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Department of the Treasury

# 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

_		2015 calendar year, or tax year beginning 06-01, 2015, and ending		05-31 , 2016 yer identification number
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=	idress ch		<del></del>	-0435406
=	ame chan		E l'elepne	one number
= ``	itial returr			
=		/terminated P O BOX 955	<del>  </del>	
╛	nended n		•	Exemption
	plication		Numbe	
				if the organization is not
		: ▶ 4BLT.ORG		attach Schedule B
		mpt status (check only one) - 🗵 501(c)(3)	(Form 990,	990-EZ, or 990-PF).
		organization: 🛛 Corporation 🔲 Trust 🔲 Association 🔲 Other		<del></del>
		s 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total	assets	
(Par	II, colu	ımn (B) below) are \$500,000 or more, file Form 990 ınstead of Form 990-EZ		
Pa	rt I	Revenue, Expenses, and Changes in Net Assets or Fund Balances(see the		
		Check if the organization used Schedule O to respond to any question in this Part I		<u>x</u>
ŀ	1	Contributions, gifts, grants, and similar amounts received		1 6,000
	2	Program service revenue including government fees and contracts		2 79,64
	3	Membership dues and assessments		3 4,34
	4	Investment income		4
	5a	Gross amount from sale of assets other than inventory		
	b	Less' cost or other basis and sales expenses	• =	1 1
	С	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)		5c
	6	Gaming and fundraising events		
		Gross income from gaming (attach Schedule G if greater than		
9		\$15,000)		
ē	b	Gross income from fundraising events (not including \$ of contribution)	ons	1 1
Revenue	-	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		1 1
		Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract		1 1
	u	line 6c)		6d 1
	70	Gross sales of inventory, less returns and allowances		00
			<del></del>	1 1
			<u> </u>	- 1
	_	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		7c   8
	8	Other revenue (describe in Schedule O)		<del></del>
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	· · · · · · · · · · · · · · · · · · ·	9 89,99
	10	Grants and similar amounts paid (list in Schedule O)		10
	11	Benefits paid to or for members		11
8	12	Salaries, other compensation, and employee benefits 5. 2015.		12
Su	13	Professional fees and other payments to independent contractors CT 2.5. 2010		13
Expenses	14	Occupancy, rent, utilities, and maintenance		14 33,47
ũ	15	Printing, publications, postage, and shipping		15
	16	Other expenses (describe in Schedule O)		16 45,82
	17	Total expenses. Add lines 10 through 16	<u></u>	17 79,29
ر س	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18 10,69
set	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with		
Net Assets		end-of-year figure reported on prior year's return)		19 15,79
ĕ	20	Other changes in net assets or fund balances (explain in Schedule O)		
-	21	Net assets or fund balances at end of year. Combine lines 18 through 20	<u></u> ▶	21 26,49
	Panery	vork Reduction Act Notice, see the separate instructions.		Form 990-EZ (2015)
For	aperi	, · · · · · · · · · · · · · · · · · · ·		

Form 990-EZ (2015) 16

Form 990-EZ (2015)

(a) Name and title	hours per week devoted to position	(Forms W-2/1099-MISC) (if not paid, enter -0-)	benefit plans, and deferred compensation	other compensation
LEONIE JOHNSTON				
PRESIDENT	0.00	c	d	0
FRANK LESTRADE				
VICE PRES	0.00		d	0
BRYNN JOACHIM				
SECRETARY	0.00		0	0
ANNE STEINAWAY			1	
TREASURER	0.00		a	0
		1		

