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Department of the Treasury Internal Revenue Service

#### 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)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047 2009

Open to Public Inspection

Form 990 (2009)

7	A 1	or the 2009	alendar year, or tax year beginning 07/01	/09 , and ending 06	/30/10			
E	3 C	heck if applicable	Please C Name of organization		-		D Emplo	oyer identification number
	A	ddress change	use IRS The Peoria	Players				
ſ	٨	lame change	print or Doing Business As				<u> 37-</u>	-0460200
Г	٦,,	nitial return	type Number and street (or P O box if mail is not delive	•	\ F	loom/suite		none number
Ĺ	╡		See 4300 N. University St				309	9-688-4473
L	=	ermination	Instructions City or town, state or country, and ZIP + 4	IL 61614		<u> </u>	G Gross rece	eipts \$ 228,829
	A	mended return						
Ĺ	A	pplication pendii	F Name and address of principal officer					a group return for
						},	affiliati H(b) Are ali	affiliates 🖂 🖂
							ınclud	
-		Tax-exempt st	us X 501(c) ( 3 ) ◀ (insert no )	4947(a)(1) or 527			II ⁻NO,	" attach a list (see instructions)
-		Nebsite: ►	www.peoriaplayers.org	4947(a)(1) 01   527			H(c) Group	exemption number
1		Type of organiza		er 🕨	L Yea	r of formation	,,(e) 6/88B	M State of legal domicile IL
-			Summary		1 = .00	- Or Tormanon		in class or regar contracts 222
-			describe the organization's mission or most signific	cant activities				
			vide training for local tales					
	2		_					
	E							
	ð	2 Check	his box $ ightharpoonup$ if the organization discontinued its	operations or disposed of more	e than 25% of	its net assets		
	8	3 Numb	r of voting members of the governing body (Part V	l, line 1a)			3	18
	es	4 Numb	r of independent voting members of the governing	body (Part VI, line 1b)			4	18
	Activities & Governance		ımber of employees (Part V, line 2a)				5	2
	Act		umber of volunteers (estimate if necessary)				6	12
			oss unrelated business revenue from Part VIII, co				7a	2,003
-	_	b Net ur	elated business taxable income from Form 990-T,	line 34		Prior Year	7b	930
		8 Contri	utions and grants (Part VIII, line 1h)				,967	Current Year 18,311
	en l		n service revenue (Part VIII, line 2g)		<u> </u>		,488	182,411
	Revenue		nent income (Part VIII, column (A), lines 3, 4, and	THE FIVED			253	167
	8	11 Other	evenue (Part VIII, column (A), lines 5, 6d, 8 <del>c, 9c,</del>	Oc, and Tie)		28	,081	25,376
			venue – add lines 8 through 11 (must equal Part )	/III, column (A), rune 120			,789	226,265
-		13 Grant	and similar amounts paid (Part IX, column (A), line	3 2010 SE			500	250
			s paid to or for members (Part IX, column (A), line	4)				
	တ္က	15 Salaries, other compensation, employee benefits (Part X, column (A), lines 5–10)						58,231
	enses	16a Profes	ional fundraising fees (Part IX, column (A <del>), line 11</del>					
	Expe		ndraising expenses (Part IX, column (D), line 25)					<del></del>
	"		xpenses (Part IX, column (A), lines 11a-11d, 11f-	•	<u> </u>		,811	179,372
			openses Add lines 13–17 (must equal Part IX, col	umn (A), line 25)	-		,874	237,853
	r s	19 Rever	le less expenses Subtract line 18 from line 12			- 8 Beginning of Curre	, 085	-11,588 End of Year
	Assets or Balances	20 Total	ssets (Part X, line 16)				,539	120,136
2010	Ass 1 Ba	24 Total	ibilities (Part X, line 26)				,913	28,098
70	Net /	22 Net as	ets or fund balances Subtract line 21 from line 20			103	,626	92,038
8	Р	art II	Signature Block		_			
2			Inder penalties of perjury, I declare that I have examined t					
EC			nd belief, it is true correct, and complete. Declaration of p	reparer (other than officer) is based	on all informati	on of which prepa	irer has any	/ knowledge
DE(			x stive porword	$\omega$				111/16
$\Box$	Hei	e	Signature of officer	_			Date	
Ë			World Fresiden	<u> </u>				
SCANNED			Type or print name and title			<u> </u>	<del></del>	Preparer's identifying number
ර ර	Pai	<sub>d</sub>	reparer's It mp.		Date	Check if self-	ر ا	(see instructions)
S		parer's	ignature Steven Milish	ing	11/09/	10 employed		P00547107
		e Only	rirm's name (or yours Retzer, Gerb	<del></del>	<u>a.</u>		EIN ▶	37-1107747
			self-employed), ddress, and ZIP + 4  Decria II.				Phone	200 600 6607
	Max	the IDE dec	ddress, and ZIP + 4 Peoria, IL  uss this return with the preparer shown above? (see	61615-3718			no 🕨	X Yes No
	iviay	THE IKO UIS	iss and return with the preparer shown above? (St	E HISHUCHOHS)				X Yes No

