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Department of the Treasury internal Revenue Service

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

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 2012

Open to Public Inspection

A	For the 2012 c	alendar year, or tax year beginning 08/01/12, and ending 07/31/13		1 11000011
В	Check if applicable	C Name of organization	D Emplo	yer identification number
	Address change		•	
$\overline{\Box}$	Name change	Doing Business As	[−] 04⋅	-3707634
	•	Number and street (or P O box if mail is not delivered to street address) Room/suite	E Teleph	one number
\sqcup	Initial return	14 COURT STREET	603	3-889-2330
	Terminated	City, town or post office, state, and ZIP code		
	Amended return	NASHUA NH 03060	G Gross rec	eipts \$ 384,970
\equiv	•	F Name and address of principal officer		
Ш	Application pending	H(a) Is this	a group return for	affiliates? Yes X No
		H(b) Are a	Il affiliates included	₁₇ Yes No
		l H	"No," attach a list	(see instructions)
$\overline{}$	Tax-exempt status	X 501(c)(3) 501(c) () ◀ (Insert no) 4947(a)(1) or 527		
J		THE DESCOCKED STEELS OF	p exemption numb	er 🕨
ĸ	Form of organization	X Corporat@il Trust Association Other ► L Year of formation	2002	M State of legal domicile NE
P	arti Su	ımmary		
	1 Bnefly de	scribe the organization's mission or most significant activities		
Ф	TO P	ROMOTE AND ENCOURAGE AN INTEREST IN AND UNDERSTANDING OF TH	E LITER	LRY
auc	AND	THEATRICAL ARTS AMONG AREA CHILDREN AND YOUTH.		
Ĕ				
ð	2 Check thi	s box ▶ if the organization discontinued its operations or disposed of more than 25% of its net ass	ets	
<u>ග</u>	l	of voting members of the governing body (Part VI, line 1a)	3	8
Se -		of independent voting members of the governing body (Part VI, line 1b)	4	8
Activities & Governance		nber of individuals employed in calendar year 2012 (Part V, line 2a)	5	3
cţ	1	nber of volunteers (estimate if necessary)	6	0
•	7a Total unre	elated business revenue from Part VIII, column (C), line 12	7a	0
	b Net unrei	ated business taxable income from Form 990-T, line 34	7b	0
		Prior		Current Year
Ф	8 Contribut	ions and grants (Part VIII, line 1h)	12,008	5,486
Revenue	9 Program	service revenue (Part VIII, line 2g)	84,128	335,595
ě	10 Investme	nt income (Part VIII, column (A), lines 3, 4, and 7d)	32	12
œ	11 Other rev	enue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	24,237	40,287
	12 Total reve	enue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	20,405	381,380
	13 Grants ar	nd similar amounts paid (Part IX, column (A), lines 1–3)	1,600	3,950
	14 Benefits p	paid to or for members (Part IX, column (A), line 4)		0
Ś	15 Salaries,	other compensation, employee benefits (Part IX, column (A), lines 5–10)	02,014	97,959
benses	16a Professio	nal fundraising fees (Part IX, column (A), line 11e)		0
<u>e</u>	b Total fund	fraising expenses (Part IX, column (D), line 25).		
Ä	17 Other exp	penses (Part IX, column (A), lines 11a-(10) 1 24e)	70,508	195,132
	18 Total exp	enses Add lines 13–17 (must equal Part X, column (M), June 15)	74,122	297,041
	19 Revenue		46,283	84,339
s or		ets (Part X, line 16) DEC 1 9 2013 Beginning of 1		End of Year
Net Assets or Fund Balances	20 Total asse		50,874	235,213
ag A	21 Total liabi	lities (Part X, line 26)	50.074	0
			50,874	235,213
		gnature Block		
		perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the I complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowled		wledge and belief, it is
<u> الحرك</u>	ac, contect, and co	The second and the property (content and the second	ige T	1 11 17
ري. دن	-	gnature of officer		1.11.10
Sig	"''	Lisa bindram Sourd Director	Date	
He				
- -		ype or print name and title		() n=
≪. Paic	. 1	Preparer's name Preparer's name Preparer's name Preparer's name DEC 1 1	2013elf-emp	if PTIN
	222	DESCRIPTION OF THE PROPERTY OF		
- 1,	7 1111 3 1441		Firm's EIN	04-3382963
use	Only	12 COTTON ROAD		CO2 FOE 0000
<u> </u>	Firm's add		Phone no	603-595-8000
∙May	the IRS discuss	this return with the preparer shown above? (see instructions)		X Yes No

Form 990 (2012)	THE PEACOCK P	AYERS, INC	04-3707634	Page 2
		Service Accomplishments		
	•	ntains a response to any qu	estion in this Part III	
	cribe the organization's mission of the color of the colo		IN AND UNDERSTANDING OF	THE T.TTEDADY
		MONG AREA CHILDRE		IND DITERMI
	•			
=		cant program services during the y	ear which were not listed on the	
•	990 or 990-EZ?			Yes X No
-	scribe these new services on		t conducts, any program	
3 Did the organizers?	anization cease conducting, o	make significant changes in how i	a conducts, any program	Yes X No
	scribe these changes on Scho	dule O		
			s three largest program services, as measured by	
			ort the amount of grants and allocations to others,	
the total ex	penses, and revenue, if any, f	or each program service reported		
4- 10-4-	\ /F	280,594 including grain	nts of \$ 3,950) (Revenue	
4a (Code.) (Expenses \$		ICAL PERFORMANCES BY AREA	
		RTS INSTRUCTION 1		A 1001h AND
OLLDIVI			100111.	
4b (Code) (Expenses \$	including grain	nts of \$) (Revenue	\$)
(, (, (1010)00	,
4c (Code) (Expenses \$	including grai	nts of \$) (Revenue	\$)
· -	am services (Describe in Sch			
(Expenses		including grants of \$ 280,594) (Revenue \$	
	ram service expenses	200,33 4		Form 990 (2012)
)AA				Form 33U (2012)

