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Department of the Treasury

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 private foundations)

▶ Do not enter Social Security numbers on this form as it may be made public.

2013 Open to Public

OMB No 1545-0047

inter	nai Revenue Servic	Information about Form 990 and its instructions is at ww	w irs gov/form990.		I mspection
A	For the 2013	calendar year, or tax year beginning $07/01/13$, and ending $06/3$	0/14	_	
B B	Check if applicable	C Name of organization		D Employ	er identification number
\neg	Address change	The Peoria Players			
닉	Addiess cliarge	Doing Business As	-	37-	0460200
	Name change	Number and street (or P O box if mail is not delivered to street address)	Room/suite		one number
\Box	Initial return		1.00,,,,,,,		
=		4300 N. University St.		309	-688-4473
=	Terminated	City or town, state or province, country, and ZIP or foreign postal code			
	Amended return	Peoria IL 61614	<u>,</u>	G Gross rece	eipts
	Application pending	F Name and address of principal officer	H(a) Is this a gro	num enhum for au	bordinates? Yes X No
ب	, , , , , , , , , , , , , , , , , , , 		n(a) is this a git	oup return for St	nonuniales Tes A no
			H(b) Are all sub	ordinates indi	uded? Yes No
			If "No,	" attach a list ((see instructions)
	Tax-exempt status	X 501(c)(3) 501(c) () ◀ (insert no) 4947(a)(1) or 527			
÷		www.peoriaplayers.org	H(c) Group exe	matran arreba	. 🕒
<u>J</u>				inplion riumbe	
K.	Form of organizatio		L Year of formation		M State of legal domicile 11
<u> </u>		ummary			
	1	escribe the organization's mission or most significant activities			
9	Pro	vide training for local talent			
ä					
E.					
8	2 Check t	his box I if the organization discontinued its operations or disposed of more that	in 25% of its net as:	sets	
<u>س</u>	3 Number	of voting members of the governing body (Part VI, line 1a)		3	18
Se		of independent voting members of the governing body (Part VI, line 1b)		4	18
Ę	l .	mber of individuals employed in calendar year 2013 (Part V, line 2a)		5	2
Activities & Governance	!		7	6	0
Ř		related business revenue from Part VIII, column (C), line 2		7a	7,232
		related business revenue from Fart VIII, column (6), line	၂၀၀	7b	4,363
	b Net unr	elated business taxable income from Form 990-T, line 34 [2]			Current Year
	O Combrib	utions and grants (Part VIII, line 1h)	`) ————————————————————————————————————	0,351	17,369
e	1		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	6,349	226,013
Revenue	1	n service revenue (Part VIII, line 2g) ent income (Part VIII, column (A), lines 3, 4, and 7d)	T 1 - 1 - 2	 	
& <	1	The same and the s		51	33
: -		evenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		5,403	33,056
	12 Total re	venue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)		2,154	<u>276,471</u>
	13 Grants	and similar amounts paid (Part IX, column (A), lines 1-3)		1,500	1,000
	14 Benefits	paid to or for members (Part IX, column (A), line 4)			0
Ś	15 Salaries	s, other compensation, employee benefits (Part IX, column (A), lines 5–10)	6	7,240	68,239
nses	16a Profess	ional fundraising fees (Part IX, column (A), line 11e)			0
Expe	b Total fu	ndraising expenses (Part IX, column (D), line 25) ▶ 0	:		
Ж	17 Other e	xpenses (Part IX, column (A), lines 11a-11d, 11f-24e)	18	4,590	200,702
		penses Add lines 13–17 (must equal Part IX, column (A), line 25)		3,330	269,941
	1	e less expenses Subtract line 18 from line 12		1,176	6,530
> 8	g revenu	c loss expenses outstract line to from line 12	Beginning of Cu		End of Year
Net Assets or	a 20 Total as	sets (Part X, line_16)		4,885	93,159
589	21 Total lia	bilities (Part X, line 26)		8,255	39,999
Ę	22 Net ass	ets or fund balances Subtract line 21 from line 20		6,630	53,160
		ignature Block //		0,000	33,100
U	Inder penalties o	f penury I declare that I have examined this return, including accompanying schedules and sta complete. Declaration of preparer (gither than officet) is based on all information of which prep	atements, and to the b	est of my kn	owledge and belief, it is
	te, conect, and	complete Devial author of preparer trainer than onlogads based on all information of which prep	arci rias ariy knowled		1//
	•	Jesep World			7 4 70
Si	gn 📗 🚩 🖊	Signature of officer /		Date	, ,
He	re 📗	Steve Bortolotti Pre	sident		
_	🖊	Type or print name and title			
	Print/T	pe preparer's name Preparer's signature	Date	Check	if PTIN
Pai	id Steve	en M. Cushing Steven Mlushing	02/02	2/15 self-em	ployed P00547107
Pre	eparer Firm's	Detrom Combon 5 Agges Itd		Firm's EIN	37-1107747
	e Only	2920 West Lake Avenue			<u> </u>
	·	. Doomin II 61615 2710		Ohone ee	309-688-6607
N 4 -				Phone no	
_	<u>- </u>	uss this return with the preparer shown above? (see instructions)			
FOI	r Paperwork Re	duction Act Notice, see the separate instructions.			Form 990 (2013)