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

	Statement of Program Service describe the organization's mission.			
Prov1	de training for loca	al talent		
the prio	organization undertake any significant pr or Form 990 or 990-EZ? " describe these new services on Schedu	ogram services during the year which were not	listed on	Yes X No
3 Did the services	organization cease conducting, or make	significant changes in how it conducts, any pro	gram	Yes X No
4 Describ Section	oe the exempt purpose achievements for a 501(c)(3) and 501(c)(4) organizations ar	each of the organization's three largest progrand section 4947(a)(1) trusts are required to reported enue, if any, for each program service reported	ort the amount of grants and	
the s	promotion and present	55,049 including grants of \$ cation of plays and drache theater and the end among its members.		182,411)
<b>4b</b> (Code.	) (Expenses \$	including grants of \$	) (Revenue \$	)
,				
4c (Code.	) (Expenses \$	including grants of \$	) (Revenue \$	)
4d Other	program services (Describe in Schedule	0)		
		ding grants of \$ )	(Revenue \$	
4e Total r	orogram service expenses <b>&gt;</b>	155,049		Form <b>990</b> (2009)

	•			Yes	No
1	is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			163	1,10
	complete Schedule A		1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?		2	Х	
3	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		3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete				
	Schedule C, Part II		4_		X
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e)		ĺ		
	notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III		5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have				
	the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes,"				
	complete Schedule D, Part I		_6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			'	
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II		7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"				
	complete Schedule D, Part III		8		X
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part				
	X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"				
	complete Schedule D, Part IV		9		<u>X</u>
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or				
	quasi-endowments? If "Yes," complete Schedule D, Part V		10		X
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI,				
	VII, VIII, IX, or X as applicable		_11	Х	
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete				
	Schedule D, Part VI				
•	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more				
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII				
•	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more				
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII				
•	Did the organization report an amount for other assets related in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX				
_	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X			ĺ	
•	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses				
•	the organization's separate of consolidated infancial statements for the tax year include a footifiote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X				
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	!			
	Schedule D, Parts XI, XII, and XIII		12		 X
12A	Was the organization included in consolidated, independent audited financial statements for the tax year?	Yes No	-12-		
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional	12A X		Ī	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		13	ļ	_X_
14a	Did the organization maintain an office, employees, or agents outside of the United States?		14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,				
	business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	:	14b		Χ
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any				
	organization or entity located outside the United States? If "Yes," complete Schedule F, Part II		15	İ	Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance				
	to individuals located outside the United States? If "Yes," complete Schedule F, Part III		16	ł	Χ
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services				
	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I		17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on				
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II		18		_X_
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			T	
	If "Yes," complete Schedule G, Part III		19		X
20_	Did the organization operate one or more hospitals? If "Yes," complete Schedule H		20	]	Χ

Form 990 (2009) The Peoria Players
Part IV Checklist of Required Schedules (continued)

	·		Yes	No
21	Qid the organization report more than \$5,000 of grants and other assistance to governments and organizations			
	in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the			i .
	United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		_X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		Χ
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines			
	24b through 24d and complete Schedule K. If "No," go to line 25	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction			
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization 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	25b	l	Х
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or			
	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor, or a grant selection committee member, or to a person related to such an individual?			
	if "Yes," complete Schedule L, Part III	27	ĺ	Χ
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete	100		
	Schedule L, Part IV	28b		Χ
С	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a			
	family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L.	ľ	İ	
	Part IV	28c		Χ
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30	ŀ	Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N.			
	Part I	31	- 1	<u>X</u>
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			<del></del>
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II,			
	III, IV, and V, line 1	34		Х
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete			
	Schedule R, Part V, line 2	35		Х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related			
	organization? If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
	Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and	<del>"</del>	+	
	19° Note All Form 990 filers are required to complete Schedule O	38	- 1	X
				<del></del> -

_Pa	irt V Statements Regarding Other IRS Filings and Tax Compliance			
	•		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of			•
	U.S. Information Returns. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b	1		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable	1		
	gaming (gambling) winnings to prize winners?	1c		Х
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	<u> </u>		
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 2			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see			
	instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by			
	this return?	3a	Х	
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	X	
4a	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)?	4a		Χ
b	If "Yes," enter the name of the foreign country			
	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank			
	and Financial Accounts			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding			
	Prohibited Tax Shelter Transaction?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a	]	_X_
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		_X_
d	If "Yes," indicate the number of Forms 8282 filed during the year		İ	
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal		-	
	benefit contract?	7e		_ <u>X</u> _
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		<u>X</u>
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		<u>X</u>
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as			
_	required?	7h		X
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting			
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring		1	
_	organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
a	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations Enter			
a b	Initiation fees and capital contributions included on Part VIII, line 12  Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  10b			
11	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  Section 501(c)(12) organizations. Enter			
ii a			ļ	
a b	Gross income from members or shareholders  Gross income from other sources (Do not net amounts due or paid to other sources against		1	
	amounts due or received from them )		ĺ	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	122	ļ	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	12a	<del>   </del>	
	12D	<u> </u>		

