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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)

OMB No. 1545 1150

2009

Department of the Treasury
Internal Revenue Service

► Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 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

Open to Public
Inspection

A For the 2009 calendar year, or tax year beginning

, 2009, and ending

B Check if applicable	C Name of organization DESO TO YOUTH THEATRE, INC.	D Employer identification number 64-0936269
<input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions. Number and street (or P O box, if mail is not delivered to street address) 8710 NORTHWEST DR	Room/suite MS 38671
	City or town, state or country, and ZIP + 4 SOUTHAVEN	E Telephone number (662) 280-6546
		F Group Exemption Number ►

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts
must attach a completed Schedule A (Form 990 or 990-EZ).

G Accounting method Cash Accrual
Other (specify) ►

I Website: ► **N/A**J Tax-exempt status (check only one) — 501(c) (3) ▶ (insert no) 4947(a)(1) or 527K Check ► if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete returnL Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$500,000 or more, file Form 990 instead of Form 990-EZ ► \$ **320,557.**

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)

1 Contributions, gifts, grants, and similar amounts received	1 100,600.
2 Program service revenue including government fees and contracts	2
3 Membership dues and assessments	3
4 Investment income	4 1,474.
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 Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here ► <input type="checkbox"/>	6a 203,944.
a Gross revenue (not including \$ _____ of contributions reported on line 1)	6b 159,656.
b Less direct expenses other than fundraising expenses	6c 44,288.
c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	7a
7a Gross sales of inventory, less returns and allowances	7b
b Less cost of goods sold	7c
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	8 14,539.
8 Other revenue (describe ► See Other Revenue Statement)	9 160,901.
9 Total revenue. Add lines 1, 4, 5a, 5c, 6c, 7c, and 8	10 7,000.
10 Grants and similar amounts paid (attach schedule)	11
11 Benefits paid to or for members	12 53,000.
12 Salaries, other compensation, and employee benefits	13 1,995.
13 Professional fees and other payments to independent contractors	14 10,895.
14 Occupancy, rent, utilities, and maintenance	15
15 Printing, publications, postage, and shipping	16 33,039.
16 Other expenses (describe ► See Other Expenses Statement)	17 105,929.
17 Total expenses. Add lines 10 through 16	18 54,972.
18 Excess or (deficit) for the year (Subtract line 17 from line 9)	19 368,534.
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)	20
20 Other changes in net assets or fund balances (attach explanation)	21 423,506.
21 Net assets or fund balances at end of year Combine lines 18 through 20	

Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ

(See the instructions for Part II.)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	212,479.	22 218,516.
23 Land and buildings	0.	23 0.
24 Other assets (describe ► See L-24 Stmt)	157,700.	24 207,213.
25 Total assets	370,179.	25 425,729.
26 Total liabilities (describe ► See L-26 Stmt)	1,645.	26 2,223.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	368,534.	27 423,506.

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

TEEA0812 01/30/10

Form 990-EZ (2009)

99,10 21

Part III Statement of Program Service Accomplishments (See the instructions.)		Expenses (Required for section 501(c)(3) and (4) organizations and section 4947(a)(1) trusts, optional for others)
What is the organization's primary exempt purpose? <u>TO EXPOSE YOUTH TO THE THEATRE ARTS</u>		
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		

28	<u>PRODUCED FOUR PLAYS FOR PUBLIC PERFORMANCE, HELD A SUMMER CAMP TO TRAIN YOUTH IN THE THEATRE ARTS, THREATRE PRODUCTION, SET DESIGN, AND ALL OTHER AREAS OF THEATRE ARTS.</u>	(Grants \$ 0.) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	159,656.
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 (attach schedule)	(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	
32	Total program service expenses (add lines 28a through 31a)		32	159,656.