FFA

Pai	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			
	instructions for Part V) Check if the organization used schedule of to respond to any question in this rait V	<u> </u>	Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a			
<b>5</b> 0,	detailed description of each activity in Schedule O	33		х
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. Otherwise, explain the			
	change on Schedule O (see instructions)	34		Х
35 a	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)?	35a		Х
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		
	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? If "Yes," complete Schedule C, Part III	35c		х
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		х
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions <b>&gt; 37a</b>			
	Did the organization file Form 1120-POL for this year?	37b		X
	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?	38a	Ī	X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved		_	
39	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on line 9			
b	Gross receipts, included on line 9, for public use of club facilities			
40 a	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), 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? If "Yes," complete Schedule L, Part I	40b		X
C	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			
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line			
	40c reimbursed by the organization			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter		Ŧ	
	transaction? If "Yes," complete Form 8886-T	40e	ļ	X
41	List the states with which a copy of this return is filed			
42 a	The organization's books are in care of ► LEONIE JOHNSTON Telephone no. ► 228-2		571	
	Located at ▶ 595 NEAL DRIVE, DIBERVILLE, MS ZIP+4 ▶ 39540		V	
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over	-	Yes	No
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		<u>X</u>
	If "Yes," enter the name of the foreign country:	-	- 1	
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and			
_	Financial Accounts (FBAR)  At any time during the calendar year, did the organization maintain an office outside the U.S.?	42c	1	Х
U	If "Yes," enter the name of the foreign country	720		
43	Section 4947(a)(1) nonexempt chantable trusts filing Form 990-EZ in lieu of Form 1041-Check here		▶	. Г
40	and enter the amount of tax-exempt interest received or accrued during the tax year	į · ·		L
	The same and amount of the properties of the second of the	<u></u>	Yes	No
44 a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be		1	1
👊	completed instead of Form 990-EZ	44a	ĺ	X
b	and the second of the second o		1	1
-	completed instead of Form 990-EZ	44b	Ī	x
С		44c		Х
	If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an	,	<b>*</b> · · · · ·	1
-	explanation in Schedule O	44d	Ī	
45 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		Х
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the		I	T
	meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of		1	
	Form 990-EZ (see instructions)	45b		<u> </u>