37-0460200 Page 6 Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Section A. Governing Body and Management Yes No Enter the number of voting members of the governing body 1a 18 Enter the number of voting members that are independent 1b 18 h 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with Χ any other officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct 3 supervision of officers, directors or trustees, or key employees to a management company or other person? 3 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? 4 5 Did the organization become aware during the year of a material diversion of the organization's assets? 5 Does the organization have members or stockholders? 6 6 7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? 7a Are any decisions of the governing body subject to approval by members, stockholders, or other persons? b 7b Did the organization contemporaneously document the meetings held or written actions undertaken during 8 the year by the following а The governing body? 8a Χ b Each committee with authority to act on behalf of the governing body? 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached 9 at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O 9 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No X 10a Does the organization have local chapters, branches, or affiliates? 10a If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? 10b Has the organization provided a copy of this Form 990 to all members of its governing body before filing the 11 form? 11 Describe in Schedule O the process, if any, used by the organization to review this Form 990 Does the organization have a written conflict of interest policy? If "No," go to line 13 12a Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe in Schedule O how this is done 12c Does the organization have a written whistleblower policy? 13 13 Does the organization have a written document retention and destruction policy? 14 14 Did the process for determining compensation of the following persons include a review and approval by 15 independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official 15a Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement X with a taxable entity during the year? 16a If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate \_its participation in\_joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? 16b Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed > Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply Own website | Another's website | X Upon request Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest 19 policy, and financial statements available to the public State the name, physical address, and telephone number of the person who possesses the books and records of the 20 organization > Sherry Haschke 4300 N. University St. Peoria IL 61614 309-688-4473

## Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

#### Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
  - List all of the organization's current key employees See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

  List persons in the following order individual trustees or directors; institutional trustees, officers, key employees, highest compensated employees; and former such persons.

(A) Name and Title	(B) Average	Pos	ition (	(Chec		hat aj	(vlar	(D) Reportable	(E) Reportable	(F) Estimated
, and and the	hours per week	or director		Officer				compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
Steve Bortolotti										
President		X	L.,	X	L_			0	0	0
Howard Gorman		1			ļ	İ				
Vice Pres.		X		Х	_	L		0	0	0
Bıll Murphy										
Secretary		X	<u> </u>	X	<u>L</u>	<u> </u>	<u> </u>		0	0
Katie McLuckie										
Treasurer		X		X	L_			0	0	0
Jim Babrowski										
Director		X		Х	_			0	0	0
Ryan Campen		1								
Director		X	_	<u> </u>				0	0	0
Barbara Couri		1			}					
Director		X		ļ				0	0	0
Nate Downs										
Director		X						0	0	0
Paula Graves	•			l						
Director		X	L.	ļ				0	0	0
Ken Hupp										
Director		X	_	L.	<u> </u>			0	0	0
Lias Jeans						Ì				
Director		X	L.		L_	<u> </u>		0	0	0
Charles Killen		1			Ì					
Director		X	_	<u> </u>		<u> </u>		0	0	0
Jerry Klein		ì				ŀ				
Director		X	_		<u> </u>	<b>.</b>			0	0
David Miller					ŀ					
Director	<u> </u>	X	_		L			0	0	0
Steve Montez										
Director		X	<u> </u>		<u> </u>			0	0	0
Mike Reams										
Director	<u> </u>	X			<u> </u>		_	0	0	0
Jimmy Ulrich										
Director DAA	L	X	L	L	l	1		0	0	0

(A)	(B)			((	C)			(D)	(E)		(F)	
Name and Title	Average hours per week	or director	_	Officer	Xey employee	m Highest compensated employee			Reportable compensation from related organizations (W-2/1099-MISC)	con f orç ar	stimated mount of other npensation from the ganization nd related ganization	n I
Jim Wilhelm Director		Х						0	0			
Director		-		-				0	0			0
	_											
<ul><li>1b Total</li><li>2 Total number of individuals (included)</li></ul>	duding but not lim	utod	to the	000 1	listor	d aba	<b>&gt;</b>	who recoved more than \$10	20,000 in			
reportable compensation from t			0			auc	vej	who received more than \$10		- · <u>.                                    </u>		
3 Did the organization list any for employee on line 1a? If "Yes," of							loye	ee, or highest compensated			Ye.	s No X
For any individual listed on line the organization and related organization and related organization.	ganızatıons great	er th	an \$	150,0	0002	lf "Y	es,"	complete Schedule J for su			4	Х
5 Did any person listed on line 1a services rendered to the organi											5	х
Section B. Independent Contractor  Complete this table for your five	e highest comper	nsate	d ind	lepei	nder	nt cor	trac	ctors that received more than	n \$100,000 of			
compensation from the organiz	(A) business address							Descript	(B) non of services		(C) Compen	 Isation
Total number of independent or more than \$100,000 in compen						to th	ose	listed above) who received			0	
DAA											Form 99	(2009)