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (See the instrs)				
(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
CINDY LIPSCOMB 1900 BALDWIN LAKE CORMORANT MS 38641	PRODUCTION CHAIR 10.00	0.	0.	
JACK BROWN 6465 N OAK SHADOWS CR MEMPHIS TN 38119	TREASURER 10.00	0.	0.	
DEAN BRYANT 5435 PLUM TREE DR SOUTHAVEN MS 38671	BOARD MBR 10.00	0.	0.	
DEBBIE DANIEL 4132 JESSICA DR SOUTHAVEN ME 38671	PUBLICITY CHAIR 10.00	0.	0.	
CHESTER BERRYHILL 4691 NAIL RD OLIVE BRANCH MS 38654	PERSONNEL CHAIR 5.00	0.	0.	
BEA HUNSUCKER 1584 BALDWIN RD LAKE CORMORANT MS 38641	BOARD MBR 5.00	0.	0.	
MATT LIPSCOMB, III 2670 UNION AVE EXT MEMPHIS TN 38112	PLAY SELECTION CHAIR 5.00	0.	0.	
COURTNEY MURRAH 4470 TUCKAHOE MEMPHIS TN 38117	SPONSOR CHAIR 5.00	0.	0.	
KATHERINE NELSON 4647 SWEET FLAG LOOP SOUTHAVEN MS 38671	GRANT CHAIR 5.00	0.	0.	
DELLA PERKINS 4481 SUMMERS PLACE DR OLIVE BRANCH ME 38654	BOARD MBR 5.00	0.	0.	
JEFFREY SMITH 5469 ALEXANDRIA LANE SOUTHAVEN ME 38671	BOARD MBR 5.00	0.	0.	

See List of Officers, Directors, Trustees, & Key Employees Smt

Part V Other Information (Note the statement requirements in the instrs for Part V.)

33 Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity 33 X

34 Were any changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the changes 34 X

35 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T

a Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements? 35a X

b If 'Yes,' has it filed a tax return on **Form 990-T** for this year? 35b

36 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 36 X

37a Enter amount of political expenditures, direct or indirect, as described in the instructions ► **37a** 0.

b Did the organization file **Form 1120-POL** for this year? 37b X

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 period covered by this return? 38a X

b If 'Yes,' complete Schedule L, Part II and enter the total amount involved 38b

39 Section 501(c)(7) organizations Enter

a Initiation fees and capital contributions included on line 9 39a

b Gross receipts, included on line 9, for public use of club facilities 39b

40a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ► _____, section 4912 ► _____, section 4955 ► _____

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 is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I 40b X

c 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 40c

d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization 40d

e 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 40e X

41 List the states with which a copy of this return is filed ► Mississippi

42a The organization's books are in care of ► BEA HUNSUCKER Telephone no ► (662) 280-6546
 Located at ► 6928 COBBLESTONE DR. SOUTHAVEN MS ZIP + 4 ► 38672

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 ► _____

	Yes	No
42b	<input type="checkbox"/>	X
42c	<input type="checkbox"/> X	

See the instructions for exceptions and filing requirements for **Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts**
 c 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 ► _____

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**

	Yes	No
44	<input type="checkbox"/>	X
45	<input type="checkbox"/> X	

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 46-49b and complete the tables for lines 50 and 51.

46 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I

	Yes	No
46	X	
47	X	
48	X	
49 a	X	
49 b		

47 Did the organization engage in lobbying activities? 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

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

b 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 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 and deferred compensation	(e) Expense account and other allowances
<u>NONE</u>				

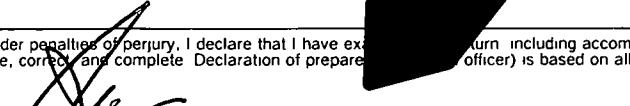
f Total number of other employees paid over \$100,000 ► _____

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
<u>NONE</u>		

d Total number of other independent contractors paid over \$100,000 ► _____

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 (if other than officer) is based on all information of which preparer has any knowledge.

Sign Here ►  **James H Howell** Date **5-27-2010**
 ► **Signature of officer** **James H Howell** **Treasurer**
 ► **Type or print name and title**

Paid Preparer's Use Only	Preparer's signature ► 	Date 05/06/10	Check if self-employed ► <input checked="" type="checkbox"/>	Preparer's Identifying Number (See instructions) ► (662) 895-6452
	Firm's name (or yours if self-employed), address, and ZIP + 4 ► JAMES H HOWELL CPA		EIN ►	
	► P.O. BOX 356			
	OLIVE BRANCH	MS 38654	Phone no ►	(662) 895-6452

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

BAA

► Yes No
 Form 990-EZ (2009)

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

2009

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Name of the organization

DESOTO YOUTH THEATRE, INC.

Employer identification number
64-0936269

Part I **Reason for Public Charity Status** (All organizations must complete this part.) See instructions

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

1 A church, convention of churches or association of churches described in **section 170(b)(1)(A)(i)**.

2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E)

3 A hospital or cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.

4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)** Enter the hospital's name, city, and state

5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II)

6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.

7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II)

8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II)

9 An organization that normally receives (1) more than 33-1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions – subject to certain exceptions, and (2) no more than 33-1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III)

10 An organization organized and operated exclusively to test for public safety See **section 509(a)(4)**.

11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)** See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h

a Type I b Type II c Type III – Functionally integrated d Type III – Other

e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**

f If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

(i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?

