

Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

OMB No. 1545-1150

2009

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 \$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.

A For the 2009 calendar year, or tax year beginning , 2009, and ending , 20

<p>B Check if applicable:</p> <p><input type="checkbox"/> Address change</p> <p><input type="checkbox"/> Name change</p> <p><input type="checkbox"/> Initial return</p> <p><input type="checkbox"/> Terminated</p> <p><input type="checkbox"/> Amended return</p> <p><input type="checkbox"/> Application pending</p>	<p>Please use IRS label or print or type. See Specific Instructions.</p>	<p>C Name of organization Minute Man Dart League</p> <p>Number and street (or P.O. box, if mail is not delivered to street address) Room/suite 10 Charles Street 1</p> <p>City or town, state or country, and ZIP + 4 Danvers, MA 01923</p>	<p>D Employer identification number 04-2605799</p> <p>E Telephone number 978-882-2072</p> <p>F Group Exemption Number ▶</p>
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• 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

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

H Check if the organization is not required to attach Schedule B (Form 990, 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 990-EZ or Form 990 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 \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ **127,954**

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

	Description	Line	Amount
Revenue	1 Contributions, gifts, grants, and similar amounts received	1	
	2 Program service revenue including government fees and contracts	2	
	3 Membership dues and assessments	3	127,570
	4 Investment income	4	43
	5a Gross amount from sale of assets other than inventory	5a	
	b Less: cost or other basis and sales expenses	5b	
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	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)	6a	
	b Less: direct expenses other than fundraising expenses	6b	
c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c		
7a Gross sales of inventory, less returns and allowances	7a		
b Less: cost of goods sold	7b		
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c		
8 Other revenue (describe ▶ <u>Collection for ADO Youth</u>)	8	341	
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 ▶	9	127,954	
Expenses	10 Grants and similar amounts paid (attach schedule)	10	
	11 Benefits paid to or for members	11	600
	12 Salaries, other compensation, and employee benefits	12	24,296
	13 Professional fees and other payments to independent contractors	13	3,040
	14 Occupancy, rent, utilities, and maintenance	14	
	15 Printing, publications, postage, and shipping	15	4,891
	16 Other expenses (describe ▶ <u>See Schedule Attached</u>)	16	83,252
	17 Total expenses. Add lines 10 through 16 ▶	17	116,079
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	11,875
	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	5,626
	20 Other changes in net assets or fund balances (attach explanation)	20	
	21 Net assets or fund balances at end of year. Combine lines 18 through 20 ▶	21	17,501

Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ. (See the instructions for Part II.)

	Description	(A) Beginning of year	(B) End of year
22	Cash, savings, and investments	19,769	22 28,686
23	Land and buildings		23
24	Other assets (describe ▶ <u>Equipment (net) and Prepaid expenses</u>)	872	24 2,487
25	Total assets	20,641	25 31,173
26	Total liabilities (describe ▶ <u>Accounts Payable</u>)	15,015	26 13,672
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	5,626	27 17,501

MINUTE MAN DART LEAGUE

04-2605799

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Part I, Line 16 - Other Expenses

Singles Tournaments	\$	17,024
Prizes - Shirts		13,400
C & M Photo Comp		9,289
Prizes - Plaques		9,468
Telephone		8,600
Meeting & Committee		5,269
Supplies		5,043
Equipment Lease		4,172
Auto & Truck expense		2,358
Donations		1,460
Computer expense		197
Taxes		1,937
ADO Dues		1,100
ADO Qualifiers		2,310
Depreciation Expense		275
Bank charges		247
Payroll fees		1,030
Flowers, cards, bibles		74
Totals	\$	<u>83,252</u>

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
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 East Bridgewater, MA 02333	Recording Secretary*	\$ 1,000	\$ None	\$ None

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

		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? 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 why the organization did not report the income on Form 990-T.		
a	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?		✓
b	If "Yes," has it filed a tax return on Form 990-T for this year?		✓
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. ▶ 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 outstanding at the end 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 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		✓
c	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on 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 ▶ _____		
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.		✓
41	List the states with which a copy of this return is filed. ▶ _____		
42a	The organization's books are in care of ▶ <u>Dan Doherty</u> Telephone no. ▶ <u>978-882-2072</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.		
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: ▶ _____		
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43		
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ		✓
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		✓

Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51.

- 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	Yes	No
		✓
- 47** Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II

47	Yes	No
		✓
- 48** Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

48	Yes	No
		✓
- 49a** Did the organization make any transfers to an exempt non-charitable related organization?

49a	Yes	No
		✓
- b** If "Yes," was the related organization a section 527 organization?

49b	Yes	No
		✓
- 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 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

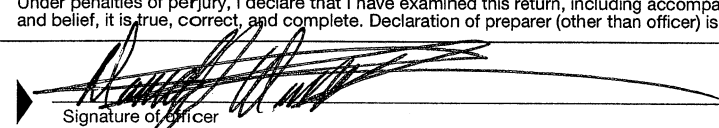
f Total number of other employees paid over \$100,000 ▶ _____

- 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 address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation

d Total number of other independent contractors each receiving over \$100,000 ▶ _____

Sign Here 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.

▶  Signature of officer

▶ 11/12/2010 Date

▶ **Daniel J. Doherty, Treasurer** Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶	Date	Check if self-employed ▶ <input type="checkbox"/>	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