

Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

OMB No. 1545-1150

2008

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

▶ Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 at the end of the year may use this form.

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

A For the 2008 calendar year, or tax year beginning , 2008, and ending , 20

B Check if applicable:

- Address change
- Name change
- Initial return
- Termination
- Amended return
- Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization

Minute Man Dart League

Number and street (or P.O. box, if mail is not delivered to street address) Room/suite

10 Charles Street **2**

City or town, state or country, and ZIP + 4

Danvers, MA 01923

D Employer identification number

04 2605799

E Telephone number

(978) 822-2072

F Group Exemption Number ▶

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Accounting method: Cash Accrual
Other (specify) ▶

I Website: ▶ www.mmdl.org

H Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

J Organization type (check only one) — 501(c) (**7**) ◀ (insert no.) 4947(a)(1) or 527

K Check if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$1,000,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ **108,449**

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)

		1	2	3	4	5a	5b	5c	6a	6b	6c	7a	7b	7c	8	9		
Revenue	1	Contributions, gifts, grants, and similar amounts received																
	2	Program service revenue including government fees and contracts																
	3	Membership dues and assessments															107,544	
	4	Investment income															77	
	5a	Gross amount from sale of assets other than inventory																
	b	Less: cost or other basis and sales expenses																
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (attach schedule)																
	6	Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here <input type="checkbox"/>																
	a	Gross revenue (not including \$ _____ of contributions reported on line 1)																
b	Less: direct expenses other than fundraising expenses																	
c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)																	
7a	Gross sales of inventory, less returns and allowances																	
b	Less: cost of goods sold																	
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)																	
8	Other revenue (describe ▶ State of Mass abandon property)																828	
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8. ▶																108,449	
Expenses	10	Grants and similar amounts paid (attach schedule)																
	11	Benefits paid to or for members															2,750	
	12	Salaries, other compensation, and employee benefits															28,000	
	13	Professional fees and other payments to independent contractors															4,237	
	14	Occupancy, rent, utilities, and maintenance																
	15	Printing, publications, postage, and shipping															10,199	
	16	Other expenses (describe ▶ See Schedule Attached)															77,220	
17	Total expenses. Add lines 10 through 16. ▶																122,406	
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)															(13,957)	
	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)															19,583	
	20	Other changes in net assets or fund balances (attach explanation)																
	21	Net assets or fund balances at end of year. Combine lines 18 through 20. ▶																5,626

Part II Balance Sheets. If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ.

(See the instructions for Part II.)

		(A) Beginning of year	(B) End of year
22	Cash, savings, and investments	19,583	22 19,769
23	Land and buildings		23
24	Other assets (describe ▶ Prepaid insurance)		24 872
25	Total assets	19,583	25 20,641
26	Total liabilities (describe ▶ Accounts Payable)		26 15,015
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	19,583	27 5,626

MINUTE MAN DART LEAGUE
04-2605799
FORM 990-EZ
DECEMBER 31, 2008

Part I, Line 16 - Other Expenses

Prizes - Shirts	\$	24,822
C & M Photo Comp		21,735
Prizes - Plaques		7,656
Telephone		6,850
Meeting & Committee		6,485
Supplies		3,219
Auto & Truck expense		2,641
Donations		802
Computer expense		771
Taxes		769
Flowers, cards, bibles		599
Bank charges		591
Payroll fees		230
Dues & subscriptions		50
		50
Totals	\$	77,220

Part IV - List of Officers, Directors, Trustees

(A)	(B)	(C)	(D)	(E)
Nicole Watson 66 Old Howarth Road Oxford, MA 01540	President*	\$ 2,000	\$ None	\$ None
Gregg Tong 76 Elgin Street Newton Centre, MA 02459	Vice President*	\$ 1,000	\$ None	\$ None
Dan Doherty 10 Charles Street Danvers, MA 01923	Treasurer*	\$ 1,000	\$ None	\$ None
Adam Sherlock 20 Harrison Avenue Gloucester, MA 01930	Bus. Administrator*	\$ 1,000	\$ None	\$ None
Ann Marie Hollis 27C Solomon Pond Road Northborough, MA 01532	Secretary*	\$ 3,000	\$ None	\$ None

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Part IV - List of Officers, Directors, Trustees (continued)