			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_	X	
2	is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	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, 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 98-197 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	ł		1
	"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, for escrow or custodial account liability, 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		X
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		X
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			
а		•		
	complete Schedule D, Part Vi	11a	X	
þ				
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		<u> </u>
С	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	11c		<u> </u>
d	·			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е		11e		X
f	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	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if		ļ	
	the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		<u> </u>
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		<u>X</u>
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		<u> </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			32
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		X_
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		<u> </u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance	امدا		v
	to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		<u> </u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			v
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		<u> </u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	ا م	.	
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	4.		v
	If "Yes," complete Schedule G, Part III	19		<u> </u>
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		<u> </u>
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

<u> Form</u>	1 990 (2012) THE PEACOCK PLATERS, INC. 04-3707634		<u> </u>	age 4
Pa	art IV Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization			
	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 United States			37
	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		X
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			37
	through 24d and complete Schedule K If "No," go to line 25	24a		X
р	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	1		1
	to defease any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a		i i		•-
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
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		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest 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
27	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
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			<u> </u>
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	_28b		X
С	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	28c		<u>X</u>
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			77
	conservation contributions? If "Yes," complete Schedule M	30		<u> </u>
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			77
	Part I	31		<u> </u>
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"		ļ	v
22	complete Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32	-	<u>_X</u>
33	sections 301.7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I			v
	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III,	33	-+	X
34	or IV, and Part V, line 1	24		v
15-		34		X X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	35a		
b	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	امدا		
20	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	35b		
36	related organization? If "Yes," complete Schedule R, Part V, line 2		,	v
27	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	36		<u> </u>
37	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
	and that is treated as a partite ship for rederal moonie tax purposes. If Tes, complete scriedule K,		- 1	

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and

19? Note. All Form 990 filers are required to complete Schedule O

Form 990 (2012)

r	Check if Schedule O contains a response to any question in this Part V			Г
	onouth conducte a contained a respondent any question in this train, v		Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 17		100	_ <u>:::</u>
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c		
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 3			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	<u></u>
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
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	1 1		
	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 Financial Accounts			
5 a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
þ	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?	_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 as chantable contributions?	6a		X
þ	If "Yes," did the organization include with every solicitation an express statement that such contributions or			1
_	gifts were not tax deductible?	6b	-	
7	Organizations that may receive deductible contributions under section 170(c).	1 }		
а	, , , , , , , , , , , , , , , , , , , ,			77
_	and services provided to the payor?	7a		X
þ	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? If "Yes," indicate the number of Forms 8282 filed during the year 7d	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	-,		v
e f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7e		X
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7f		_
g h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7g 7h		
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			ı
	organization, have excess business holdings at any time during the year?	8	l	
9	Sponsoring organizations maintaining donor advised funds.			
а	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		Ì	
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		ļ	
11	Section 501(c)(12) organizations. Enter		-	
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O			
b	Enter the amount of reserves the organization is required to maintain by the states in which		ļ	
	the organization is licensed to issue qualified health plans 13b		ŀ	
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

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. Check if Schedule O contains a response to any question in this Part VI X Section A. Governing Body and Management Yes No 8 1a Enter the number of voting members of the governing body at the end of the tax year 1a 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 8 Enter the number of voting members included in line 1a, above, who are independent 1b Did any officer, director, trustee, or key employee have a family relationship or a business relationship with 2 X 2 any other officer, director, trustee, or key employee? 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? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 5 Did the organization have members or stockholders? 6 6 Did the organization have members, stockholders, or other persons who had the power to elect or appoint 7a X 7a one or more members of the governing body? Are any governance decisions of the organization reserved to (or subject to approval by) members, X stockholders, or persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following 8 X The governing body? 8a X Each committee with authority to act on behalf of the governing body? 8b h Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at X the organization's mailing address? If "Yes," provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code) Yes No 10a Did the organization have local chapters, branches, or affiliates? 10a X 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 X 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a X 12b b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe in Schedule O how this was done 12c Did the organization have a written whistleblower policy? 13 13 14 Did the organization have a written document retention and destruction policy? 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? 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) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement 162 with a taxable entity during the year? X 16a 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 take steps to safeguard the organization's exempt status with respect to such arrangements? 16b Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶ NH 17 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) 18 available for public inspection. Indicate how you made these available. Check all that apply Own website Another's website X Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, 19 and financial statements available to the public during the tax year State the name, physical address, and telephone number of the person who possesses the books and records of the 20 organization > MAGGIE MAHONY 14 COURT STREET

NH 03060

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

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

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

- 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
- 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

