990-EZ

Department of the Treasury Internal Revenue Service

A For the 2009 calendar year, or tax year beginning

Short Form Return of Organization Exempt From Income Tax

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 \$500,000 and total assets less than \$1,250,000 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.

, 2009, and ending

2009

OMB No. 1545-1150

Open to Public Inspection

, 20

В	Check if a	neck if applicable: Please C Name of organization D Em									D Emp	nployer identification number								
\mathbb{H}		ress change label or						04-2605799												
\equiv	Name cha Initial retu	print or Namber and street (or F.O. box, it mains not delivered to street address) Room/suite E Teler							phone	num	ber									
	Terminate		see 10 Charles Street 1							g	78-8	382-2072								
	Amended return Specific Instruction City or town, state or country, and ZIP + 4								F Gro	Group Exemption										
	I tions Democrate MA 04000												Number ►							
	• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach G Accounting											untina N	Cash Accrus	al						
	a completed Schedule A (Form 990 or 990-EZ). Other (speci																			
H Check ► ☑ if the											ora	anization is not								
J	Website: ► www.mmdl.org required to attach Schedule B (Form 990, 990-EZ, or 990-PF). J Tax-exempt status (check only one) — ✓ 501(c) (7) ◄ (insert no.) ☐ 4947(a)(1) or ☐ 527 527 990-EZ, or 990-PF).																			
	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																			
	Form 9	90-EZ or Form	1 990 ret	urn is r	not re	equirec	d, but	if the or	rganizati	on cho	oses to	o file a r	return.	be su	re to file	a com	olete r	eturr	τη α η φ25,000. Α	
L /	Add line:	s 5b, 6b, and 7	b, to line	9 to de	eterm	ine gro	ss rece	eipts; if !	\$500,000	or mor	re, file F	orm 99	0 instea	ad of F	orm 990	0-EZ	>	\$	127,95	54
P	art I	Revenu	e, Exp	ense	s, aı	nd Cl	nang	es in l	Net As	sets	or Fu	nd Ba	alanc	es (S	See the	e instru	ction	ns fo	or Part I.)	
	1	Contributio															1	Ť		
	2	Program se	ervice r	∍venu	e inc	cluding	α αονε	ernmer	nt fees a	and co	ontract	'S	•	•		• •	2	1		
	3	Membersh														• •	3	+-	127,57	70
	4	Investment												•			4	-		43
	5a	Gross amo											5a	•		• •	-			+3
	b	Less: cost											5b				-			
	C	Gain or (los	s) from	sale	of as	eete r	other t	than in	· · ·	 (Subt	root lin	20 Eh f		no E	.\					
<u>e</u>	6	Special events	and acti	vities (c	comple	ete anni	licable	narts of	Schedule	G) If an	nact III	int ie fro	m cami	ina ch	1) Jook horo		5c	8		
Revenue	а	Gross reve											ııı yanı	ing, or	ICCK HEIG					
ě	a	reported or	line (110	Linciu	Juling	,Ψ		***		OI COI	ıırıbul	ions	ا ما							
Œ	h	reported or	1 111110 17			 	• • ••••••					•	6a				-			
	b	Less: direc	t expen	Ses 01	uier	inan n	unara	ising e	xpense	s.	· ·		6b					Ü		
	C	Net income	or (los	S) Tron	n sp	eciai e	events	and a	ictivities	s (Sub	tract li	ne 6b	i _	ine 6	a)		6c			
	7a	Gross sales											7a							
	b	Less: cost											7b							
	C	Gross profi									b from	n line 7	'a) .				7c	ļ		
	8	Other revenue (describe ► Collection for ADO Youth Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8										8		34	41					
	9	l otal revei	nue. Ac	d line	<u>:s 1, 2</u>	<u>2, 3, 4</u>	i, 5c, 6	<u>6c, 7c,</u>	and 8	· ·	· ·			<u> </u>		▶	9	_	127,95	54
	10	Grants and	sımılar	amou	ınts I	paid (a	attach	sched	. (aluk								10			
	11											11		60)0					
Expenses	12	2 Salaries, other compensation, and employee benefits										12		24,29	€					
ë	13	Professional fees and other payments to independent contractors									13		3,04	10						
Š	14	Occupancy, rent, utilities, and maintenance									14									
ш	15	Printing, publications, postage, and shipping									15	4,89)1							
	16	Other expenses (describe See Schedule Attached)) 16									
	17	Total expenses. Add lines 10 through 16							. ▶	17		116,07	'9							
ţ	18	Excess or (deficit)	for the	e yea	ır (Sub	otract	line 17	' from li	ne 9)							18		11,87	′5
sse	19	Net assets	or fund	bala	ınces	at be	eginni	ng of	year (fro	om lin	e 27,	colum	n (A))	(mus	t agree	e with				
ď		end-of-year	figure	report	ted o	n prio	or yeai	r's retu	ırn) .								19		5,62	26
Net Assets	20	Other chan	ges in r	et ass	sets /	or fun	id bala	ances ((attach	explar	nation)						20			
	21	Net assets	or fund	balan	nces	at end	d of ye	ear. Co	mbine I	ines 1	8 thro	uah 20	ο.			. •	21		17,50	1
P	art II	Balance	Sheet	s. If T	<u>Fotal</u>	asset	s on l	ine 25,	, columr	n (B) a	re \$1,2	250,00	00 or n	nore,	file Fo	rm 990	inste	ad c	of Form 990-EZ.	_
(See the instructions for Part II.) (A) Beginning of											(B) End of year									
22 Cash, savings, and investments							1	9,769	22	28,68	6									
23	23 Land and buildings										23									
24	24 Other assets (describe ► Equipment (net) and Prepaid expenses									872		2,48	7							
OF T-1-11-								0,641		31,17										
26		tal liabilities	(descr	ibe 🕨	Α	ccoun	ıts Pay	yable						,			5,015			
27	Ne	t assets or t	fund ba	lance	es (lir	ne 27	of col	lumn (E	3) must	agree	with I	line 21) .				5,626			

