

F066  
FORT WAYNE DERBY GIRLS, INC.

**2010 Government**

FORT WAYNE DERBY GIRLS, INC.  
3003 GOEGLEIN ROAD  
FORT WAYNE, IN 46815

Department of the Treasury  
Internal Revenue Service Center  
Ogden, UT 84201-0027

Form **990-EZ**Department of the Treasury  
Internal Revenue Service

# Short Form

## Return of Organization Exempt From Income Tax

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, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions). All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 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.

OMB No. 1545-1150

**2010****Open to Public****Inspection****A For the 2010 calendar year, or tax year beginning , and ending****B** Check if applicable:

- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

**C** Name of organization**FORT WAYNE DERBY GIRLS, INC.**

Number and street (or P.O. box, if mail is not delivered to street address)

**3003 GOEGLEIN ROAD**

Room/suite

City or town, state or country, and ZIP + 4

**FORT WAYNE IN 46815****D** Employer identification number**05-0633266****E** Telephone number**260-749-6903****F** Group Exemption Number ▶**G** Accounting Method: ☒ Cash ☐ Accrual Other (specify) ▶**H** Check ☒ if the organization is **not** required to attach Schedule B**I** Website: ▶ **WWW.FWDERBYGIRLS.COM****J** Tax-exempt status (check only one) — ☐ 501(c)(3) ☒ 501(c)( 4 ) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

(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 \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.**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, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ **111,755****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	<b>39,402</b>
	2	Program service revenue including government fees and contracts	2	<b>72,353</b>
	3	Membership dues and assessments	3	
	4	Investment income	4	
	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		
9	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ▶	9	<b>111,755</b>	
Expenses	10	Grants and similar amounts paid (list in Schedule O)	10	<b>17,228</b>
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	
	13	Professional fees and other payments to independent contractors	13	<b>1,849</b>
	14	Occupancy, rent, utilities, and maintenance	14	
	15	Printing, publications, postage, and shipping	15	
	16	Other expenses (describe in Schedule O)	16	<b>84,710</b>
	17	<b>Total expenses.</b> Add lines 10 through 16 ▶	17	<b>103,787</b>
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	<b>7,968</b>
	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	<b>17,906</b>
	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	<b>25,874</b>

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990-EZ** (2010)

<b>Part II</b>	<b>Balance Sheets.</b> (see the instructions for Part II.)
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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	10,070	22	14,604
23 Land and buildings	0	23	
24 Other assets (describe in Schedule O)	7,125	24	10,023
25 <b>Total assets</b>	17,195	25	24,627
26 <b>Total liabilities</b> (describe in Schedule O)	-711	26	-1,247
27 <b>Net assets or fund balances</b> (line 27 of column (B) must agree with line 21)	17,906	27	25,874

<b>Part III</b>	<b>Statement of Program Service Accomplishments</b> (see the instructions for Part III.)
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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 what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or 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		
(Grants\$ ) If this amount includes foreign grants, check here	28a	
29		
(Grants\$ ) If this amount includes foreign grants, check here	29a	
30		
(Grants\$ ) If this amount includes foreign grants, check here	30a	
31 Other program services (describe in Schedule O)		
(Grants\$ 17,228 ) If this amount includes foreign grants, check here	31a	88,818
32 Total program service expenses (add lines 28a through 31a)	32	88,818

**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 address	(a) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
SHANNON DISPENNETT	PRESIDENT 10.00	0	0	0
JOSIE DELLINGER	DIRECTOR 0.00	0	0	0
STEVE HAZELRIGG	DIRECTOR 0.00	0	0	0
TONYA VOJTKOFSKY	TREASURER 10.00	0	0	0
AIMEE JOHNSON	DIRECTOR 0.00	0	0	0
JON SCHENK	DIRECTOR 0.00	0	0	0
LEIGH ROBERSON	DIRECTOR 0.00	0	0	0
CHRY S KIMPEL	DIRECTOR 0.00	0	0	0

**Part V Other Information** (Note the statement requirements in the instructions for Part V.)Check if the organization used Schedule O to respond to any question in this Part V ☐

	Yes	No
<b>33</b> Did the organization engage in any activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O		<b>X</b>
<b>34</b> Were any significant changes made to the organizing or governing documents? If "Yes," attached 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)		<b>X</b>
<b>35</b> If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but <b>not</b> reported on Form 990-T, explain in Schedule O why the organization did not report the income on Form 990-T.		
<b>a</b> Did the organization have unrelated business gross income of \$1,000 or more or was it a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements?		<b>X</b>
<b>b</b> If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year (see instructions)?		
<b>36</b> 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		<b>X</b>
<b>37a</b> Enter amount of political expenditures, direct or indirect, as described in the instructions		
<b>b</b> Did the organization file <b>Form 1120-POL</b> for this year?		<b>X</b>
<b>38a</b> 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?		<b>X</b>
<b>b</b> If "Yes," complete Schedule L, Part II and enter the total amount involved		
<b>39</b> Section 501(c)(7) organizations. Enter:		
<b>a</b> Initiation fees and capital contributions included on line 9		
<b>b</b> Gross receipts, included on line 9, for public use of club facilities		
<b>40a</b> Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ; section 4912 ; section 4955		
<b>b</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 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		<b>X</b>
<b>c</b> 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		
<b>d</b> Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization		
<b>e</b> 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		<b>X</b>
<b>41</b> List the states with which a copy of this return is filed. <b>IN</b>		
<b>42a</b> The organization's books are in care of <b>TONYA VOJTKOFSKY</b> Telephone no. <b>260-749-6903</b> <b>3003 GOEGLEIN RD</b> Located at <b>FORT WAYNE</b> <b>IN</b> ZIP + 4 <b>46815</b>		
<b>b</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 <b>Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.</b>		<b>X</b>
<b>c</b> 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:		<b>X</b>
<b>43</b> Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> — Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year <b>43</b>		
<b>44a</b> Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		<b>X</b>
<b>b</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		<b>X</b>
<b>c</b> Did the organization receive any payments for indoor tanning services during the year?		<b>X</b>
<b>d</b> If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		

