

**Return of Organization Exempt From Income Tax**

**2014**

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](http://www.irs.gov/form990).

Department of the Treasury  
Internal Revenue Service

**A** For the 2014 calendar year, or tax year beginning **2014**, and ending **2014**, and ending **2014**

**B** Check if applicable

- Address change
- Name change
- Initial return
- Final 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**

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 . . . . . ▶ \$

**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 . . . . .

SCANNED Revenue 2015	<b>1</b>	Contributions, gifts, grants, and similar amounts received . . . . .	<b>1</b>	
	<b>2</b>	Program service revenue including government fees and contracts . . . . .	<b>2</b>	
	<b>3</b>	Membership dues and assessments . . . . .	<b>3</b>	124,600
	<b>4</b>	Investment income . . . . .	<b>4</b>	2
	<b>5a</b>	Gross amount from sale of assets other than inventory . . . . .	<b>5a</b>	
	<b>b</b>	Less: cost or other basis and sales expenses . . . . .	<b>5b</b>	
	<b>c</b>	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . . . . .	<b>5c</b>	
	<b>6</b>	Gaming and fundraising events		
	<b>a</b>	Gross income from gaming (attach Schedule G if greater than \$15,000) . . . . .	<b>6a</b>	
	<b>b</b>	Gross income from fundraising events (not including from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) . . . . .	<b>6b</b>	
	<b>c</b>	Less: direct expenses from gaming and fundraising events . . . . .	<b>6c</b>	
	<b>d</b>	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) . . . . .	<b>6d</b>	
	<b>7a</b>	Gross sales of inventory, less returns and allowances . . . . .	<b>7a</b>	
	<b>b</b>	Less: cost of goods sold . . . . .	<b>7b</b>	
	<b>c</b>	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) . . . . .	<b>7c</b>	
	<b>8</b>	Other revenue (describe in Schedule O) . . . . .	<b>8</b>	38,240
	<b>9</b>	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 . . . . . ▶	<b>9</b>	162,842
Expenses	<b>10</b>	Grants and similar amounts paid (list in Schedule O) . . . . .	<b>10</b>	
	<b>11</b>	Benefits paid to or for members . . . . .	<b>11</b>	125
	<b>12</b>	Salaries, other compensation, and employee benefits . . . . .	<b>12</b>	45,326
	<b>13</b>	Professional fees and other payments to independent contractors . . . . .	<b>13</b>	
	<b>14</b>	Occupancy, rent, utilities, and maintenance . . . . .	<b>14</b>	
	<b>15</b>	Printing, publications, postage, and shipping . . . . .	<b>15</b>	5,736
	<b>16</b>	Other expenses (describe in Schedule O) . . . . .	<b>16</b>	118,137
<b>17</b>	<b>Total expenses.</b> Add lines 10 through 16 . . . . . ▶	<b>17</b>	169,324	
Net Assets	<b>18</b>	Excess or (deficit) for the year (Subtract line 17 from line 9) . . . . .	<b>18</b>	(6,482)
	<b>19</b>	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) . . . . .	<b>19</b>	8,174
	<b>20</b>	Other changes in net assets or fund balances (explain in Schedule O) . . . . .	<b>20</b>	
	<b>21</b>	<b>Net assets or fund balances at end of year.</b> Combine lines 18 through 20 . . . . . ▶	<b>21</b>	1,692

RRR 7011 0470 0000 3998 4074

P 21



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

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
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.
35a 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)?
35b If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O
35c 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?
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year?
37a Enter amount of political expenditures, direct or indirect, as described in the instructions
37b 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 tax year covered by this return?
38b If "Yes," complete Schedule L, Part II and enter the total amount involved
39 Section 501(c)(7) organizations. Enter:
39a Initiation fees and capital contributions included on line 9
39b Gross receipts, included on line 9, for public use of club facilities
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:
40b 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?
40c 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
40d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization
40e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?
41 List the states with which a copy of this return is filed
42a The organization's books are in care of Daniel J. Doherty Telephone no. 978-882-2072
Located at 34 Salem Street, Suite 201, Reading, MA ZIP + 4 01867
42b 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)?
42c At any time during the calendar year, did the organization maintain an office outside the U.S.?
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
44a Did the organization maintain any donor advised funds during the year?
44b Did the organization operate one or more hospital facilities during the year?
44c Did the organization receive any payments for indoor tanning services during the year?
44d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments?
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?
45b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)?