Check this box if neither the organization nor any related organizations compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (list any	bo	x, unk ficer a	Pos check ess pe	rson i	than o s both r/truste	an	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation	
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations	
(1) CHARLES NORTHRUP	As Required	x						0	0	0	
(2) GAIL CHAZANOVITZ	As										
DIRECTOR	Required	x						0	o	o	
(3) ROD CONARD	As Required										
DIRECTOR (4) BRAD GALINSON		X	-	<u> </u>		-		0	0	0	
DIRECTOR	As Required	x						o	0	o	
(5) MAGGIE MAHONY	As Required										
TREASURER (6) BRAD JAMIESON			-	X		-		0	0	0	
SECRETARY	As Required			x				0	0	0	
(7) KEN GRAY	As Required									_	
VICE PRESIDENT (8) SUSAN HIGGANS	As			X				0	0	0	
PRESIDENT	Required	<u> </u>		x				0	0	0	
(9)											
(10)											
(11)											

<u>Pa</u>	rt VII Section A. Officers	, Directors, Tru	stees	s, Ke	y Er	nplo	yees	, an	d Highest Compensated	Employees (continued)				
	(A) Name and title	(B) Average hours per week (list any	bo	x, unle	ess pe	ition more rson i	than or s both r/truste	an	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the			
		hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)		from th organizat and relat organizati	ion ed	
(12)											_			
(13)														
(14)														
(15)			-											
(16)														
(17)														
(18)														
(19)														
1b c d	Sub-total Total from continuation she Total (add lines 1b and 1c) Total number of individuals (in	cluding but not lin	nited	to th		liste	d abo	▶ ▶ ve)	who received more than \$1	00,000 in				
3	Did the organization list any fo employee on line 1a? If "Yes,"	rmer officer, dire	ctor,						ree, or highest compensated	· · · · · · · · · · · · · · · · · · ·		3	Yes	No X
4	For any individual listed on line organization and related organ individual	e 1a, is the sum onizations greater t	f rep han S	ortat \$150	ole co ,000	ompo 7 If "	ensat Yes,	on :	mplete Schedule J for such			4		x
5 Sect	Did any person listed on line 1 for services rendered to the or ion B. Independent Contracto	ganization? If "Ye	ue co s," c	ompe omp	nsat lete S	ion f Sche	rom a	J fo	unrelated organization or inc r such person	dividual		5		Х
1	Complete this table for your five compensation from the organic	re highest compei zation Report coi	nsate nper	ed inc nsati	depe on fo	ndei r the	nt cor cale	ntrac nda	r year ending with or within t	he organization's tax year	7		(C)	
	Name and	(A) d business address							Descrip	(B) tion of services		Com	(C) ipensati	on
				<u>.</u>			·							
				- <u>.</u>										
2	Total number of independent of received more than \$100,000	contractors (included of compensation	ding l from	but n	ot lin	nited nizat	l to th	iose	listed above) who	0				

Pa	ert V	III Statemen Check if S	i t of Reve Schedule C	nue) conta	ains a r	esponse to	any question in th	his Part VIII		
,							(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
ম ম	1a	Federated campaig	ans	1a				16461106		312, 313, 07 314
ant	Ь.	Membership dues	JC	1b			1		1	
٥٤	c	Fundraising events		1c			1		1	
ifts	d			1d			1		1	
3, G	e	Government grants (contra		1e			1		1	
Sign	f	All other contributions, gift	· ·				1		1	
her		and similar amounts not in	cluded above	1f		5,486	1		1	
کِچَ	g	Noncash contributions incl	uded in lines 1a-1	f \$			‡	İ	1	
Contributions, Gifts, Grants and Other Similar Amounts	h	Total. Add lines 1a	1–1f			•	5,486			
		<u> </u>				Busn Code				
Ven	2a	TUITION RE	VENUE				178,036	178,036		
8	Ь	TICKET SAL	ES				122,134	122,134		
Service Revenue	С	MEMBERSHIP	DUES				35,425	35,425		
Ser	d									
Program (е									
rogı	f	All other program s		ue		L				
Δ.	g	Total. Add lines 2a				<u> </u>	335,595	······		······································
	3	Investment income		vidends	, interest	t,				
	_	and other similar a					12			12
	4	Income from invest	tment of tax-	exempt	bond pro	ceeds				· · · · · · · · · · · · · · · · · · ·
	5	Royalties			· · ·	P				
			(ı) Real	-	(II) P	ersonal	1		I	
	6a	Gross rents					1			
	b	Less rental exps					1		1	
	ر. د	Rental inc or (loss)	(lass)				Ī		ŧ	
	7a	Net rental income of Gross amount from	(i) Secunties	1	(n)	Other			=	
		sales of assets	(i) Securities		(11)	Other	1	,	1	
	ь	tess cost or other					1		Į.	
		basis & sales exps					‡		1	
	С	Gain or (loss)					1		I	
		Net gain or (loss)				•	Ī		†	
		Gross income from fu	ndraising even	ı, Г						····
eπι	-	(not including \$	naraioning over						ŧ	
Ve		of contributions report	ed on line 1c)				1		I	
Other Revenue		See Part IV, line 18	•	a		20,682	‡ ‡		‡	
the	ь	Less direct expens	ses	ь		3,590	Į		ł	
ō		Net income or (loss		aising <u>e</u>	vents	•	17,092		İ	17,092
		Gross income from ga					Ī			
		See Part IV, line 19		a			1		1	
	b	Less direct expens	ses	ьĹ			1		1	
	С	Net income or (loss	s) from gamır	ng acti <u>vi</u>	ties	•				
	10a	Gross sales of inve	entory, less				1		Į.	
		returns and allowar	nces	a			1		ł	
	b	Less cost of goods	s sold	ь			-		#	
	С	Net income or (loss		of inver	ntory	•				
		Miscellan	eous Revenue			Busn Code	‡		-	`
	11a	MISCELLANEOU	S				23,195	23,195		
	b									
	С									
	đ	All other revenue								
	е	Total. Add lines 11					23,195	250 700		48 404
	12	Total revenue. Se	e instructions	3		▶	381,380	358,790	0	17,104