48 - Old 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   A   X   Yes   No   Yes   Y	Form !	990-EZ (201	5) LITTLE THEATRE (	OF BILOXI			64-04	35406	F	age 4
Total number of other employees paid over \$100,000   Part VI Section 501 (x) 30 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
Part VI   Section 501(c)(3) organizations only   Also 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   Ver   No. The organization used Schedule O to respond to any question in this Part VI   Ver   No. The organization used Schedule O to respond to any question in this Part VI   Ver   No. The organization used section 170(b) (1)A(i)? If Yes, complete Schedule E   48   X   X   X   X   X   X   X   X   X	46				• •			40		v
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  7	Par				<u>· · · · · · · · · · · · · · · · · · · </u>	<u></u> .	· · · · · · · ·	. 40		_^_
So and 51.  Check if the organization used Schedule O to respond to any question in this Part VI  47. Did the organization engage in hotbying activities or have a section 501(h) election in effect during the tax  48. Very 11" (***c**, **complete Schedule C, Part II  49. Is the organization activation as section 170(b)(TA/R)? II "Yes," complete Schedule E  49. If "res," complete Schedule C, Part II  49. Is the organization and the organization as except on-charitable related organization?  49. If "res," was the related organization as except on-charitable related organization?  49. If "res," was the related organization as except son-charitable related organization. If there is none, enter "None."  Complete the table for the organization five highest componented amployees (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 employees paid over \$100,000  • Organization are set to except the properties of the properties of the organization. If there is none, enter "None."  (b) Name and title of each employees paid over \$100,000  • Organization or other employees paid over \$100,000  • Organization or organization and the organization. If there is none, enter "None."  (compensation organization organization organization. If there is none, enter "None."  (d) Name and title of each employees paid over \$100,000  • Organization organization organization. If there is none, enter "None."  (e) Total number of other employees paid over \$100,000  • Organization organization organization. If there is none, enter "None."  (e) Total number of other employees paid over \$100,000  • Organization organization organization. If there is none, enter "None."  (f) Total number of other employees paid over \$100,000  • Organization organization organization organization. If there is none, enter "None."  (e) Name and title of each employees paid over \$100,000  • Organization organization organizati	- 41				ons 47-49b and 52.	and com	plete the tab	oles for li	nes	
Ves   No   Ves   Ve							p. 0.10 1.10 1.11			
47   Ut the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If Yes; complete Schedule C, Parti   X   X   X   48   Ut the organization as actions as described in section 170(h)(1)A(h)? If Yes; complete Schedule E   48   X   X   49   Ut the organization make any transfers to an exempt non-charatate related organization?   48   X   X   48   Ut the organization make any transfers to an exempt non-charatate related organization?   48   X   X   48   Ut the organization is section 570(h)(1)A(h)? If Yes; very complete Schedule E   48   X   X   48   Ut the organization is the related organization?   48   Ut the organization is the related organization as each organization is five highest compensated employee (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.   (i) Reportation organization of deterring them, and deterring them and them are all them and the analysis of the organization of compensation from the organization of the deterrin			Check if the organization used Sch	nedule O to respond	to any question in	this Part \	<u>/I</u>	<u> </u>		
year? If "Fest," complete Schedule C, Part II		· · · · ·							Yes	No
## Is the organization as school as described in section 170(by1)(A)(ii) / If Yes, complete Schodule E ## A	47	Did the	organization engage in lobbying activities or	have a section 501(h) ele	ection in effect during the	tax				
49a   Dit the organization make any transfers to an exempt non-charitable related organization?   49a   X   49b		-	•							
b if "Yes," was the related organization a section 527 organization?  Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who such received more than \$100,000 of compensation from the organization. If there is none, enter "None."  (i) Name and tide of each employee  (ii) Name and tide of each employee  (iv) Average hous per vest developed more than \$100,000 of compensation from the organization. If there is none, enter "None."  (iii) Name and tide of each employee paid over \$100,000										
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."  (i) Name and late of each employee   (ii) A range hours per week deviced to position   (ii) A range hours per week deviced to position   (iii) A range hours per week			-		_					<u> </u>
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 veak devoted to position (Forms W-27/094-MISC).  (b) Reportable compensation (compensation contributions to employee benefit pions, and other compensation)  (compensation)  (compensation of other employees paid over \$100,000  f Total number of other employees paid over \$100,000  (c) Name and business address of each 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 contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."  (b) Type of service  (c) Compensation  (d) Total number of other independent contractors each receiving over \$100,000  Did to repressive organization complete Schedule A? Note. All section \$501(c)(3) organizations must attach a completed Schedule A? Note. All section \$501(c)(3) organizations must attach a complete Schedule A? Note. All section \$501(c)(3) organizations must attach a complete Schedule A? Note. All section \$501(c)(3) organizations must attach a complete Schedule A? Note. All section \$501(c)(3) organizations must attach a complete Schedule A? Note. All section \$501(c)(3) organizations must attach a complete Schedule A? Note. All section \$501(c)(3) organizations must attach a complete Schedule A? Note. All section \$501(c)(3) organizations must attach a complete Schedule A? Note. All section \$501(c)(3) organizations must attach a complete Schedule A? Note. All section \$501(c)(3) organizations must attach a complete Schedule A? Note. All section \$501(c)(3) organizations must attach a complete Schedule A? Note. All section \$501(c)(3) organizations must attach a complete Schedule A? Note. All section \$501(c)(3) organizations must attach a complete Schedule A? Note. All section \$501(c)(3) organizations must attach a com							· · · · · · · ·	. 490		Ц