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 . . . . .

Table with 3 columns: Question, Yes, No. Row 46: Yes [ ], No [x]

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 . . . . . [ ]

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 . . . . .

Table with 3 columns: Question, Yes, No. Row 47: Yes [ ], No [ ]

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . .

Table with 3 columns: Question, Yes, No. Row 48: Yes [ ], No [ ]

49a Did the organization make any transfers to an exempt non-charitable related organization? . . . . .

Table with 3 columns: Question, Yes, No. Row 49a: Yes [ ], No [ ]

b If "Yes," was the related organization a section 527 organization? . . . . .

Table with 3 columns: Question, Yes, No. Row 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."

Table with 5 columns: (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. Rows are empty.

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."

Table with 3 columns: (a) Name and business address of each independent contractor, (b) Type of service, (c) Compensation. Rows are empty.

d Total number of other independent contractors each receiving

52 Did the organization complete Schedule A? Note. All s 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.

Sign Here: Signature of officer [Handwritten Signature], Daniel J. Doherty, Treasurer, Type or print name and title

Paid Preparer Use Only: Preparer's name, Preparer's signature, Firm's name, Firm's address

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

MINUTE MAN DART LEAGUE

04-2605799

FORM 990-EZ

DECEMBER 31, 2014

Part I, Line 8 - Other Revenue

League Tournament income	\$ 35,990
League Sponsorship	<u>2,250</u>
Total Other Revenue	<u>\$ 38,240</u>

Part I, Line 16 - Other Expenses

League Tournament expense	\$ 45,737
Prizes - Shirts	19,335
Telephone	13,110
Prizes - Plaques	9,699
Supplies and expenses	7,813
Supplies for Resale (net)	1,546
Taxes	4,431
Meeting & Committee	4,567
ADO Qualifiers	3,080
Auto & Truck expense	3,478
Payroll fees	1,924
Donations	200
Equipment Lease	1,722
ADO Dues	1,100
Website Maintenance	201
Depreciation Expense	<u>194</u>
Totals	<u>\$ 118,137</u>

Part II, Line 24(a) - Other Assets

Sponsorship Receivable	\$ 2,250
Prepaid Dues	1,100
Furniture & Equipment (net)	<u>973</u>
Total Other Assets	<u>\$ 4,323</u>

Part II, Line 26(b) - Other Liabilities

Accounts Payable	<u>\$ 12,262</u>
Total Other Liabilities	<u>\$ 12,262</u>

Part IV - List of Officers, Directors, Trustees

(A)	(B)	(C)	(D)	(E)
Mark Millett 158 Maple Street Danvers, MA 01923	President*	\$ 2,000	\$ None	\$ None
Kim Burdulis 12 Grove Street Lynn, MA 01905	Vice President*	\$ 2,360	\$ None	\$ None

MINUTE MAN DART LEAGUE  
04-2605799  
FORM 990-EZ  
DECEMBER 31, 2014

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

( A )	( B )	( C )	( D )	( E )
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*	\$ 2,000	\$ None	\$ None
Perette Sweeney 40 Lowden Avenue Somerville, MA 02144	Secretary*	\$ 2,000	\$ None	\$ None
Gregg Tong 76 Elgin Street Newton Centre, MA 02459	Director of Marketing*	\$ 10,000	\$ None	\$ None
Charles T, Sawyer 59 Northend Street Peabody, MA 01960	Sponsorship Director*	\$ 3,050	\$ 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*	\$ 6,688	\$ None	\$ None
Anna Moretti 268 Salem Street Wakefield, MA 01880	Area Director*	\$ 1,345	\$ None	\$ None
Donna Millett 158 Maple Street Danvers, MA 01923	Area Director / Statistician*	\$ 7,139	\$ None	\$ None
Christian Ryan 848 Bridge Street East Bridgewater, MA 02333	Area Director*	\$ 2,744	\$ 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.

# Application for Extension of Time To File an Exempt Organization Return

► **File a separate application for each return.**  
► **Information about Form 8868 and its instructions is at [www.irs.gov/form8868](http://www.irs.gov/form8868).**

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

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 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	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 15, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

►  calendar year 20 14 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 Forms 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 Forms 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	<b>Balance due.</b> 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 funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.