

Return of Organization Exempt From Income Tax

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

Department of the Treasury Internal Revenue Service

Do not enter social security numbers on this form as it may be made public. Information about Form 990-EZ and its instructions is at www.irs.gov/form990.



For the 2015 calendar year, or tax year beginning 2015, and ending

Minute Man Dart League, Inc. PO Box 2165 Danvers, MA 01923

Check if applicable: Address change Name change Initial return Final return/terminated Amended return Application pending

Employer identification number 04-2605799 Telephone number 781-558-5876 Group Exemption Number

Accounting Method: Cash Accrual Other (specify) Website: N/A Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

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

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) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. 144,611.

Part III 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.

Table with 21 rows and 4 columns: Line number, Description, Sub-column (5a, 5b, 6a, 6b, 6c, 7a, 7b, 7c), and Amount. Includes categories like Contributions, Program service revenue, Investment income, Gaming and fundraising events, Gross income from fundraising events, Net income or (loss) from gaming, Gross sales of inventory, Gross profit or (loss) from sales of inventory, Other revenue, Total revenue, Grants and similar amounts paid, Salaries and other compensation, Professional fees, Occupancy, Printing, Other expenses, Excess or (deficit) for the year, Net assets or fund balances at beginning of year, and Net assets or fund balances at end of year.

BAA For Paperwork Reduction Act Notice, see the separate instructions. Form 990-EZ (2015)

**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  | 9,631.                | 18,645.         |
| 23 | Land and buildings  |                       |                 |
| 24 | Other assets (describe in Schedule O)                                       | 4,323.                | 3,933.          |
| 25 | Total assets  | 13,954.               | 22,578.         |
| 26 | Total liabilities (describe in Schedule O)                                  | 12,262.               | 2,294.          |
| 27 | Net assets or fund balances (line 27 of column (B) must agree with line 21) | 1,692.                | 20,284.         |

**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.  X

What is the organization's primary exempt purpose? **See Schedule O**  X (Required for section 501 (c)(3) and 501 (c)(4) organizations; optional for others.)

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.

28 See Schedule O

29 Grants \$  If this amount includes foreign grants, check here  28a

30 Grants \$  If this amount includes foreign grants, check here  29a

31 Other program services (describe in Schedule O)  If this amount includes foreign grants, check here  30a

32 Total program service expenses (add lines 28a through 31a)  If this amount includes foreign grants, check here  31a

**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 (Form 990-W-1099-MISC) (if not paid, enter -0-) | (d) Health benefits, contributions to employee benefit plans, and deferred compensation | (e) Estimated amount of other compensation |
|-------------------------------------|--|---|---|--|
| Mark Millett<br>President           | 2  | 2,000.  | 0.  | 0.   |
| Jacqueline A. Robbins<br>Treasurer  | 2  | 0.  | 0.  | 0.   |
| Terry Gargiulo<br>Secretary         | 2  | 2,000.  | 0.  | 0.   |
| Charles T. Sawyer<br>Vice President | 2  | 2,225.  | 0.  | 0.   |
| Adam T. Sherlock<br>Director        | 2  | 2,000.  | 0.  | 0.   |
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**Part VII 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. Yes No

**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). 33 34

**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)? 35 a

**b** If 'Yes,' to line 35a, has the organization filed a Form 990-T for the year? If 'No,' provide an explanation in Schedule O 35 b

**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. 35 c

**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

**37 a** Enter amount of political expenditures, direct or indirect, as described in the instructions. 37 a

**b** Did the organization file Form 1120-POL for this year? 37 b

**38 a** 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? 38 a

**b** If 'Yes,' complete Schedule L, Part II and enter the total amount involved. 38 b

**39** Section 501(c)(7) organizations. Enter: 39 a

**a** Initiation fees and capital contributions included on line 9. 39 b

**b** Gross receipts, included on line 9, for public use of club facilities. 39 b

**40 a** Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: 40 b

section 4911 N/A

section 4912 N/A

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. 40 b

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. 40 c

Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization. 40 c

**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 8886-1. 40 e

**41** List the states with which a copy of this return is filed 40 e

**42 a** The organization's books are in care of Jacqueline A. Robbins Telephone no. (781) 558-5876

located at PO Box 2165 Danvers MA ZIP + 4 01923

**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)? 42 b

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 U.S.? 42 c

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  N/A and enter the amount of tax-exempt interest received or accrued during the tax year. 43