(a) Name and title of each employees paid over \$100,000  f Total number of other employees paid over \$100,000  f Total number of other employees paid over \$100,000  f Total number of other employees paid over \$100,000  f Total number of other employees paid over \$100,000  f Total number of other employees paid over \$100,000  f Total number of other employees paid over \$100,000  f Total number of other employees paid over \$100,000  f Total number of other employees paid over \$100,000  f Total number of other employees paid over \$100,000  f Total number of other employees paid over \$100,000  f Total number of other employees paid over \$100,000  f Total number of other employees paid over \$100,000  f Total number of other employees paid over \$100,000  f Total number of other employees paid over \$100,000  f Total number of other employees paid over \$100,000  f Total number of other independent contractors  (a) Name and business address of each independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."  (b) Type of service  (c) Compensation  (c) Compensation  (d) Extended amount of other complexes bearing stored independent contractors who each received more than \$100,000 of compensation from the organization completes compensation of the service independent contractors who each received more than \$100,000 of compensation from the organization completes compensation of the organization completes compensation of the organization completes compensation of the pensation of the pe	50									
(a) Name and title of each employee  (b) Name and title of each employee  (compensation  (compen		Ciripioy	ces) who each received more than \$100,000		1.					
## devoted to possion   (Forms W-2/1099-MISC)   compensation      Final number of other employees paid over \$100,000			(a) Name and title of each employee	1	1 ''	contributions	to employee			
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  NONE   d Total number of other independent contractors each receiving over \$100,000  Did the organization complete Schedule A? Note. All section \$501(c)(3) organizations must attach a complete Oschedule A  Under penalties of pertyry, I officiare 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 prepare (other than officer) is based on all information of which preparer has any knowledge  LEONIE JOHNSTON  Signature of officer  LEONIE JOHNSTON, PRESIDENT  Type or penalties 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  LEONIE JOHNSTON, PRESIDENT  Type or penalties 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  LEONIE JOHNSTON  Obtain Type or penalties 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  LEONIE JOHNSTON  Preparer  LEONIE JOHNSTON  Obtain  Preparer  LEONIE JOHNSTON PRESIDENT  Type or penalties and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Occasion of the penalties and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Occasion of the penalties and statements, and to the best o				devoted to position	(Forms W-2/1099-MISC)					
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  NONE   d Total number of other independent contractors each receiving over \$100,000  Did the organization complete Schedule A? Note. All section \$501(c)(3) organizations must attach a complete Oschedule A  Under penalties of pertyry, I officiare 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 prepare (other than officer) is based on all information of which preparer has any knowledge  LEONIE JOHNSTON  Signature of officer  LEONIE JOHNSTON, PRESIDENT  Type or penalties 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  LEONIE JOHNSTON, PRESIDENT  Type or penalties 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  LEONIE JOHNSTON  Obtain Type or penalties 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  LEONIE JOHNSTON  Preparer  LEONIE JOHNSTON  Obtain  Preparer  LEONIE JOHNSTON PRESIDENT  Type or penalties and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Occasion of the penalties and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Occasion of the penalties and statements, and to the best o										
Total number of other independent contractors each receiving over \$100,000  d Total number of other independent contractors each receiving over \$100,000  Did the organization complete Schedule A? Note. All section 501(c)(3) organizations must attach a completed Schedule A? Note. All section 501(c)(3) organizations must attach a completed Schedule A? Note. All section 501(c)(3) organizations must attach a completed Schedule A? Note. All section 501(c)(3) organizations must attach a completed Schedule A? Note. All section 501(c)(3) organizations must attach a complete Schedule A? Note. All section 501(c)(3) organizations must attach a complete Schedule A? Note. All section 501(c)(3) organizations must attach a complete Schedule A? Note. All section 501(c)(3) organizations must attach a complete Schedule A? Note. All section 501(c)(3) organizations must attach a complete Schedule A? Note. All section 501(c)(3) organizations must attach a complete Schedule A? Note. All section 501(c)(3) organizations must attach a complete Schedule A? Note. All section 501(c)(3) organizations must attach a complete Schedule A? Note. All section 501(c)(3) organizations must attach a complete Schedule A? Note. All section 501(c)(3) organizations must attach a complete Schedule A? Note. All section 501(c)(3) organizations must attach a complete Schedule A? Note All section 501(c)(3) organizations must attach a complete Schedule A? Note All section 501(c)(3) organizations must attach a complete Schedule A? Note All section 501(c)(3) organizations must attach a complete Schedule A? Note All section 501(c)(3) organizations must attach a complete Schedule A? Note All section 501(c)(3) organizations must attach a complete Schedule A? Note All section 501(c)(3) organizations must attach a complete Schedule A? Note All section 501(c)(3) organizations must attach a complete Schedule A? Note All section 501(c)(3) organizations must attach a complete Schedule A? Note All section 501(c)(3) organizations must attach a complete Schedule A? Note A	NON	<u> </u>		<del>                                     </del>						