Part IX Statement of Functional Expenses

	o not include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
	, 8b, 9b, and 10b of Part VIII.		expenses	general expenses	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	3,950	3 050		
_	the U.S. See Part IV, line 22	3,950	3,950		
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				
6	Compensation not included above, to disqualified				
0	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salanes and wages	90,304	90,304	78	
8	Pension plan accruals and contributions (include				
_	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	7,655	7,655		
11	Fees for services (non-employees)	•			
а					
b	Legal				
С	Accounting	800		800	
d	Lobbying				
е	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of tine 25, column	İ			
	(A) amount, list line 11g expenses on Schedule O)			<u>-</u>	
12	Advertising and promotion	3,753	3,753		
13	Office expenses	11,097	11,097		- · · · · · · · · · · · · · · · · · · ·
14	Information technology				
15	Royalties	10,306	10,306		
16	Occupancy	34,201	34,201		
17	Travel				····
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	422	422		
22	Depreciation, depletion, and amortization	6,409	422	6,409	
23 24	Other expenses Itemize expenses not covered	0,409		0,409	
44	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)			ļ	
а	OUTSIDE SERVICES	55,439	55,439		
b	PROGRAM SUPPLIES & EQUIP	30,145	30,145		
c	PROCESSING FEES	18,328	16,295	2,033	
d	MISCELLANEOUS	7,852	5,895	1,957	
e	All other expenses	16,380	11,132	5,248	
25	Total functional expenses. Add lines 1 through 24e	297,041	280,594	16,447	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 [Indicating Sol 198-2 (ASC 958-720)]				

P	art >	Balance Sheet					
		Check if Schedule O contains a response to any que	estion i	n this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash—non-interest bearing .			64,601	1	101,169
	2	Savings and temporary cash investments			85,002	2	133,195
	3	Pledges and grants receivable, net		-		3	
	4	Accounts receivable, net				4	
	5	Loans and other receivables from current and former office	ectors.		Ė		
		trustees, key employees, and highest compensated employees					
		Complete Part II of Schedule L	,			5	į
	6	Loans and other receivables from other disqualified person	ns (as o	defined under section		Ť	
		4958(f)(1)), persons described in section 4958(c)(3)(B), ar	•				
		sponsoring organizations of section 501(c)(9) voluntary em		· · · · · · · · · · · · · · · · · · ·			
~]	organizations (see instructions) Complete Part II of Sched		lo bononolary		6	
ssets	7	Notes and loans receivable, net		-		7	
Ass	8	Inventones for sale or use			8		
	9	Prepaid expenses and deferred charges			9		
	1	Land, buildings, and equipment cost or	1			<u> </u>	
	'04	other basis Complete Part VI of Schedule D	10a	3,598			
	١,	Less accumulated depreciation	10b	2,749	1,271	10c	849
	11	Investments—publicly traded securities				11	
	12	Investments—other secunties See Part IV, line 11				12	
	13	Investments—program-related See Part IV, line 11				13	· · · · · · · · · · · · · · · · · · ·
	14	Intangible assets	ļ-		14		
	15	Other assets See Part IV, line 11	-	·	15		
	16	Total assets. Add lines 1 through 15 (must equal line 34)	-	150,874	16	235,213	
_	17	Accounts payable and accrued expenses				17	230/223
	18	Grants payable		-		18	
	19	Deferred revenue		-		19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability Complete Part IV of S	Schedu	le D		21	
	22	Loans and other payables to current and former officers, d		<u>-</u>			
Liabilities	22	trustees, key employees, highest compensated employees		·			
Ē		disqualified persons Complete Part II of Schedule L	s, and			22	
Lia	23	Secured mortgages and notes payable to unrelated third p	arties			23	
	24	Unsecured notes and loans payable to unrelated third part		-		24	
	25	Other liabilities (including federal income tax, payables to		third			
		parties, and other liabilities not included on lines 17-24) C					
		of Schedule D				25	
	26	Total liabilities. Add lines 17 through 25		<u> </u>	0	26	0
_		Organizations that follow SFAS 117 (ASC 958), check	here 🌬	X and			
S	(complete lines 27 through 29, and lines 33 and 34.					
ü	27	Unrestricted net assets			150,874	27	235,213
ala	28	Temporarily restricted net assets			28		
9	29	Permanently restricted net assets	Γ		29		
Fu		Organizations that do not follow SFAS 117 (ASC 958),	here > and	· ·			
ō		complete lines 30 through 34.					
ets	30	Capital stock or trust principal, or current funds			30		
155	31	Paid-in or capital surplus, or land, building, or equipment fi			31		
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated income, or compared to the compared		nds		32	
Z	33	Total net assets or fund balances		Γ	150,874	33	235,213
	34	Total liabilities and net assets/fund balances			150,874	34	235,213

