

Form **990-EZ**

**Short Form**  
**Return of Organization Exempt From Income Tax**  
 Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code  
 (except private foundations)

OMB No. 1545-0047

**2022**

Do not enter social security numbers on this form, as it may be made public.

Go to [www.irs.gov/Form990EZ](http://www.irs.gov/Form990EZ) for instructions and the latest information.

Department of the Treasury  
Internal Revenue Service

Open to Public  
Inspection

**A** For the **2022** calendar year, or tax year beginning , **2022**, and ending ,

<b>B</b> Check if applicable:	<b>C</b>	<b>D</b> Employer identification number
<input type="checkbox"/> Address change	Minute Man Dart League, Inc. PO Box 2165 Danvers, MA 01923	04-2605799
<input type="checkbox"/> Name change		<b>E</b> Telephone number
<input type="checkbox"/> Initial return		781-558-5876
<input type="checkbox"/> Final return/terminated		<b>F</b> Group Exemption Number
<input type="checkbox"/> Amended return		
<input type="checkbox"/> Application pending		

**G** Accounting Method:  Cash  Accrual Other (specify): \_\_\_\_\_ **H** Check  if the organization is **not** required to attach Schedule B (Form 990).

**I** Website: N/A

**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)) are \$500,000 or more, file Form 990 instead of Form 990-EZ. \$ 193,648.

**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.

<b>Revenue</b>	<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>	114,300.
	<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 \$ _____ of contributions 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) See Schedule O	<b>8</b>	79,346.	
<b>9 Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8.	<b>9</b>	193,648.	
<b>Expenses</b>	<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>	
	<b>12</b> Salaries, other compensation, and employee benefits	<b>12</b>	36,088.
	<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>	4,941.
	<b>16</b> Other expenses (describe in Schedule O) See Schedule O	<b>16</b>	144,519.
<b>17 Total expenses.</b> Add lines 10 through 16.	<b>17</b>	185,548.	
<b>Net Assets</b>	<b>18</b> Excess or (deficit) for the year (subtract line 17 from line 9)	<b>18</b>	8,100.
	<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>	29,005.
	<b>20</b> Other changes in net assets or fund balances (explain in Schedule O) See Schedule O	<b>20</b>	1,368.
	<b>21</b> Net assets or fund balances at end of year. Combine lines 18 through 20.	<b>21</b>	38,473.

**BAA** For Paperwork Reduction Act Notice, see the separate instructions.

Form **990-EZ** (2022)

**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	39,377.	44,052.
23 Land and buildings		
24 Other assets (describe in Schedule O) See Schedule O	115.	
25 Total assets	39,492.	44,052.
26 Total liabilities (describe in Schedule O) See Schedule O	10,487.	5,579.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	29,005.	38,473.

**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? See Schedule O

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; optional for others.)

28 See Schedule O		
(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)	32	

**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-MIS/1099-NEC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
Michael French Director	2	2,000.	0.	0.
Jacqueline A. Robbins Treasurer	2	2,000.	0.	0.
Terry Gargiulo Secretary	2	2,000.	0.	0.
Charles T. Sawyer President	2	2,500.	0.	0.
Kristen McCandless Director	2	4,000.	0.	0.
Nicholas Pratt Director	2	3,000.	0.	0.
Mark Lehman Director	2	1,500.	0.	0.
AnneMarie Moretti Director	2	5,500.	0.	0.
Christopher D MacDonald Director	2	2,000.	0.	0.
Christian Ryan Director	2	4,000.	0.	0.
Alicia Gargiulo Vice President	2	2,000.	0.	0.