What Des man	Statement of Program Service Act is the organization's primary exempt purpose cribe what was achieved in carrying out the organization the services provided, the number program title. The organization was established for the purpose the services are considered in the purpose the constant of the purpose the c	e? e org iber d	Promoting participation in janization's exempt purp of persons benefited, and	the sport of darts. oses. In a clear other relevant in	and concise formation for	501(d organ 4947	Expenses uired for section)(3) and 501(c)(4) nizations and section (a)(1) trusts; optional thers.)
20	The league schedules weekly match play and p	oublis	hes match results for it's m	embership.			
	Tournaments are organized and prizes are awa						
29	(Grants \$) If this am					28a	116,079
30	(Grants \$) If this am	ount	includes foreign grants, c	heck here	▶ □	29a	
	(Grants \$) If this am	ount	includes foreign grants, c	heck here	▶ 🗌	30a	
31	Other program services (attach schedule) .						
	(Grants \$) If this am	ount	includes foreign grants, c	heck here	▶ □	31a	
32 Dat	Total program service expenses (add lines t IV List of Officers, Directors, Trustees, and	28a 1	hrough 31a)	over if not common	>	32	<u> </u>
		u Key	(b) Title and average				(e) Expense
	(a) Name and address		hours per week devoted to position	(If not paid, enter -0)	employee benefit deferred compe	blans &	account and
	See schedule attached						
			· · · · · · · · · · · · · · · · · · ·				
					· ·		

MINUTE MAN DART LEAGUE 04-2605799 FORM 990-EZ DECEMBER 31, 2009

Part I, Line 16 - Other Expenses

East Bridgwater, MA 02333

Singles Tournaments Prizes - Shirts C & M Photo Comp Prizes - Plaques Telephone Meeting & Committee Supplies Equipment Lease Auto & Truck expense			\$ 17,024 13,400 9,289 9,468 8,600 5,269 5,043 4,172 2,358	
Donations Computer expense			1,460 197	
Taxes			1,937	
ADO Dues			1,100	
ADO Qualifiers Depreciation Expense			2,310 275	
Bank charges			247	
Payroll fees			1,030	
Flowers, cards, bibles			74	•
Totals			\$ 83,252	
Part IV - List of Officers, Dire	ectors, Trustees			
(A)	(B)	(C)	(D)	(E)
Nicole Watson 66 Old Howarth Road Oxford, MA 01540	President*	\$ 2,000	\$ None	\$ None
David Brincheiro 99 Third Street Medford, MA 02155	Vice President*	\$ 1,000	\$ None	\$ None
Dan Doherty 10 Charles Street Danvers, MA 01923	Treasurer*	\$ 2,000	\$ None	\$ None
Adam Sherlock 20 Harrison Avenue Gloucester, MA 01930	Bus. Administrator*	\$ 2,000	\$ None	\$ None
Terry Gargiulo 166 Leaf Lane	Recording Secretary*	\$ 1,000	\$ None	\$ None

