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# 990

Department of the Treasury Internal Revenue Service

# Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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

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

2013 Open to Public Inspection

OMB No 1545-0047

| A                       | For the       | 2013 calendar year, or tax year beginning 08/01/13, and ending 07/31/  | 14                  |                   |                                       |
|-------------------------|---------------|--|---------------------|-------------------|---------------------------------------|
| В                       | Check if app  |  |                     | D Employ          | er identification number              |
|                         | Address cha   | nge THE PEACOCK PLAYERS, INC   |                     |                   |                                       |
|                         | Name chang    | Doing Business As  |                     |                   | 3707634                               |
| $\Box$                  | nitial return | Number and street (or P O box if mail is not delivered to street address)  | Room/suite          | '                 | ne number                             |
| $\equiv$                |               | 14 COURT STREET  |                     | 603               | -889-2330                             |
|                         | Terminated    | City or town, state or province, country, and ZIP or foreign postal code   |                     |                   | 414 057                               |
| <u> </u>                | Amended re    |  |                     | G Gross rece      | ipts \$ 414,857                       |
|                         | Application p | F Name and address of principal officer pending  | H(a) is this a gro  | oup return for su | bordinates? Yes X No                  |
|                         |               |  | H(b) Are all sub    |                   | ied? Yes No                           |
|                         |               |  | 1 ''                |                   | see instructions)                     |
|                         |               |  |                     | andar a nor fr    | see the determination of              |
|                         | Tax-exemp     | THE DELCOMETANED OF  | ┥                   |                   |                                       |
|                         | Website       |  | H(c) Group exe      | nption number     |                                       |
|                         | Form of org   |  | Year of formation 2 | .002              | M State of legal domicile NH          |
|                         | art I         | Summary  |                     |                   |                                       |
|                         |               | nefly describe the organization's mission or most significant activities.  TO PROMOTE AND ENCOURAGE AN INTEREST IN AND UNDERSTANDI                                   | NC OF MUE           | TTMPDA            | DV                                    |
| 8                       |               |  | NG OF THE           | TITERA            | KI                                    |
| Activities & Governance |               | AND THEATRICAL ARTS AMONG AREA CHILDREN AND YOUTH.   |                     |                   |                                       |
| /eII                    |               |  |                     |                   |                                       |
| Ô                       |               | heck this box  if the organization discontinued its operations or disposed of more than 25%  | or its net assets   |                   | 7                                     |
| •ర                      |               | umber of voting members of the governing body (Part VI, line 1a)   |                     | 3                 | 7                                     |
| ties                    |               | umber of independent voting members of the governing body (Part VI, line 1b)   |                     | 4                 | 8                                     |
| Ę                       | ľ             | otal number of individuals employed in calendar year 2013 (Part V, line 2a)  |                     | 5                 | 40                                    |
| Ac                      |               | otal number of volunteers (estimate if necessary)  |                     | 6                 |                                       |
|                         |               | otal unrelated business revenue from Part VIII, column (C), line 12  |                     | 7a                | 0                                     |
|                         | b No          | et unrelated business taxable income from Form 990-T, line 34  | Рпог Үе             | 7b                | Current Year                          |
|                         |               | entributions and grants (Part VIII, line 1h)   |                     | 5,486             | 7,393                                 |
| en                      | Į.            | ontributions and grants (Part VIII, line 1h)   |                     | 5,595             | 347,540                               |
| Revenue                 |               | rogram service revenue (Part VIII, line 2g)  |                     | 12                | 104                                   |
| Æ                       | 1             | vestment income (Part VIII, column (A), lines 3, 4, and 7d)  |                     | 0,287             | 51,672                                |
|                         |               | ther revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)  |                     | 1,380             | 406,709                               |
|                         |               | otal revenue - add-lines:8.through 11 (must equal Part VIII, column (A), line 12)  |                     | 3,950             | 1,500                                 |
|                         |               | rants and similar amounts baild (Part IX, column (A), lines 1–3)   |                     | 3,330             | 1,500                                 |
|                         |               | enefits paid to or for members (Part IX, columny (A), line 4)<br>alaries, other ထို့ကြာeကိုနဲ့ရာဂွဲဂုံ, ကျော်ုပတို့မျှော်မှီnefits (Part IX, column (A), lines 5–10) |                     | 7,959             | 145,868                               |
| ses                     |               |  |                     | ,,,,,,,           | 143,000                               |
| enses                   |               | rofessional fundralising fees (Part IX, columni(Á)) line 11e)  |                     |                   | · · · · · · · · · · · · · · · · · · · |
| Exp                     |               | otal fundraising expenses (Part IX, column (D), line 25) ► ther expenses (Part IX, column (A), lines 11a–11d, 11f–24e)   | 10                  | 5,132             | 183,093                               |
| _                       | 1             |  |                     | 7,041             | 330,461                               |
|                         | l .           | otal expenses Add lines 13–17 (must equal Part IX, column (A), line 25)  |                     | 4,339             | 76,248                                |
| - 8                     |               | evenue less expenses Subtract line 18 from line 12   | Beginning of Cu     |                   | End of Year                           |
| Assets or               | 20 T          | otal assets (Part X, line 16)  | 23                  | 5,213             | 311,461                               |
| Ass                     | 21 To         | otal liabilities (Part X, line 26)   |                     | 0                 | 0                                     |
| Z Set                   | 1             | et assets or fund balances Subtract line 21 from line 20   | 23                  | 5,213             | 311,461                               |
|                         | art II        | Signature Block  | -                   |                   |                                       |
|                         |               | alties of perjury, I declare that I have examined this return, including accompanying schedules and statement  | ents, and to the be | st of my kno      | wledge and belief, it is              |
| tr                      | ue, correc    | t, and complete Declaration of preparer (other than officer) is based on all information of which preparer   | nas any knowledg    | e                 | <b>.</b>                              |
|                         |               | 1 du Dingram   |                     | -77               | . 19.14                               |
| Sig                     | ın l          | Signature of officer   |                     | Date              |                                       |
| He                      | re            | Liza Gingham Treasurer   |                     |                   |                                       |
| He Pai                  |               | Type or print name and title   |                     |                   |                                       |
| <u> جن</u> _            |               | Print/Type preparer's name Preparer's signature O  | NOV 7 3             | Check             | ıf PTIN                               |
|                         | d ,           | JEFFREY H DITMAN, MST, CPA Jeffry HD Itmon CPA   | MOA 3.3             | 20 Iself-em       | ployed P00081736                      |
| ? Pre                   | parer         | Firm's name BRAYMAN, HOULE, KEATING & ALBRIGHT,  | PLLC                | Firm's EIN        | 04-3382963                            |
| Us Us                   | Only          | 12 COTTON ROAD   |                     |                   |                                       |
|                         | j             | Firm's address NASHUA, NH 03063  |                     | Phone no          | 603-595-8000                          |
| Ma                      | the IRS       | discuss this return with the preparer shown above? (see instructions)  |                     |                   | X Yes No                              |