	Yes	No
<b>45</b> Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)?	<b>45</b>	<b>X</b>
<b>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)	<b>45a</b>	<b>X</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	<b>46</b>	<b>X</b>

**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 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? 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)(iii)? If "Yes," complete Schedule E	<b>48</b>	
<b>49a</b> Did the organization make any transfers to an exempt non-charitable related organization?	<b>49a</b>	
<b>b</b> If "Yes," was the related organization a section 527 organization?	<b>49b</b>	

**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 **▶** \_\_\_\_\_

**52** Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts 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>TONYA VOJTKOFSKY</b>		Date <b>TREASURER</b>	
	Type or print name and title			
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>JONATHON D. SCHENK CPA</b>	Preparer's signature	Date <b>08/31/11</b>	Check <input type="checkbox"/> if self-employed <b>P00306699</b>
	Firm's name <b>▶ ATM CPAS</b>	Firm's EIN <b>▶ 05-0528051</b>		
	Firm's address <b>▶ 9422 LIMA RD FORT WAYNE, IN 46818</b>	Phone no. <b>260-490-2860</b>		
	May the IRS discuss this return with the preparer shown above? See instructions <b>▶</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

**SCHEDULE O**  
**(Form 990 or 990-EZ)**Department of the Treasury  
Internal Revenue Service

Name of the organization

**Supplemental Information to Form 990 or 990-EZ**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 990-EZ.

OMB No. 1545-0047

**2010**Open to Public  
InspectionEmployer identification number  
**05-0633266****FORT WAYNE DERBY GIRLS, INC.****FORM 990-EZ, PART I, LINE 10 - GRANTS/SIMILAR AMTS PAID TO ORGANIZATIONS**

NAME AND ADDRESS	CLASS OF ACTIVITY	DATE OF GIFT	
	DESC. OF PROPERTY		
	CASH CONTRIB.	NONCASH CONTRIB.	
	BOOK VALUE	BV EXPL.	FMV EXPL.
CANCER SERVICES OF NE INDIANA			
6316 MUTUAL DRIVE			
FORT WAYNE, IN 46825	\$ 10,000	\$ 0	
	\$ 0		

**FORM 990-EZ, PART I, LINE 16 - OTHER EXPENSES**

DESCRIPTION	AMOUNT
<b>EXPENSES</b>	
<b>ADVERTISING AND PROMOTION</b>	\$ 3,613
<b>OFFICE</b>	\$ 10,981
<b>TRAVEL</b>	\$ 6,285
<b>INSURANCE</b>	\$ 1,260
<b>LEAGUE FEES</b>	\$ 4,763
<b>FUNDRAISERS</b>	\$ 5,193
<b>PRACTICE RINK</b>	\$ 11,600
<b>HOME BOUT EXPENSES</b>	\$ 281
<b>TOURNAMENT EXPENSE</b>	\$ 14,158
<b>MERCHANDISE</b>	\$ 2,072
<b>BAM EXPENSES</b>	\$ 1,399
<b>TRAINING FUND</b>	\$ 1,087

Name of the organization

**FORT WAYNE DERBY GIRLS, INC.**

Employer identification number

**05-0633266**

OTHER EXPENSE	\$	82
BOUT ADVERTISING	\$	2,232
BOUT PARTY EXPENSES	\$	464
BOUT PRODUCTION	\$	6,940
BOUT TRAVEL COMPENSATION	\$	3,600
BOUT VENUE EXPENSE	\$	8,400
BOUT REFS	\$	300
<b>TOTAL</b>	<b>\$</b>	<b>84,710</b>

## FORM 990-EZ, PART II, LINE 24 - OTHER ASSETS

DESCRIPTION	BEG. OF YEAR	END OF YEAR
INVENTORIES FOR SALE OR USE	\$ 7,125	\$ 10,023
<b>TOTAL</b>	<b>\$ 7,125</b>	<b>\$ 10,023</b>

## FORM 990-EZ, PART II, LINE 26 - OTHER LIABILITIES

DESCRIPTION	BEG. OF YEAR	END OF YEAR
SALES TAX COLLECTED	\$ -711	\$ -1,247

## FORM 990-EZ, PART III - PRIMARY EXEMPT PURPOSE

TO PROVIDE ENTERTAINMENT THROUGH ROLLER DERBY CONTESTS FOR THE PURPOSES OF PROVIDING AN ATHLETIC OUTLET FOR LOCAL WOMEN TO COMPETE AND TO RAISE MONIES TO HELP FUND VARIOUS CHARITABLE ORGANIZATIONS INVOLVED WITH CAUSES FOR WOMEN AND CHILDREN IN AND AROUND FORT WAYNE, INDIANA.

## FORM 990-EZ, PART III, LINE 31 - ALL OTHER ACHIEVEMENTS

SUCCESSFULLY OPERATED TWO TEAMS OF FLAT TRACK WOMEN'S ROLLER DERBY COMPETITION THAT COMPETED AT A LOCAL, REGIONAL AND NATIONAL LEVEL. USED

Name of the organization

**FORT WAYNE DERBY GIRLS, INC.**

Employer identification number

**05-0633266**

**NET PROCEEDS FROM THE EVENTS TO MAKE DONATIONS TO LOCAL WOMEN'S AND  
CHILDREN'S CHARITABLE ORGANIZAITONS.**