<u>Pa</u>	rt VI	II Statement of	Revenue		1			
-	•	- ,			(A) Total revenue	(B) Related or exempt function	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 513, 513, or 514
(0, (0)	4-	F. deseted company	14-1			revenue	<del></del>	512, 513, or 514
ants		Federated campaigns	1a		┥			
g o		Membership dues	1b	_ <del></del>	-			
ifts		Fundraising events	1d		-			
nig Bia		Related organizations  Government grants (contributions)			┪ :			
Sic		All other contributions, gifts, grants			-			
her	'	and similar amounts not included a		18,311				
	_	Noncash contributions included in				Ì		
Contributions, gifts, grants	•	Total. Add lines 1a–1f	illies 18-11 4	, •	18,311			
		Totally tod lines 1d 11		Busn. Code				
Program Service Revenue	2a	Ticket Sales			172,275	172,275		<del></del>
Rev	b	Costume rentals			6,516	6,516		
<u>e</u> .	c	Awards Income			2,190	2,190		
ē	d	Membership Dues	1		1,430	1,430		
Ē	е	<u>r</u>						
g	f	All other program service	e revenue					
2	g	Total. Add lines 2a-2f		<u> </u>	182,411			
	3	Investment income (incli	uding dividend	s, interest, and				
		other similar amounts)		<b>&gt;</b>	167			167
	4	Income from investment	t of tax-exempt	bond proceeds				
	5	Royalties	. ,	<u> </u>				<del></del>
		(1	ı) Real	(II) Personal				
1	6a	Gross Rents	10,190					
1	b	Less rental exps			-			
	С	Rental inc or (loss)	10,190		_			
		Net rental income or (los		<u> </u>	10,190			10,190
	, a	sales of assets (i) S	Securities	(II) Other	_			
		other than inventory			-			
	b	Less cost or other						
		basis & sales exps			-i			
		Gain or (loss)			-			
		Net gain or (loss)		<u></u>				
en	ва	Gross income from fundrais	sing events					
le)		(not including \$	tino to				1	
Re		of contributions reported on See Part IV, line 18		7,756				
Other Revenu		Less direct expenses	a b	1,880	~			
ᅙ		Net income or (loss) from			5,876			5,876
		Gross income from gaming	- [		1 3,070			3,0,0
	34	See Part IV, line 19	a	2,058	3		1	
	h	Less. direct expenses	ь	24	<b>-</b>			
	l	Net income or (loss) from			2,034			2,034
	ı	Gross sales of inventory						
	Ì	returns and allowances	a	986	5			
	b	Less. cost of goods sold	F	660	_			
		Net income or (loss) from	_	entory	326			326
		Miscellaneous F		Busn Code				
	11a	Concessions			3,051			3,051
	b	Program Acknowle	dgments	54180	2,003		2,003	
	С	Miscellaneous In	-		1,896			1,896
	d	All other revenue						
	e	Total. Add lines 11a-11	ld	•	6,950			
	12	Total Revenue. See ins	structions.	<u> </u>	226,265	182,411	2,003	23,540
		<del>-</del>						Form 990 (2009)

#### Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

	All other organizations must				· ·
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in				
	the U.S. See Part IV, line 22	250	250		
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	U.S. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				-
-	trustees, and key employees		ĺ		
6	Compensation not included above, to disqualified			<del>-</del> <del>-  </del>	
,	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	54,034		54,034	
8	Pension plan contributions (include section 401(k)	34,034		54,034	
o	, , , , , , , , , , , , , , , , , , , ,		1		
	and section 403(b) employer contributions)				
9	Other employee benefits	4,197		4 100	
10	Payroll taxes	4,19/		4,197	
11	Fees for services (non-employees)	[			
a	Management				
b	Legal	2 000		2 000	<del></del>
C	Accounting	2,800		2,800	
d	Lobbying				
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other				<del>-</del>
12	Advertising and promotion	226	226		
13	Office expenses				
14	Information technology				
15	Royalties		10 ===		<del></del>
16	Occupancy	12,770	12,770		
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	_			
19	Conferences, conventions, and meetings				
20	Interest				<del> </del>
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	16,590	16,088	502	
23	Insurance				
24	Other expenses Itemize expenses not	[			
	covered above (Expenses grouped together				
	and labeled miscellaneous may not exceed				
	5% of total expenses shown on line 25 below.)				
а	Production expenses	93,356	93,356		
b	Utilities	22,037	22,037		
С	Supplies	6,055		6,055	
d	Bank charges	4,773		4,773	
е	Repairs and maintenance	4,170	4,170		
f	All other expenses	16,595	6,152	10,443	
25	Total functional expenses. Add lines 1 through 24f		155,049	82,804	
26	Joint costs. Check here ▶ ☐ If following			· · · · · · · · · · · · · · · · · · ·	
	SOP 98-2 Complete this line only if the				
	organization reported in column (B) joint costs from a combined educational campaign and				
	fundraising solicitation			i	
DAA				<del></del>	Form 990 (2009

