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Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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

Openito Public

<u>A</u> _	For the	2011 calen	dar year, or tax year beginning $8/01$, 2011, and ending	7/31	, 2012	
В	Check if a	applicable	C	D Emplo	yer Identification Number	er
	Addr	ess change	THE PEACOCK PLAYERS, INC	04-	-3707634	
	\vdash	e change	14 COURT STREET		none number	
	\vdash	•	NASHUA, NH 03060	l '		
	Initia	ai return	·		3-889-2330	
	Term	nınated				
	Ame	nded return		G Gross	receipts \$ 32	23,902.
	Appl	lication pending	F Name and address of principal officer H((a) is this a group retu	ırn for affiliates?	Yes X No
		, -	Same As C Above	(b) Are all affiliates inc	cluded?	Yes No
$\overline{}$	Tay ay	empt status	X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527	If 'No,' attach a list	t (see instructions)	
'- -					_	
<u>၂</u>	Webs	site: > ww		(c) Group exemption r		
<u>K</u> _		of organization	X Corporation Trust Association Other L Year of Formation	<u> 2002 M</u>	State of legal domicile	NH
Pa		Summar				
	1 B	Briefly descri	be the organization's mission or most significant activities TO PROMOTI	E AND ENCOU	JRAGE AN INT	EREST
•			NDERSTANDING OF THE LITERARY AND THEATRICAL ART			
ě		YOUTH.				
Ę	_					
ē	2 -	heck this bo	ox I if the organization discontinued its operations or disposed of more		not assets	
တိ			oting members of the governing body (Part VI, line 1a)	5 than 2576 of its	3	9
ళ			dependent voting members of the governing body (Part VI, line 1b)		4	<u>`</u>
<u>.</u>	ŀ		of individuals employed in calendar year 2011 (Part V, line 2a)		5	9 9 8
₹	1		of volunteers (estimate if necessary)		6	0
Activities & Governance	1		ed business revenue from Part VIII, column (C), line 12		7a	0.
			business taxable income from Form 990-T, line 34		7 b	0.
_	D 1	vet unrelated	d business taxable income from Form 950-1, fille 34	5: 1/		
				Prior Year		
ø.			and grants (Part VIII, line 1h)			12,008.
Revenue	1	•	rice revenue (Part VIII, line 2g)	237,		84,128.
Š			ncome (Part VIII, column (A), lines 3, 4, and 7d)		29.	32
ď			e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			24,237.
	12 T	otal revenue	e – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	256,	691. <u>3</u>	20,405.
	13	Grants and s	ımılar amounts paid (Part IX, column (A), lines 1-3)	1,	500.	1,600.
	14 E	Benefits paid	to or for members (Part IX, column (A), line 4)			
	l .	•	er compensation, employee benefits (Part IX, column (A), lines 5-10)	113,	726 1	02,014.
9			· · · · · · · · · · · · · · · · · · ·	1107	750.	02/011.
Expenses	16a ⊦	rotessional	fundraising fees (Part IX, column (A), line-1-le)	5 est 1 . 1 . 136 = 1 2	=10 to 1 to 2 to 1 to 1 to 1 to 1 to 1 to 1	3) * Z-m-107 J
g.	b⊺	otal fundra	sing expenses (Part IX, column (D), line 25)RECEIVED	原語運業に対		持有可以,
Ω	1	N 1 1	/D (V /A) 1.1 - 1.1 -	145,	253.	70,508.
	18 T	ntal expens	es Add lines 13-17 (must equal Paricia, cf) (A), line 25) (C) (S) expenses Subtract line 18 from line 12	260,		74,122.
	19 F	Powonije lesi	es Add lines 13-17 (must equal Partick, column (A), line 25)			46,283.
		teveriue ies				
9 OF	l .		OCDEN.	Beginning of Curre		
Net Assets Fund Baland	l .		(Part X, line 16) S (Part X, line 26)	104,		50,874.
Ž,	21 T	otal liabilitie	s (Part X, line 26)		0.	<u> </u>
ž	22 N	Net assets of	fund balances Subtract line 21 from line 20	104,	591. 1	50,874.
P	ittll 🎉	Signatui	e Block			
_				e hest of my knowledg	ne and belief it is true or	orrect and
con	npiete De	claration of prep	leclare that I have examined this return, including accompanying schedules and statements, and to the arer (other than officer) is based on all information of which preparer has any knowledge		,o and boiler, it is true, or	orrect, and
		19	al CURAMINE	12/2	3/12	
c :		Signati	re of officer	Date	410-	
Sig	gn	1	-AIL ChatANOUITZ			
He	ere	Tube 2	r print name and title			
		Print/Type (preparer's name Repayer's signature Date	3 Check	If PTIN	
Pa	id	JEFFREY	H. DITMAN, MST, CPA DEC 0	3 2012 _{self-emplo}	yed P00081736	5
	eparei					
	e Only	ا م			▶ 04-3382963	/
-		Firm's addr				
_			Nashua, NH 03063	Phone no	(603) 595-800	
Ma	v the iR	ks discuss th	nis return with the preparer shown above? (see instructions)		X Yes	No

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

Form 990 (2011)

	990 (2011) THE PEACOCK PLAYERS, INC		04-37	07634	Page 2
Par	福川麓 Statement of Program Service Accomp	olishments			_
	Check if Schedule O contains a response to any	question in this Part III			
1	Briefly describe the organization's mission TO PROMOTE AND ENCOURAGE AN INTERE THEATRICAL ARTS AMONG AREA CHILDRE		DING OF THE LITERA	ARY AND	
2	Did the organization undertake any significant program Form 990 or 990-EZ? If 'Yes,' describe these new services on Schedule O	services during the year which	were not listed on the prior	Yes X] No
3	Did the organization cease conducting, or make signific	eant changes in how it conducts	any program services?	☐ Yes X	No
•	If 'Yes,' describe these changes on Schedule O	ant changes in now it conducts	s, any program services.	_ ies K	j No
4	Describe the organization's program service accomplish Section 501(c)(3) and 501(c)(4) organizations and section others, the total expenses, and revenue, if any, for each section of the	on 4947(a)(1) trusts are require	gest program services, as med to report the amount of g	easured by exprants and alloca	enses tions to
4 a	(Code) (Expenses \$ 242,673. EXPENSES INCURRED IN PROVIDING THE PERFORMING ARTS INSTRUCTION TO ARE	ATRICAL PERFORMANCE:) (Revenue S BY AREA YOUTH AN	D OFFERING	
	(O-1- *********		`		
4 b	(Code) (Expenses \$	_ including grants of \$) (Revenue	\$)
				- 	
				 -	
40	(Code (Expenses \$	_ including grants of \$) (Revenue	\$)
4 d	d Other program services (Describe in Schedule O)	.			
	(Expenses \$ including gran) (Revenue \$)_	
<u>4e</u>	e Total program service expenses ► 242	,673.			