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\$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  NONE   d Total number of other independent contractors each receiving over \$100,000  >	-				lant contractors who cool	- h rocowad m	oro than			
(a) Name and business address of each independent contractor  (b) Type of service  (c) Compensation  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  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  LEONIE JOHNSTON, PRESIDENT  Type or print name and tible  Printfyse preparer's name  AMY CARTER  Preparer  Firm's name  STROJNY STROJNY PINANCIAN SERVICE  Firm's aloress  No  Ocean Springs MS 39564  Phone no  228-875-0952  May the IRS discuss this return with the preparer shown above? See instructions  P 196 M No	J1	_	-	·		ii received ii	iore utari			
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  Under penalties of perljury, 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  LEONIE JOHNSTON										
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  Under penalities 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  LEONIE JOHNSTON  LEONIE JOHNSTON  LEONIE JOHNSTON, PRESIDENT  Type or print name and title  Preparer  Preparer's signature  AMY CARTER  Preparer's signature  Firm's name  STROJNY STROJNY FINANCIAN SERVICE  Firm's address  Firm's address  Tim's		(a)	Name and business address of each independent contra	actor	(b) Type of service	:e 	(c)	Compensatio	n 	
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  Under penalities 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  LEONIE JOHNSTON  LEONIE JOHNSTON  LEONIE JOHNSTON, PRESIDENT  Type or print name and title  Preparer  Preparer's signature  AMY CARTER  Preparer's signature  Firm's name  STROJNY STROJNY FINANCIAN SERVICE  Firm's address  Firm's address  Tim's		_								
Did the organization complete Schedule A? Note. All section 501(c)(3) organizations must attach a completed Schedule A	NON	<u> </u>	· · · · · · · · · · · · · · · · · · ·				-			
Did the organization complete Schedule A? Note. All section 501(c)(3) organizations must attach a completed Schedule A										
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Did the organization complete Schedule A? Note. All section 501(c)(3) organizations must attach a completed Schedule A								_		
Did the organization complete Schedule A? Note. All section 501(c)(3) organizations must attach a completed Schedule A			<u> </u>				<u> </u>			
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Did the organization complete Schedule A? Note. All section 501(c)(3) organizations must attach a completed Schedule A		Total n	umber of other independent contractors each	receiving over \$100 000	<u> </u>	<del></del> _	<u> </u>	<del></del>		
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 of which preparer has any knowledge    LEONIE JOHNSTON   09-02-2016				<del>-</del>						
true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge    Sign			· · · · · · · · · · · · · · · · · · ·				•	X Yes		No
LEONIE JOHNSTON Signature of officer  LEONIE JOHNSTON, PRESIDENT Type or pnnt name and title  Preparer's signature  Prin's self-employed  Po1337009  Firm's address  Prim's address  Prim's EIN  Phone no 228-875-0952  May the IRS discuss this return with the preparer shown above? See instructions  Page 10-17-2016  Prin's EIN  Phone no 228-875-0952	Unde	r penalties	s of perjury, I declare that I have examined this ret	urn, including accompanying	schedules and statements,	and to the be	st of my knowled	ge and belie	f, it is	
Signature of officer   Date	true,	correct, ar	nd complete. Declaration of preparer (other than o	officer) is based on all inform	ation of which preparer has	any knowledg				
Here  LEONIE JOHNSTON, PRESIDENT  Type or pnnt name and title  Pnnt/Type preparer's name  Preparer's signature  AMY CARTER  Preparer's signature  AMY CARTER  Preparer's signature  10-17-2016  Firm's name  STROJNY STROJNY FINANCIAN SERVICE  Firm's address  1518 Bienville Blvd  Ocean Springs MS 39564  Phone no 228-875-0952  May the IRS discuss this return with the preparer shown above? See instructions  LEONIE JOHNSTON, PRESIDENT  Date  10-17-2016  Firm's EIN  Phone no 228-875-0952	e:~	_				Date	09-02-	2016		
Type or pnnt name and title  Pnnt/Type preparer's name  Preparer's signature  AMY CARTER  Preparer's signature  AMY CARTER  Firm's name  STROJNY STROJNY FINANCIAL SERVICE  Firm's address  10-17-2016  Firm's EIN  Vocan Springs MS 39564  Phone no 228-875-0952  May the IRS discuss this return with the preparer shown above? See instructions  Preparer's signature  10-17-2016  Firm's EIN  Phone no 228-875-0952				NTT.		Date				
Paid AMY CARTER	1101	<b>~</b>								
Preparer   Firm's name   STROJNY STROJNY FINANCIAL SERVICE   Firm's EIN   ►   Use Only   Firm's address   1518 Bienville Blvd   Phone no   228-875-0952     May the IRS discuss this return with the preparer shown above? See instructions   Testing   Yes   No	_		Pnnt/Type preparer's name	Preparer's signature	Date		Check X if	PTIN		
Use Only  Firm's address ► 1518 Bienville Blvd  Ocean Springs MS 39564  May the IRS discuss this return with the preparer shown above? See instructions  Phone no 228-875-0952  Yes ☑ No	Paid		AMY CARTER	Commy la	les 10-17-21	1		P013370	009	
Ocean Springs MS 39564 Phone no 228-875-0952  May the IRS discuss this return with the preparer shown above? See instructions			Firm's name > STROJNY STROJNY	FINANCIAI SERVI	CB	Firm's	EIN >			
May the IRS discuss this return with the preparer shown above? See instructions	Use	Only					_ ~ -			
	A4c.	the IDC				Phone	no 228-8			N <sub>a</sub>
	_	ale IKS	uiscuss uns return with the preparer snown a	apover See instructions	<u> </u>	<u></u>	<u></u>			