_P	art X	Balance Sheet					
		•			(A)		(B)
					Beginning of year		End of year
	1	Cash—non-interest bearing				1	
	2	Savings and temporary cash investments	33,122	2	42,235		
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			2,792	4	822
	5	Receivables from current and former officers, directors, tru	ustees, key				-
		employees, and highest compensated employees. Comple	ete Part II of				
		Schedule L				5	
	6	Receivables from other disqualified persons (as defined un	nder section				
		4958(f)(1)) and persons described in section 4958(c)(3)(B	) Complete				
/۵		Part II of Schedule L		6			
ssets	7	Notes and loans receivable, net			7		
SS	8	Inventories for sale or use			_	8	
⋖	9	Prepaid expenses and deferred charges			23,626	9	16,928
	10a	Land, buildings, and equipment cost or	1		-		
		other basis Complete Part VI of Schedule D	10a 2	249,977			
	b	Less accumulated depreciation	10b 1	90,614	75,950	10c	59,363
	11	Investments—publicly traded securities				11	
	12	Investments—other securities See Part IV, line 11				12	
	13	Investments—program-related See Part IV, line 11			13		
	14	Intangible assets				14	
	15	Other assets See Part IV, line 11			1,049	15	788
	16	Total assets. Add lines 1 through 15 (must equal line 34)			136,539	16	120,136
	17	Accounts payable and accrued expenses			6,037	17	2,003
	18	Grants payable				18	
	19	Deferred revenue			19		
	20	Tax-exempt bond liabilities			20		
es	21	Escrow or custodial account liability Complete Part IV of S	Schedule D			21	
Liabilities	22	Payables to current and former officers, directors, trustees	s, key		•		
abi		employees, highest compensated employees, and disqual	lified				
		persons Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrelated third p	parties			23	
	24	Unsecured notes and loans payable to unrelated third part	ties			24	
	25	Other liabilities Complete Part X of Schedule D			26,876	25	26,095
	26	Total liabilities. Add lines 17 through 25			32,913	26	28,098
Balances		Organizations that follow SFAS 117, check here ▶ X	and				
n c		complete lines 27 through 29, and lines 33 and 34.					
<u>a</u>	27	Unrestricted net assets			103,626	27	92,038
8	28	Temporarily restricted net assets		}		28	
Fund	29	Permanently restricted net assets				29	
屲		Organizations that do not follow SFAS 117, check here	e ▶				
ō		and complete lines 30 through 34.					
şţs	30	Capital stock or trust principal, or current funds		}		30	
386	31	Paid-in or capital surplus, or land, building, or equipment fu		-		31	
Ä	32	Retained earnings, endowment, accumulated income, or o	other funds	-	100 000	32	22 25 -
Net Assets or	33	Total net assets or fund balances		-	103,626	33	92,038
_	34	Total liabilities and net assets/fund balances		<u> </u>	136,539	34	120,136

Form 990 (2009)

Pa	IT XI Financial Statements and Reporting			
			Yes	No
1	Accounting method used to prepare the Form 990.			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in			
	Schedule O.	ĺ		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a	Х	
b	Were the organization's financial statements audited by an independent accountant?	2b		Χ
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of			
	the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in			
	Schedule O			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were		' l	
	issued on a consolidated basis, separate basis, or both			
	Separate basis Consolidated basis Both consolidated and separate basis			
3а	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in			
	the Single Audit Act and OMB Circular A-133?	3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the			
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3ь		