Form 990 (2013)

|     |   |           | 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         |               | <u> </u> |
| 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         |               | <u> </u> |
| 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         |               | <u> </u> |
| 5   | is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,  |           | - 1           |          |
|     | assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,   |           |               |          |
|     | Part III  | 5         |               | <u> </u> |
| 6   | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors   | i         |               |          |
|     | have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If   | İ         | İ             |          |
|     | "Yes," complete Schedule D, Part I  | 6         |               | <u> </u> |
| 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         |               | <u> </u> |
| 8   | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"   | 1         | - 1           |          |
|     | complete Schedule D, Part III   | 8         |               | <u> </u> |
| 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         |               | <u> </u> |
| 10  | Did the organization, directly or through a related organization, hold assets in temporarily restricted   |           |               |          |
|     | endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V  | 10        |               | <u> </u> |
| 11  | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,  |           | ]             |          |
|     | VII, VIII, IX, or X as applicable   |           |               |          |
| 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       |               | X        |
| C   | Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more   |           | 1             | 77       |
|     | 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       |               | X        |
| 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   |           |               | v        |
|     | 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   | 40-       |               | v        |
|     | 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  | 425       |               | x        |
|     | the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional  | 12b<br>13 |               | X        |
| 13  | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E   | 14a       |               | X        |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States?  Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, | 140       |               | 31       |
| b   | fundraising, business, investment, and program service activities outside the United States, or aggregate   |           |               |          |
|     | foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV  | 14b       |               | X        |
| 4 5 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or   | 170       |               |          |
| 15  | for any foreign organization? If "Yes," complete Schedule F, Parts II and IV  | 15        |               | X        |
| 46  | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other  |           |               |          |
| 16  | assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV   | 16        |               | X        |
| 17  | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on  |           | <b></b>       |          |
| 17  | Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)  | 17        |               | X        |
| 18  | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on   |           |               |          |
| 10  | Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II  | 18        | x             |          |
| 19  | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?  | .,        | <del></del> - |          |
|     | If "Yes," complete Schedule G, Part III   | 19        |               | x        |
| 20a |   | 20a       |               | X        |
|     | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?  | 20b       | -             |          |
|     |   |           |               |          |

| Form | 990 (2013) THE PEACOCK PLAYERS, INC 04-3707634   |     | F            | age <b>4</b>   |
|------|--|-----|--------------|----------------|
|      | irt IV Checklist of Required Schedules (continued)   |     |              |                |
|      |  |     | Yes          | No             |
| 21   | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or      |     | 1            |                |
|      | government on Part IX, column (A), line 19 If "Yes," complete Schedule I, Parts I and II                         | 21  |              | X              |
| 22   | Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States  |     |              | }              |
|      | on Part IX, column (A), fine 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  | ļ            | 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    |     |              |                |
|      | through 24d and complete Schedule K If "No," go to line 25a  | 24a | ļ            | X              |
| b    | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?                | 24b |              |                |
| С    | Did the organization maintain an escrow account other than a refunding escrow at any time during the year        |     |              | i              |
|      | to defease any tax-exempt bonds?   | 24c |              | <u> </u>       |
| d    | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?          | 24d | <u> </u>     | <u> </u>       |
| 25a  | Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction      | 1   |              |                |
|      | with a disqualified person during the year? If "Yes," complete Schedule L, Part I                                | 25a | <u> </u>     | 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 | ļ            | X              |
| 26   | Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any       |     | 1            |                |
|      | current or former officers, directors, trustees, key employees, highest compensated employees, or                |     |              | Ì              |
|      | disqualified persons? If so, complete Schedule L, Part II  | 26  | <b>. </b> _  | 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)                               | İ   |              |                |
| а    | A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV          | 28a | ļ            | X              |
| b    | A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete           |     |              | 1              |
|      | Schedule L, Part IV  | 28b |              | X              |
| C    | An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)  |     |              |                |
|      | was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV           | 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  | <del> </del> | X              |
| 32   | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"          |     | 1            | ,,             |
|      | complete Schedule N, Part II   | 32  | +            | X              |
| 33   | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations       |     |              | ٠,,            |
|      | 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 | +            | <del> </del> - |
| 36   | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-chantable              |     |              | x              |
|      | related organization? If "Yes," complete Schedule R, Part V, line 2  | 36  | +            | +^             |
| 37   | Did the organization conduct more than 5% of its activities through an entity that is not a related organization |     |              | 1              |
|      | and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,             |     | 1            | 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