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A.	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		X
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, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II	_4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which 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 temporarily restricted endowments, permanent endowments, or quasi-endowments? If 'Yes,' complete Schedule D, Part V	10		<u>X</u>
11	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		<i>j</i> , o-	
а	Did the organization report an amount for land, buildings and equipment in Part X, line 10° If 'Yes,' complete Schedule D, Part VI	11 a	Х	
b	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	11 b		X
c	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	11 c		<u>X</u>
	Did the organization report an amount for other assets 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	11 d		X
	Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e		<u>X</u>
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X	11 f		X
	Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII	12a		<u>X</u>
	Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		Х
	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		<u>X</u>
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		<u>X</u>
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If 'Yes,' complete Schedule F, Parts I and IV	14b		_ <u>x_</u>
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, Parts II and IV	15		X
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, Parts III and IV	16		_X_
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 (see instructions)	17		<u>X</u>
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
	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III.	19		<u>X</u>
20 a	aDid the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20		<u>X</u>
b	olf 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20 b		

04-3707634 THE PEACOCK PLAYERS, INC Page 4 Form 990 (2011) Checklist of Required Schedules (continued) No Yes Did 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 Х Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 27 If 'Yes,' complete Schedule I, Parts I and III 22 Х 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 Х 23 **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, and that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No, 'go to line 25 Х 24a b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b c 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 24d d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year? 25 a 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 Х 25 a 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 25b X Schedule L. Part l 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 X Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *If 'Yes,' complete Schedule L, Part III* 27 X 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) a A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV Х 28a b A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV 28b Х c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV Х 28c Х Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation Х contributions? If 'Yes,' complete Schedule M 30 Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I 31 X Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete 32 Х Schedule N, Part II. Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Schedule R, Part I 33 X Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, 34 Х line l

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

35 a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

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

b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 197 Note. All Form 990 filers are required to complete Schedule O

Form 990 (2011)

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35b

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X

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X

form 990 (2011) THE PEACOCK PLAYERS, INC	0 4- 37 <u>0</u> 763	34	Р	age
Part V Statements Regarding Other IRS Filings and Tax Compliance				
Check if Schedule O contains a response to any question in this Part V		,		
		\square	Yes	No
1 a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a 24	⊣: ::I		100
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b (14 포함	'n.	
c Did the organization comply with backup withholding rules for reportable payments to vendor (gambling) winnings to prize winners?	rs and reportable gaming	1c	ن منظ	X
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a 8	3		1. Takes
b If at least one is reported on line 2a, did the organization file all required federal employment	nt tax returns?	2 b	X	
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see in	nstructions)	1 12 1	أمدني	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year	ar?	3a		Χ
b If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O		3 b		
4a At any time during the calendar year, did the organization have an interest in, or a signature financial account in a foreign country (such as a bank account, securities account, or other f	or other authority over, a inancial account)?	4a		X
b If 'Yes,' enter the name of the foreign country ▶		,		
See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and F		1-1-1	الماس أوا	نشسا
5a Was the organization a party to a prohibited tax shelter transaction at any time during the ta	x year ⁹	5 a		X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelf	er transaction?	5 b		X
c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?		5 c		
6a Does the organization have annual gross receipts that are normally greater than \$100,000, a solicit any contributions that were not tax deductible?	and did the organization	6a		Х
b If 'Yes,' did the organization include with every solicitation an express statement that such c not tax deductible?	ontributions or gifts were	6ь		
7 Organizations that may receive deductible contributions under section 170(c).		5 . 45 . 19	ra ja	黨
a Did the organization receive a payment in excess of \$75 made partly as a contribution and p services provided to the payor?	partly for goods and	7a	- () () () () () () () () () (X
b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?		7 b		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for w		7.5		
Form 8282?		7c		X
d If 'Yes,' indicate the number of Forms 8282 filed during the year	7 d	in the		Ç.
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal	benefit contract?	_7e		X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal ber	nefit contract?	_ 7f		X
g If the organization received a contribution of qualified intellectual property, did the organizat as required?	ion file Form 8899	7 g		
\boldsymbol{h} If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the Form 1098-C?	e organization file a	7 h		
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting supporting organization, or a donor advised fund maintained by a sponsoring organization, holdings at any time during the year?	ng organizations. Did the nave excess business	8		<u> </u>
9 Sponsoring organizations maintaining donor advised funds.		·.·) 1,1	1
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	1 1	15 6		4
a Initiation fees and capital contributions included on Part VIII, line 12	10a			
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10Ь	Fr2.2		
11 Section 501(c)(12) organizations. Enter	1 1		16	13. 14.
a Gross income from members or shareholders	11 a	17.5	* C	4-1
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11 6	التندا		4 F.
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of	1 1	12a		- 1722
b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year	12b	- 100 P		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.		の場合	的特別	
a Is the organization licensed to issue qualified health plans in more than one state?		13a		102 -
Note. See the instructions for additional information the organization must report on Schedu	lle O	7. 7.		100
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	と	(1)
c Enter the amount of reserves on hand	13c	1/4/3		, tu

14a Did the organization receive any payments for indoor tanning services during the tax year?

b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O

14a

14b

BAA

.Eorm.990 (2011).

