

Form **990-EZ**

Short Form

Return of Organization Exempt From Income Tax

OMB No 1545-1150

2013

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

Open to Public Inspection

▶ 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.

Department of the Treasury
Internal Revenue Service

A For the 2013 calendar year, or tax year beginning , 2013, and ending , 20

B Check if applicable:
 Address change
 Name change
 Initial return
 Terminated
 Amended return
 Application pending

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 1
 City or town, state or province, country, and ZIP or foreign postal code
Danvers, MA 01923

D Employer identification number
04-2605799

E Telephone number
978-882-2072

F Group Exemption Number ▶

G Accounting Method Cash Accrual Other (specify) ▶

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

I Website: ▶

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

K Form of organization 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) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ **161,902**

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

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	129,345
	4	Investment income	4	2
	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	Gaming and fundraising events		
	a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
b	Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b		
c	Less: direct expenses from gaming and fundraising events	6c		
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d		
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 in Schedule O)	8	34,905	
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	164,252	
Expenses	10	Grants and similar amounts paid (list in Schedule O)	10	
	11	Benefits paid to or for members	11	1,150
	12	Salaries, other compensation, and employee benefits	12	44,025
	13	Professional fees and other payments to independent contractors	13	
	14	Occupancy, rent, utilities, and maintenance	14	
	15	Printing, publications, postage, and shipping	15	7,011
	16	Other expenses (describe in Schedule O)	16	117,345
17	Total expenses. Add lines 10 through 16	17	169,531	
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	(5,279)
	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	13,453
	20	Other changes in net assets or fund balances (explain in Schedule O)	20	
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	8,174

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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	26,939	22	24,408
23	Land and buildings		23	
24	Other assets (describe in Schedule O)	1,698	24	
25	Total assets	28,637	25	24,408
26	Total liabilities (describe in Schedule O)	15,184	26	16,234
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	13,453	27	8,174

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? Promoting participation in the sport of darts.

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 and section 4947(a)(1) trusts, optional for others)

28	The organization was established for the purpose of organizing and promoting the sport of darts. The League schedules weekly match play and publishes match results for its membership. Tournaments are organized and prizes awarded, including cash and non-cash awards. (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	
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 (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) <input type="checkbox"/>	32	169,531

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) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
See schedule attached				

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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

Table with columns for question number, question text, and Yes/No checkboxes. Includes questions 33 through 45b regarding organizational activities, financials, and reporting requirements.

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		Yes	No
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		
		46	✓

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

		Yes	No
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		
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		
49a	Did the organization make any transfers to an exempt non-charitable related organization?		
49b	If "Yes," was the related organization a section 527 organization?		
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)	(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

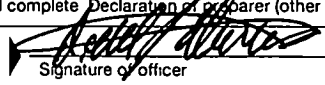
51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation

d Total number of other independent contractors each receiving more than \$100,000

52 Did the organization complete Schedule A? Note. All section 501(c)(3) nonexempt charitable trusts must attach a completed Schedule A.

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 provided to the preparer by the taxpayer.

Sign Here  Signature of officer

Daniel J Doherty, Treasurer
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name Preparer's signature

Firm's name ▶

Firm's address ▶

May the IRS discuss this return with the preparer shown above? See instructions.

RRR-7011-0470

MINUTE MAN DART LEAGUE

04-2605799

FORM 990-EZ

DECEMBER 31, 2013

Part I, Line 8 - Other Revenue

League Tournament income	\$ 32,405
League sponsorship	<u>2,500</u>
Total Other Revenue	<u>\$ 34,905</u>

Part I, Line 16 - Other Expenses

League Tournament expense	\$ 39,945
Prizes - Shirts	22,681
Telephone	14,209
Prizes - Plaques	12,853
Supplies and expenses	6,850
Taxes	5,314
Meeting & Committee	4,508
ADO Qualifiers	3,130
Auto & Truck expense	1,790
Payroll fees	1,617
Donations	1,620
Equipment Lease	1,120
ADO Dues	1,100
Promotions and advertising	206
Website Maintenance	202
Depreciation Expense	<u>200</u>
Totals	<u>\$ 117,345</u>