(ii) a family member of a person described in (i) above?

(iii) a 35% controlled entity of a person described in (i) or (ii) above?

h Provide the following information about the supported organizations

Yes	No
11 g (i)	
11 g (ii)	
11 g (iii)	

	Yes	No
11 g (i)		
11 g (ii)		
11 g (iii)		

h Provide the following information about the supported organizations

Total

BAA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2009

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support**Calendar year (or fiscal year beginning in) ►**

- 1 Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants')
- 2 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf
- 3 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge
- 4 **Total.** Add lines 1-through 3
- 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)
- 6 **Public support.** Subtract line 5 from line 4

	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1						
2						
3						
4						
5						
6						

Section B. Total Support**Calendar year (or fiscal year beginning in) ►**

- 7 Amounts from line 4
- 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources
- 9 Net income from unrelated business activities, whether or not the business is regularly carried on
- 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)
- 11 **Total support.** Add lines 7 through 10
- 12 Gross receipts from related activities, etc (see instructions) 12
- 13 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ►

	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7						
8						
9						
10						
11						
12						
13						

Section C. Computation of Public Support Percentage

- 14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) 14 %
- 15 Public support percentage from 2008 Schedule A, Part II, line 14 15 %
- 16a **33-1/3 support test – 2009.** If the organization did not check the box on line 13, and the line 14 is 33-1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization ►
- b **33-1/3 support test – 2008.** If the organization did not check a box on line 13, or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ►
- 17a **10%-facts-and-circumstances test – 2009** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization ►
- b **10%-facts-and-circumstances test – 2008.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization ►
- 18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ►

Part I Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal yr beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants'.)	46,600.	51,250.	102,293.	88,498.	100,600.	389,241.
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose	177,272.	184,764.	281,540.	225,119.	203,944.	1,072,639.
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5.	223,872.	236,014.	383,833.	313,617.	304,544.	1,461,880.
7a Amounts included on lines 1, 2, 3 received from disqualified persons	0.	0.				0.
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the amount on line 13 for the year	0.					0.
c Add lines 7a and 7b.	0.	0.				0.
8 Public support (Subtract line 7c from line 6.)						1,461,880.

Section B. Total Support

Calendar year (or fiscal yr beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6.	223,872.	236,014.	383,833.	313,617.	304,544.	1,461,880.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	102.	30.	3,656.	4,615.	1,474.	9,877.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	102.	30.	3,656.	4,615.	1,474.	9,877.
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)			10,155.	21,230.	14,539.	45,924.
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. ▶ <input type="checkbox"/>						1,517,681.

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f)) 15 96.32 %

16 Public support percentage from 2008 Schedule A, Part III, line 15 16 99.21 %

Section C. Computation of Public Support Percentage

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f)) 17 0.65 %

18 Investment income percentage from 2008 Schedule A, Part III, line 17 18 0.05 %

19a 33-1/3 support tests - 2009. If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization. ▶ b 33-1/3 support tests - 2008. If the organization did not check a box on line 14 or 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization. ▶ 20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions. ▶

Part IV

Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Provide any other additional information. See instructions.

Schedule A (Form 990 or 990EZ) - Part IV - Supplemental Information (continued)

Schedule A (Form 990 or 990EZ) - Other Income (continued)

Description	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
MISCELLANEOUS			2,098.	1,868.	6,036.	10,002.
ADVERTISING REVENUE			8,057.	19,362.	8,503.	35,922.
Total			<u>10,155.</u>	<u>21,230.</u>	<u>14,539.</u>	<u>45,924.</u>

Part II Fundraising Events. Complete if the organization answered 'Yes' to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

REVENUE		(a) Event #1 PLAY PRODUCTIONS (event type)	(b) Event #2 THEATRE CAMP (event type)	(c) Other Events NONE (total number)	(d) Total Events (Add col (a) through col (c))
		155,946.	47,998.		203,944.
	1 Gross receipts				
	2 Less Charitable contributions				
	3 Gross income (line 1 minus line 2)	155,946.	47,998.		203,944.
DIRECT EXPENSES	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	14,313.	3,850.		18,163.
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	119,946.	21,547.		141,493.
	10 Direct expense summary Add lines 4- through 9 in column (d)				159,656.
	11 Net income summary. Combine lines 3, column (d) and line 10				44,288.