|Part|| 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. X Check if Schedule O contains a response to any question in this Part VI Section A. Governing Body and Management No Yes 1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O b Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee or key employee? 2 Х Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? 3 Х Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Х 5 X Did the organization become aware during the year of a significant diversion of the organization's assets? Х Did the organization have members or stockholders? 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more 7 a X members of the governing body? b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or other persons other than the governing body? 7 b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following X a The governing body? 8a Х b Each committee with authority to act on behalf of the governing body? 8t Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O 9 X Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) No Yes 10a Did the organization have local chapters, branches, or affiliates? 10 a Х b If 'Yes.' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes 10b 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11 a Х **b** Describe in Schedule O the process, if any, used by the organization to review this Form 990 See Schedule O 12a Did the organization have a written conflict of interest policy? If 'No,' go to line 13 12a b Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise Х to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this is done 12 c 13 Did the organization have a written whistleblower policy? 13 X X Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official 15 a **b** Other officers of key employees of the organization 15_b Х 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 with a taxable entity during the year? X 16a b If 'Yes,' did the organization follow 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? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ► NH 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 Another's website Own website Upon request Describe in Schedule 0 whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available to 19 the public during the tax year See Schedule O State the name, physical address, and telephone number of the person who possesses the books and records of the organization LISA BINGHAM 73 HANNAH DRIVE HOLLIS NH 03049

TEEA0106L_ 01/23/12

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

Check if Schedule O contains a response to any question in this Part VII

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

- 1 a 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.
- 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, if any 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

X Check this box if neither the organizatio	n nor any	relate	d or	gan	ızatı	on co	mpe	nsated any current of	fficer, director, or trus	tee
		(C)								
(A) Name and title	(B) Average hours per week	unles			(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation			
	(describe hours for related organiza- tions in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	from the organization and related organizations
<u>(I) MAUREEN GIGGEY</u> Director	As Required	х			,			, 0.	0.	0.
(2) GAIL CHAZANOVITZ Director	As Required	Х						0.	0.	0.
(3) RICK SUSSMAN Director	As Required	Х						0.	0.	0.
(4) LISA UNDERHILL Director	As Required	х						0.	0.	0.
(5) KEN GRAY Vice President	As Required			х				0.	0.	0.
(6) LISA BINGHAM Treasurer	As Required			Х				0.	0.	0.
Ø SUSAN HIGGINS President	As Required			Х				0.	0.	0.
(8) BETH SCHWARTZ Secretary	As Required			х				0.	0.	0.
_(9)										
(10)										
(11)										
(12)	-									
(13)										
(14)										

(15)	Fart vii Section A. Officers, Directors, Trust	i CCS, r	\ey	LIII			cs, e	2110	i riighest con	iperisaleu Em	ployees (cont)
Compensations Section Section	(A) Name and title	Average hours	box,	unles er an	Pos heck ss pe	ition more	is both	an	Reportable compensation from	Reportable compensation from	Estimated amount of other
(29) (29) (29) (29) (29) (29) (29) (29)		week (describ e hours for related organi- zations in	Individual frustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former		(W-2/1099-MISC)	organization and related
(29) (29) (29) (29) (29) (29) (29) (29)	(15)										
(29) (21) (22) (23) (24) (25) 1b Sub-total (c Total from continuation sheets to Part VII, Section A (d Total (add lines 1b and 1c) (27) (28) (29) (29) (20) (20) (20) (21) (22) (23) (24) (25) (26) (27) (28) (29) (29) (29) (29) (29) (20) (20) (20) (20) (21) (21) (22) (23) (24) (25) (26) (27) (28) (29) (29) (29) (29) (29) (29) (29) (29	<u>(16)</u>										
(29) (20) (20)											
(29) (20) (20) (20) (20) (20) (20) (20) (20) (20) (20) (2) (2	(8)										
(21) (22) (23) (24) (25) 1b Sub-total (25) 1 b Sub-total (26) 2 Total from continuation sheets to Part VII, Section A (3 Total (add lines 1b and 1c) (4 Total (add lines 1b and 1c) (5 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If 'Yes,' complete Schedule J for such individuals in the organization and related on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If 'Yes' complete Schedule J for such person isted on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If 'Yes,' complete Schedule J for such person isted on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If 'Yes,' complete Schedule J for such person is lindependent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation from the calendar year ending with or within the organization's tax year (A) (A) (B) Compensation 2 Total number of independent contractors (including but not limited to those listed above) who received more than 2 Total number of independent contractors (including but not limited to those listed above) who received more than 2 Total number of independent contractors (including but not limited to those listed above) who received more than 2 Total number of independent contractors (including but not limited to those listed above) who received more than	(19)										
(22) 1b Sub-total 1 to Sub-total 1 to Total from continuation sheets to Part VII, Section A 1 to Total (add lines 1b and 1c) 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 3 Did the organization 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization are dealed organizations greater than \$150,000? If 'Yes' complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If 'Yes,' complete Schedule J for such person 1 Complete this table for your five hiphest compensation from any unrelated organization or individual received more than \$100,000 of compensation from the organization? Report compensation from the calendar year ending with or within the organization's tax year (A) Name and business address 2 Total number of independent contractors (including but not limited to those listed above) who received more than (B) Compensation Compensation Compensation	(20)										
(23) (24) (25) 1 b Sub-total c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c) 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If Yes, complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If Yes' complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If Yes, complete Schedule J for such person 5 Exection B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization? (A) Name and business address Compensation 2 Total number of independent contractors (including but not limited to those listed above) who received more than Compensation	(21)										
259	(22)										
1b Sub-total	(23)										
1 b Sub-total C Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c) 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 1 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If Yes, 'complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If 'Yes' complete Schedule J for such individual for services rendered to the organization? If 'Yes,' complete Schedule J for such person Section B. Independent Contractors 1 Complete this table for your five highest compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year (A) Name and business address 2 Total number of independent contractors (including but not limited to those listed above) who received more than 2 Total number of independent contractors (including but not limited to those listed above) who received more than 2 Total number of independent contractors (including but not limited to those listed above) who received more than 3 D. O.	(24)										
c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c) 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization on line 1a? If 'Yes,' complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If 'Yes' complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If 'Yes,' complete Schedule J for such person 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year (A) Name and business address Description of services 2 Total number of independent contractors (including but not limited to those listed above) who received more than	(25)										
Yes No	c Total from continuation sheets to Part VII, Section d Total (add lines 1b and 1c)		ose i	ısteo	d ab	oove'		>	0. 0.	0	. 0.
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If 'Yes,' complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If 'Yes' complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If 'Yes,' complete Schedule J for such person 5 X Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year (A) Name and business address Description of services Compensation 2 Total number of independent contractors (including but not limited to those listed above) who received more than											
the organization and related organizations greater than \$150,000? If 'Yes' complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If 'Yes,' complete Schedule J for such person 5 Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year (A) (B) (C) Compensation 2 Total number of independent contractors (including but not limited to those listed above) who received more than	on line 1a ³ If 'Yes,' compléte Schedule J for such i	ndıvıdu	ial	•			·			. ,	3 X
Section B. Independent Contractors 1 Complete this table for your five highest compensation for the calendar year ending with or within the organization's tax year (A) Name and business address (B) Name and business address Total number of independent contractors (including but not limited to those listed above) who received more than	the organization and related organizations greater t	portab han \$1	ie co 50,0	mpe	ensa If '\	ition Yes'	and comp	otn olet	er compensation e Schedule J for	from	4 X
Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year (A) (B) (C) Compensation Compensation Total number of independent contractors (including but not limited to those listed above) who received more than	for services rendered to the organization? If 'Yes,'	omper comple	satio	on fr chec	om dule	any <i>J fo</i>	unre r suc	late h p	d organization or erson	ındıvıdual	مستعدد المستعدد المستعدد
compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year (A) (B) (C) Compensation Compensation Total number of independent contractors (including but not limited to those listed above) who received more than		ted ind	enen	den	t co	ntrac	ctors	tha	t received more t	han \$100 000 of	
Name and business address Description of services Compensation 2 Total number of independent contractors (including but not limited to those listed above) who received more than	compensation from the organization Report compe	nsatio	1 for	the	cale	nda	r yea	r ei	nding with or with	in the organizatio	
	Name and business addres	SS									
			t lım	ıted	to t	hose	e liste	ed a	above) who receiv	ed more than	The state of the s