G17

Form 990 (2013)	The Peoria Playe	ers	37-0460200	Page 2
	statement of Program Sei	-		
		ns a response or note to any li	ne in this Part III	<u></u>
	ribe the organization's mission training for lo	cal talent		
110,100				
				•
-				
		nt program services during the year w	hich were not listed on the	□ ,
•	990 or 990-EZ? scribe these new services on Sch	andula O		Yes X No
	scribe these new services on Sch anization cease conducting, or m	ake significant changes in how it cond	lucts, any program	
services?	anization doddo doniddotting, of the	and digitimed in distinguish in the in a serie	react, any program	Yes X No
If "Yes," des	scribe these changes on Schedu	le O.		
		accomplishments for each of its three		
		rganizations are required to report the	amount of grants and allocations	to others,
the total exp	penses, and revenue, if any, for e	each program service reported		
4a (Code) (Expenses \$	175,811 including grants of \$	1,000) (Rev	renue \$ 226,013)
		ntation of plays a		
		the theater and t		
		rk among its membe		
_		•		
4b (Code) (Expenses \$	including grants of \$) (Rev	renue \$
				
4c (Code) (Expenses \$	including grants of \$) (Rev	venue \$
		•		
			•	
	•			
4d Other progra	am services (Describe in Sched	ule O)		
(Expenses		cluding grants of \$) (Revenue \$)
	am service expenses >	175,811		
DAA				Form 990 (2013)

Part IV	Checklist o	f Doguirod	Sahadulas
PART IV	CHECKUSLO	i Reuullea	ochequies

	•		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 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	1 2	X X	
	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to		-22	
3	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)	<u> </u>		
7	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
3	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,			
	Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors	Ť		
•	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,	Ť		
•	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	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a	X	
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	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		X
d	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	11d		<u> </u>
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	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		<u> </u>
b	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 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		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			v
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		<u> </u>
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	4-		v
	for any foreign organization? 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 other	40		v
	assistance to or for foreign individuals? 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	47		y
40	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	40		y
40	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	10		х
20-	If "Yes," complete Schedule G, Part III Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	19 20a	\vdash	X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a 20b		43
	is 169 to time 50d' did rule distance attach a roby or its agriced interioral statements to time retains.	200		

Forn	1990 (2013) The Peorla Players 37-0460200		P	age
Pa	art IV Checklist of Required Schedules (continued)		T	
24	1	<u> </u>	Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	21		x
22	government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States	21_		^
22	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		 	
23	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			
TU	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K If "No," go to line 25a	24a		х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a				
	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		х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If so, 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	28a		X
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		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III,			
	or IV, and Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	. 35a		X
b	If "Yes" to line 35a, 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	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	. 36	 	X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			~
••	Part VI	37	 	X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and		l l	l

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

Pa	Check if Schedule O contains a response or note to any line in this Part V			П
	Officer if Schedule O contains a response of note to any line in this Fart V	-	Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable		.03	
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b			ĺ
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			ĺ
	reportable gaming (gambling) winnings to prize winners?	_1c		х
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 2			İ
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)			ĺ
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Х	<u> </u>
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3ь	X	ļ
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			į
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
_	account)?	4a		X
Þ	If "Yes," enter the name of the foreign country			
F	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts		•	х
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a 5b		X
p p	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 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	30		
U.	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	<u> </u>		
-	qifts were not tax deductible?	6ь		ĺ
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a_		Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		Ĺ
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7с		X
đ	If "Yes," indicate the number of Forms 8282 filed during the year 7d	_		
е	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 benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		X
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting			ĺ
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		1
9	Sponsoring organizations maintaining donor advised funds.	-		
а	Did the organization make any taxable distributions under section 4966?	9a		ĺ
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter.			
а	Initiation fees and capital contributions included on Part VIII, line 12		:	ĺ
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			1
11	Section 501(c)(12) organizations. Enter			ĺ
а	Gross income from members or shareholders			İ
b	Gross income from other sources (Do not net amounts due or paid to other sources			ĺ
	against amounts due or received from them.)	_		ĺ
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		<u> </u>
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			ĺ
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			
þ	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 Enter the amount of reserves on hand 13b 13c	- `		ĺ
C 142	Enter the amount of reserves on hand Did the organization receive any payments for indoor tanning services during the tax year?	14a		×
14a b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14a		^
	in 160, mas it med a reminize to report mess payments. In 160, provide an explanation in obtribute o			

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" Part VI 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 or note to any line in this Part VI X Section A. Governing Body and Management Yes No 18 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 18 1b 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 X any other officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct 3 supervision of officers, directors, or trustees, or key employees to a management company or other person? 3 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 6 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 members of the governing body? 7a b 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. X а The governing body? 8a 8b X b Each committee with authority to act on behalf of the governing body? 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 X 10a Did the organization have local chapters, branches, or affiliates? 10a 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 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 X 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 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 was done 12c 13 Did the organization have a written whistleblower policy? 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 independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official 15a **b** Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement X with a taxable entity during the year? 16a 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 take steps to safeguard the organization's exempt status with respect to such arrangements? 16b Section C. Disclosure IL 17 List the states with which a copy of this Form 990 is required to be filed Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) 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, and 19 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 > Sherry Haschke 4300 N. University St. IL 61614 309-688-4473 Peoria

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

Check if Schedule O contains a response or note to any line in this Part VII

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year
- 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.