Part III Gaming. Complete if the organization answered 'Yes' to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

REVENUE		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))
		1 Gross revenue			
DIRECT EXPENSES	2 Cash prizes				
	3 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	7 Direct expense summary Add lines 2 through 5 in column (d)				►
	8 Net gaming income summary Combine lines 1, column (d) and line 7				►

9 Enter the state(s) in which the organization operates gaming activities _____

a Is the organization licensed to operate gaming activities in each of these states?

b If 'No,' explain _____

YES	NO
9a	

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?

b If 'Yes,' explain _____

10a	
11	

11 Does the organization operate gaming activities with nonmembers?

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?

12	
----	--

13 Indicate the percentage of gaming activity operated in:

- The organization's facility
- An outside facility

	YES	NO
13a	%	
13b	%	

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ► _____

Address ► _____

15a Does the organization have a contact with a third party from whom the organization receives gaming revenue?

b If 'Yes,' enter the amount of gaming revenue received by the organization \$ _____ and the amount of gaming revenue retained by the third party \$ _____

c If 'Yes,' enter name and address of the third party

Name ► _____

Address ► _____

16 Gaming manager information

Name ► _____

Gaming manager compensation ► \$ _____

Description of services provided: ► _____

Director/officer Employee Independent contractor

17 Mandatory distributions

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ _____

17a

Form 990-EZ, Part I, Line 8

Other Revenue Statement

Other revenue (describe)	
ADVERTISING	8,503.
OTHER MISCELLANEOUS	6,036.
Total	<u>14,539.</u>

Form 990-EZ, Part I, Line 16

Other Expenses Statement

Other expenses (describe)	
ADVERTISING	5,158.
MEALS AND ENTERTAINMENT	1,049.
INSURANCE	4,898.
COSTUME EXPENSE	200.
MISCELLANEOUS	2,166.
TRAVEL	2,128.
OFFICE EXPENSE	5,134.
TELEPHONE	472.
ACCOUNTING	1,650.
BANK CHARGES	602.
CREDIT CARD FEES	882.
DUES & SUBSCRIPTIONS	1,468.
GIFTS	1,054.
OTHER SUPPLIES	1,851.
PAYROLL TAXES	4,055.
OTHER TAXES	126.
INTEREST	10.
MUSIC & SOUND	57.
PENALTIES	79.
Total	<u>33,039.</u>

Form 990-EZ, Page 2, Part IV

List of Officers, Directors, Trustees, & Key Employees Stmt

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (if not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> <u>JOAN ROBERTSON</u> <u>P.O. BOX 15</u> <u>LAKE CORMORANT MS 38641</u>	Title <u>CO-CHAIRMAN</u> Hours/Week <u>10.00</u>	0.	0.	
Foreign city _____ Foreign country _____				
Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> <u>JENNIFER RUSHTON</u> <u>4799 PENNY CV</u> <u>SOUTHAVEN MS 38671</u>	Title <u>HOUSE MGMT CHAIR</u> Hours/Week <u>5.00</u>	0.	0.	
Foreign city _____ Foreign country _____				

Form 990-EZ, Page 2, Part IV

Continued

List of Officers, Directors, Trustees, & Key Employees Stmt

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (if not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> AMY RUSSELL 2110 TIMBERLANE	Title ED/CAMPS CO-CHAIR			
Foreign city _____ Foreign country _____	Hours/Week 5.00	0.	0.	
Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> HARRY SNELLING 213 TURTLE CREEK DR	Title BOARD MBR			
Foreign city _____ Foreign country _____	Hours/Week 5.00	0.	0.	
Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> KEN WALDRIP 4033 JESSICA DR	Title BOARD MBR			
Foreign city _____ Foreign country _____	Hours/Week 5.00	0.	0.	
Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> GENIE WILSON 1085 HWY 304	Title BOARD CHAIR			
Foreign city _____ Foreign country _____	Hours/Week 5.00	0.	0.	
Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> SALLY DASTO 2651 HILL VALLEY LN	Title BOARD MBR			
Foreign city _____ Foreign country _____	Hours/Week 5.00	0.	0.	
Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> ANDI LEHMAN 3430 LAMBERT CV	Title BOARD MBR			
Foreign city _____ Foreign country _____	Hours/Week 5.00	0.	0.	
Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> DANIEL MUELLER 3620 SHADY OAKS DR	Title BOARD MBR			
Foreign city _____ Foreign country _____	Hours/Week 5.00	0.	0.	
Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> DONNA WIERONSKI 3177 WOODLAND TRACE E.	Title FOUNDER			
Foreign city _____ Foreign country _____	Hours/Week 5.00	0.	0.	