Mark Ingoldsby 22 High Street Stratham, NH 03885	Vice President* (Past)	\$ 2,000	\$ None	\$ None
Robert Cedrone 65 Pershire Road Brighton, MA 02135	Treasurer* (Past)	\$ 2,000	\$ None	\$ None
Donald Garnett 121B Tremont Street Brighton, MA 02135	Bus. Administrator* (Past)	\$ 2,000	\$ None	\$ None
Becky Wainwright 37 Hosmer Street Marlborough, MA 01752	Area Director*	\$ 3,000	\$ None	\$ None
Kim Burdulis 12 Grove Street Lynn, MA 01905	Area Director*	\$ 3,000	\$ None	\$ None
Mark Millett 158 Maple Street Danvers, MA 01923	Area Director*	\$ 3,000	\$ None	\$ None
Suzanne Flannery 12 Laurel Avenue Brockton, MA 01752	Area Director*	\$ 3,000	\$ None	\$ None
Carol Rawson 5 Knowlton Street Beverly, MA 01915	Area Director*	\$ 1,000	\$ None	\$ None
Melody Skillings 49 Lake Street Abington, MA 02351	Area Director*	\$ 1,000	\$ None	\$ None

* Because these are part time positions, it is impossible to determine, on an hour-to-hour basis, the time devoted to the positions.

Part III Statement of Program Service Accomplishments (See the instructions for Part III.)

Expenses
(Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; optional for others.)

What is the organization's primary exempt purpose? **Promoting participation in the sport of darts.**
Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title.

28	The organization was established for the purpose of organizing and promoting the game of darts. The league schedules weekly match play and publishes match results for it's membership. Tournaments are organized and prizes are awarded, including cash and non-cash awards.		
	(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	122,406
29 (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 (attach schedule) (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	
32	Total program service expenses (add lines 28a through 31a)	32	122,406

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated. (See the instructions for Part IV.)

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
See schedule attached				

Part V Other Information (Note the statement requirements in the instructions for Part VI.)

		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		✓
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes		✓
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.		
a	Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting, and proxy tax requirements?		✓
b	If "Yes," has it filed a tax return on Form 990-T for this year?		✓
36	Was there a liquidation, dissolution, termination, or substantial contraction 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		
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 unpaid at the start of the period 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) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," complete Schedule L, Part I		✓
c	Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ _____		
d	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.		
40e			✓
41	List the states with which a copy of this return is filed. ▶ _____		
42a	The books are in care of ▶ <u>Dan Doherty</u> Telephone no. ▶ (<u>978</u>) <u>882-2072</u> Located at ▶ <u>34 Salem Street, Suite 201, Reading, MA</u> ZIP + 4 ▶ <u>01867</u>		
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)? If "Yes," enter the name of the foreign country: ▶ _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	Yes	No
42b			✓
c	At any time during the calendar year, did the organization maintain an office outside of the U.S.? 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 ▶ 43 ▶ <input type="checkbox"/>		
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	Yes	No
44			✓
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ		✓
45			✓

Part VI Section 501(c)(3) organizations only. All section 501(c)(3) organizations must answer questions 46-49 and complete the tables for lines 50 and 51.

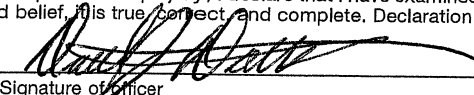
- | | | Yes | No |
|--|------------|-----|----|
| 46 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I | 46 | | |
| 47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II | 47 | | |
| 48 Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 48 | | |
| 49a Did the organization make any transfers to an exempt non-charitable related organization? | 49a | | |
| b If "Yes," was the related organization(s) a section 527 organization? | 49b | | |
- 50** Complete this table for the 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 address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
Total number of other employees paid over \$100,000 ▶				

51 Complete this table for the 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 address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
Total number of other independent contractors each receiving over \$100,000 . . . ▶		

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 Date **08/14/2009**
 ▶ **Daniel J. Doherty, Treasurer**
 Type or print name and title.

Paid Preparer's Use Only Preparer's signature ▶ _____ Date _____ Check if self-employed Preparer's Identifying Number (See instructions) _____
 Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ _____ EIN ▶ _____
 Phone no. ▶ () _____

May the IRS discuss this return with the preparer shown above? See instructions ▶ Yes No