Page 9

Fall	t van Statement of Revenue	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
, v	1a Federated campaigns 1a	(金)(4) (7/3)		+ + + + + + + + + + + + + + + + + + +	्रा दुव के प्र
TA ST	b Membership dues 1b				
윤호	c Fundraising events 1c	7	, , , , , , , , , , , , , , , , , , , ,		12 13 130
RA	d Related organizations 1d				
S. A.	e Government grants (contributions) . 1e				
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	f All other contributions, gifts, grants, and similar amounts not included above 1f 12,008		April 1	ready to the time	
E O	g Noncash contributions included in lns 1a-1f. \$		1	4.5	
ਨੁ₹	h Total. Add lines 1a-1f	12,008.	The second second	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	
핗	Business Code	A Paris	1. 5 10 1 1 15 25	7 20	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Ę.	2a TUITION REVENUE	154,655.	154,655.		
Æ	b TICKET SALES	102,280.	102,280.		
) 	c Membership Dues & Assessments	27,193.	27,193.		
PROGRAM SERVICE REVENUE	d				
GRA	f All other program service revenue				<u> </u>
Š		284,128.	3 7 7 7 7	- 13 T. S. S. S.	1, N
	Investment income (including dividends, interest and other similar amounts)	32.		7.20	32.
l	4 Income from investment of tax-exempt bond proceeds	-			
ŀ	5 Royalties	-			
	(i) Real (ii) Personal			· · · · · · · · · · · · · · · · · · ·	
	6a Gross rents		The state of the s		1、2000 A 1000 A
l	b Less rental expenses			T , T , T , T , T , T , T	
	c Rental income or (loss)	1000		<u> </u>	The sales are
	d Net rental income or (loss)	-	- mare 1 92 mg	2	
	7a Gross amount from sales of assets other than inventory (i) Securities (ii) Other		197 2		
	b Less cost or other basis and sales expenses.				
	c Gain or (loss)	<u> </u>	San C. F. E. S. C. W.		
	d Net gain or (loss)	>	15 63 - 8 - 7 K	- 1	
NUE	8a Gross income from fundraising events (not including \$			dan established	
OTHER REVEN	of contributions reported on line 1c).	The state of the s	1. 19. 18. 18. 18. 18.	10.15年1.34	
88	See Part IV, line 18 a 12,764	() () () () () () ()	The Royal Property	1000年代	是一个是一个
王	b Less direct expenses b 3,497			min som it de l'est	
١	c Net income or (loss) from fundraising events	9,267.		17 E 20 22 22 22	9,267.
	9a Gross income from gaming activities See Part IV, line 19				
	b Less direct expenses b	10000000000000000000000000000000000000			
	c Net income or (loss) from gaming activities	La Alabana tera da se	The the state of the second	The state with the state of the	Specification of the second se
	10a Gross sales of inventory, less returns and allowances a				
	b Less cost of goods sold b		The State of the	是不生活的 对语言	2000年16
	c Net income or (loss) from sales of inventory	►	- /) has c 1 + 1	[[2] [2] [2] [2] [2] [2] [2] [2] [2] [2	100
	Miscellaneous Revenue Business Code		· 1000000000000000000000000000000000000	AR 1255 15 15 15 15 15 15 15 15 15 15 15 15 1	是是不是的程式的自
	11a MISCELLANEOUS	14,970.	14,970.		<u></u>
	b		ļ		<u> </u>
	c		ļ	1	
	d All other revenue.		M W 7-19-2 AVE V-		
	e Total. Add lines 11a-11d	► 14,970.			一下 在中的第三年
	12 Total revenue. See instructions	► 320,405.	299,098.	0.	9,299.

