, column (A), line 12)	1b _____
2a Form 990-EZ check here ▶ <input checked="" type="checkbox"/>	b Total revenue , if any (Form 990-EZ, line 9)	2b <u>160,031</u>
3a Form 1120-POL check here ▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b _____
4a Form 990-PF check here ▶ <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b _____
5a Form 8868 check here ▶ <input type="checkbox"/>	b Balance due (Form 8868, line 3c)	5b _____
6a Form 990-T check here ▶ <input type="checkbox"/>	b Total tax (Form 990-T, Part III, line 4)	6b _____
7a Form 4720 check here ▶ <input type="checkbox"/>	b Total tax (Form 4720, Part III, line 1)	7b _____

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

I authorize Lynn Durkin CPA to enter my PIN 38567 as my signature
ERO firm name Enter five numbers, but do not enter all zeros

on the tax year 2020 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the organization, I will enter my PIN as my signature on the tax year 2020 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax ▶

Date ▶ **08-04-2021**

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

045951 38567
Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2020 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ **Lynn Durkin**

Date ▶ **08-04-2021**

**ERO Must Retain This Form - See Instructions
Do Not Submit This Form to the IRS Unless Requested To Do So**

For Paperwork Reduction Act Notice, see instructions.

* Item is included in UBIA
for Section 199A calculations.
See "UBIA" in lower right corner.

Depreciation Detail Listing

990 EZ

For your records only

2020

PAGE 1

Name(s) as shown on return

Social security number/EIN

Satuit Boat Club

04-6014740

No.	Description	Date	Cost	Basis Adjustment	Business percentage	Section 179	Bonus depreciation	Depreciable Basis	Life	Method	Rate	Prior Depreciation	Current Depreciation	Accumulated Depreciation	AMT Current
1	Land	07011978	6,135	6,135	100.00			0	0		0				
2	BUILDING	07011978	247,915		100.00			247,915	39		0	247,915		247,915	
3	EQUIPMENT	01012011	9,676		100.00			9,676	5		0	9,676		9,676	
4	LEASEHOLD IMPROVEMENT	07012007	24,119		100.00			24,119	39	SL MM	2.564	6,664	618	7,282	618
5	EQUIPMENT	07012014	1,860		100.00			1,860	5		0	1,860		1,860	
6	BLDG REHAB	12312014	24,400		100.00			24,400	39	SL MM	2.564	3,130	626	3,756	626
7	DEFIBRILATOR	09082015	1,472		100.00			1,472	5	SL HY	20	1,472		1,472	
8	LOCKERS	05182015	1,406		100.00			1,406	7	SL HY	14.286	1,005	201	1,206	201
9	BATHROOM FIXTURES	06242015	922		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

Land Amount
Net Depreciable Cost

411,382

CY 179 and CY Bonus
TOTAL CY Depr including 179/bonus

10,516

ST ADJ:

Next Year's Depreciation Worksheet

(Keep for your records)

2020

Name(s) as shown on return

Tax ID Number

Satuit Boat Club

04-6014740

Form	Multi-Form	Description	Date	Basis	Method	Life	Deduction
EZ	1	Land	07-01-1978		NDA	0	
EZ	1	BUILDING	07-01-1978	247,915	SL	39	
EZ	1	EQUIPMENT	01-01-2011	9,676	M	5	
EZ	1	LEASEHOLD IMPROVEMENTS	07-01-2007	24,119	SL	39	618
EZ	1	EQUIPMENT	07-01-2014	1,860	M	5	
EZ	1	BLDG REHAB	12-31-2014	24,400	SL	39	626
EZ	1	DEFIBRILATOR	09-08-2015	1,472	SL	5	
EZ	1	LOCKERS	05-18-2015	1,406	SL	7	200
EZ	1	BATHROOM FIXTURES	06-24-2015	922	SL	7	130
EZ	1	FLOATS	05-12-2016	7,281	SL	7	1,040
EZ	1	LAUNCH REFURBISH	05-20-2016	27,671	SL	10	2,767
EZ	1	SHED	03-04-2016	3,985	SL	39	102
EZ	1	FURNACE	11-23-2016	5,531	SL	39	142
EZ	1	21 'CROSBY LAUNCH	04-02-2018	4,256	M	7	
EZ	1	WHALER REHAB/REPOWER	02-15-2018	7,786	M	7	
EZ	1	DOCKS	05-03-2018	7,880	SL	10	788
EZ	1	LIGHT WIRING	01-26-2018	1,285	SL	10	128
EZ	1	420S SAILBOATS	02-22-2019	20,802	SL	7	2,972
EZ	1	BOAT	09-17-2020	7,000	M	7	1,714
		TOTAL					11,227