Comparison of the comparison	(A) Name and Title	(B) Average hours per week (list any	bo	x, unle	inless person is both an r and a director/trustee)				(D) Reportable compensation from the	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
Director		related organizations below dotted	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former		(W-2/10 99- MISC)	organization and related
Director 0.00 X	(1) Sandy Cheeseman										
Director Director		1									
Director		0.00	X				\vdash		0		0
Director 0.00 X 0 0 0 0 0 0 0 0	(2) Jeremy Kelly	0.00									
(3) Susan Knobloch	Director		v						0	'n	0
Director		0.00	A	-	-	<u> </u>	\vdash				
Director 0.00 X	(3) Dubuii Milobiocii	0.00									
(4) Katie McLuckie 0.00 0	Director	9	X						l o	0	0
Treasurer			<u> </u>								
Column	• •	0.00									
President			X		Х				0	0	0
President 0.00 X X 0 0 0 0 0 0 0	(5) Steve Bortolotti						ĺ				
Director					ł				_	_	
Director 0.00 X 0 0 0		0.00	X	<u> </u>	X	_	-		0	0	0
Director 0.00 X 0 0 0 0	(6) Sarah Blume				ŀ	1	1				
O	-	1	,,						_	^	0
Director 0.00 X 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		0.00	<u> </u>	-	├		+		0	0	<u> </u>
Director 0.00 X 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	(/)BOINITE Larson	0.00					1 1				
(8) Amy De Trempe-Williams	Director		v		1				1	0	٥
Director 0.00 X 0 0 0 0 0 0 0 0			 ^	 	╁╴				<u>~</u>		
Director 0.00 X 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	(o)12 20 110pc				ŀ						
(9) Jolene Cote 0.00 Director 0.00 (10) Sharon Stanard 0.00 Director 0.00 (11) Mary Keltner 0.00 Director 0.00 0.00 0 0 0 0 0 0 0 0 0 0 0	Director	L	x		ļ				0	0	0
Director 0.00 X 0 0 0 (10) Sharon Stanard 0.00 X 0 0 0 0 Director 0.00 X 0 0 0 0 0 (11) Mary Keltner 0.00 X 0 0 0 0 0 Director 0.00 X 0 0 0 0 0											
0.00		0.00		ļ	j						
Director 0.00 X 0 0 0 0 0 0 0 0		0.00	X		_				0	0	0
Director 0.00 X 0 0 0 (11)Mary Keltner 0.00 X 0 0 0 Director 0.00 X 0 0 0	(10)Sharon Stanard					ŀ			•		
0.00 Director 0.00 X 0 0 0										_	_
0.00 0 0 0 0 0 0 0 0 0		0.00	X	ļ	ļ	<u> </u>	\sqcup		0	0	0
Director 0.00 X 0 0	(11)Mary Keltner	0.00				1					
	Dáma sa sa							1	_	_	
		0.00	X	J	<u> </u>	<u> </u>			<u> </u>		

Part VII Section A. Officers	, Directors, Tru	ıstee	es, K	ey E	mpl	oyee	s, a	nd Highest Compensated	Employees (continued)				
(A) . Name and title	(B) Average hours per week (list any	bo	x, uni	Pos check ess pe	erson	than o is both	an	(D) Reportable compensation from the	(E) Reportable compensation from related organizations		(F) Estimate amount other compens.	ted t of r ation	
	hours for related organizations below dotted line)	or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)		from the organization and relations organization	ation ated	
(12)Erin Miller	0.00												
Vice President	_0.00	x		x			<u>.</u>	0	0				0
(13)Debra Stefanik							İ						
Dimerkon	0.00												^
Director (14)David Sanders	0.00	X		H	├		<u> </u>	0	0				0
(14)David Ballacis	0.00							,					
Director	0.00	\mathbf{x}	Ĺ					o	0				0
(15) Steve Montez										ļ			
	0.00	İ	ł	ŀ				_		İ			_
Director Cincilla	0.00	X	<u> </u>	[ļ	_		0	0				0
(16)Megan Cipolla	0.00						ł						
Secretary	0.00	x		x			ĺ	0	o				0
(17) Jimmy Ulrich		1==	f	1									
	0.00						İ						
Director	0.00	X	ļ			ļ		0	0				0
(18) Carole Rogers	0.00												
Director	0.00	x					İ	0	o				0
(19)	0.00	1	\vdash	<u> </u>	╁		\vdash						
()	[l			•			
			<u>L</u>										
1b Sub-total							•			 			
c Total from continuation she	ets to Part VII,	Sect	ion /	4					<u> </u>				
d Total (add lines 1b and 1c) 2 Total number of individuals (in	cluding but not	limite	ed to	thos	se lis	ted a	bov	re) who received more than	\$100,000 in	<u> </u>			
reportable compensation from			_										
2 Dud the assessment on list and for				.	.			lovos, er hisboot sombonos	atod			Yes	No
3 Did the organization list any for employee on line 1a? If "Yes,"								loyee, or nighest compensa	ateu		3		x
4 For any individual listed on lin													
organization and related organization	nizations greater	thai	ո \$1:	50,00	007 I	f "Ye	s," (complete Schedule J for su	ch		4	İ	x
5 Did any person listed on line 1									r individual				
for services rendered to the or		es,"	con	plet	e Sc	hedu	le J	for such person			5		<u> </u>
Section B. Independent Contractor1 Complete this table for your fire			atod	ınde	nenc	lent (cont	ractors that received more	than \$100,000 of				
compensation from the organi	zation Report o							dar year ending with or with	nin the organization's tax ye	ear			
Name and	(A) business address							Descrip	(B) toon of services		Cor	(C) mpensat	nod
													