#### **SCHEDULE A**

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

#### **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.

➤ Attach to Form 990 or Form 990-EZ

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

OMB No 1545-0047

2015

Open to Public Inspection

tame	OI ING	organization					Linployer identific	444				
LIT	TLE	THEATRE OF BILOXI					64-04354					
	rt I	Reason for Public Charity	Status (All or	ganizations must co	omplete	this part	.) See instruction	ıs.				
The	orgar	nization is not a private foundation beca	use it is: (For lines	1 through 11, check only	y one box.)							
1		A church, convention of churches, or a	association of chur	ches described in <b>sectio</b>	n 170(b)(1	)(A)(i).						
2		A school described in section 170(b)(	school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)									
3		A hospital or a cooperative hospital se	ospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).									
4		A medical research organization opera	ated in conjunction	with a hospital described	l in section	170(b)(1)	)(A)(iii). Enter the					
		hospital's name, city, and state:										
5		An organization operated for the benef	fit of a college or u	niversity owned or operat	ted by a go	vernmenta	al unit described in					
		section 170(b)(1)(A)(iv). (Complete P	art II.)									
6		A federal, state, or local government o	r governmental uni	it described in section 17	70(b)(1)(A)	(v).						
7	X	An organization that normally receives	a substantial part	of its support from a gov	emmental i	unit or fron	n the general public					
		described in section 170(b)(1)(A)(vi).	(Complete Part II.)	)								
8		A community trust described in section	n 170(b)(1)(A)(vi).	(Complete Part II.)								
9		An organization that normally receives	s: (1) more than 33	1/3% of its support from	contribution	ns, membe	ership fees, and gros	S				
		receipts from activities related to its ex	empt functions - s	ubject to certain exceptio	ns, and (2)	no more t	than 33 1/3% of its					
		support from gross investment income	and unrelated bus	siness taxable ıncome (le	ss section	511 tax) fi	rom businesses					
		acquired by the organization after Jun-	e 30, 1975. See <b>se</b>	ction 509(a)(2). (Comple	ete Part III.	)						
10		An organization organized and operate										
11		An organization organized and operate	ed exclusively for t	he benefit of, to perform	the function	ns of, or to	carry out the purpose	es of				
		one or more publicly supported organi						Check				
		the box in lines 11a through 11d that d	lescribes the type of	of supporting organization	n and comp	olete lines	11e, 11f, and 11g.					
	а	☐ Type I. A supporting organization										
		the supported organization(s) the	power to regularly	appoint or elect a majorit	y of the dir	ectors or t	rustees of the suppor	ting				
		organization. You must complete										
	b	Type II. A supporting organization										
		control or management of the sup	porting organizatio	n vested in the same per	sons that o	control or r	nanage the supported	1				
		organization(s). You must compl										
	C	Type III functionally integrated.						h,				
		its supported organization(s) (see	•	· · · · · · · · · · · · · · · · · · ·								
	d	Type III non-functionally integra										
		that is not functionally integrated.	-				nt and an attentivenes	S				
		requirement (see instructions). Yo										
	е	Check this box if the organization	received a written	determination from the IF	RS that it is	a Type I,	Type II, Type III					
		functionally integrated, or Type III	•	tegrated supporting orga	nızatıon.			1				
	f	Enter the number of supported organiz					• • • • • • • • • •					
	g	Provide the following information about										
	(i	) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9	(iv) is the or		(v) Amount of monetary support (see	(vi) Amou other suppo				
				above (see instructions))	docum		instructions)	instructi				
					- V	Na	-					
					Yes	No			<del></del> -			
(A)												
(B)												
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(E) ——					<u> </u>							
Tota	al											
				I .	+		1					