#### 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.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

The Peoria Players

Employer identification number

			The Peorta P	layers					3/	-046	0200			
Pa	ırt l	Reaso	on for Public Charity S	Status (All organizations	must co	omplete	this p	art.) S	ee ins	tructio	ons.			
he (	orgar	nization is not a	a private foundation because	it is. (For lines 1 through 11, che	ck only or	ne box )								
1		A church, con	vention of churches, or asso-	ciation of churches described in	section 1	70(b)(1)( <i>A</i>	A)(i).							
2	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E)													
3	A hospital or a 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													
_	لـــا	section 170(b)(1)(A)(ıv). (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													
•														
8	described in section 170(b)(1)(A)(vi). (Complete Part II.)  A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)													
9	X	-		more than 33 1/3 % of its suppo		ntributions	s memb	ershio fe	es and	1 aross				
•	لنا	-	•	t functions—subject to certain ex						_				
		•	·	unrelated business taxable inco						, 113				
		• •	<del>-</del>	, 1975. See section 509(a)(2). (0			i r taxy ii	om baon	100000					
10	$\Box$		<del>-</del>	clusively to test for public safety			a)/4)							
11	H	_	•	clusively for the benefit of, to pe				carry ou	it the					
• •	Ш	•	•	d organizations described in sect				•		tion				
		•		e type of supporting organization										
		a Type		c Type III–Functiona			и [	一 T	e III–Oti	her				
e		<u></u>		nization is not controlled directly	, ,		or more							
-	LJ	-		nd other than one or more public						ction				
		•	ection 509(a)(2)	na care anan cre cr mere passa	., осрро.	or organi								
f				mination from the IRS that it is a	Type I Ty	ne II or T	vne III s	upportin	a					
'		•	check this box	imades from the five that it is a	1, pc 1, 1,	po 11, 01 1	, pc s	арропин	9					
_		<del>-</del>		on accepted any gift or contribution	on from a	ny of the							Ш	
g		following per	_	on accepted any gire or comments	on nom a	iy or the								
				ntrols, either alone or together wil	th nareons	describe	id in (ii)					Yes	No	
			pelow, the governing body of		in persons	o describe	.u ()				11g(ı)	+	1.10	
		• •	member of a person describe								11g(ı)		<del> </del>	
		• • •	ontrolled entity of a person de	* *									<del>                                     </del>	
<b>L</b>			ollowing information about the								[11g(ıi	И	Ь	
<u>h</u>	Nom	e of supported		(iii) Type of organization	(ny) is the c	rganization	(v) Did v	ou notify	(10)	s the	(vu) An	nount of		
w		ganization	(n) EIN	(described on lines 1–9	1 ' '	sted in your		nization in	organizal			port		
				above or IRC section	governing	document?	col (I)	of your oort?		zed in the S ?				
			,	(see instructions) )	Yes	No	Yes	No	Yes	No				
	-	<del></del>			100	110	105	110		"				
							İ							
					Ì			,						
					<del> </del>		ļ <u>.</u>		-					
					1			i						
					+		<del></del>			<del>  </del>				
					ļ						·····			
								ĺ						

Pa	art II Support Schedule for Or	ganizations De	escribed in Sec	tions 170(b)(	1)(A)(iv) and 17	70(b)(1)(A)(vi)	
	(Complete only if you che	ecked the box of	on line 5, 7, or 8	3 of Part I.)			
	tion A. Public Support						
Ca	lendar year (or fiscal year 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 any "unusual grants")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization 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			-			
Sec	tion B. Total Support						
Ca	lendar year (or fiscal year beginning in) 🕨	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
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 11	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 12	Total support Add lines 7 through 10					140	<del></del>
12 13	Gross receipts from related activities, etc. (s First five years. If the Form 990 is for the c		accord third fourth	or fifth toy your	o o o o o o o o o o o o o o o o o o o	12	<del></del>
13	organization, check this box and stop here		secona, mira, tourta	, or fifth tax year a	is a section 501(c)(.	3)	▶ □
Sec	tion C. Computation of Public Su		ge				
14	Public support percentage for 2009 (line 6,	·	<del></del>	<u> </u>		14	%
15	Public support percentage from 2008 Sched		-	,,		15	<u> </u>
16a	33 1/3 % support test—2009. If the organi			and line 14 is 33	1/3 % or more, che		
	and stop here. The organization qualifies a				, -		▶ □
b	33 1/3 % support test—2008 If the organi		•	16a, and line 15	ıs 33 1/3 % or more	, check this	, (
	box and stop here. The organization qualifi				•		▶ 🗀
17a	10%-facts-and-circumstances test—2009	. If the organization	did not check a bo	x on line 13, 16a,	or 16b, and line 14	ıs 10% or	
	more, and if the organization meets the "fac						
	organization meets the "facts-and-circumsta	ances" test. The org	anization qualifies a	s a publicly supp	orted organization		▶ □
b	10%-facts-and-circumstances test-2008	3. If the organization	did not check a bo	x on line 13, 16a,	16b, or 17a, and lin	e 15 is 10% or	
	more, and if the organization meets the "fac	ts-and-circumstanc	es" test, check this	box and <b>stop he</b> r	e. Explain in Part IV	how the	
	organization meets the "facts-and-circumsta	ances" test. The org	anization qualifies a	is a publicly supp	orted organization		▶ 🔲
18	Private foundation. If the organization did	not check a box on	line 13, 16a, 16b, 1	7a, or 17b, check	this box and see in	structions	▶ ∐
	<del></del>						

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.)