							1				 		
							ł				1		
							\vdash						
							_				<u> </u>		
2 Total number of independent	contractors (1		- h		lum	od +-	110	sea listed should who			 		
2 Total number of independent received more than \$100,000	of compensation	n fro	m th	e org	anız	ation	1 🕨		0				
DAA											For	n 990	(2013)

	14 W	Check if Sche		a response o	or note to any line i	in this Part VIII		
					(A) · Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ıts	1a	Federated campaigns	1a				-	
ran	b	Membership dues	1b			-		
Ğ,	c	Fundraising events	1c			ŧ		
iifts ar A	d	Related organizations	1d		1	į.	ļ	
s, G Hilli	е	Government grants (contributions) 1e	6,550		[
Si	f	All other contributions, gifts, grant	·		1	· ·	į	
but		and similar amounts not included		10,819		1		
ĒŽ	g	Noncash contributions included in	lines 1a-1f \$			1	Į	
Cor	h	Total. Add lines 1a-1f	•	▶	17,369	1		
en				Busn Code				
/en	2a	Ticket Sales			214,929	214,929	Ī	
æ	b	Costume rental:	В		5,874	5,874		
/ice	С	Awards Income			3,650	3,650		
Sen	d	Membership Due	8		1,560	1,560		
Ë	е	_						
Program Service Revenue Contributions, Gifts, Grants	f	All other program service	e revenue					
ď	g	Total. Add lines 2a-2f		•	226,013			
	3	Investment income (incl	luding dividends, into	erest,				
		and other similar amour	nts)	▶	33			33
	4	Income from investmen	t of tax-exempt bond	d proceeds ▶				
	5	Royalties		> _				
		(1)	'	ıı) Personal	•	[
	6a	Gross rents	5,880			. [
	b	Less rental exps						
	С	Rental inc or (loss)	5,880					
	ď	Net rental income or (lo	ss)	•	5,880			5,880
	/a	Gross amount from sales of assets (i) S	ecunties	(ii) Other	-	1		
		other than inventory				1		
	b	Less cost or other				1	į.	
		basis & sales exps				İ		
	С	Gain or (loss)				Ī		
	d	Net gain or (loss)						
<u>o</u>	8a	Gross income from fundrais	sing events					
an C		(not including \$						
ě		of contributions reported on	line 1c)					
Other Revenu		See Part IV, line 18	a	14,539		•	ŀ	
Ě		Less direct expenses	b[3,070		1		
Ü		Net income or (loss) fro		s 🕨	11,469			11,469
	9a	Gross income from gaming	activities				[
		See Part IV, line 19	a	1,838			•	
	1	Less direct expenses	b	99		ł		
		Net income or (loss) fro		<u> </u>	1,739			1,739
	10a	Gross sales of inventor	· · · · · · · · · · · · · · · · · · ·			İ	,	
	1	returns and allowances		7,921		1		
		Less. cost of goods sold		1,458		1		
	<u> </u>	Net income or (loss) fro			6,463			6,463
	<u> </u>	Miscellaneous R		Busn. Code				••
	11a	Program Acknowle	•	541800			7,232	- <u>-</u> -
	b	Miscellaneous Ir	come	-	273			273
	С							····
	d	All other revenue .						
	е	Total. Add lines 11a-11			7,505	000.000		
	12	Total revenue. See ins	tructions	▶	276,471	226,013	7,232	25,857