64-0435406 LITTLE THEATRE OF BILOXI Page 2 Schedule A (Form.990 or 990-EZ) 2015 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning in) ▶ (d) 2014 (e) 2015 (f) Total (a) 2011 (b) 2012 (c) 2013Gifts, grants, contributions, and membership fees received. (Do not 6,031 5,30d 1,485 6.00d 27,551 include any "unusual grants.") . . . . . 8,735 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge 27,551 6,031 8,735 5,30d 1,485 6,00d Total. Add lines 1 through 3 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 3,950 shown on line 11, column (f) . . . . . . Public support. Subtract line 5 from line 4 . . 23,601 Section B. Total Support (e) 2015 (a) 2011 (b) 2012 (c) 2013 (d) 2014 (f) Total Calendar year (or fiscal year beginning in) ▶ 6,000 27,551 Amounts from line 4 . . . . . . . 6,031 8,735 5,30d 1,485 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar 10 sources . . . . . . . . . . . . Net income from unrelated business activities, whether or not the business 10 Other income. Do not include gain or loss from the sale of capital assets 9,577 835 14,513 24,925 (Explain in Part VI.) 11 Total support. Add lines 7 through 10 52,486 12 Gross receipts from related activities, etc. (see instructions) 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) Section C. Computation of Public Support Percentage 44.97 % Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f)) Public support percentage from 2014 Schedule A, Part II, line 14 % 15 33 1/3% support test - 2015. If the organization did not check the box on line 13, and 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 - 2014. 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 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in

17a 10%-facts-and-circumstances test - 2015. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported b 10%-facts-and-circumstances test - 2014. 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 VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II.)

If the organization fails to qualify under the tests listed below, please complete Part II.)

ec	tion A. Public Support						
ale	ndar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
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						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year		:				
C	Add lines 7a and 7b		Γ			<u> </u>	<u> </u>
8	Public support. (Subtract line 7c from line 6 )						
	ction B. Total Support	,	<del></del> .	T	Γ"		<del>1</del>
	endar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
9	Amounts from line 6						
0a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .		<u> </u>				
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b						
1	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on		i	!			
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)		_				
13	<b>Total support.</b> (Add lines 9, 10c, 11, and 12.)						
	First five years. If the Form 990 is for the organization, check this box and stop here		<u> </u>				▶ □
	ction C. Computation of Public St					T 1	
5	Public support percentage for 2015 (line 8, co	• •	•			<del></del>	<u>%</u>
6	Public support percentage from 2014 Scheduction D. Computation of Investment			· · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	16	
<u>5e</u>	ction D. Computation of Investme Investment income percentage for 2015 (line			ntumn (fi)		17	%
8	Investment income percentage for 2015 (line Investment income percentage from 2014 Sc						
	33 1/3% support tests - 2015. If the organiz 17 is not more than 33 1/3%, check this box	ation did not chec	k the box on line 14	, and line 15 is mo	ore than 33 1/3%, a	ind line	▶ □
b	33 1/3% support tests - 2014. If the organiz line 18 is not more than 33 1/3%, check this	ation did not chec	k a box on line 14 c	or line 19a, and line	e 16 is more than 3	3 1/3%, and	▶ □
20			=				▶ □

#### Part IV Supporting Organizations

(Complete only if you checked a box in line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A	. All	Supporting	<b>Organizations</b>
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- Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI**.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in **Part VI**.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

art V.		
	Yes	No
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10b	Ť	1
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chedu	tle A (Form 990 or 990-EZ) 2015 LITTLE THEATRE OF BILOXI 64-0435406		P	age 5
Par	t IV Supporting Organizations (continued)			
			Yes	No
	Has the organization accepted a gift or contribution from any of the following persons?			
. а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sec.	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
ec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1 1		
ec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax	(		
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1 1		
_				
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3	Ì	
ec	tion E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see	instru	uction	ns):
а	☐ The organization satisfied the Activities Test. Complete line 2 below.			•
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity	/ (see	instru	ction
2	Activities Test. Answer (a) and (b) below.	•	Yes	
_	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
_	the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify</b>			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a	Ī	
h	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more		ļ	
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the			
	reasons for the organization's position that its supported organization(s) would have engaged in these	26	ŧ	<b> </b> ^
2	activities but for the organization's involvement.	2b	ļ	ļ
	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or		Ī	,
	trustees of each of the supported organizations? Provide details in <b>Part VI</b> .	3a	<u> </u>	ļ
þ	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	<b>.</b>	<b>∮</b> `	1
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		L