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?
34 Were any significant changes made to the organizing or governing documents?
35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities?
35b If "Yes" to line 35a, has the organization filed a Form 990-T for the year?
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: None

42a 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)?
42b Yes No X
If "Yes," enter the name of the foreign country:
c At any time during the calendar year, did the organization maintain an office outside the United States?
42c Yes No X
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 N/A

44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ. 44a Yes No X
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. 44b Yes No X
c Did the organization receive any payments for indoor tanning services during the year? 44c Yes No X
d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. 44d Yes No
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 45a Yes No X
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. 45b Yes No X

	<b>Yes</b>	<b>No</b>
<b>46</b> 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	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.

	<b>Yes</b>	<b>No</b>
<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. ....	47	
<b>48</b> Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E. ....	48	
<b>49a</b> Did the organization make any transfers to an exempt non-charitable related organization? .....	49a	
<b>b</b> If "Yes," was the related organization a section 527 organization? .....	49b	
<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-MISC/1099-NEC)	(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.

<b>Sign Here</b>	Signature of officer <b>Jacqueline A. Robbins</b>	Date <b>Treasurer</b>		
	Type or print name and title			
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>Kenneth J Bucci CPA MST</b>	Preparer's signature <b>Kenneth J Bucci CPA MST</b>	Date <b>5/22/23</b>	Check <input checked="" type="checkbox"/> if self-employed PTIN <b>P00310471</b>
	Firm's name <b>Bucci &amp; Associates</b>	Firm's EIN <b>20-3362887</b>		
	Firm's address <b>200 Broadway, Suite 106 Lynnfield, MA 01940</b>	Phone no. <b>781-584-8218</b>		

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

BAA

**SCHEDULE O  
(Form 990)**

**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. Attach to Form 990 or Form 990-EZ.

**2022**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

Name of the organization

Employer identification number

Minute Man Dart League, Inc.

04-2605799

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

Tournament Fees.....	\$	75,366.
Supplies for Resale.....		3,980.
<b>Total</b>	<b>\$</b>	<b>79,346.</b>

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

Auto and Truck Expenses.....	\$	3,727.
Bank and Other Charges.....		124.
Depreciation.....		115.
Dues and Fees.....		3,448.
Meetings.....		7,917.
Office Expenses.....		13,261.
Payroll Processing.....		1,201.
Prizes and Awards.....		30,019.
Telephone.....		7,758.
Tournament Expenses.....		76,949.
<b>Total</b>	<b>\$</b>	<b>144,519.</b>

**Form 990-EZ, Part I, Line 20  
Other Changes In Net Assets Or Fund Balances**

Book/tax difference.....	\$	1,368.
<b>Total</b>	<b>\$</b>	<b>1,368.</b>

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

	<u>Beginning</u>	<u>Ending</u>
Machinery and Equipment.....	\$ 115.	\$ 0.
<b>Total</b>	<b>\$ 115.</b>	<b>\$ 0.</b>

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

	<u>Beginning</u>	<u>Ending</u>
Accounts Payable and Accrued Expenses.....	\$ 4,395.	\$ 535.
Credit Card.....	630.	656.
Employee Taxes Withheld.....	5,462.	4,388.
<b>Total</b>	<b>\$ 10,487.</b>	<b>\$ 5,579.</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

Name of the organization

Employer identification number

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.

Client MMDART

Minute Man Dart League, Inc.

04-2605799

No.	Description	Date Acquired	Date Sold	Cost/ Basis	Bus. Pct.	Cur 179 Bonus	Special Depr. Allow.	Prior 179/ Bonus/ Sp. Depr.	Prior Dec. Bal. Depr.	Salvage /Basis Reductn	Depr. Basis	Prior Depr.	Method	Life	Rate	Current Depr.
Form 990/990-PF																
Machinery and Equipment																
3	Tablets	1/25/17		1,400							1,400	1,285	200DB	5		115
Total Machinery and Equipment				1,400		0	0	0	0	0	1,400	1,285				115
Total Depreciation				<u>1,400</u>		<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>1,400</u>	<u>1,285</u>				<u>115</u>
Grand Total Depreciation				<u>1,400</u>		<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>1,400</u>	<u>1,285</u>				<u>115</u>