Part IX Statement of Functional Expenses

Secti	on 501(c)(3) and 501(c)(4) organizations must contains a respiration of the contains a respirati			olete column (A)	——————
Do n	ot include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in				
	the U.S. See Part IV, line 22	1,000	1,000		
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	U.S. See Part IV, lines 15 and 16		<u> </u>		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	63,411	···	63,411	·
8	Pension plan accruals and contributions (include			ł	
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	4,828		4,828	
11	Fees for services (non-employees)			ŀ	
а	Management				
b	Legal				
С	Accounting	3,400		3,400	
d	Lobbying				
е	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25, column			Ì	
	(A) amount, list line 11g expenses on Schedule O)				
12	Advertising and promotion	1,942	1,942		
13	Office expenses				
14	Information technology				
15	Royalties	74 777	24 222		
16	Occupancy	14,111	14,111		·
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	9,388	9,248	140	
22	Depreciation, depletion, and amortization	9,300	9,240	140	
23	Insurance				·
24	Other expenses Itemize expenses not covered		ŧ	1	
	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) Production expenses	119,970	119,970		
a	Utilities	22,969	22,969		
b	Bank charges	5,556	24,303	5,556	
c d	Insurance	4,249		4,249	
_	All other expenses	19,117	6,571	12,546	·····
	·	269,941	175,811	94,130	0
<u>25</u> 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	203,311	2/3/022	31,130	
	following SOP 98-2 (ASC 958-720)			ļ.	

Balance-Sheet Part X Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 1 Cash-non-interest bearing 32,077 44,449 Savings and temporary cash investments 2 2 Pledges and grants receivable, net 3 3 476 519 Accounts receivable, net 4 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L 5 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L 7 Notes and loans receivable, net Inventories for sale or use 8 12,305 22,626 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or 267,485 other basis Complete Part VI of Schedule D 10a 10b 241,920 30,020 10c 25,565 b Less: accumulated depreciation 11 11 Investments-publicly traded securities 12 12 Investments-other securities See Part IV, line 11 Investments-program-related. See Part IV, line 11 13 13 14 14 Intangible assets 15 15 Other assets. See Part IV, line 11 74,885 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 2,552 17 Accounts payable and accrued expenses 17 18 18 Grants payable 19 19 Deferred revenue 20 20 Tax-exempt bond liabilities Escrow or custodial account liability Complete Part IV of Schedule D 21 21 Loans and other payables to current and former officers, directors, Liabilities trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L 22 23 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X 25,703 25 32,738 of Schedule D 28,255 26 39,999 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here ▶ Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. 46,630 53,160 27 Unrestricted net assets Temporanly restricted net assets 28 28 29 Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here complete lines 30 through 34. 30 Capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building, or equipment fund 31 31 32 Retained earnings, endowment, accumulated income, or other funds 46,630 53,160 33 33 Total net assets or fund balances 74,885 93,159 Total liabilities and net assets/fund balances 34

om	1 990 (2013) The Peorla Players	3/-0460200			Pa	ge 12
Pa	rt XI Reconciliation of Net Assets		•			
	Check if Schedule O contains a response or note to any line	n this Part XI		_		
1	Total revenue (must equal Part VIII, column (A), line 12)		1	2	76,	471
2	Total expenses (must equal Part IX, column (A), line 25)		2	2	69,	941
3	Revenue less expenses. Subtract line 2 from line 1		3		6,	530
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, co	olumn (A))	4		46,	630
5	Net unrealized gains (losses) on investments		5			
6	Donated services and use of facilities		6			
7	Investment expenses		7			
8	Prior period 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 e	qual Part X, line				
	33, column (B))	,	10	!	53,	160
Pa	art XII Financial Statements and Reporting		· · · · · · · · · · · · · · · · · · ·			
	Check if Schedule O contains a response or note to any line	n this Part XII				
					Yes	No
1	Accounting method used to prepare the Form 990. Cash X Accru	al Other		_		
	If the organization changed its method of accounting from a prior year or check	ed "Other," explain in		_		
	Schedule O					
2a	Were the organization's financial statements compiled or reviewed by an indep	endent 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					
	X Separate basis Consolidated basis Both consolidated and	separate basis				
ь	Were the organization's financial statements audited by an independent account	ntant?		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				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes	responsibility for oversight				
	of the audit, review, or compilation of its financial statements and selection of	an independent accountant?		2c		X
	If the organization changed either its oversight process or selection process du	ring the tax year, explain in				
	Schedule O					
3a	As a result of a federal award, was the organization required to undergo an aud	it or audits as set forth in				
	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 organi	zation did not undergo the				
	required audit or audits, explain why in Schedule O and describe any steps tak	en to undergo such audits		3ь		

Form **990** (2013)

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.