orn	n 990 (2012) THE PEACOCK PLAYERS, INC 04-3707634				Pa	ge 12
Pa	art XI 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		3	81,	380
2	Total expenses (must equal Part IX, column (A), line 25)	2		2	97,	041
3	Revenue less expenses Subtract line 2 from line 1	3		-	84,	339
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		1.	50,	874
5	Net unrealized gains (losses) on investments	5				
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Pnor penod adjustments	8				
9	Other changes in net assets or fund balances (explain in Schedule O)	9				
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line					
	33, column (B))	10		2:	35.	213
Pa	art XII Financial Statements and Reporting					
_	Check if Schedule O contains a response to any question in this Part XII					П
					Yes	No
1	Accounting method used to prepare the Form 990 X Cash Accrual Other		ſ			
	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		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or					
	reviewed on a separate basis, consolidated basis, or both					
	Separate basis Consolidated basis Both consolidated and separate basis					
ь	Were the organization's financial statements audited by an independent accountant?			2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a					
	separate basis, consolidated basis, or both					
	Separate basis Consolidated basis Both consolidated and separate basis			ł		
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight			l		
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?			2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in		ŀ			
	Schedule O.			ľ		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in			ļ	j	
	the Single Audit Act and OMB Circular A-133?			3a		x
ь	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the		}	Ja		
_	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits			3b		

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.

Reason for Public Charity Status (All organizations must complete this part) See instructions

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Part !

THE PEACOCK PLAYERS, INC

Employer Identification number 04-3707634

The	orgar		•	it is (For lines 1 through 11, che	•	•							
1	Ц	*		ciation of churches described in	section 1	l70(b)(1)(A)(i).						
2			cribed in section 170(b)(1)(/										
3	Ц	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).											
4	\Box	A medical re	search organization operated	in conjunction with a hospital de	scribed in	section	170(b)(1)(A)(iii).	Enter t	he hosp	otal's name,		
		city, and stat											
5		An organizat	ion operated for the benefit of	a college or university owned or	r operated	by a gove	emment	al unit de	escnbed	l ın			
		section 170	(b)(1)(A)(iv). (Complete Part	II)									
6	Ц	A federal, sta	ate, or local government or go	vernmental unit described in sec	ction 170	(b)(1)(A)(v).						
7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public													
	described in section 170(b)(1)(A)(vi). (Complete Part II)												
8	Ц	A community	trust described in section 1	70(b)(1)(A)(vi). (Complete Part I	1)								
9	X	An organizat	ion that normally receives (1)	more than 33 1/3% of its suppo	rt from co	ntributions	s, memb	ership fe	es, and	gross			
		receipts from	activities related to its exemp	ot functions—subject to certain e	exceptions	, and (2) r	no more	than 33	1/3% of	its			
		support from	gross investment income and	d unrelated business taxable inc	ome (less	section 5	11 tax) fr	om bus	nesses				
		acquired by t	he organization after June 30	, 1975 See section 509(a)(2). ((Complete	Part III)							
10		An organizati	on organized and operated e	xclusively to test for public safety	y See sec	tion 509(a)(4).						
11		An organizati	on organized and operated e	xclusively for the benefit of, to pe	erform the	functions	of, or to	сапу оц	t the				
		purposes of o	one or more publicly supporte	d organizations described in sec	ction 509(a	ı)(1) or se	ction 509	9(a)(2) \$	See sec	tion			
		509(a)(3). Ch	neck the box that describes th	ne type of supporting organization	n and com	plete line:	s 11e thr	ough 11	h				
		a Type	el b Typell	c Type III–Function:	ally integra	ated	d	Тур	e III–No	n-functi	ionally integra	ted	
е		By checking t	this box, I certify that the orga	nization is not controlled directly	or indirec	tly by one	or more	dısqualı	fied per	sons	_		
		other than for	undation managers and other	than one or more publicly suppo	orted orga	nizations	descnbe	d in sect	ion 509	(a)(1)			
		or section 50	9(a)(2)										
f		If the organiz	ation received a written deter	mination from the IRS that it is a	Type I, Ty	pe II, or T	ype III s	upportin	g				
		organization,	check this box										
9		Since August	t 17, 2006, has the organizati	on accepted any gift or contributi	ion from a	ny of the							
		following per	rsons?										
		(i) A person	n who directly or indirectly cor	ntrols, either alone or together wi	ith person	s describe	ed in (ii) a	and				Yes	No
		(III) below	w, the governing body of the s	supported organization?							11g(i)		
		(ii) A family	member of a person describe	ed in (i) above?							11g(ii)		
		(iii) A 35% c	ontrolled entity of a person de	escnbed in (i) or (ii) above?							11g(lii)	
h		Provide the f	following information about th	e supported organization(s)			_						
(1)	Name	of supported	(ii) EiN	(iii) Type of organization	(iv) Is the	organization	(v) Did)	ou notify	(vi)	ls the	(vil) Amount	of monet	ary
	org	organization (described on lines 1-9			in col (i) listed in your governing document? the organization col (i) of your support?								
		above or IRC section (see instructions))											
					Yes	No	Yes	No	Yes	No			
(A)													
					<u> </u>								
(B)						{	ļ						
					<u> </u>								
(C)					ŀ								
(D)													
					ļ								
(E)													
			<u> </u>		<u> </u>				ļ				
<u>Tota</u>				<u> </u>	1.	L			İ				
For F	ape	rwork Reduc	tion Act Notice, see the Ins	tructions for					Schedi	ule A (F	orm 990 or 9	90-EZ	2012

Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2012 THE PEACOCK PLAYERS, INC

Pa	art II Support Schedule for O								
	(Complete only if you ched Part III. If the organization						ualify	under	
500	tion A. Public Support	Tails to quality	under the tests	listed below, p	nease complete	e Fait Hi)			
	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2000	(a) 2010	(4) 2014	(=) 204		(D. T	
Calei	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 201	2	(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	-							
	tion B. Total Support	·	L.,		·	<u> </u>		• • • • • • • • • • • • • • • • • • • •	
	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 201	2	(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 activities, etc. (see instructions)					12		
13	First five years. If the Form 990 is for the o	organization's first,	second, third, fourt	h, or fifth tax year a	is a section 501(c)((3)			
	organization, check this box and stop here						<u> </u>	<u></u>	\perp
Sec	tion C. Computation of Public Su	pport Percent	<u>age</u>	·					
4	Public support percentage for 2012 (line 6,	column (f) divided i	by line 11, column (f))			14	<u> </u>	%
15	Public support percentage from 2011 Schee						15		%
l6a	-			·	1/3% or more, ched	ck this			_
	box and stop here. The organization qualifi							•	
b	33 1/3% support test—2011. If the organiz			=	s 33 1/3% or more,	1			
check this box and stop here . The organization qualifies as a publicly supported organization									
17a									
	10% or more, and if the organization meets		•		•				
	Part IV how the organization meets the "fac	ts-and-circumstand	es" test. The organ	iization qualifies as	a publicly supporte	ed			_
	organization	4 (846			4054=			•	L
þ	10%-facts-and-circumstances test—201	-				ne			
	15 is 10% or more, and if the organization me			•	•	h.,			
	Explain in Part IV how the organization mee supported organization	as me Tacis-and-C	icumstances test	me organization o	quannes as a public	ıy			
18	Private foundation. If the organization did	not check a box on	line 13, 16a, 16b.	17a, or 17b, check	this box and see				نــا

instructions

Page 3

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)

Sec	tion A. Public Support				· ·				
Cale	ndar year (or fiscal year beginning (n) 🕨	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total		
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	35,203	21, 4 99	22,428	39,201	5,486	123,817		
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	227,508	188,880	220,016	256,934	358,790	1,252,128		
3	Gross receipts from activities that are not an unrelated trade or business under section 513								
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf								
5	The value of services or facilities furnished by a governmental unit to the organization without charge								
6	Total. Add lines 1 through 5	262,711	210,379	242,444	296,135	364,276	1,375,945		
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons								
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year				,				
-	Add lines 7a and 7b								
8	Public support (Subtract line 7c from				į				
500	tion B. Total Support	L		1			1,375,945		
	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total		
9	Amounts from line 6	262,711	210,379	242,444	296,135	364,276	(f) Total 1,375,945		
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	353	538	29	32	12			
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	333	330	23	32	12	964		
С	Add lines 10a and 10b	353	538	29	32	12	964		
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on					16,092	16,092		
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)								
13	Total support. (Add lines 9, 10c, 11,		T						
	and 12)	263,064	210,917	242,473	296,167	380,380	1,393,001		
14	First five years. If the Form 990 is for the o		econd, third, fourth	, or fifth tax year as	a section 501(c)(3)	. 🗀		
organization, check this box and stop here Section C. Computation of Public Support Percentage									
				,,	 -	15			
Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f)) Public support percentage from 2011 Schedule A, Part III, line 15							98.78%		
	6 Public support percentage from 2011 Schedule A, Part III, line 15 16 99.00 % Section D. Computation of Investment Income Percentage								
17 Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f))							%		
18 Investment income percentage from 2011 Schedule A, Part III, line 17									
19a	——————————————————————————————————————								
-	17 is not more than 33 1/3%, check this box						► X		
b	33 1/3% support tests—2011. If the organ			· · · · · ·	• •				
	line 18 is not more than 33 1/3%, check this	box and stop here	. The organization	qualifies as a public	cly supported organ	ıızatıon	▶ []		
20	Private foundation. If the organization did	not check a box on I	ine 14, 19a, or 19b	, check this box an	d see instructions		▶ □		

Part IV Su

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 Also complete this part for any 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, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

2012
Open to Public

Inspection Name of the organization Employer identification number THE PEACOCK PLAYERS, INC 04-3707634 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year 2 Aggregate contributions to (during year) Aggregate grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for chantable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Tax Year a Total number of conservation easements 2a Total acreage restricted by conservation easements 2b c Number of conservation easements on a certified historic structure included in (a) 2c d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the Number of states where property subject to conservation easement is located > Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year 6 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B) Yes (i) and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" to Form 990, Part IV, line 8 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items Revenues included in Form 990, Part VIII, line 1 Assets included in Form 990, Part X

4 Describe in Part XIII the intended uses of t	he organization's endowment fu	nds		
Part VI Land, Buildings, and Ed	quipment. See Form 990	, Part X, line 10.		
Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		3,598	2,749	849
e Other		(5)		0.46
Total Add lines 1a through 1e. (Column (d) mus	it equal Form 990. Part X. colum	IN (B), line 10(C))	▶ 1	849