Sec	tion A. Public Support						
Cal	lendar year (or fiscal year 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 any "unusual grants")	27,103	19,460	16,167	25,762	18,311	106,803
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	199,294	232,153	242,602	201,864	182,411	1,058,324
3	Gross receipts from activities that are not an unrelated trade or business under section 513					4,037	4,037
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	226,397	251,613	258,769	227,626	204,759	1,169,164
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		ŀ				
	exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6)	_					1,169,164
	tion B. Total Support		<del></del>				
Cal	lendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9	Amounts from line 6	226,397	251,613	258,769	227,626	204,759	1,169,164
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	11,740	10,187	11,956	12,163	10,357	56,403
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b	11,740	10,187	11,956	12,163	10,357	56,403
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on					10,736	10,736
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)				3		
13	Total support. (Add lines 9, 10c, 11,		İ				
	and 12)	238,137	261,800	270,725	239,789	225,852	1,236,303
14	First five years. If the Form 990 is for the organization, check this box and stop here	-	econd, third, fourth	, or fifth tax year as	s a section 501(c)(	3)	▶ □
Sec	tion C. Computation of Public Sur		ae				
15	Public support percentage for 2009 (line 8,	·		<u> </u>		15	94 57 %
16	Public support percentage from 2008 Scheo	• • • • • • • • • • • • • • • • • • • •	• •	,,		16	95 60 %
	tion D. Computation of Investmen					1 19 1	25 00 70
17	Investment income percentage for 2009 (lin			lumn (f))	<del></del>	17	5 <b>%</b>
18	Investment income percentage from 2008 S	• • •	•			18	4 %
19a	33 1/3 % support tests—2009. If the organ			4, and line 15 is mo	ore than 33 1/3 %		
b	17 is not more than 33 1/3 %, check this bo 33 1/3 % support tests—2008. If the organ	x and stop here. Th	ne organization qua	alifies as a publicly	supported organiza	ation	<b>▶</b> 🗓
b	line 18 is not more than 33 1/3 %, check this						<b>&gt;</b> []
20	Private foundation. If the organization did	not check a box on	line 14, 19a, or 19t	o, check this box ar	nd see instructions		▶ □

Schedule A (Form 990 or 990-EZ) 2009 The Peoria Players 37-0460200

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 D** (Form 990)

Department of the Treasury Internal Revenue Service

# Supplemental Financial Statements ▶ Complete if the organization answered "Yes," to Form 990,

Part IV, line 6, 7, 8, 9, 10, 11, or 12

► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047 Open to Public

Inspection

Name	of the organization	E	Employer identification number
de l	ne Peoria Players		37-0460200
	rt I Organizations Maintaining Donor Advised Fun the organization answered "Yes" to Form 990, F	ds or Other Similar Funds or Acco	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in writing that the	he assets held in donor advised	
	funds are the organization's property, subject to the organization's exclus	sive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor advisors in w	riting that grant funds can be	
	used only for charitable purposes and not for the benefit of the donor or o	donor advisor, or for any other	
	purpose conferring impermissible private benefit?		Yes No
Pa	rt II Conservation Easements. Complete if the orga	nization answered "Yes" to Form 9	90, Part IV, line 7
1	Purpose(s) of conservation easements held by the organization (check a	II that apply)	
	Preservation of land for public use (e.g., recreation or pleasure)	Preservation of an historically import	ant land area
	Protection of natural habitat	Preservation of certified historic strue	cture
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualified conserva-	ation contribution in the form of a conservation	า
	easement on the last day of the tax year		
			Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic structure include	ded in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06	3	2d
3	Number of conservation easements modified, transferred, released, extin	nguished, or terminated by the organization du	uring
	the taxable year		
4	Number of states where property subject to conservation easement is loc	cated <b>&gt;</b>	
5	Does the organization have a written policy regarding the periodic monitor	oring, inspection, handling of	
	violations, and enforcement of the conservation easements it holds?		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, and enforcing	g conservation easements during the year	
7	Amount of expenses incurred in monitoring, inspecting, and enforcing con-	nservation easements during the year	
	▶\$ <u> </u>		
8	Does each conservation easement reported on line 2(d) above satisfy the	e requirements of section	n. n.
	170(h)(4)(B)(ı) and section 170(h)(4)(B)(ıı)?		Yes No
9	In Part XIV, describe how the organization reports conservation easemer		
	balance sheet, and include, if applicable, the text of the footnote to the or the organization's accounting for conservation easements	ganization's financial statements that describe	es
	Int III Organizations Maintaining Collections of Art, H	distorical Treasures or Other Sim	ilar Accete
	Complete if the organization answered "Yes" to		
1a	If the organization elected, as permitted under SFAS 116, not to report in	its revenue statement and balance sheet wo	rks of
	art, historical treasures, or other similar assets held for public exhibition,	education, or research in furtherance of public	c service,
	provide, in Part XIV, the text of the footnote to its financial statements that	at describes these items	
b	If the organization elected, as permitted under SFAS 116, to report in its	revenue statement and balance sheet works	of art,
	historical treasures, or other similar assets held for public exhibition, educ	cation, or research in furtherance of public se	rvice,
	provide the following amounts relating to these items		
	(i) Revenues included in Form 990, Part VIII, line 1		<b>&gt;</b> \$
	(II) Assets included in Form 990, Part X		<b>* - - - - - -</b>
2	If the organization received or held works of art, historical treasures, or o	ther similar assets for financial gain, provide t	he
	following amounts required to be reported under SFAS 116 relating to the	ese items	
а	Revenues included in Form 990, Part VIII, line 1		<b>&gt;</b> \$
b	Assets included in Form 990, Part X		<b>▶</b> \$

4 Descri	be in Part XIV the intended uses of	the organization's endowment fun	ds		
Part VI	Investments—Land, Bu	ildings, and Equipment. S	See Form 990, Part X,	line 10.	
	Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land					
<b>b</b> Buildin	gs				
<b>c</b> Leasel	hold improvements				
<b>d</b> Equipr	nent		249,977	190,614	59,363
e Other					
Total. Add In	nes 1a through 1e (Column (d) mus	t equal Form 990, Part X, column	(B), line 10(c))	<b>&gt;</b>	59.36