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

2013

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

The Peoria Players

Employer identification number 37 - 0460200

Pa	irt l	Reas	on for Public Charity	Status (All organizations	must co	mplete	this pa	art.) Se	e inst	ruction	าร			
he (orga	nization is not	a private foundation because	se it is (For lines 1 through 11, o	check only	one box)							
1	Ň			ociation of churches described										
2	П		cribed in section 170(b)(1)(
3	Ħ			ce organization described in sec	ction 170	(b)(1)(A)(iii).							
4	H	·	•	d in conjunction with a hospital of			-)(1)(A)(i	ii) Ente	er the h	osnital's	name	.	
7	Ш	city, and state		a in conjunction with a nospital v	acscribed	50000		<i>,</i> , , , , , , , , , , , , , , , , , ,			oopitai	, ,,,,,,,,	••	
5	\Box	•	-	of a college or university owned	or operate	ad by a a	overnme	ntal unu	t docon	hod in				
3	Ш				or operate	su by a gi	Overmine	illai ulli	(uescii	Dea III				
_	$\overline{}$	•	b)(1)(A)(iv). (Complete Part	•	414=	A/I. V/4V/A								
6														
7														
	described in section 170(b)(1)(A)(vi). (Complete Part II)													
8	A community trust described in section 170(b)(1)(A)(vi). (Complete Part II)													
9														
		receipts from	activities related to its exen	npt functions—subject to certain	exception	ns, and (2	2) no mo	re than	33 1/3%	% of its				
		support from	gross investment income ai	nd unrelated business taxable in	come (les	ss section	1511 tax	t) from b	usines	ses				
		acquired by t	he organization after June 3	0, 1975. See section 509(a)(2)	. (Comple	te Part III)							
10		An organizati	ion organized and operated	exclusively to test for public safe	ety See s	ection 50	09(a)(4).							
11		An organizati	on organized and operated	exclusively for the benefit of, to	perform th	ne functio	ns of, or	to carry	out the	9				
		purposes of o	one or more publicly support	ted organizations described in se	ection 509	(a)(1) or	section	509(a)(2	2) See	section	1			
		509(a)(3). Ch	neck the box that describes t	the type of supporting organizati	on and co	mplete lii	nes 11e	through	11h					
		a Type	b Type II	c Type III—Functions	ally integra	ated	d [Тур	e III–No	n-funct	ionally i	ntegra	ited	
е		By checking t	this box, I certify that the org	janization is not controlled direct	tly or indir	ectly by c	ne or m	ore disc	ualified	person	s			
			•	er than one or more publicly sup	-									
		or section 50	9(a)(2)											
f			, , , ,	ermination from the IRS that it is	a Type I.	Type II, o	or Type	III suppo	orting			•		
		. •	check this box		31 · ·	, .	,,	• • •	J					
		-		tion accepted any gift or contrib	ution from	any of th	ne					•		ш
g		following per	_	mon described any girt or continu		,								
		* -		ontrols, either alone or together	with ners	ne docor	shed in (u) and					Yes	No
			-	-	with perse	nis desa	ined iii (ii) aliu				110(1)	163	100
		• •	w, the governing body of the	•								11g(i)		├──
		• •	member of a person describe	**								11g(ii)	\vdash	
			•	described in (i) or (ii) above?								11g(iii	1	
h				he supported organization(s)	Learn		4384		6.3					
(i		e of supported ganization	(II) EIN	(iii) Type of organization (described on lines 1–9		organization sted in your		ou notify	organizat	is the non in col	(VII) /	4mount : supp		tary
	U . §	junizuus.		above or IRC section		document?	col (i)	of your	(i) organi	zed in the				
				(see instructions))		1		port?	 	\$? 				
					Yes	No	Yes	No	Yes	No				
A)							ĺ		Ì					
					ļ				 					
B)						•		1						
C)					i	ŀ		İ		l l				
										[
D)														
•					<u> </u>									
E)					1									
•			1			1	•							
			/											
				1			l	i	1	1				

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I 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	·				•	
Caler	dar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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 5	Total. Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4				<u> </u>		
	tion B. Total Support			r	1		T
	dar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7 8	Amounts from line 4 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					<u> </u>	
12 13	Gross receipts from related activities, etc First five years. If the Form 990 is for the	•	t, second, third, fo	urth, or fifth tax ye	ear as a section 50	1(c)(3)	
	organization, check this box and stop her						<u> </u>
	tion C. Computation of Public Su	<u> </u>					
14	Public support percentage for 2013 (line 6		-	n (t))		14	%
15	Public support percentage from 2012 Sch			12. and line 14 is	22 1/29/ or more	15	%
тьа	33 1/3% support test—2013. If the organ box and stop here. The organization qual				33 1/3% of filole,	CHECK UIIS	▶ □
b	33 1/3% support test—2012. If the organicheck this box and stop here. The organic	zation did not che	ck a box on line 1	3 or 16a, and line	15 is 33 1/3% or m	ore,	▶ □
17a		3. If the organizati	on did not check a rcumstances" test	a box on line 13, 1 , check this box a	nd stop here. Exp	aın ın	▶ □
b	10%-facts-and-circumstances test—201 15 is 10% or more, and if the organization Explain in Part IV how the organization me supported organization	meets the "facts-a	ind-circumstances	test, check this	box and stop here	•	▶ □
18	Private foundation. If the organization di instructions	d not check a box o	on line 13, 16a, 16	6b, 17a, or 17b, ch	neck this box and s	 ee	▶ 🗆
	_ · · · · ·	 					