**44 a** Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ. 44 a

**b** Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ. 44 b

**c** Did the organization receive any payments for indoor tanning services during the year? 44 c

**d** If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments? 44 d

If 'No,' provide an explanation in Schedule O. 44 d

**45 a** Did the organization have a controlled entity within the meaning of section 512(b)(13)? 45 a

If 'No,' provide an explanation in Schedule O. 45 a

**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). 45 b

**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 |
|-----------|-----|----|
| <b>46</b> |     | X  |

**Part VII 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.

|   | Yes         | No |
|---|-------------|----|
| <b>47</b> 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.  | <b>47</b>   |    |
| <b>48</b> Is the organization a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E.   | <b>48</b>   |    |
| <b>49 a</b> Did the organization make any transfers to an exempt non-charitable related organization?   | <b>49 a</b> |    |
| <b>b</b> If 'Yes,' was the related organization a section 527 organization?   | <b>49 b</b> |    |
| <b>50</b> 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-2/1099-4/SC) | (d) Health benefits, contributions to employee benefit plans, and deferred compensation | (e) Estimated amount of other compensation |
|-------------------------------------|--|---|---|--|
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**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 |
|--|---------------------|------------------|
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**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**

|   |             |
|---|-------------|
| <p>Signature of officer<br/><b>Jacqueline A. Robbins</b></p> <p>Type or print name and title<br/><b>Treasurer</b></p> | <p>Date</p> |
|---|-------------|

**Paid Preparer Use Only**

|                         |                          |          |  |                        |
|-------------------------|--------------------------|----------|--|------------------------|
| Print/preparer's name   | Preparer's signature     | Date     | Check <input checked="" type="checkbox"/> if self-employed | PTIN                   |
| Kenneth J Buccì CPA MST | Kenneth J Buccì CPA MST  | 10/12/16 |  | P00310471              |
| Firm's name             | Buccì & Associates       |          |  |                        |
| Firm's address          | 200 Broadway, Suite 106  |          |  |                        |
|                         | Lynnfield, MA 01940-2349 |          |  |                        |
|                         |                          |          |  | Firm's EIN 20-3352887  |
|                         |                          |          |  | Phone no. 781-584-8218 |

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

Form 990-EZ (2015)

**SCHEDULE O**  
(Form 990 or 990-EZ)

**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.

**2015**

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

Name of the organization  
**Minute Man Dart League, Inc.**

Employer identification number  
**04-2605799**

**Form 990-EZ, Part I, Line 8**  
**Other Revenue**

|                     |                   |
|---------------------|-------------------|
| Special Events..... | \$ 18,740.        |
| <b>Total</b> .....  | <b>\$ 18,740.</b> |

**Form 990-EZ, Part I, Line 16**  
**Other Expenses**

|                                    |                   |
|------------------------------------|-------------------|
| Advertising and Promotion.....     | \$ 400.           |
| Auto and Truck Expenses.....       | 2,726.            |
| Awards and Grants.....             | 2,634.            |
| Bank and Other Charges.....        | 248.              |
| Depreciation.....                  | 390.              |
| Dues and Fees.....                 | 4,014.            |
| Information Technology.....        | 1,327.            |
| Insurance.....                     | 533.              |
| Meetings.....                      | 5,410.            |
| Office Expenses.....               | 501.              |
| Payroll Processing.....            | 1,068.            |
| Prizes - Shirts.....               | 9,791.            |
| Prizes - Trophies and Plaques..... | 6,344.            |
| Supplies, Net of Resale.....       | 454.              |
| Telephone.....                     | 11,557.           |
| Tournament Fees.....               | 25,809.           |
| <b>Total</b> .....                 | <b>\$ 73,206.</b> |

**Form 990-EZ, Part II, Line 24**  
**Other Assets**

|  | Beginning        | Ending           |
|--|------------------|------------------|
| Machinery and Equipment.....               | \$ 973.          | \$ 583.          |
| Notes and Loans Receivable.....            | 0.               | 2,000.           |
| Pledges and Grants Receivable.....         | 2,250.           | 250.             |
| Prepaid Expenses and Deferred Charges..... | 1,100.           | 1,100.           |
| <b>Total</b> .....                         | <b>\$ 4,323.</b> | <b>\$ 3,933.</b> |

**Form 990-EZ, Part II, Line 26**  
**Total Liabilities**

|  | Beginning         | Ending           |
|--|-------------------|------------------|
| Accounts Payable and Accrued Expenses..... | \$ 12,262.        | \$ 2,294.        |
| <b>Total</b> .....                         | <b>\$ 12,262.</b> | <b>\$ 2,294.</b> |

**Form 990-EZ, Part III - Organization's Primary Exempt Purpose**

Promoting participation in the sport of darts.

**Form 990-EZ, Part III, Line 28 - Statement of Program Service Accomplishments**

The Organization was established for the purpose of organizing matches/tournaments and promoting the sport of darts. The League schedules weekly matches and

Minute Man Dart League, Inc.

04-2605799

**Form 990-EZ, Part III, Line 28 - Statement of Program Service Accomplishments**

publishes match results for its memberships. Tournaments are organized and prizes are awarded, including cash and non-cash awards.