PartilX 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)

	Check if Schedule O contains a r	esponse to any question	n in this Part IX		
Do i	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1					
2	Grants and other assistance to individuals in the United States See Part IV, line 22	1,600.	1,600.		
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	0.	0.	0.	0.
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7	Other salaries and wages	87,404.	87,404.		
8	Pension plan accruals and contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits	6,616.	6,616.		·
10	Payroll taxes	7,994.	7,994.		
11	Fees for services (non-employees)	1,7551.	.,,,,,,,,		
	Management				
	Legal	1 050		1 070	
	Accounting	1,050.		1,050.	
	Lobbying		ADDRESS VARIABLES VALUE CALVESTANCES - ASSESSE	NO RESIDENCE SHEET WAS READ AND ADDRESS OF THE PARTY OF T	
€	Professional fundraising services See Part IV, line 17		A MARK AND A LOSS		
f	Investment management fees				
ç	Other				
12	Advertising and promotion	2,012.	2,012.		
13	Office expenses				
14	Information technology				
15	Royalties	15,035.	15,035.		
16	Occupancy	35,748.	35,748.		
17	Travel		307,101		
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	·· ·· · · · · · · · · · · · · · · · · ·			
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	646.	646.		
23	Insurance	6,603.		6,603.	
24	Other expenses literalize expenses not covered above (List miscellaneous expenses				
	in line 24e. If line 24e amount exceeds 10%				
	of line 25, column (A) amount, list line 24e				
	expenses on Schedule O.)	60 004	60.004		
	OUTSIDE SERVICES	62,884.	62,884.	40 000	
	PROCESSING FEES	12,337.		12,337.	
	Printing and Publications	9,517.	9,517.		
	SUPPLIES	9,381.	5,279.	4,102.	
	All other expenses	15,295.	7,938.	7,357.	
25	Total functional expenses. Add lines 1 through 24e	274,122.	242,673.	31,449.	0.
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				
	Check here ► if following SOP 98-2 (ASC 958-720)				
	301 33-2 (A00 330-120)	<u> </u>	L		l

Form 990 (2011) THE PEACOCK PLAYERS, INC Part X Balance Sheet

				(A) Beginning of year		(B) End of year
	1	Cash — non-interest-bearing		28,405.	1	64,601.
	2	Savings and temporary cash investments		74,269.	2	85,002.
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net			4	
	_	December from aurent and former officers directors				
	5	Receivables from current and former officers, directors and highest compensated employees. Complete Part II		5	_	
	6	Receivables from other disqualified persons (as defined persons described in section 4958(c)(3)(B), and contrib sponsoring organizations of section 501(c)(9) voluntary organizations (see instructions)	outing employers and	A TOM STORY TO A	6	The second of th
ASSETS	7	Notes and loans receivable, net			7	•
S	8	Inventories for sale or use			8	
T	9	Prepaid expenses and deferred charges	į		9	
		Land, buildings, and equipment cost or other basis	10a 3,598.	1 13 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	10 10 10 10 10 10 10 10 10 10 10 10 10 1	
	Ь	Less accumulated depreciation	10 ь 2,327.	1,917.	10 c	1,271.
	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			15	
	16	Total assets. Add lines 1 through 15 (must equal line 3	34)	104,591.	16	150,874.
	17	Accounts payable and accrued expenses			17	200,011
	18	Grants payable			18	· · · · · · · · · · · · · · · · · · ·
	19	Deferred revenue			19	
L	20	Tax-exempt bond liabilities			20	
LIA	21	Escrow or custodial account liability Complete Part IV		21		
ABILITIES	22	Payables to current and former officers, directors, trust highest compensated employees, and disqualified pers of Schedule L	tees, key employees, sons Complete Part II	7 17	22	
Ē	23	Secured mortgages and notes payable to unrelated this	rd parties		23	
S	24	Unsecured notes and loans payable to unrelated third	parties		24	
	25	Other liabilities (including federal income tax, payables and other liabilities not included on lines 17-24). Comp	s to related third parties, liete Part X of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25		0.	26	0.
N E	1	Organizations that follow SFAS 117, check here ►	X and complete lines	777	\$ Ca. 1	र्वेडरी १ वि
	1	27 through 29 and lines 33 and 34.				
Ş	27	Unrestricted net assets		104,591.		150,874.
Ě	28	Temporarily restricted net assets			28	
ASSETS OR	29	Permanently restricted net assets			29	
		Organizations that do not follow SFAS 117, check her	re ► and complete	Marie Company of the same of t	Val.	to touch the touch
Ę		lines 30 through 34.				
HUZD BALIAZUM	30	Capital stock or trust principal, or current funds			30	
B	31	Paid-in or capital surplus, or land, building, or equipme			31	
Ā	32	Retained earnings, endowment, accumulated income,	or other funds	100.505	32	1=0 0=0
Č	33	Total net assets or fund balances		104,591.	33	150,874.
<u> </u>	34	Total liabilities and net assets/fund balances		104,591.	34	150,874.

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Form **990** (2011)

Form 990 (2011) THE PEACOCK PLAYERS, INC	04-3707634	Pa	age 12
Partixi Reconciliation of Net Assets	-		
Check if Schedule O contains a response to any question in this Part XI			
1 Total revenue (must equal Part VIII, column (A), line 12)	1	320,4	
2 Total expenses (must equal Part IX, column (A), line 25)	2	274,1	122.
3 Revenue less expenses Subtract line 2 from line 1	3	46,2	<u> 283.</u>
4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	104,5	<u>591.</u>
5 Other changes in net assets or fund balances (explain in Schedule O)	5		0.
6 Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33,	6	150 (274
column (B)) Pārt钬IIি Financial Statements and Reporting		150,8	3/4.
Check if Schedule O contains a response to any question in this Part XII			
Check it Schedule O contains a response to any question in this Fart Air		Yes	
1 Accounting method used to prepare the Form 990 X Cash Accrual Other		Tes	No
If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O			
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?		2 b	X
c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight review, or compilation of its financial statements and selection of an independent accountant?	of the audit,	2c	
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 separate basis, consolidated basis, or both	issued on a		
Separate basis Consolidated basis Both consolidated and separate basis			
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in Audit Act and OMB Circular A-133?	the Single	3a	х
b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the or audits, explain why in Schedule O and describe any steps taken to undergo such audits	required audit	3 b	
BAA		Form 990 ((2011)

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.