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						
Caler	ndar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any *unusual grants *)	18,311	14,960	11,525	30,351	17,369	92,516
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's fax-exempt purpose	182,411	181,730	240,137	186,349	226,013	1,016,640
3	Gross receipts from activities that are not an unrelated trade or business under section 513	4,037	4,878	7,178	5,386	8,927	30,406
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	204,759	201,568	258,840	222,086	252,309	1,139,562
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
8	Public support (Subtract line 7c from			1		:	
	line 6)			1			1,139,562
	ction B. Total Support				<u></u> T		
	ndar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9	Amounts from line 6	204,759	201,568	258,840	222,086	252,309	1,139,562
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	10,357	4,254	996	76	5,913	21,596
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b	10,357	4,254	996	76	5,913	21,596
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	10,736	11,133	17,127	10,244	17,607	66,847
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,				ŀ		
	and 12)	225,852	216,955	276,963	232,406	275,829	1,228,005
14	First five years. If the Form 990 is for the organization, check this box and stop her	е		urth, or fifth tax yea	r as a section 501	(c)(3) 	. •
Sec	ction C. Computation of Public Su		- -				
15	Public support percentage for 2013 (line 8			n (f))		15	92.80%
16	Public support percentage from 2012 Sch					16	93.53%
	ction D. Computation of Investme						
17	Investment income percentage for 2013 (I			, column (f))		17	2%
18	Investment income percentage from 2012			.14. and bes 45 :-	mara than 22 4/00	18	2 %
19a b	17 is not more than 33 1/3%, check this b	ox and stop here. 1	The organization o	qualifies as a public	cly supported organ	nization	. • X
~	line 18 is not more than 33 1/3%, check th						▶ □
20	Private foundation. If the organization di					•	▶ 11

Schedule A (Form 990 or 990-EZ) 2013 The Peoria Players 37-0460200 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.

▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047 Open to Public Inspection

Name	of the organization		Employer	dentification number
_	n novi na planana		27 0	160000
	he Peoria Players	under an Oak au Similar Francis an A		160200
Pa	Organizations Maintaining Donor Advised Fu Complete if the organization answered "Yes" to F	form 990, Part IV, line 6.	ccounts	5.
		(a) Donor advised funds	(b)	Funds and other accounts
1	Total number at end of year			
2	Aggregate contributions to (during year)			
3	Aggregate grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in writing tha	t the assets held in donor advised		
	funds are the organization's property, subject to the organization's excl	usive legal control?		Yes No
6	Did the organization inform all grantees, donors, and donor advisors in	writing that grant funds can be used		
	only for charitable purposes and not for the benefit of the donor or done	or advisor, or for any other purpose		
	conferring impermissible private benefit?			Yes No
Pa	art II Conservation Easements.			
	Complete if the organization answered "Yes" to F	orm 990, Part IV, line /		
1	Purpose(s) of conservation easements held by the organization (check			
	Preservation of land for public use (e.g., recreation or education)	Preservation of an historically imp		d area
	Protection of natural habitat	Preservation of a certified historic	structure	
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualified conse	rvation contribution in the form of a consei		
	easement on the last day of the tax year			leld at the End of the Tax Year
а	Total number of conservation easements		2a	
b	,		2b	
C		• •	2c	
d	,,,,,	06, and not on a		
_	historic structure listed in the National Register	to combading the company	2d]	4b -
3	Number of conservation easements modified, transferred, released, ex	dinguished, or terminated by the organizat	ion auring	tne
	tax year ►	located N		
4	Number of states where property subject to conservation easement is Does the organization have a written policy regarding the periodic mon			
5	violations, and enforcement of the conservation easements it holds?	itoring, inspection, nationing of		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, and enforcements it notes:	cing conservation easements during the vi-	201	1cs 1to
0	b	cing conservation easements during the ye	zai	
7	Amount of expenses incurred in monitoring, inspecting, and enforcing	conservation easements during the year		
•	\$	conscivation casements during the year		
8	Does each conservation easement reported on line 2(d) above satisfy	the requirements of section 170(h)(4)(B)		
Ū	(i) and section 170(h)(4)(B)(ii)?			Yes No
9	In Part XIII, describe how the organization reports conservation easem	ents in its revenue and expense statemen	t, and	
	balance sheet, and include, if applicable, the text of the footnote to the			ne
	organization's accounting for conservation easements			· · · · · · · · · · · · · · · ·
Pa	art III Organizations Maintaining Collections of Art,		Similar A	Assets.
	Complete if the organization answered "Yes" to F			
1a	If the organization elected, as permitted under SFAS 116 (ASC 958), r	·		eet
	works of art, historical treasures, or other similar assets held for public		erance of	
	public service, provide, in Part XIII, the text of the footnote to its finance			
b	If the organization elected, as permitted under SFAS 116 (ASC 958), t			
	works of art, historical treasures, or other similar assets held for public	exhibition, education, or research in furthe	erance 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	- · · · · · · · · · · · · · · · · · · ·	ivide the	
	following amounts required to be reported under SFAS 116 (ASC 958)	relating to these items.		œ.
a			P	\$
b	Assets included in Form 990, Part X			D

Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. 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				
e Other		267,485	241,920	25,565
Total. Add lines 1a through 1e (Column (d) must ed	qual Form 990, Part X, colu	mn (B), line 10(c))	>	25,565

Part VII	Investments—Other Securities.			
	Complete if the organization answered "Yes" to F	orm 990, Part IV, <u>line</u>	11b. See Form 990, Part X, line 12.	
	(a) Description of security or category	(b) Book value	(c) Method of valuation	
	(including name of security)		Cost or end-of-year market value	
(1) Financial d				
(2) Closely-he	d equity interests			
(3) Other				
(A)				
(B)		·		
(C)				
_ (D)				
(E)				
(F)				
(G)				
(H)				
Total. (Column	(b) must equal Form 990, Part X, col. (B) line 12) ▶			
Part VIII	Investments—Program Related.			
	Complete if the organization answered "Yes" to F	orm 990, Part IV, line	11c. See Form 990, Part X, line 13.	
	(a) Description of investment	(b) Book value	(c) Method of valuation	
			Cost or end-of-year market value	
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	ı (b) must equal Form 990, Part X, col (B) line 13) ▶			
Part IX	Other Assets.			
	Complete if the organization answered "Yes" to F	orm 990, Part IV, line	11d. See Form 990, Part X, line 15.	
	(a) Description		(b) Book value	
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	(b) must equal Form 990, Part X, col (B) line 15)		•	
Part X	Other Liabilities.			
	Complete if the organization answered "Yes" to F	orm 990, Part IV, line	11e or 11f. See Form 990, Part X,	
	line 25.			
1.	(a) Description of liability	(b) Book value		
(1) Federal	income taxes			
(2) Defer	red Income	28,590		
(3) Accru	ed State Withholding	1,549		
(4) Accru	led Wages	1,486		
	ed Federal Income Tax	654		
	ed State Income Tax	459		
(7)				
(8)				
(9)				
	n (b) must equal Form 990, Part X, col. (B) line 25.)	32,738		
	uncertain tax positions. In Part XIII, provide the text of the fool	note to the organization's fi	nancial statements that reports the	_

che	dule D (Form 990) 2013 The Peoria Players	37 -	-0460200	Page 4
Pa	Reconciliation of Revenue per Audited Financial State	ements With Reven	ue per Return.	
	Complete if the organization answered "Yes" to Form 990	, Part IV, line 12a		
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		
þ	Donated services and use of facilities	2b		
С	Recovenes of pnor 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		
C	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	rt XII Reconciliation of Expenses per Audited Financial Sta	tements With Expe	nses per Return.	
	Complete if the organization answered "Yes" to Form 990), Part IV, line 12a		
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	

4b

4c

5

Part XIII Supplemental Information

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

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

Subtract line 2e from line 1

b Other (Describe in Part XIII)c Add lines 4a and 4b

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 information

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.

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Attach to Form 990 or 990-EZ.

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

Open to Public Inspection

Name of the organization

Employer identification number

The Peoria Players

37-0460200

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

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

37-0460200		F	ederal State	ements			
	•	Taxa	able Interest on	Investme	<u>nts</u>		
Desc	ription						
		Amount	Unrelated Business Code			cquired after 6/30/75	US Obs (\$ or %)
Interest	<u> </u>			1.4	TT		
Total	\$ \$	33	_	14	IL		

37-0460200	Federal Statements	
	Schedule A, Part III, Line 1(e)	
	Description	Amo
Walmart Illinois Arts Council Cash Contribution Total		\$ 11,500 6,550 \$ 17,369
	Schedule A, Part III, Line 2(e) Description	Amount
Ticket Sales Costume rentals Awards Income Membership Dues Total		\$ 214,929 5,874 3,650 1,560 \$ 226,013
Dining Club Books Concessions Craft Sale Total	Schedule A, Part III, Line 3(e) Description	\$ 780 6,184 1,963 \$ 8,927
	Schedule A, Part III, Line 10a(e) Description	Amount
Interest Commercial Building Total		\$ 33

· 	,
	nunt 273 7,232 7,284 1,739 1,737 1,737 17,607
	Amount 5 7,7 7,7 7,7 7,7 7,7 7,7 7,7 7,7 7,7 7
(0	
Statements	Schedule A, Part III, Line 11
Federal (Schedule A,
	Description
	ne nent/Underw 1s
500	Miscellaneous Income Program Acknowledgment/Underw Raffle Trivia Night Costume Sales Less: Deductions Total
37-0460200	Miscell Program Rocky H Raffle Trivia Costume Les To

Year Ended: June 30, 2014 37-0460200

The Peoria Players 4300 N. University St. Peoria, IL 61614

Electing out of Bonus Depreciation Allowance for All Eligible Depreciable Property

The taxpayer elects out of first-year bonus depreciation allowance under IRC Section 168(k) for all eligible asset classes of depreciable property acquired after December 31, 2007. This election applies to all eligible depreciable property placed in service during the tax year.