Schedule D (Form 990) 2012

Part VII	Investments—Other Securities. See Form 99	90, Part X, line 12.		
	(a) Description of security or category	(b) Book value	(c) Method o	f valuation
	(including name of security)		Cost or end-of-ye	ar market value
(1) Financial of	denvatives		<u> </u>	
(2) Closely-he	eld equity interests .			
(3) Other				·····
(A)				· · · · · · · · · · · · · · · · · · ·
(B)				
(C)				
(D)				
(E)				<u> </u>
(F)				
(G)				
(H)				
(I)	<u> </u>			
	(6) (11251 0 7 2 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1	<u> </u>	<u> </u>	
Part VIII	Investments—Program Related. See Form 9	90, Part X, line 13.		• • • • • • • • • • • • • • • • • • • •
	(a) Description of investment type	(b) Book value	(c) Method o Cost or end-of-ye	
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				
Total. (Columi	n (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
(1)				
(2)				
(3)				
(4)				
_(5)				
_(6)				
(7)				
(8)				
(9)				· · · · · · · · · · · · · · · · · · ·
(10)				
	n (b) must equal Form 990, Part X, col (B) line 15)	·····		
Part X	Other Liabilities. See Form 990, Part X, line 2	1		
1	(a) Description of liability	(b) Book value	_	
	income taxes			
(2)			_	
_(3)			_	
_(4)			_	
_(5)				
(6)			4	
_(7)			_	
_(8)			_	
			_	
(10)			_	
(11)			_	
	(6)	>		
	C 740) Footnote in Part XIII, provide the text of the footnote to			anization's
liability for unce	ertain tax positions under FIN 48 (ASC 740) Check here if the	text of the footnote has been	n provided in Part XIII	

Sche	dule D (Form 990) 2012 THE PEACOCK PLAYERS, INC	04-35	707634	Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Stater	ments With Revenue p	er Return	
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			
а	Net unrealized gains on investments	2a		
b	Donated services and use of facilities	2b		
С	Recovenes of prior year grants	2c		
d	Other (Describe in Part XIII)	2d		
е	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:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	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	
Pa	art XII Reconciliation of Expenses per Audited Financial State	ments With Expenses	s per Return	
1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			
а	Donated services and use of facilities	2a		
b	Pnor year adjustments	2b		
С	Other losses	2c		
d	Other (Describe in Part XIII)	2d		
е	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:		i l	
а	Investment expenses not included on Form 990, Part VIII, line 7b	_4a		
b	Other (Describe in Part XIII)	4b		
С	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 XIII Supplemental Information

5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional ınformation

Part XIII Supplemental Information (continued)

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete If the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a
Attach to Form 990 or Form 990-EZ.
See separate instructions

OMB No 1545-0047

Open to Public

Inspection Name of the organization Employer identification number THE PEACOCK PLAYERS, INC 04-3707634 Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17 Part I Form 990-EZ filers are not required to complete this part indicate whether the organization raised funds through any of the following activities. Check all that apply Mail solicitations Solicitation of non-government grants internet and email solicitations Solicitation of government grants Phone solicitations Special fundraising events d In-person solicitations 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization (itt) Did fund-(v) Amount paid to (vi) Amount paid to raiser have (i) Name and address of individual (iv) Gross receipts (or retained by) (or retained by) custody or (II) Activity or entity (fundraiser) from activity control of fundraiser listed in organization contributions? col (I) Yes No 2 10

Total

Schedule G (Form 990 or 990-EZ) 2012 THE PEACOCK PLAYERS, INC 04-3707634 Page 2 Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported Part II more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000 (a) Event #1 (b) Event #2 (c) Other events (d) Total events CONCESSIONS OTHER (add col (a) through col (c)) (event type) (event type) (total number) Revenue 9,013 5,850 5,819 20,682 1 Gross receipts 2 Less Contributions 3 Gross income (line 1 minus 9,013 5,850 5,819 20,682 line 2) 4 Cash pnzes 5 Noncash prizes 6 Rent/facility costs **Direct Expenses** 7 Food and beverages 8 Entertainment 2,306 1,284 3,590 9 Other direct expenses 3,590 10 Direct expense summary Add lines 4 through 9 in column (d) 11 Net income summary Combine line 3, column (d), and line 10 Gaming, Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more Part III than \$15,000 on Form 990-EZ, line 6a (b) Pull tabs/instant (d) Total gaming (add Revenue (a) Bingo (c) Other gaming bingo/progressive bingo col (a) through col (c)) 1 Gross revenue 2 Cash prizes Direct Expenses 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses % % Yes % Yes Yes No 6 Volunteer labor 7 Direct expense summary Add lines 2 through 5 in column (d) 8 Net gaming income summary Combine line 1, column d, and line 7 Enter the state(s) in which the organization operates gaming activities Yes Is the organization licensed to operate gaming activities in each of these states? b if "No," explain 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No b If "Yes," explain