|         | 1990 (2013) THE PEACOCK PLAYERS, INC 04-3/0/634  | <del></del>      | P  | age  |
|---------|--|------------------|--|--|
| Pa      | art V Statements Regarding Other IRS Filings and Tax Compliance  |                  |  |  |
|         | Check if Schedule O contains a response or note to any line in this Part V   | <del></del>      | Yes  | No   |
| 1a      | Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 25  |                  | 162  | 140  |
| b       | Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable  1b 0   |                  |  |  |
| c       | 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 8   |                  |  |  |
| b       | If at least one is reported on line 2a, did the organization file all required federal employment tax returns?   | 2b               | X  |  |
|         | 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               | <u> </u>   | X  |
| b       | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, 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   |                  |  |  |
|         | account)?  | 4a               |  | X  |
| þ       | 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  | ł                | :  |  |
| 5a      | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  | <u>5a</u>        | 1  | X  |
| b       | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?   | <u>5b</u>        | <del> </del>                                     | X  |
| C       | If "Yes" to line 5a or 5b, did the organization file Form 8886-T?  | 5c               | <b>├</b>   |  |
| 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               | <del> </del>                                     | X  |
| þ       | If "Yes," did the organization include with every solicitation an express statement that such contributions or   | 0.               |  |  |
| _       | gifts were not tax deductible?   | 6b               | +  |  |
| 7       | Organizations that may receive deductible contributions under section 170(c).  Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods           |                  |  |  |
| а       | and services provided to the payor?  | 7a               |  | x  |
| ь       | If "Yes," did the organization notify the donor of the value of the goods or services provided?  | 7 <u>a</u><br>7b | 1  |  |
| C       | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was   | 1.75             | <del> </del>                                     |  |
| ·       | required to file Form 8282?  | 7c               |  | x  |
| d       | If "Yes," indicate the number of Forms 8282 filed during the year  | 1.0              | <del>                                     </del> |  |
| e       | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  | 7e               |  | x  |
| f       | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?   | 7f               |  | x  |
| g       | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?   |                  | <b> </b>   |  |
| h       | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098  |                  | T  |  |
| 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   |                  |  |  |
|         | organization, have excess business holdings at any time during the year?   | 8                |  |  |
| 9       | Sponsoring organizations maintaining donor advised funds.  |                  |  |  |
| а       | Did the organization make any taxable distributions under section 4966?  | 9a               | ļ  |  |
| b       | Did the organization make a distribution to a donor, donor advisor, or related person?   | 9b               | ļ  |  |
| 10      | Section 501(c)(7) organizations. Enter   |                  |  |  |
| 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  | <del></del>      |  |  |
| 11      | Section 501(c)(12) organizations. Enter  |                  |  |  |
| а       | Gross income from members or shareholders  11a   |                  |  |  |
| b       | Gross income from other sources (Do not net amounts due or paid to other sources   |                  |  |  |
| 40-     | against amounts due or received from them.)  11b   |                  |  |  |
| 12a     | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  If "Your," option the amount of tax exempt interest received or account during the year. | <u>12a</u>       | <del> </del>                                     | <del>                                     </del> |
| ь<br>13 | If "Yes," enter the amount of tax-exempt interest received or accrued during the year  Section 501(c)(29) qualified nonprofit health insurance issuers.  |                  |  |  |
| ıs<br>a | Is the organization licensed to issue qualified health plans in more than one state?   | 13a              | +  |  |
| d       | Note. See the instructions for additional information the organization must report on Schedule O   | 134              | -  |  |
| b       | Enter the amount of reserves the organization is required to maintain by the states in which   |                  |  |  |
| -       | the organization is licensed to issue qualified health plans  13b  |                  |  |  |
| С       | Enter the amount of reserves on hand 13c   |                  |  |  |
| 14a     | Did the organization receive any payments for indoor tanning services during the tax year?   | 14a              |  | X  |
|         | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O  | 14b              | 1  | <u> </u>   |