OMB No 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

Inspection ► Attach to Form 990 or Form 990-EZ. ► See separate instructions. Name of the organization Employer identification number THE PEACOCK PLAYERS. 04-3707634 Part I; Reason for Public Charity Status (All organizations must complete this part.) See instructions The organization is not a private foundation because it is. (For lines 1 through 11, check only one box) 1 A church, convention of churches or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) 3 A hospital or 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 section 170(b)(1)(A)(iv). (Complete Part II) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(bX1XAXvi). (Complete Part II) 7 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) X An organization that normally receives (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts 9 from activities related to its exempt functions — subject to certain exceptions, and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or 11 more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h Type III — Functionally integrated Type II c Type III - Other By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? q Yes No A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? 11 g (i) A family member of a person described in (i) above 11 g (ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11 g (iii) Provide the following information about the supported organization(s) h (i) Name of supported (iii) Type of organization (described on lines 1-9 above or IRC section (see instructions)) (iv) Is the (v) Did you notify (vi) Is the (VII) Amount of support ne organization in column (i) of your support? organization in column (i) organized in the organization organization in column (i) listed in your governing document? Yes Yes No No Yes No (A) (B) (C) (D) (E)

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

77 635

Total

Schedule A (Form 990 or 990-EZ) 2011

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

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

Sec	tion A. Public Support					_		
begi	ndar year (or fiscal year nning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total	
1	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants')		<u>-</u>					
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		·					
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)							
11	Total support. Add lines 7 through 10							
12	Gross receipts from related-activ	vities, etc (see ins	structions)			12		
13	organization, check this box and	stop here		nd, third, fourth, c	or fifth tax year as	a section 501(c)	(3) ► □	
	tion C. Computation of Pu	· — • • • • • • • • • • • • • • • • • •					1	
	Public support percentage for 20			ne 11, column (f))		14	<u>%</u>	
15				, ,			<u> </u>	
	a 33-1/3% support test — 2011. If and stop here. The organization	qualifies as a pu	blicly supported o	organization		·	▶ [_]	
t	33-1/3% support test – 2010. If and stop here. The organization	the organization of qualifies as a pu	did not check a bo blicly supported o	ox on line 13 or 16 organization	5a, and line 15 is	33-1/3% or more	e, check this box	
17 a	7a 10%-facts-and-circumstances test — 2011. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization							
t	b 10%-facts-and-circumstances test — 2010. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization.							
18	Private foundation. If the organ	ization did not ch	eck a box on line	13, 16a, 16b, 17a				
BAA					Sc	neaule 🗛 (Form 🤄	990 or 990-EZ) 2011	

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)

Critis, grants, contributions and membership less and membership								
Critis, grants, contributions and membership less and membership	Sect	ion A. Public Support					<u> </u>	
Grits, crants, contributions and membership lees and without the state of the sta	Calend	ar year (or fiscal yr beginning in)►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
2 Gross receipts from admissions of the services performed, or facilities furnished in any activity that is related to the organization without charge of the present of th	1	Gifts, grants, contributions			•			
2 Gross receipts from admissions of the services performed, or facilities furnished in any activity that is related to the organization without charge of the present of th		and membership fees						
2 Gross recepts from admissions, merchandses sold or services performed, or facilities furnished in any activity that is tax-exempt purpose and any activity that is tax-exempt purpose and an unrelated trade or business under section 513 at a revenues level for the either part of or expended on its behalf are not an unrelated trade or business under section 513 at a revenues level for the either part of or expended on its behalf 5 The value of services or facilities turnished to respended on its behalf 5 The value of services or facilities turnished to help organization without charge 6 Total. Add lines 1 through 5 and a form the facilities turnished on lines 1, 2, and 3 received from disqualified persons 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0.		any 'unusual grants ')	41,717.	35,203.	21,499.	22,428.	39,201.	160,048.
sions, merchandise sold or services performed, or facilities in related to the organization's tax-exempt purpose 2 Gay Secretary purpose 3 Gross recepts from activities that are not an unrelated trade or business under section 513 3 Gross recepts from activities that are not an unrelated trade or business under section 513 5 The value of services or services or secretary and either paid to or expended on the shall be organization without charge organization without charge of Total, Add lines I through 5 7 a Amounts included on lines 1, 2, and 3 received from disqualified persons that exceed the greater of \$5.000 or 1% of the amount on line 13 for the year of the services or 1% of the amount on line 13 for the year of the services or 1% of the amount on line 13 for the year of 200 or 1% of the amount on line 13 for the year of 200 or 1% of the amount on line 13 for the year of 200 or 1% of the amount on line 13 for the year of 200 or 1% of the amount on line 13 for the year of 200 or 1% of the amount on line 13 for the year of 200 or 1% of the amount on line 13 for the year of 200 or 1% of the amount on line 13 for the year of 200 or 1% of the amount on line 13 for the year of 200 or 1% of the amount on line 13 for the year of 200 or 1% of the amount on line 13 for the year of 200 or 1% of the amount on line 13 for the year of 200 or 1% of the amount on line 13 for the year of 200 or 1% of 1% of the year of 200 or 1% of 1% of 200 or 1% of 1% of 1% of 200 or 2	2	Gross receipts from admis-					·	
### Section B. Total Support Cardedrayer for the size of the granuation without from 18 Public support for size of the size of		sions, merchandise sold or						
### related to the organizations tax-exempl purpose 3 Gross receipts from activities that are not an imelated trade to a fine and a mineral trade to a fine and a ether paid to or expended on its behalf or services or organization without charge operations benefit and ether paid to or expended on the behalf of the organization without charge operation and the properties of the organization without charge of the organization of the year of the amount on line 12 organization without on line 13 for the year or charge of the organization without on line 13 for the year organization without organization without organization organization without organization without organization organization without organization organization without organization organ								
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3 Gross receptls from activates that are not an unrelated trade or business under section 513 4 Tax revenues leved for the organization's behalf or expended on its behalf organization's discussion of the property of the			264,420.	227,508.	188,880.	220,016.	256,934.	1,157,758.
that are not an unrelated trade or business under section 513 4 Tax revenues leviced for the organizations benefit and on its behalf. 5 The value of services or facilities furnished by a governmental unit to the governmen	3	Gross receipts from activities						
4 Tax revenues leved for the organization's benefit and either paid to or expended on its behalf. 5 The value of services or spended on its behalf. 5 The value of services or spended on its behalf. 7 A Amounts included on lines 1, 2, and 3 received from other than disqualified persons be Amounts included on lines 2, and 3 received from other than disqualified persons be Amounts included on lines 2, and 3 received from other than disqualified persons be Amounts included on lines 2, and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the year of 24 of 100 or 1% of the amount on line 13 for the year of 24 of 100 or 1% of the year of 24 of 100 or 1% of the year of 24 of 100 or 1% of 100 or 100		that are not an unrelated trade						0
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Schedule A	(Form 990 or 990-EZ) 2011	THE PEACOCK PLAYERS, INC	04-3707634 Page 4
Part IV	Supplemental Information Part II, line 17a or 17b; (See instructions).	tion. Complete this part to provide the explain and Part III, line 12. Also complete this part	anations required by Part II, line 10; rt for any additional information.