Schedule D (Form 990) 2009

Part VII Investments—Other Securities. See Form 99	0, Part X, line 12.	
(a) Description of security or category	(b) Book value	(c) Method of valuation
(including name of security)		Cost or end-of-year market value
Financial derivatives		
Closely-held equity interests		
Other		
_ <del> </del>		
<del> </del>		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)		
Part VIII Investments—Program Related. See Form 99	00. Part X. line 13.	
(a) Description of investment type	(b) Book value	(c) Method of valuation
		Cost or end-of-year market value
	-	
Total (Column (b) must equal Form 990, Part X, col. (B) line 13 )		
Part IX Other Assets. See Form 990, Part X, line 15.		
(a) Description		(b) Book value
(4) - 3 - 3 - 3 - 3 - 3 - 3 - 3 - 3 - 3 -		(D) BOOK VAIDE
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	•	
		· · · · · · · · · · · · · · · · · · ·
Total. (Column (b) must equal Form 990, Part X, col (B) line 15)		<b>•</b>
Part X Other Liabilities. See Form 990, Part X, line 2	75	
1 (a) Description of liability	(b) Amount	
Federal income taxes	1,	
Deferred income	25,260	
Accrued wages	622	
Accrued Federal Income Tax	140	
Accrued State Income Tax	73	
Mediaca Deate Hitome Tax	13	
	<del></del>	
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T-1-1 (O.) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1	06.005	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25 )		
2. FIN 48 Footnote In Part XIV, provide the text of the footnote to the organ	ization's financial statements that	reports the
organization's liability for uncertain tax positions under FIN 48		

Sche	dule D (Form 990) 2009 The Peoria Players		37-046020		Page 4
Pa	rt XI Reconciliation of Change in Net Assets from Form 990 to	Audit	ed Financial Statem	ents	
1	Total revenue (Form 990, Part VIII, column (A), line 12)			1	
2	Jotal expenses (Form 990, Part IX, column (A), line 25)			2	
3	Excess or (deficit) for the year Subtract line 2 from line 1			3	
4	Net unrealized gains (losses) on investments			4	
5	Donated services and use of facilities			5	
6	Investment expenses			6	
7	Prior period adjustments			7	
8	Other (Describe in Part XIV.)			8	
9	Total adjustments (net) Add lines 4 through 8			9	
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9			10	<u> </u>
Pa	rt XII Reconciliation of Revenue per Audited Financial Statemen	<u>nts W</u>	ith Revenue per Ret	urn	<del></del>
1	Total revenue, gains, and other support per audited financial statements			1_	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		1		
а	Net unrealized gains on investments	2a			
b	Donated services and use of facilities	2b	<del> </del>		
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV )	_2d		,	
е	Add lines 2a through 2d			2e	
3	Subtract line 2e from line 1	1	İ	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		l i	
b	Other (Describe in Part XIV )	4b			
С	Add lines 4a and 4b			4c	
5	Total revenue Add lines 3 and 4c (This must equal Form 990, Part I, line 12)			5	L
	rt XIII Reconciliation of Expenses per Audited Financial Stateme	nts V	Vith Expenses per R	eturn	1
1	Total expenses and losses per audited financial statements			1	<u> </u>
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	1 1			
a	Donated services and use of facilities	2a		l	
b	Prior year adjustments	2b			
С	Other losses	2c			
đ	Other (Describe in Part XIV )	2d			
_	Add lines 2a through 2d			2e	
3	Subtract line 2e from line 1	1 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				· I
	Investment expenses not included on Form 990, Part VIII, line 7b	4a			1
	Other (Describe in Part XIV )	4b	····-		1
	Add lines 4a and 4b			4c	<del></del>
	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)  rt XIV Supplemental Information			5	<del></del>
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines	10 00 d	4. Dort IV. Jones 4h		<del></del>
	b, Part V, line 4, Part X, line 2, Part XI, line 8; Part XII, lines 2d and 4b, and Part XIII, lines 3				
	o, Fart V, lille 4, Fart X, lille 2, Fart XI, lille 6, Fart XII, lilles 2d and 40, and Fart XIII, lilles 2 art to provide any additional information	20 and	40 Also complete		
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#### **SCHEDULE O**

(Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

#### Supplemental Information to Form 990

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information. Attach to Form 990.

2009 Open to Public Inspection

OMB No 1545-0047

The Peoria Players

Employer identification number 37-0460200

Form 990, Part VI, Line 11A - Organization's Process to Review Form 990 The President and Treasurer review the form 990.

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation No documents available to the public

37-0460200	Federal Stat	ements								
Taxable Interest on Investments										
•		Unrelated	Exclusion	Postal	Acquired afte					
Description	Amount	Business Code		Code	Acquired afte 6/30/75					
Interest Total	\$ 167 \$ 167		14							
Total	Ψ <u>107</u>									