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. Se  | e instruct   | ions.  | X              |
|----------|---|--------------|--|----------------|
|          | Check if Schedule O contains a response or note to any line in this Part VI   |              |  |                |
| Sec      | tion A. Governing Body and Management   |              | Yes  | No             |
| 40       | Enter the number of voting members of the governing body at the end of the tax year 1a 7  |              | 163  |                |
| 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  |              |  |                |
| <b>.</b> | Enter the number of voting members included in line 1a, above, who are independent  1b 7  |              |  |                |
| b        | Lifter the Harmber of Young Members modeled in line 12, 20076, Wile and Medperston.   |              |  |                |
| 2        | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? | 2            |  | X              |
| •        |   | - <u>*</u> - |  |                |
| 3        | Did the organization delegate control over management duties customanly performed by or under the direct  | 3            |  | x              |
|          | supervision of officers, directors, or trustees, or key employees to a management company or other person?  | 4            |  | X              |
| 4        | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?  | 5            |  | X              |
| 5        | Did the organization become aware during the year of a significant diversion of the organization's assets?  | 6            |  | X              |
| 6        | Did the organization have members or stockholders?  |              |  |                |
| 7a       | Did the organization have members, stockholders, or other persons who had the power to elect or appoint   |              | X  |                |
|          | 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           |  |                |
| 8        | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following                                      | 0-           | X  |                |
| a        | The governing body?   | 8a           |  | X              |
| b        | Each committee with authority to act on behalf of the governing body?   | 8b           |  |                |
| 9        | 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   | 9            | L  |                |
| Sec      | tion B. Policies (This Section B requests information about policies not required by the Internal Revenue C   | 50de.)       | Yes  | N <sub>a</sub> |
|          |   | 40-          | res  | No<br>X        |
| 10a      | Did the organization have local chapters, branches, or affiliates?  | 10a          |  | A              |
| b        | If "Yes," did the organization have written policies and procedures governing the activities of such chapters,  | 406          |  | ļ              |
|          | affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?   | 10b          | <u> </u>   | x              |
| 11a      |   | 11a          | <u> </u>   | -              |
| b        | Describe in Schedule O the process, if any, used by the organization to review this Form 990  | 40-          | x  |                |
| 12a      | Did the organization have a written conflict of interest policy? If "No," go to line 13   | 12a          | _  | x              |
| Ь        | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give use to conflicts?                                    | 12b          |  | <u> </u>       |
| С        | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"   | 40-          |  |                |
|          | describe in Schedule O how this was done  | 12c          |  | X              |
| 13       | Did the organization have a written whistleblower policy?   | 13           |  | X              |
| 14       | Did the organization have a written document retention and destruction policy?  | 14           |  | <u> </u>       |
| 15       | Did the process for determining compensation of the following persons include a review and approval by  |              |  | 1              |
|          | independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?   | 45.          |  | ₩.             |
| а        | The organization's CEO, Executive Director, or top management official  | 15a          |  | X              |
| b        | Other officers or key employees of the organization   | 15b          | <del>                                     </del> | <del>  ^</del> |
|          | If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).   |              |  | l              |
| 16a      | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement  | 460          |  | 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  |              | 1  | 1              |
|          | participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the   | 406          | l  |                |
|          | organization's exempt status with respect to such arrangements?   | 16b          |  |                |
|          | tion C. Disclosure  | -            |  |                |
| 17       | List the states with which a copy of this Form 990 is required to be filed NH   |              |  |                |
| 18       | 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)  |              |  |                |
| 19       | Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and                                       |              |  |                |
|          | financial statements available to the public during the tax year  |              |  |                |
| 20       | State the name, physical address, and telephone number of the person who possesses the books and records of the   |              |  |                |
|          | organization LISA BINGHAM 14 COURT STREET  ASHUA NH 03060   |              |  |                |
| N.       | ASHUA NH U3U6U NH U3U6U   |              |  |                |

| •  |   |  |  |  |   |  |
|--|---|--|--|--|---|--|
| Form 990 (2013) THE PEACC  | CK PLAYE  | RS, IN   | 1C   | 04-370   | 7634  | Page <b>7</b>  |
|  | of Officers, D  |  |  | Key Employees, Higl  | nest Compensated E  | mployees, and  |
| Check if Schedu  | ie O contains   |  |  | o any line in this Part  |   |  |
| Section A. Officers, Directors  1a Complete this table for all persons organization's tax year   |   |  |  | Compensated Employees for the calendar year endin  |   |  |
| <ul> <li>List all of the organization's cur<br/>compensation Enter -0- in columns (I</li> </ul>  | D), (E), and (F) if   | no compens   | sation was paid  | d  |   |  |
| List all of the organization's curr     List the organization's five curr who received reportable compensatio organization and any related organizat     List all of the organization's for \$100,000 of reportable compensatior     List all of the organization's for organization, more than \$10,000 of re List persons in the following order inc compensated employees, and former  Check this box if neither the organization's | ent highest comp<br>in (Box 5 of Form<br>tions<br>mer officers, key<br>in from the organiz<br>mer directors or<br>portable compen<br>lividual trustees of<br>such persons | ensated em<br>W-2 and/or<br>employees,<br>cation and a<br>trustees the<br>sation from<br>or directors, | nployees (other<br>Box 7 of Form<br>and highest cony related organat received, in<br>the organizationstitutional tru | than an officer, director, true 1099-MISC) of more than someone stated employees who inizations the capacity as a former direction and any related organizations stees, officers, key employed | stee, or key employee) 6100,000 from the o received more than rector or trustee of the lons es, highest |  |
| (A)<br>Name and Title  | (B) Average hours per week (list any hours for related organizations below dotted line)   | (do not chec<br>box, unless p  | ostion ck more than one person is both an a director/trustee) remployee employee                                     | (D) Reportable compensation from the organization (W-2/1099-MISC)  | (E) Reportable compensation from related organizations (W-2/1099-MISC)                                  | (F) Estimated amount of other compensation from the organization and related organizations |