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Supplemental Financial Statements

► Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

2011

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Employer identification number

тнг	E PEACOCK PLAYERS, INC					04-3707634		
Pă	de Organizations Maintaining Dono	r Advised Funds or Oth	ıer	Similar Fu	nds or Acc		ete ıf	
	the organization answered 'Yes'	to Form 990, Part IV, Im	e 6) .		•		
		(a) Donor advised	fun	nds	(b) F	unds and other a	ccounts	 S
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 do funds are the organization's property, subject				donor advised	Yes	Г]No
6	Did the organization inform all grantees, done used only for charitable purposes and not for	ors, and donor advisors in writ the benefit of the donor or do	tına	that grant fur	nds can be or any other		 	٦
	purpose conferring impermissible private ben				 .	Yes	L	No
Pa	tille Conservation Easements. Comp				to Form 9	990, Part IV, Iır	<u>ne 7.</u>	
1	Purpose(s) of conservation easements held b	by the organization (check all t		1				
	Preservation of land for public use (e.g.,	recreation or education)				cally important lan	d area	
	Protection of natural habitat			Preservation	of a certified	historic structure		
	Preservation of open space							
2	Complete lines 2a through 2d if the organizat last day of the tax year	tion held a qualified conservati	ion (contribution i		 		
						Held at the End of	the la	x Year
	a Total number of conservation easements				2a		<u> </u>	
	b Total acreage restricted by conservation ease				2b			
	c Number of conservation easements on a cert			• •	2c			
(d Number of conservation easements included structure listed in the National Register				2d			
3	Number of conservation easements modified tax year ▶				ated by the or	rganization during	the	
4	Number of states where property subject to o	conservation easement is locat	ted	-				
5	Does the organization have a written policy read enforcement of the conservation easement	ents it holds?				Yes		No
6	Staff and volunteer hours devoted to monitor	ing, inspecting, and enforcing	cor	nservation ea	sements durir	ng the year		
7	Amount of expenses incurred in monitoring, > \$	inspecting, and enforcing cons	serv	ation easeme	ents during the	e year		
8	Does each conservation easement reported of 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?	on line 2(d) above satisfy the r	requ	urements of s	ection	Yes		No
9	In Part XIV, describe how the organization repor include, if applicable, the text of the footnote conservation easements							ng for
Pa	Complete if the organization ans	ections of Art, Historica swered 'Yes' to Form 990	. I Tr 0, F	reasures, c	r Other Sir	milar Assets.		
1:	a If the organization elected, as permitted under art, historical treasures, or other similar asse in Part XIV, the text of the footnote to its final	ts held for public exhibition, e	duc	ation, or rese				
1	b If the organization elected, as permitted undi- historical treasures, or other similar assets h following amounts relating to these items	er SFAS 116 (ASC 958), to repelled for public exhibition, educated	port atıor	in its revenun, or research	e statement a i in furtherand	and balance sheet ce of public service	works e, provi	of art, de the
	(i) Revenues included in Form 990, Part VII	I, line 1				- \$		
	(ii) Assets included in Form 990, Part X					> \$		
2	If the organization received or held works of amounts required to be reported under SFAS	art, historical treasures, or oth 3 116 (ASC 958) relating to the	ner s ese	sımılar assets items:	for financial	gain, provide the	followin	ıg
	a Revenues included in Form 990, Part VIII, lin	ne 1				- \$		
	b Assets included in Form 990. Part X					⊳ \$		