Sche	edule G (Form 990 or 990-EZ) 2012 THE PEACOCK PLAYERS, INC	04-3707634 P	age 3
11	Does the organization operate gaming activities with nonmembers?	Yes	No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity		
	formed to administer chantable gaming?	Yes	No
13	Indicate the percentage of gaming activity operated in		
а	The organization's facility	13a	<u>%</u>
þ	An outside facility	[13b]	<u>%</u>
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records		
	Name ▶		
	Address ►		
15a	•	Yes	□ Na
b	revenue? If "Yes," enter the amount of gaming revenue received by the organization ▶ \$	and the	
b	amount of gaming revenue retained by the third party ► \$		
С	If "Yes," enter name and address of the third party		
	Name ►		
	Address ▶		
16	Gaming manager information		
	Name ▶		
	Gaming manager compensation ► \$		
	Description of services provided ▶		
	Director/officer Employee Independent contractor		
17	Mandatory distributions		
а	Is the organization required under state law to make chantable distributions from the gaming proceeds to		
	retain the state gaming license?	Yes [No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or		
	spent in the organization's own exempt activities during the tax year ▶ \$	······································	
Pai	rt IV Supplemental Information. Complete this part to provide the explanations requ		
	columns (III) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as app	blicable. Also complete this	
	part to provide any additional information (see instructions)		

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

2012
Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

THE PEACOCK PLAYERS, INC

Employer identification number 04-3707634

FORM 990, PART VI, LINE 7A - ELECTION OF MEMBERS AND THEIR RIGHTS BOARD MEMBERS ELECTED THROUGH VOTE OF EXISTING GROUP MEMBERS.

FORM 990, PART VI, LINE 8B - DOCUMENTATION BY COMMITTEE EXPLANATION
THERE WERE NO COMMITTES THAT COULD ACT ON BEHALF OF THE GOVERNING BODY.

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990 NO REVIEW WAS OR WILL BE CONDUCTED.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION AVAILABLE THROUGH THE ORGANIZATION'S WEBSITE.

Form **4562**

Name(s) shown on return

Depreciation and Amortization

(Including Information on Listed Property)

OMB No 1545-0172

2012

Department of the Treasury Internal Revenue Service

(99)

► See separate instructions.

Attach to your tax return.

Attachment Sequence No 179

Identifying number

	THE PEA	COCK PLAYE	RS, INC				04-	3/0	/634
	ss or activity to which this form relates								
_	DIRECT DEPRECIATI		ante Unalan Cas	4in 470					
Pa	rt I Election To Expension Note: If you have a				omole	ate Part			
			, complete ran	v bejole you c	JUITIPIE	sie Fait		1	500,000
1	Maximum amount (see instructions) Total cost of section 179 property p		inetri ictione)					2	300,000
2	Threshold cost of section 179 property p			tructions)				3	2,000,000
3	Reduction in limitation. Subtract line							4	
4 _	Dollar limitation for tax year Subtract line			ed filmo separately, s	ee instru	ctions		5	
<u>5</u> 6	(a) Description		loos, sitter o ii iiidii	(b) Cost (business use o		1	Elected cost	<u> </u>	
•				<u></u>					
		 		N=-	-				
7	Listed property Enter the amount fr	om line 29			7				
8	Total elected cost of section 179 pr		ın column (c), lines	6 and 7				8	•
9	Tentative deduction Enter the sma							9	
0	Carryover of disallowed deduction f							10	-
1	Business income limitation Enter th			han zero) or line 5 (see ins	tructions)		11	
2	Section 179 expense deduction Ad							12	
3	Carryover of disallowed deduction t			<u> </u>	13				
	: Do not use Part II or Part III below f	or listed property ins	stead, use Part V						
Pa	rt II Special Depreciati	on Allowance a	nd Other Depr	eciation (Do ne	ot incl	ude liste	d proper	ty.) (S	See instructions)
14	Special depreciation allowance for o	qualified property (oth	ner than listed prope	erty) placed in service	ce				
	during the tax year (see instructions	s)						14	
15	Property subject to section 168(f)(1) election						15	
16	Other depreciation (including ACRS	5)						16	422
Pa	rt III MACRS Depreciati	on (Do not inclu	ide listed prope	<u>rty) (See instru</u>	ctions	:)			
			Secti	on A				r	
7	MACRS deductions for assets place	ed in service in tax ye	ears beginning before	re 2012				17	0
8	If you are electing to group any assets placed in								
	Section B—A	Assets Placed in Se			e Gen	eral Depre	ciation Sy	stem	
_	(a) Classification of property	(b) Month and year placed in service	(c) Basis for deprec (business/investment only-see instruction	use	(e)	Convention	(f) Metho	od	(g) Depreciation deduction
9a	3-year property								
b	5-year property								
С	7-year property				ļ				
d	10-year property								
е	15-year property				ļ				· •
f	20-year property								
_	25-year property			25 yrs	-		S/L		
h	Residential rental	·		27 5 yrs		MM	S/L	-	
	property			27 5 yrs		MM	S/L		
i	Nonresidential real		<u> </u>	39 yrs	+	MM	S/L	-	
	property	. 51	-i Di 0040 T		A 14	MM D	S/L		
		sets Placed in Sen	lice During 2012 1	ax rear Using the	Altern	ative Depi		system	· · · · · · · · · · · · · · · · · · ·
	Class life				 		S/L		
	12-year		 	12 yrs	+		S/L		
	40-year		1	40 yrs	<u> </u>	MM	S/L		
	rt IV Summary (See inst								
21	Listed property Enter amount from		40 00 ·					21	
22	Total. Add amounts from line 12, lin				ı Enter	nere			422
	and on the appropriate lines of your					T		22	422
23	For assets shown above and place		e current year, ente	a tre	22	[
	portion of the basis attributable to s	ection zbaa costs			23	L			