|                      | hours for<br>related<br>organizations<br>below dotted<br>line) | Individual trustee or director | Institutio            | Officer | Key          | un<br>BiH                    | FC       | organization    | (W-2/1099-MISC) | from the                                     |
|----------------------|--|--------------------------------|-----------------------|---------|--------------|------------------------------|----------|-----------------|-----------------|--|
|                      |  | ee<br>e                        | Institutional trustee | 97      | Key employee | Highest compensated emptoyee | Former   | (W-2/1099-MISC) |                 | orgenization<br>and related<br>organizations |
| (1) KEITH WEIRICH    | As   |                                |                       |         |              |                              |          |                 |                 |  |
| DIRECTOR             | Required   | X                              | ļ                     |         |              |                              |          | 58,080          | 0               | 0  |
| (2) EMERSON KELLY    | As<br>Required   |                                |                       |         |              |                              |          |                 |                 |  |
| DIRECTOR             | 710440   | X                              |                       |         |              |                              |          | 47,263          | 0               | 0  |
| (3) LISA BINGHAM     | As   |                                |                       |         |              |                              |          |                 |                 |  |
| TREASURER            | Required   | X                              |                       | X       |              |                              | <u> </u> | 0               | 0               | 0  |
| (4) BRAD JAMIESON    | As   |                                |                       |         |              |                              |          |                 |                 |  |
| PRESIDENT            | Required   | X                              |                       | X       |              |                              |          | 0               | 0               | 0  |
| (5) GAIL CHAZANOVITZ | As   |                                |                       |         |              |                              |          |                 |                 |  |
| SECRETARY            | Required   | X                              | L                     | X       |              | ļ                            |          | 0               | 0               | 0  |
| (6) BRAD GALINSON    | As<br>Required   |                                |                       |         |              |                              |          |                 |                 |  |
| VICE PRESIDENT       | Required   | X                              | _                     | X       | <u> </u>     |                              |          | 0               | 0               | 0  |
| (7) MAGGIE MAHONY    | As<br>Required   |                                |                       |         |              |                              |          |                 |                 |  |
| DIRECTOR             | Required   | X                              | <u> </u>              |         |              | _                            | <u> </u> | 0               | 0               | 0  |
| (8)                  |  |                                |                       |         |              |                              |          |                 |                 |  |
| (9)                  |  |                                |                       |         |              |                              |          |                 |                 |  |
| (10)                 |  |                                | -                     |         |              | -                            |          |                 |                 |  |
| (11)                 |  |                                |                       |         |              |                              |          |                 |                 |  |

| <u>Pai</u>    | rt VII Section A. Officers  (A)  Name and title  | (B) Average                                       |                                   |                       | (C<br>Pos      | C)<br>ition      |                                 |              | (D) Reportable   | (E)<br>Reportable  | (F) Estimated amount of           |                                  |                |     |  |  |
|---------------|--|---|-----------------------------------|-----------------------|----------------|------------------|---------------------------------|--------------|--|--|-----------------------------------|----------------------------------|----------------|-----|--|--|
|               |  | hours per<br>week<br>(list any<br>hours for       | bo                                | x, unle<br>ficer a    | ss pe          | rson i<br>irecto | than o<br>s both<br>r/truste    | an<br>ee)    | compensation<br>from<br>the<br>organization            | compensation from<br>related<br>organizations<br>(W-2/1099-MISC) | other<br>compensation<br>from the |                                  |                |     |  |  |
|               |  | related<br>organizations<br>below dotted<br>line) | Individual trustee<br>or director | Institutional trustee | Officer        | Key employee     | Highest compensated<br>employee | Former       | (W-2/1099-MISC)  |  |                                   | organiza<br>and rela<br>rganizal | ted            |     |  |  |
| (12)          |  |   |                                   |                       |                |                  |                                 |              |  |  |                                   |                                  |                |     |  |  |
| (13)          |  |   |                                   |                       |                |                  |                                 |              |  |  |                                   |                                  |                |     |  |  |
| (14)          |  |   |                                   |                       |                |                  |                                 |              |  |  |                                   | -                                |                |     |  |  |
| (15)          |  |   |                                   |                       |                |                  |                                 |              |  |  |                                   |                                  |                |     |  |  |
| (16)          |  |   |                                   | <u> </u>              |                |                  |                                 |              |  |  |                                   |                                  |                |     |  |  |
| (17)          |  |   |                                   |                       |                |                  |                                 |              |  |  |                                   |                                  |                |     |  |  |
|               |  |   |                                   |                       |                |                  |                                 |              |  | 1  |                                   |                                  |                |     |  |  |
| (18)          |  |   |                                   |                       |                |                  |                                 |              |  |  |                                   |                                  |                |     |  |  |
| (19)          |  |   |                                   |                       |                |                  |                                 |              | ,  |  |                                   |                                  |                |     |  |  |
| 1b            | Sub-total  | ete te Bort VIII S                                | osti                              | on A                  |                |                  | 1                               | <b>&gt;</b>  | 105,343  |  |                                   |                                  |                |     |  |  |
| с<br><u>d</u> | Total from continuation she<br>Total (add lines 1b and 1c)   |   |                                   |                       |                |                  |                                 | <u> </u>     | 105,343  | <del></del>  |                                   |                                  |                |     |  |  |
| 2             | Total number of individuals (in reportable compensation from                                       | cluding but not lin<br>the organization           | nited<br>▶                        | to th                 | nose           | liste            | d ab                            | ove)         | ) who received more than \$1                           | 100,000 in   |                                   |                                  | Yes            | No  |  |  |
| 3             | Did the organization list any fo<br>employee on line 1a? If "Yes,"                                 |   |                                   |                       |                |                  |                                 |              | yee, or highest compensate                             | d  |                                   | 3                                | 162            | X   |  |  |
| 4             | For any individual listed on line organization and related organization and related organizational | e 1a, is the sum o                                | f rep                             | ortat                 | ole c          | omp              | ensa                            | tion         | and other compensation from mplete Schedule J for such | om the   |                                   | 4                                |                | x   |  |  |
| 5             | Did any person listed on line 1 for services rendered to the or                                    | a receive or accr                                 | ue co                             | ompe                  | ensat          | tion t           | rom                             | any          | unrelated organization or in                           | dividual   | Ī                                 | 5                                |                | х   |  |  |
| Sect          | ion B. Independent Contracto   | ors   |                                   |                       |                |                  |                                 |              |  |  |                                   |                                  |                |     |  |  |
| 1             | Complete this table for your five compensation from the organic                                    | zation Report co                                  | nsate<br>mpe                      | ed in<br>nsati        | depe<br>on fo  | ende<br>or the   | nt co                           | ntra<br>enda | ar year ending with or within                          | the organization's tax year                                      |                                   |                                  |                |     |  |  |
|               | Name an  | (A)<br>d business address                         |                                   |                       |                |                  |                                 | $\perp$      | Descri   | (B)<br>ption of services   | -                                 | Co                               | (C)<br>mpensat | ion |  |  |
|               |  |   |                                   |                       |                |                  |                                 | -            |  |  |                                   |                                  |                |     |  |  |
|               |  |   |                                   |                       |                |                  |                                 | -            |  |  |                                   |                                  |                |     |  |  |
|               |  |   |                                   |                       |                |                  |                                 |              |  |  |                                   |                                  |                | _   |  |  |
|               |  | <u> </u>  |                                   |                       |                |                  |                                 | +            |  |  |                                   |                                  |                |     |  |  |
| 2             | Total number of independent or received more than \$100,000  | contractors (inclu                                | dıng<br>from                      | but r                 | not lu<br>orga | mite             | to t                            | hose         | e listed above) who                                    | 0  |                                   |                                  |                |     |  |  |