Rart 川崎 Organizations Maintai		ctions	of Art, Histo	rical Treasures, or	Other Similar Ass	ets (c	ontınu	ed)
Using the organization's acquisition items (check all that apply)			_	· -				
a Public exhibition			d Loan o	or exchange programs				
b Scholarly research			e Other					
c Preservation for future genera	ations		_					
4 Provide a description of the organ Part XIV	nization's coll	ections	and explain how	they further the organ	ization's exempt purpos	e in		
5 During the year, did the organizar assets to be sold to raise funds r.	ather than to	be mai	ntained as part o	of the organization's col	lection?	Yes		No
PartilVA Escrow and Custodia	Arrangem	ents.	Complete if t	he organization an	swered 'Yes' to For	m 990), Part	∶IV,
line 9, or reported an	amount on	Form	990, Part X,	line 21.				
1a is the organization an agent, trus included on Form 990, Part X?					ner assets not	Yes		No
b If 'Yes,' explain the arrangement	ın Part XIV a	nd com	plete the followi	ng table	<u> </u>			
						Amoun	t	
c Beginning balance					1c			
d Additions during the year					1 d			
e Distributions during the year					1e			
f Ending balance					1f			
2a Did the organization include an a	mount on For	m 990,	Part X, line 21?			Yes		No
b If 'Yes,' explain the arrangement	ın Part XIV							
Part Endowment Funds. Co	mplete if the	he orc	janization ans	swered 'Yes' to For	m 990, Part IV, line	10.		
	(a) Current	year	(b) Prior year	r (c) Two years back	(d) Three years back	(e)	Four year:	s back
1 a Beginning of year balance						No.	THE REAL PROPERTY.	
b Contributions						李林章	光净机	建设
c Net investment earnings, gains, and losses								
d Grants or scholarships						PH M		
e Other expenditures for facilities and programs								Kiff.
f Administrative expenses						一种	A TOP AND A STATE OF	医生物 药
g End of year balance						,这种意	distant.	
2 Provide the estimated percentag	e of the curre	nt year	end balance (lir	ne 1g, column (a)) held	as			
a Board designated or quasi-endov			%					
b Permanent endowment ►	8							
c Temporarily restricted endowmen	nt ►		%					
The percentages in lines 2a, 2b,	and 2c shoul	d equa	100%					
3a Are there endowment funds not organization by	in the posses	sion of	the organization	that are held and admi	inistered for the	ſ	Yes	No
(i) unrelated organizations						3a(i)		
(ii) related organizations						3a(ii)		
b If 'Yes' to 3a(II), are the related	organizations	listed a	as required on S	chedule R?		3b		
4 Describe in Part XIV the intende								
Part VII Land, Buildings, and	Equipment	. See	Form 990, Pa	art X, line 10.				
Description of property		(a) Co:	st or other basis nvestment)		(c) Accumulated depreciation	(d)	Book va	alue
1 a Land					THE PERSON NAMED IN			
b Buildings	•							
c Leasehold improvements								
d Equipment				3,598.	2,327.		1	,271.
e Other								

BAA

Schedule **D** (Form 990) 2011

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))

2 FIN 48 (ASC 740) Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740)

(9) (10) (11)

Total (Column (b) must equal Form 990, Part X, column (B) line 25)

Schedule D (Form 990) 2011 THE PEACOCK PLAYERS, INC 04-	3707634	Page 4
iPart淡i雞 Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements	N/A	
1 Total revenue (Form 990, Part VIII, column (A), line 12)		
2 Total expenses (Form 990, Part IX, column (A), line 25)		
3 Excess or (deficit) for the year Subtract line 2 from line 1		
4 Net unrealized gains (losses) on investments		
5 Donated services and use of facilities		
6 Investment expenses		
7 Prior period adjustments		
8 Other (Describe in Part XIV)		
9 Total adjustments (net) Add lines 4 through 8		
10 Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9		
PartiXII Reconciliation of Revenue per Audited Financial Statements With Revenue per Ret	urn N/A	
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		
a Net unrealized gains on investments		
b Donated services and use of facilities		
c Recoveries of prior year grants		
d Other (Describe in Part XIV)		
e Add lines 2a through 2d	2e	
3 Subtract line 2e from line 1	3	
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1	2.2	
a Investment expenses not included on Form 990, Part VIII, line 7b		
b Other (Describe in Part XIV)		
c Add lines 4a and 4b.	4c	
5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per F	-	
1 Total expenses and losses per audited financial statements	1	
5 000 D 1W 1 0F		
2 Amounts included on line 1 but not on Form 990, Part IX, line 25 a Donated services and use of facilities 2a		
b Prior year adjustments 2b		
c Other losses		
d Other (Describe in Part XIV)		
e Add lines 2a through 2d	2e	
3 Subtract line 2e from line 1	3	
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a Investment expenses not included on Form 990, Part VIII, line 7b		
c Add lines 4a and 4b.	4c	
5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	
Part XIV∯ Supplemental Information	11	
Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, I Part V, line 4, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete any additional information	this part to provid	e
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Schedule D (Form 990) 2011 THE PEACOCK PLAYERS, INC PartXIV Supplemental Information (continued)	04-3707634	Page 5
Supplemental Information (continued)		
	<u> </u>	
		
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SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

Open to Publication of the Inspection of the Ins

Department of the Treasury Internal Revenue Service

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.

	Employer identification number
THE PEACOCK PLAYERS, INC	04-3707634
Form 990, Part VI, Line 11b - Form 990 Review Process	
No_review_was_or_will_be_conducted	
PEACOCK PLAYERS, INC O4-3707634 Form 990, Part VI, Line 11b - Form 990 Review Process No review was or will be conducted. Form 990, Part VI, Line 19 - Other Organization Documents Publicly Available	
No documents available to the public.	
	
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2011	Federal Works	Page 1		
Client PEACOCK	THE PEACOCK PLA			
12/03/12				08 33AM
Form 990, Part IX, Line 24e Other Expenses				
	(A)	(B)	(C)	(D)
	Total	Program <u>Services</u>	Management <u>& General</u>	Fundraising
MISCELLANEOUS	5,425.	2,587.	2,838.	

	(A)	(B) Program	(C) Management	(D)
	<u> </u>	<u>Services</u>	& General	<u>Fundraising</u>
MISCELLANEOUS OTHER CAMP EXPENSES PAYROLL SERVICE FEE Postage and Shipping REPAIRS AND MAINTENANCE TELEPHONE	5,425. 5,351. 732. 61. 1,853. 1,873.	2,587. 5,351.	2,838. 732. 61. 1,853. 1,873.	
	Total \$ 15,295.	\$ 7,938.	\$ 7,357.	\$ 0.

Schedule A, Part IV - Supplemental Information THE PEACOCK PLAYERS, INC						
Part III, Line 12 - Other	r Income					
Nature and Source		2011	2010	2009	2008	2007
OTHER REVENUE	Total <u>\$</u>	6,793. 6,793. \$	2,138. 2,138. \$	731. 731. \$	1,046. 1,046. \$	1,070. 1,070.