Schedule A (Farm 990 or 990-EZ) 2015 LITTLE THEATRE OF BILOXI		64-043	5406	Page 6
Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Or				
1 . Check here if the organization satisfied the Integral Part Test as a qualifying			instructio	ns. All
other Type III non-functionally integrated supporting organizations must com	plete	e Sections A through E.		
Section A - Adjusted Net Income		(A) Prior Year	1 ' '	rent Year tional)
1 Net short-term capital gain	1			
2 Recoveries of prior-year distributions	2			
3 Other gross income (see instructions)	3			
4 Add lines 1 through 3	4			
5 Depreciation and depletion	5			
6 Portion of operating expenses paid or incurred for production or				
collection of gross income or for management, conservation, or	1			
maintenance of property held for production of income (see instructions)	6			
7 Other expenses (see instructions)	7			
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8			
Section B - Minimum Asset Amount		(A) Prior Year	1	rrent Year tional)
Aggregate fair market value of all non-exempt-use assets (see				
instructions for short tax year or assets held for part of year):	Ī			
a Average monthly value of securities	1a			
<b>b</b> Average monthly cash balances	1b			
c Fair market value of other non-exempt-use assets	1c			
d Total (add lines 1a, 1b, and 1c)	1d			
e Discount claimed for blockage or other			1	
factors (explain in detail in Part VI):	Ī			
2 Acquisition indebtedness applicable to non-exempt-use assets	2			
3 Subtract line 2 from line 1d	3			
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,				
see instructions).	4			
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5			
6 Multiply line 5 by .035	6			·
7 Recoveries of prior-year distributions	7			
8 Minimum Asset Amount (add line 7 to line 6)	8			
Section C - Distributable Amount			Curre	nt Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1			
2 Enter 85% of line 1	2			
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3			
4 Enter greater of line 2 or line 3	4			
5 Income tax imposed in prior year	5			
6 Distributable Amount. Subtract line 5 from line 4, unless subject to				
emergency temporary reduction (see instructions)	6			
7 Check here if the current year is the organization's first as a non-functionally	-inte	egrated Type III supporti	ng organiz	ation (see
instructions).				

Par	t V Type III Non-Functionally Integrated 509(a)	(3) Supporting Organi	izations (continued)	
Sec	tion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe			
2	Amounts paid to perform activity that directly furthers exem			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpos	ses of supported organiza	tions	
4	Amounts paid to acquire exempt-use assets			
_5_	Qualified set-aside amounts (prior IRS approval required)	····		
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which t	he organization is respon	sive	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2015 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
s	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
_1_	Distributable amount for 2015 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2015			
	(reasonable cause required-see instructions)			
_3_	Excess distributions carryover, if any, to 2015:			
a				
b				
<u>C</u>				
d	From 2013			
е	From 2014			
f	Total of lines 3a through e			
	Applied to underdistributions of prior years			
<u>h</u>	Applied to 2015 distributable amount			
i_	Carryover from 2010 not applied (see instructions)			
<u>_j</u>	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2015 from Section			
	D, line 7: \$			
	Applied to underdistributions of prior years			
	Applied to 2015 distributable amount			
	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2015, if			
	any. Subtract lines 3g and 4a from line 2 (if amount			
	greater than zero, see instructions).			
6	Remaining underdistributions for 2015. Subtract lines 3h			
	and 4b from line 1 (if amount greater than zero, see			
	instructions).			
7	Excess distributions carryover to 2016. Add lines 3j			
	and 4c.			
_8_	Breakdown of line 7:			
_ a				
b			<del></del>	
	Excess from 2013			
d	Excess from 2014		<u> </u>	
е	Excess from 2015		<b>‡</b>	

	rm 990 or 990-EZ) 2015 Pag	je 8
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2	2b,
•	3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)	Ξ,
	lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)	
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#### 'SCHEDULE O (Form 990 or 990-EZ)

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.

2015

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

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

Employer identification number

64-0435406 LITTLE THEATRE OF BILOXI 01. Description of other expenses (Part I, line 16) DESCRIPTION AMOUNT CONCESSION 4,835 PRODUCTION COSTS 20,223 BANK AND CREDIT CARD FEES 1,319 7,067 INSURANCE SUPPLIES 710 OFFICE EXPENSES 1,287 **OPERATIONS** 1,885 SECURITY 2,120 GIFTS AND SCHOLARSHIPS (1,745)TELEPHONE AND INTERNET 2,142 SALES TAX 1,726 PEST CONTROL 669 SPECIAL EVENTS 2,526 MISCELLANEOUS 1,059