| rait                    | • •••          | Check i   | f Schedule (       | ) con    | tains a     | response or                                      | note to any line in  | this Part VIII                         |   |  |
|-------------------------|----------------|---|--------------------|----------|-------------|--|----------------------|--|---|--|
|                         |                |   |                    |          |             |  | (A)<br>Total revenue | (B) Related or exempt function revenue | (C)<br>Unrelated<br>business<br>revenue | (D) Revenue excluded from tax under sections 512-514 |
| 2 0 1:                  | a F            | ederated camp                                     | naigns             | 1a       |             |  |                      |  |   |  |
| ⊏i⊆l                    |                | Membership du                                     | ū                  | 1b       |             |  |                      |  |   |  |
| 58                      |                | Fundraising eve                                   |                    | 1c       |             |  |                      |  |   |  |
| ZY Y                    |                | Related organiz                                   |                    | 1d       |             |  |                      |  |   |  |
| 2 <u>.</u> [            |                |   |                    |          |             |  |                      |  |   |  |
|                         |                | Sovernment grants (c                              |                    | 1e       |             |  |                      |  |   |  |
|                         |                | All other contributions,<br>and similar amounts n |                    | 1f       |             | 7,393  |                      |  |   |  |
| 25                      |                |   |                    |          |             | 7,393  |                      |  | ľ                                       |  |
|                         | _              | loncash contributions                             |                    | 11 3     | \$          |  | 7,393                |  |   |  |
|                         | h T            | Total. Add lines                                  | 1a-1f              |          |             |  | 1,393                |  |   | <del></del>  |
| 2                       |                |   |                    |          |             | Busn Code  | 170 016              | 170 016                                |   |  |
| 8 2                     | a              | TUITION   | REVENUE            |          |             | ļ.———  | 179,916              | 179,916                                | -                                       |  |
| מ                       | b              | TICKET S  | ALES               |          |             |  | 129,274              | 129,274                                |   |  |
| 울                       | C              | MEMBERSH  | IP DUES            |          |             | <u> </u>   | 38,350               | 38,350                                 |   |  |
| ဖွ                      | d              |   |                    |          |             |  |                      |  |   |  |
| E                       | е              |   |                    |          |             | <del>                                     </del> |                      |  |   |  |
| Program Service Revenue | f A            | All other progra                                  | m service rever    | nue      |             |  |                      |  |   |  |
| <u>-   -</u>            | g T            | Fotal. Add lines                                  | 2a-2f              |          |             | <b>•</b>   | 347,540              |  | <del></del>                             |  |
| 3                       | li             | nvestment inco                                    | me (including d    | lividend | ls, interes | st,  |                      |  |   |  |
| -                       | а              | and other simila                                  | r amounts)         |          |             | ▶  -   | 104                  |  |   | 104  |
| 4                       | li             | ncome from inv                                    | estment of tax-    | exemp    | t bond pr   | oceeds 🕨 📙                                       |                      |  |   |  |
| 5                       | F              | Royalties   |                    |          |             | <b></b>  |                      |  |   |  |
|                         |                | L   | (ı) Real           |          | (11)        | Personal   | ĺ                    |  |   |  |
| 6                       | a (            | Gross rents                                       |                    |          |             |  |                      |  |   |  |
| 1                       | b L            | ess rental exps                                   |                    | _        |             |  | 1                    |  |   |  |
|                         | C F            | Rental inc or (loss)                              |                    |          |             |  |                      |  |   |  |
|                         |                | Net rental incon                                  | ne or (loss)       |          |             | <b>•</b>   |                      |  |   |  |
| 7                       |                | Gross amount from sales of assets                 | (ı) Secunties      | i        | ()          | i) Other   |                      |  |   |  |
| ĺ                       |                | other than inventory                              |                    |          |             |  |                      |  |   |  |
|                         | <b>b</b> L     | _ess cost or other                                |                    |          |             |  |                      |  |   |  |
|                         | b              | oasis & sales exps                                |                    |          |             |  |                      |  |   |  |
|                         | c (            | Gain or (loss)                                    |                    |          | <u> </u>    |  |                      |  |   |  |
|                         | 1 b            | Net gain or (los                                  | s)                 |          |             | <b>&gt;</b>                                      |                      | :                                      |   |  |
| <u>_</u> 8              | a (            | Gross income fror                                 | n fundraising evei | nts      |             |  |                      |  | :                                       |  |
| Ĭ                       | (              | (not including \$                                 |                    |          |             |  |                      |  |   |  |
| Š                       | c              | of contributions re                               | ported on line 1c) | ı        |             |  |                      |  |   |  |
| Ř                       | 5              | See Part IV, line 1                               | 18                 | а        |             | 40,613   |                      |  |   |  |
| Other Revenue           | b L            | Less direct exp                                   | enses              | b        |             | 8,148  |                      |  |   |  |
|                         |                | Net income or (                                   |                    | raising  | events      | <b>•</b>   | 32,465               |  |   | 32,465   |
| 9                       |                | Gross income from                                 |                    |          |             |  |                      |  |   |  |
|                         |                | See Part IV, line 1                               |                    | а        |             |  |                      | İ                                      |   |  |
|                         |                | Less direct exp                                   |                    | b        |             | -  |                      |  |   |  |
| 1                       |                | Net income or (                                   |                    | ing act  | vities      | <b>•</b>   |                      |  |   |  |
|                         |                | Gross sales of                                    |                    | ·        |             |  |                      |  |   |  |
| '                       |                | returns and allo                                  |                    | а        |             |  |                      |  |   |  |
|                         |                | Less cost of go                                   |                    | b        | ·           |  |                      |  |   |  |
|                         |                | Net income or (                                   |                    |          | entorv      | <b>•</b>   |                      |  |   |  |
|                         | <del>- '</del> |   | ellaneous Revenue  |          |             | Busn Code  |                      |  |   |  |
| 11                      | a              | MISCELLAN   | EOUS               |          |             |  | 19,207               | 19,207                                 |   |  |
| 1                       | b<br>b         |   |                    |          |             |  | ,                    |  | -                                       |  |
| - 1                     | C              |   |                    |          |             |  |                      |  |   |  |
| į į                     |                | All other revenu                                  | ıe                 |          |             |  |                      |  |   | · · · · · · · · · · · · · · · · · · ·                |
|                         |                | Total. Add lines                                  |                    |          |             | <b>•</b>   | 19,207               |  |   |  |
| 45                      |                | Total revenue                                     |                    | 20       |             |  | 406,709              | 366 747                                | 0                                       | 32 569   |

