

Short Form

Return of Organization Exempt From Income Tax

2023

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

Department of the Treasury Internal Revenue Service

A For the 2023 calendar year, or tax year beginning, 2023, 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 Inc
Number and street (or P.O. box if mail is not delivered to street address): PO Box 264
Room/suite:
City or town, state or province, country, and ZIP or foreign postal code: Scituate, MA 02066
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 [] if the organization is not required to attach Schedule B (Form 990).

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 \$ 198,892

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 columns: Line number, Description, and Amount. Rows include Revenue (1-9), Expenses (10-17), and Net Assets (18-21). Total revenue is 198,892 and total expenses is 168,461.

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	133,488	22 120,207
23 Land and buildings	50,113	23 45,160
24 Other assets (describe in Schedule O)	54,043	24 106,974
25 Total assets	237,644	25 272,341
26 Total liabilities (describe in Schedule O)	0	26 4,266
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	237,644	27 268,075

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

What is the organization's primary exempt purpose? **Boating knowledge and 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.

Expenses
(Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)

28 Junior Sailing Program		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	
29 Summer Racing Programs		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	
30		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	
31 Other program services (describe in Schedule O)		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	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/1099-NEC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
Steve Shea Rear Commodore	0.00	0	0	0
Brendan Murphy Vice Commodore	0.00	0	0	0
Randy Robertson Secretary	0.00	0	0	0
Jerome Murphy Treasurer	0.00	0	0	0
Gregg McBride Commodore	0.00	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

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)?
35b If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O
35c 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
37b 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?
38b If "Yes," complete Schedule L, Part II, and enter the total amount involved
39 Section 501(c)(7) organizations. Enter:
39a Initiation fees and capital contributions included on line 9 0
39b Gross receipts, included on line 9, for public use of club facilities 0
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911: ; section 4912: ; section 4955:
40b 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.
40c 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
40d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization
40e 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:
42a The organization's books are in care of: Jerome Murphy Telephone no. 781-378-1845 Located at: 200 Riverside Circle, Marshfield, MA ZIP + 4 02050
42b 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: See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).
42c 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:
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
44b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ
44c Did the organization receive any payments for indoor tanning services during the year?
44d 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)?
45b 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		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

	Yes	No
47		

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

	Yes	No
48		

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

	Yes	No
49a		

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

	Yes	No
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/1099-NEC)	(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 Jerome Murphy		Date		
	Type or print name and title Jerome Murphy, Treasurer				
Paid Preparer Use Only	Print/Type preparer's name Lynn Durkin	Preparer's signature Lynn Durkin	Date 05-28-2024	Check <input checked="" 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)**

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

2023

Attach to Form 990 or Form 990-EZ.

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

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Name of the organization
Satuit Boat Club Inc

Employer identification number
04-6014740

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

Description	Amount
Depreciation from 4562	14,678
Fees	3,113
Fuel	1,024
Insurance	24,547
Supplies and Admin	2,512
Taxes & licenses	13,499
Computer services and website	1,850
Subscriptions	159
Activity Expense	5,265

02. Description of other assets (Part II, line 24)

Category	Beginning of Year	End of Year
Other Depreciable Assets	54,043	106,974

03. Description of total liabilities (Part II, line 26)

Category	Beginning of Year	End of Year
Accrued Expenses	0	4,266

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

Depreciation Detail Listing

990 EZ
(This page is not filed with the return. It is for your records only.)

2023
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Name(s) as shown on return