Form 990-EZ, Page 2, Part IV

Continued

List of Officers, Directors, Trustees, & Key Employees Stmt

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (if not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> GABY YATES <u>8471 WESTBROOK DR</u> <u>OLIVE BRANCH MS 38654</u> Foreign city _____ Foreign country _____	Title <u>BOARD MBR</u> Hours/Week <u>5.00</u>			

Form 990-EZ, Part I, Line 10

Grants and Similar Amounts Paid

Purpose of Payment

SCHOLARSHIP

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
	Business <input checked="" type="checkbox"/> Person <input type="checkbox"/> <u>UNIVERSITY OF ALABAMA</u> <u>AL</u>	<u>NONE</u>	<u>2,500.</u>

If property other than cash was given, the following additional information needs to be provided:

Description of Property _____

Date of Gift _____

Book Value	How Book Value Determined		
FMV	How FMV Determined		

Purpose of Payment

SCHOLARSHIP

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
	Business <input checked="" type="checkbox"/> Person <input type="checkbox"/> <u>SOUTHERN ILLINOIS UNIVERSITY</u> <u>IL</u>	<u>NONE</u>	<u>500.</u>

If property other than cash was given, the following additional information needs to be provided:

Description of Property _____

Date of Gift _____

Book Value	How Book Value Determined		
FMV	How FMV Determined		

Form 990-EZ, Part I, Line 10
Grants and Similar Amounts Paid

Continued

Purpose of Payment

SCHOLARSHIP

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
	Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> KATELYN KICHOIS	NONE	
			3,000.

If property other than cash was given, the following additional information needs to be provided.

Description of Property _____

Date of Gift _____

Book Value	How Book Value Determined
FMV	How FMV Determined

Purpose of Payment

CONTRIBUTION

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
	Business <input checked="" type="checkbox"/> Person <input type="checkbox"/> WADDELL & REED	NONE	
			1,000.

If property other than cash was given, the following additional information needs to be provided

Description of Property _____

Date of Gift _____

Book Value	How Book Value Determined
FMV	How FMV Determined

Name as Shown on Return
DESO TO YOUTH THEATRE, INC.

Employer Identification No
64-0936269

Line 24 - Other Assets:	Beginning of Year	End of Year
<u>EQUIPMENT</u>	<u>150,380.</u>	<u>199,893.</u>
<u>COMPUTERS & OFFICE EQUIPMENT</u>	<u>7,320.</u>	<u>7,320.</u>
Totals to Form 990-EZ, Part II, line 24	157,700.	207,213.
Line 26 - Total Liabilities:	Beginning of Year	End of Year
<u>ACCRUED PAYROLL TAXES</u>	<u>1,645.</u>	<u> </u>
Totals to Form 990-EZ, Part II, line 26	1,645.	

Application for Extension of Time To File an
Exempt Organization Return

OMB No 1545-1709

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 . X
- 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

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*

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Charities & Nonprofits.

Type or print	Name of Exempt Organization DESOTO YOUTH THEATRE, INC.	Employer identification number 64-0936269
File by the due date for filing your return. See instructions.	Number, street, and room or suite number if a P O box, see instructions 8710 NORTHWEST DR	
	City, town or post office, state, and ZIP code For a foreign address, see instructions SOUTHAVEN	MS 38671

Check type of return to be filed (file a separate application for each return):

<input checked="" type="checkbox"/> Form 990	<input type="checkbox"/> Form 990-T (corporation)	<input type="checkbox"/> Form 4720
<input type="checkbox"/> Form 990-BL	<input type="checkbox"/> Form 990-T (section 401(a) or 408(a) trust)	<input type="checkbox"/> Form 5227
<input type="checkbox"/> Form 990-EZ	<input type="checkbox"/> Form 990-T (trust other than above)	<input type="checkbox"/> Form 6069
<input type="checkbox"/> Form 990-PF	<input type="checkbox"/> Form 1041-A	<input type="checkbox"/> Form 8870

- The books are in the care of ► **BEA HUNSUCKER**

Telephone No ► **(662) 280-6546** 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 will cover.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **Aug 16**, 20 **10**, to file the exempt organization return for the organization named above. The extension is for the organization's return for

- calendar year 20 **09** or
- tax year beginning , 20 , and ending , 20

2 If this tax year 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 \$ 0.
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit	3b \$ 0.
c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions	3c \$ 0.

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

BAA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev 4-2009)