# Statement of Functional Expenses

| Secti       | on 501(c)(3) and 501(c)(4) organizations must com  |                  |                 | e column (A)                            |                        |
|-------------|--|------------------|-----------------|---|------------------------|
| <u></u>     | Check if Schedule O contains a respon  | (A)              | Part IX (B)     | (C)                                     | (D)                    |
|             | ot include amounts reported on lines 6b,<br>b, 9b, and 10b of Part VIII.                       | Total expenses   | Program service | Management and general expenses         | Fundraising expenses   |
| 1           | Grants and other assistance to governments and   |                  | expenses        | general expenses                        | expenses               |
| ٠           | 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  | 1,500            | 1,500           |   |                        |
| 3           | Grants and other assistance to governments,  |                  |                 |   |                        |
| Ū           | 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  | 105,343          | 105,343         |   |                        |
| 6           | Compensation not included above, to disqualified   |                  |                 |   |                        |
|             | persons (as defined under section 4958(f)(1)) and  | ļ                |                 |   |                        |
|             | persons described in section 4958(c)(3)(B)   | Ì                |                 |   |                        |
| 7           | Other salanes and wages  | 30,255           | 30,255          |   |                        |
| 8           | Pension plan accruals and contributions (include   |                  |                 |   |                        |
|             | section 401(k) and 403(b) employer contributions)  |                  |                 |   |                        |
| 9           | Other employee benefits  |                  |                 |   |                        |
| 10          | Payroll taxes  | 10,270           | 10,270          |   | <del></del>            |
| 11          | Fees for services (non-employees)  |                  |                 |   |                        |
| а           | Management   |                  |                 |   |                        |
| b           | Legal  |                  |                 |   |                        |
| С           | Accounting   | 975              |                 | 975                                     |                        |
| d           | Lobbying   |                  |                 |   |                        |
| е           | Professional fundraising services See Part IV, line 17   |                  |                 |   | <del></del>            |
| f           | Investment management fees   |                  |                 |   | <del> </del>           |
| g           | Other (If line 11g amount exceeds 10% of line 25, column                                       |                  |                 |   |                        |
|             | (A) amount, list line 11g expenses on Schedule O)  | 4 000            | 4 000           |   |                        |
| 12          | Advertising and promotion  | 4,802            | 4,802           |   | <del></del>            |
| 13          | Office expenses  | 9,196            | 9,196           |   |                        |
| 14          | Information technology   | 12 056           | 12,056          | <del></del>                             | <del></del>            |
| 15          | Royalties  | 12,056<br>37,392 | 37,392          |   |                        |
| 16          | Occupancy  | 31,392           | 31,392          |   |                        |
| 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   |                  |                 | -                                       |                        |
| 22          | Depreciation, depletion, and amortization  | 353              | 353             |   |                        |
| 23          | Insurance  | 8,203            |                 | 8,203                                   |                        |
| 24          | Other expenses. Itemize expenses not covered   |                  |                 | , | <del></del>            |
|             | 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)  |                  |                 |   |                        |
| а           | OUTSIDE SERVICES   | 32,795           | 32,795          |   |                        |
| b           | PROGRAM SUPPLIES & EQUIP   | 32,232           | 32,232          |   |                        |
| С           | PROCESSING FEES  | 20,801           | 17,912          | 2,889                                   |                        |
| đ           | MISCELLANEOUS  | 7,373            | 5,094           | 2,279                                   |                        |
| е           | All other expenses   | 16,915           | 10,394          | 6,521                                   |                        |
| 25          | Total functional expenses Add lines 1 through 24e  | 330,461          | 309,594         | 20,867                                  | 0                      |
| 26          | Joint costs. Complete this line only if the  |                  |                 |   |                        |
|             | organization reported in column (B) joint costs from a combined educational campaign and       |                  |                 | 1                                       |                        |
|             | fundraising solicitation Check here ▶ ☐ if   | ]                |                 |   |                        |
| <del></del> | following SOP 98-2 (ASC 958-720)   |                  |                 |   |                        |
| DAA         |  |                  |                 |   | Form <b>990</b> (2013) |