Social security number/EIN

Satuit Boat Club Inc

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	07-01-1978	6,135	6,135	100.00			0	0		0				
2	BUILDING	07-01-1978	247,915		100.00			247,915	39		0	247,915		247,915	
3	EQUIPMENT	01-01-2011	9,676		100.00			9,676	5		0	9,676		9,676	
4	LEASEHOLD IMPROVEMENT	07-01-2007	24,119		100.00			24,119	39	SL MM	2.564	8,518	618	9,136	
5	EQUIPMENT	07-01-2014	1,860		100.00			1,860	5		0	1,860		1,860	
6	BLDG REHAB	12-31-2014	24,400		100.00			24,400	39	SL MM	2.564	5,008	626	5,634	
7	DEFIBRILATOR	09-08-2015	1,472		100.00			1,472	5		0	1,472		1,472	
8	LOCKERS	05-18-2015	1,406		100.00			1,406	7		0	1,406		1,406	
9	BATHROOM FIXTURES	06-24-2015	922		100.00			922	7		0	922		922	
10	FLOATS	05-12-2016	7,281		100.00			7,281	7	SL HY	14.286	6,760	521	7,281	
11	LAUNCH REFURBISH	05-20-2016	27,671		100.00			27,671	10	SL HY	10	17,986	2,767	20,753	
12	SHED	03-04-2016	3,985		100.00			3,985	39	SL MM	2.564	693	102	795	
13	FURNACE	11-23-2016	5,531		100.00			5,531	39	SL MM	2.564	870	142	1,012	
14	21 'CROSBY LAUNCH	04-02-2018	4,256		100.00			4,256	7	200 DB HY	8.92	4,256		4,256	
15	WHALER REHAB/REPOWER	02-15-2018	7,786		100.00			7,786	7	200 DB HY	8.92	7,786		7,786	
16	DOCKS	05-03-2018	7,880		100.00			7,880	10	SL HY	10	3,677	788	4,465	
17	LIGHT WIRING	01-26-2018	1,285		100.00			1,285	10	SL HY	10	631	128	759	
18	420S SAILBOATS	02-22-2019	20,802		100.00			20,802	7	SL HY	14.286	11,392	2,972	14,364	
19	BOAT	09-17-2020	7,000		100.00			7,000	7	200 DB HY	12.49	3,938	874	4,812	
20	FLOATS	06-01-2021	14,500		100.00			14,500	7	SL HY	14.286	3,107	2,071	5,178	
21	Bldg Rehab	05-19-2022	10,277		100.00			10,277	39	SL MM	2.564	165	264	429	
22	SAILBOAT	12-06-2022	2,500		100.00			2,500	7	SL HY	14.286	179	357	536	
23	FLOAT	05-19-2022	4,000		100.00			4,000	7	SL HY	14.286	286	571	857	
24	Equipment	03-21-2023	907		100.00			907	5	200 DB MQ	35		317	317	
25	Leasehold Improvement	06-13-2023	1,850		100.00			1,850	39	SL MM	1.389		26	26	
26	Leasehold Improvement	06-22-2023	1,376		100.00			1,376	39	SL MM	1.389		19	19	
27	Leasehold Improvement	08-01-2023	1,100		100.00			1,100	39	SL MM	.962		11	11	
28	Leasehold Improvement	12-26-2023	1,211		100.00			1,211	39	SL MM	.107		1	1	
29	FLOAT	12-12-2023	25,000		100.00			25,000	7	SL MQ	1.786		446	446	
30	BOAT	12-26-2023	5,797		100.00			5,797	7	SL MQ	1.786		104	104	

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

Depreciation Detail Listing

2023

990 EZ

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Name(s) as shown on return

Social security number/EIN

Satuit Boat Club Inc

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
31	LAUNCH REFURBISH	07-13-2023	25,414		100.00			25,414	10	SL MQ	3.75		953	953	
Totals			505,314					499,179				338,503	14,678	353,181	

Land Amount
Net Depreciable Cost

505,314

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

14,678

ST ADJ:

Next Year's Depreciation Worksheet

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2023

Name(s) as shown on return

Tax ID Number

Satuit Boat Club Inc

04-6014740

Form	Multi-Form	Description	Date	Basis	Method	Life	Deduction
EZ	1	Land	07-01-1978			0	
EZ	1	BUILDING	07-01-1978	247,915		39	
EZ	1	EQUIPMENT	01-01-2011	9,676		5	
EZ	1	LEASEHOLD IMPROVEMENTS	07-01-2007	24,119	SL MM	39	618
EZ	1	EQUIPMENT	07-01-2014	1,860		5	
EZ	1	BLDG REHAB	12-31-2014	24,400	SL MM	39	626
EZ	1	DEFIBRILATOR	09-08-2015	1,472		5	
EZ	1	LOCKERS	05-18-2015	1,406		7	
EZ	1	BATHROOM FIXTURES	06-24-2015	922		7	
EZ	1	FLOATS	05-12-2016	7,281	SL HY	7	
EZ	1	LAUNCH REFURBISH	05-20-2016	27,671	SL HY	10	2,767
EZ	1	SHED	03-04-2016	3,985	SL MM	39	102
EZ	1	FURNACE	11-23-2016	5,531	SL MM	39	142
EZ	1	21 'CROSBY LAUNCH	04-02-2018	4,256	200 DBHY	7	
EZ	1	WHALER REHAB/REPOWER	02-15-2018	7,786	200 DBHY	7	
EZ	1	DOCKS	05-03-2018	7,880	SL HY	10	788
EZ	1	LIGHT WIRING	01-26-2018	1,285	SL HY	10	128
EZ	1	420S SAILBOATS	02-22-2019	20,802	SL HY	7	2,972
EZ	1	BOAT	09-17-2020	7,000	200 DBHY	7	625
EZ	1	FLOATS	06-01-2021	14,500	SL HY	7	2,071
EZ	1	Bldg Rehab	05-19-2022	10,277	SL MM	39	264
EZ	1	SAILBOAT	12-06-2022	2,500	SL HY	7	357
EZ	1	FLOAT	05-19-2022	4,000	SL HY	7	571
EZ	1	Equipment	03-21-2023	907	200 DBMQ	5	236
EZ	1	Leasehold Improvements	06-13-2023	1,850	SL MM	39	47
EZ	1	Leasehold Improvements	06-22-2023	1,376	SL MM	39	35
EZ	1	Leasehold Improvements	08-01-2023	1,100	SL MM	39	28
EZ	1	Leasehold Improvements	12-26-2023	1,211	SL MM	39	31
EZ	1	FLOAT	12-12-2023	25,000	SL MQ	7	3,571
EZ	1	BOAT	12-26-2023	5,797	SL MQ	7	828
EZ	1	LAUNCH REFURBISH	07-13-2023	25,414	SL MQ	10	2,541
TOTAL							19,348