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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 private foundations)

▶ **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.**

OMB No 1545-1150
2015
Open to Public Inspection

A For the 2015 calendar year, or tax year beginning 01-01-2015, and ending 12-31-2015

B Check if applicable:
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization
 V TOWN DERBY DAMES

Number and street (or P O box, if mail is not delivered to street address) Room/suite
 822 W CENTER AVE

City or town, state or province, country, and ZIP or foreign postal code
 VISALIA, CA 93291

D Employer identification number
 61-1559106

Telephone number
 (559) 625-0320

F Group Exemption Number ▶

G Accounting Method Cash Accrual Other (specify) ▶ _____

I Website: ▶ N/A

J Tax-exempt status (check only one) 501(c)(3) 501(c)(4) (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 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. ▶ \$ 61,645

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		Expenses		Net Assets	
1	Contributions, gifts, grants, and similar amounts received	1	5,200	18	Excess or (deficit) for the year (Subtract line 17 from line 9)
2	Program service revenue including government fees and contracts	2	19,284	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)
3	Membership dues and assessments	3	24,761	20	Other changes in net assets or fund balances (explain in Schedule O)
4	Investment income	4		21	Net assets or fund balances at end of year. Combine lines 18 through 20
5a	Gross amount from sale of assets other than inventory	5a			
b	Less cost or other basis and sales expenses	5b	0		
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	8,200		
c	Less direct expenses from gaming and fundraising events	6c	552		
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	7,648		
7a	Gross sales of inventory, less returns and allowances	7a	4,200		
b	Less cost of goods sold	7b	4,247		
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	-47		
8	Other revenue (describe in Schedule O)	8			
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	56,846		
10	Grants and similar amounts paid (list in Schedule O)	10	4,300		
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	8,866		
14	Occupancy, rent, utilities, and maintenance	14	24,252		
15	Printing, publications, postage, and shipping	15			
16	Other expenses (describe in Schedule O)	16	14,789		
17	Total expenses. Add lines 10 through 16	17	52,207		

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	3,307	22 7,946
23 Land and buildings		23
24 Other assets (describe in Schedule O)		24
25 Total assets	3,307	25 7,946
26 Total liabilities (describe in Schedule O)		26
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	3,307	27 7,946

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

Expenses
(Required for section 501(c)(3) and 501(c)(4) organizations, optional for others)

What is the organization's primary exempt purpose?

PART III - ORGANIZATION'S PRIMARY EXEMPT PURPOSE TO PROMOTE THE WELFARE OF WOMEN IN THE COMMUNITY AND PROMOTE SPORTSMANSHIP, HONESTY, LOYALTY, COURAGE AND RESPECT FOR AUTHORITY, SO WOMEN MAY BE GOOD, DECENT, HEALTHY AND TRUSTWORTHY CITIZENS

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

28 See Additional Data Table		
(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	57,006

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
DARCY MASSEY President	5 00	0		
JEANETTE HIGHFILL Vice President	5 00	0		
JEANIE ROSE Treasurer	5 00	0		
GALACION OCHOA Secretary	5 00	0		
LAURA ANDERSON Director	5 00	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

Table with columns for question number, question text, and Yes/No response columns. Rows include questions 33 through 40e regarding significant activities, document changes, income, and tax shelter transactions.

41 List the states with which a copy of this return is filed CA
42a The organization's books are in care of KASSI SIKES Telephone no (559) 300-8813
Located at 3302 W GLENDALE VISALIA, CA ZIP + 4 93291

Table with columns for question number, question text, and Yes/No response columns. Rows include questions 42b and 42c regarding foreign financial accounts and offices.

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 43

Table with columns for question number, question text, and Yes/No response columns. Rows include questions 44a through 45b regarding donor advised funds, hospital facilities, and controlled entities.

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 Yes No

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

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"

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. Row 1 contains 'NONE'.

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. Row 1 contains 'NONE'.

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.

Sign Here: Signature of officer (Darcy Massey, President) and Date (2016-10-10)

Paid Preparer Use Only: Preparer's name (Gregory D Groen, CPA), signature, date, firm's name (Morris Sprague Groen & Neese CPAs), address (822 West Center Avenue, Visalia, CA 932916014), and phone number ((559) 625-0320)

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

Yes No

Additional Data

Software ID: 15000324
Software Version: 2015v2.0
EIN: 61-1559106
Name: V TOWN DERBY DAMES

Form 990EZ, Part III - Statement of Program Service Accomplishments

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, and other relevant information for each program title.	Expenses (Required for 501(c)(3) and 501(c)(4) organizations and 4947(a)(1) trusts; optional for others.)	
<p>VTDD PRODUCED 5 HOME BOUTS FOR THE COMMUNITY OF VISALIA AND MAINTAINED AN AVERAGE OF 35 MEMBERS TO PROMOTE THE WELFARE OF WOMEN (Grants \$ 52,706)</p> <p style="text-align: right;">If this amount includes foreign grants, check here . . . <input type="checkbox"/></p>	28a	
<p>29 CONTRIBUTED TO 6 LOCAL CHARITABLE ORGANIZATIONS (Grants \$ 4,300)</p> <p style="text-align: right;">If this amount includes foreign grants, check here . . . <input type="checkbox"/></p>	29a	

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
V TOWN DERBY DAMES

Employer identification number

61-1559106

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 1005	Travel \$1797
Other Expenses 1	MARKETING \$7572
Other Expenses 2	UNIFORMS \$5420
FORM 990-EZ, PART I - GRANTS PAID, LINE 10	GRANTS INCLUDED CONTRIBUTIONS TO VEVA BLUNT PTC (\$100), ACT FOR WOMEN & GIRLS (\$650), FOOD LINK (\$1,000), RUFFLES RESCUE (\$800), WISH UPON A STAR (\$1,000), BLIND BABIES FOUNDATION (\$750)