MINUTE MAN DART LEAGUE 04-2605799 FORM 990-EZ DECEMBER 31, 2009

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

		•		
Gregg Tong 76 Elgin Street Newton Centre, MA 02459	Director of Marketing*	\$ 2,000	\$ None	\$ None
John F. Kerins 58 Colonial Drive Arlington, MA 02474	Bus. Administrator*	\$ 2,000	\$ None	\$ None
Becky Wainwright 37 Hosmer Street Marlborough, MA 01752	Area Director*	\$ 2,201	\$ None	\$ None
Kim Burdulis 12 Grove Street Lynn, MA 01905	Area Director*	\$ 2,363	\$ None	\$ None
Mark Millett 158 Maple Street Danvers, MA 01923	Area Director*	\$ 2,321	\$ None	\$ None
Christian Ryan 848 Bridge Street East Bridgwater, MA 02333	Area Director*	\$ 1,411	\$ None	\$ None
David Hohler 25 Hollywood Terrace North Reading, MA 01864	Bus. Administrator* (Past)	\$ 1,000	\$ None	\$ None
Ann Marie Hollis 27C Solomon Pond Road Northborough, MA 01532	Secretary* (Past)	\$ 2,000	\$ None	\$ None
Suzanne Flannery 12 Laurel Avenue Brockton, MA 01752	Area Director* (Past)	\$ 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	Other Information (Note the statement requirements in the instructions for Part V.)			age C
		-	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	33		✓
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34		✓
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 why the organization did not report the income on Form 990-T.			
а	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a		✓
b	If "Yes," has it filed a tax return on Form 990-T for this year?	35b		1
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			
b	Did the organization file Form 1120-POL for this year?	37b	incon establishmente	1
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 period covered by this return?	38a		✓
b	If "Yes," complete Schedule L, Part II and enter the total amount involved			
39	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on line 9			
b	Gross receipts, included on line 9, for public use of club facilities	- 1		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ : section 4915 ▶ : section 4915 ▶			
	, codini too			
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I			✓
^	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on	40b		NATIONAL CO.
С	organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
d	Section 501(c)(3) and 501(c)(4) 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. ▶		***	
42a		978-88	2-207	2
	Located at ► 34 Salem Street, Suite 201, Reading, MA ZIP + 4 ►	018	67	
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		Yes	No
	account)?	42b		_
	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.			
С	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c		
•	If "Yes," enter the name of the foreign country: ►	42C		V
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		. 1	
				
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of		Yes	No
45	Form 990-EZ	44		/
	, and the second motions of the control of the cont	45		

Part \	Section 501(c)(3) organizations and s 501(c)(3) organizations and section 494 and complete the tables for lines 50 and	section 4947(a)(1) nor 17(a)(1) nonexempt cha nd 51.	nexempt charital aritable trusts mu	ole trusts only. A st answer question	II secti ns 46-	on -49b					
46	Did the organization engage in direct or indirect	political campaign activ	rities on behalf of o	r in opposition to)	es No					
	candidates for public office? If "Yes," complete				46	1					
47	Did the organization engage in lobbying activities	•	•		47 48						
48 49a	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E Did the organization make any transfers to an exempt non-charitable related organization?										
	· · · · · · · · · · · · · · · · · · ·										
50	Complete this table for the organization's five his employees) who each received more than \$100,000.	ghest compensated emp	loyees (other than	officers, directors, t	49b rustees ter "No	and keyne."					
	(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) E acco	xpense unt and llowances					
					with middles and A. Fr Sills A. real						
f 51	Total number of other employees paid over \$100 Complete this table for the organization's five \$100,000 of compensation from the organization	highest compensated inc	dependent contrac 'None."	tors who each rece	eived m	nore than					
	(a) Name and address of each independent contractor	paid more than \$100,000	(b) Ty	/pe of service	(c) Comp	pensation					
					-						
d	Total number of other independent contractors e	each receiving over \$100,	,000▶			****					
	Under penalties of perjury, I declare that I have examine and belief, it is true, correct, and complete. Declaration	ed this return, including accomp of preparer (other than officer) is	anying schedules and st s based on all informatio	atements, and to the bes	st of my k any know	nowledge ledge.					
Sign Here	Signature of Officer Daniel J Doherty, Treasurer	<u> </u>		11/12/2010)						
Paid	Type or print name and title Preparer's signature	Date	Check if self-	Preparer's identifying num	nber (See i	nstructions)					
Prepare	er's Firm's name (or		employed ► L								
Use On	yours if self-employed), address, and ZIP + 4			IN ► hone no. ►							
May th	e IRS discuss this return with the preparer shown	n above? See instructions			Yes	☐ No					
				Fo		EZ (2009)					