Part IV - List of Officers, Directors, Trustees

(A)	(B)	(C)	(D)	(E)
Mark Millett 158 Maple Street Danvers, MA 01923	President*	\$ 1,000	\$ None	\$ None
Nicole Watson 66 Old Howarth Road Oxford, MA 01540	President*	\$ 1,000	\$ None	\$ 500
Charles T, Sawyer 59 Northend Street Peabody, MA 01960	Vice President*	\$ 3,150	\$ None	\$ None
Dan Doherty 10 Charles Street Danvers, MA 01923	Treasurer*	\$ 2,000	\$ None	\$ None

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MINUTE MAN DART LEAGUE
04-2605799
FORM 990-EZ
DECEMBER 31, 2013

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

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*	\$ 2,000	\$ None	\$ None
Alicia Moran 166 Leaf Lane East Bridgewater, MA 02333	Secretary*	\$ 1,000	\$ None	\$ None
Gregg Tong 76 Elgin Street Newton Centre, MA 02459	Director of Marketing*	\$ 10,000	\$ None	\$ None
John F. Kerins 58 Colonial Drive Arlington, MA 02474	Sponsorship Director*	\$ 1,000	\$ None	\$ None
Robert A Given 55 Cedar Street, #2214 Woburn, MA 01801	Director of Technology*	\$ 2,000	\$ None	\$ None
Becky Wainwright 37 Hosmer Street Marlborough, MA 01752	Area Director / Statistician*	\$ 6,266	\$ None	\$ None
Kim Burdulis 12 Grove Street Lynn, MA 01905	Area Director*	\$ 2,777	\$ None	\$ None
Donna Millett 158 Maple Street Danvers, MA 01923	Area Director / Statistician*	\$ 7,025	\$ None	\$ None
Christian Ryan 848 Bridge Street East Bridgewater, MA 02333	Area Director*	\$ 2,807	\$ 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.

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Application for Extension of Time To File an Exempt Organization Return

(Rev. January 2012)

Department of the Treasury
Internal Revenue Service

► File a separate application for each return.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box
 - If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).
- Do not complete Part II unless** you have already been granted an automatic 3-month extension on a previously filed Form 8868

Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Charities & Nonprofits.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension—check this box and complete Part I only

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Enter filer's identifying number, see instructions

Type or print	Name of exempt organization or other filer, see instructions. Minute Man Dart League	Employer identification number (EIN) or <input checked="" type="checkbox"/> 04-2605799
	Number, street, and room or suite no. If a P.O. box, see instructions. 10 Charles Street, Apartment 1	Social security number (SSN) <input type="checkbox"/>
File by the due date for filing your return See instructions	City, town or post office, state, and ZIP code. For a foreign address, see instructions. Danvers, MA 01923	

Enter the Return code for the return that this application is for (file a separate application for each return) 0 1

Application Is For	Return Code	Application Is For	Return Code
Form 990	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	01	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

• The books are in the care of ► Mr. Daniel J. Doherty

Telephone No. ► (978) 882 - 2072 FAX No. ► _____

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ . If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until August 15, 20 14, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

► calendar year 20 13 or

► tax year beginning _____, 20 _____, and ending _____, 20 _____

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return Change in accounting period

3a	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$
b	If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$
c	Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions

ARR-7008-1830-0004-6336-0933
RRR-7011-0470-0000-3998-3879

• If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

• If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).

Enter filer's identifying number, see instructions

Type or print File by the due date for filing your return See instructions	Name of exempt organization or other filer, see instructions Minute Man Dart League	Employer identification number (EIN) or <input checked="" type="checkbox"/> 04-2605799
	Number, street, and room or suite no. If a P.O. box, see instructions 10 Charles Street, Apartment 1	Social security number (SSN) <input type="checkbox"/>
	City, town or post office, state, and ZIP code For a foreign address, see instructions. Danvers, MA 01923	

Enter the Return code for the return that this application is for (file a separate application for each return) **0 1**

Application Is For	Return Code	Application Is For	Return Code
Form 990	01		
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	01	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

- The books are in the care of **Mr. Daniel J Doherty**
Telephone No. **(978) 882 - 2072** FAX No. _____
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ . If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

- I request an additional 3-month extension of time until **November 15**, 20 **14** .
- For calendar year **2013**, or other tax year beginning _____, 20____, and ending _____, 20____ .
- If the tax year entered in line 5 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period
- State in detail why you need the extension **Financial information necessary to properly complete this form is not completed at this time.**

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits See instructions.	8a	\$	0
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	\$	0
c Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	\$	0

Signature and Verification must be completed for Part II only.

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief it is true, correct, and complete, and that I am authorized to prepare this form.

Signature  Title **Treasurer** Date **8/15/2014**

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