Form 990 (2013)

**Balance Sheet** Part X Check if Schedule O contains a response or note to any line in this Part X (B) (A) Beginning of year End of year 101,169 177,217 1 Cash-non-interest bearing 133,748 133,195 2 Savings and temporary cash investments 2 3 3 Pledges and grants receivable, net 4 Accounts receivable, net 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L 5 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 6 organizations (see instructions). Complete Part II of Schedule L 7 Notes and loans receivable, net 8 Inventories for sale or use Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment: cost or other basis Complete Part VI of Schedule D 849 496 10b 10c b Less accumulated depreciation 11 11 Investments—publicly traded securities Investments-other securities See Part IV, line 11 12 12 13 investments—program-related See Part IV, line 11 13 14 14 Intangible assets 15 15 Other assets See Part IV, line 11 235,213 311,461 Total assets. Add lines 1 through 15 (must equal line 34) 16 16 17 17 Accounts payable and accrued expenses 18 Grants payable 18 Deferred revenue 19 19 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 Loans and other payables to current and former officers, directors, 22 trustees, key employees, highest compensated employees, and 22 disqualified persons Complete Part II of Schedule L Secured mortgages and notes payable to unrelated third parties 23 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 of Schedule D 0 0 26 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here ▶ X and complete lines 27 through 29, and lines 33 and 34. Assets or Fund Balances 235,213 311,461 27 Unrestricted net assets 27 28 Temporanly restricted net assets 28 Permanently restricted net assets 29 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 30 Paid-in or capital surplus, or land, building, or equipment fund 31 31 32 Retained earnings, endowment, accumulated income, or other funds 32 235,213 33 311,461 Total net assets or fund balances 235,213 311,461 Total liabilities and net assets/fund balances

| om | 1 990 (2013) THE PEACOCK PLAYERS, INC 04-3707634  |    |     | Pa  | ge <b>12</b> |
|----|---|----|-----|-----|--------------|
| Pa | rt XI Reconciliation of Net Assets  |    |     |     |              |
|    | Check if Schedule O contains a response or note to any line in this Part XI                                   |    |     |     |              |
| 1  | Total revenue (must equal Part VIII, column (A), line 12)   | 1  |     |     | 709          |
| 2  | Total expenses (must equal Part IX, column (A), line 25)  | 2  |     |     | <u>461</u>   |
| 3  | Revenue less expenses Subtract line 2 from line 1   | 3  | ·   | 76, | 248          |
| 4  | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))                     | 4  | 2:  | 35, | 213          |
| 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 | 3:  | 11, | 461          |
| Pa | rt XII Financial Statements and Reporting   |    |     |     |              |
|    | Check if Schedule O contains a response or note to any line in this Part XII                                  |    |     |     |              |
|    |   |    |     | Yes | No           |
| 1  | Accounting method used to prepare the Form 990 X Cash Accrual Other   |    |     |     |              |
|    | If the organization changed its method of accounting from a prior year or checked "Other," explain in         |    | _   |     |              |
|    | Schedule O  |    | 1 1 |     |              |
| 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  |    |     |     |              |
| b  | 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  |    |     |     |              |
| 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  |     |              |
|    | If the organization changed either its oversight process or selection process during the tax year, explain in |    |     |     |              |
|    | Schedule O  |    |     |     |              |
| 3a | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in   |    |     |     |              |
|    | the Single Audit Act and OMB Circular A-133?  |    | 3a  |     | X            |
| b  | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the  |    |     |     |              |
|    | required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits       |    | 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.

▶ 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 PEACOCK PLAYERS, INC

Employer identification number 04-3707634

| Pa              | art I  | Reas   | on for Public Charity S               | Status (All organizations r                           | nust co      | mplete t                     | hıs paı      | t)See                     | ınstrı            | uctions             | s                   |              |              |  |  |  |
|-----------------|--|--|---------------------------------------|---|--------------|------------------------------|--------------|---------------------------|-------------------|---------------------|---------------------|--------------|--------------|--|--|--|
| The             | orgar  | nization is not a  | private foundation because            | it is (For lines 1 through 11, che                    | ck only or   | e box )                      |              |                           |                   |                     |                     |              |              |  |  |  |
| 1               | $\overline{\Box}$  | A church, con  | vention of churches, or associ        | ciation of churches described in                      | section 1    | 70(b)(1)( <i>/</i>           | A)(i).       |                           |                   |                     |                     |              |              |  |  |  |
| 2               | П  | A school desc  | cribed in section 170(b)(1)(A         | )(ii). (Attach Schedule E)                            |              |                              |              |                           |                   |                     |                     |              |              |  |  |  |
| 3               | П  | A hospital or a  | a cooperative hospital service        | e organization described in section                   | on 170(b)    | (1)(A)(iii)                  | •            |                           |                   |                     |                     |              |              |  |  |  |
| 4               |  | •  | •                                     | in conjunction with a hospital des                    |              |                              |              | (A)(iii).                 | Enter th          | e hospi             | ıtal's name,        |              |              |  |  |  |
| •               | ш  | city, and state  |                                       | ,   |              |                              |              |                           |                   | •                   | •                   |              |              |  |  |  |
| 5               | $\Box$   | An organization operated for the benefit of a college or university owned or operated by a governmental unit described in  |                                       |   |              |                              |              |                           |                   |                     |                     |              |              |  |  |  |
| Ŭ               |  | •  | b)(1)(A)(iv). (Complete Part I        |   |              | -, - 3                       |              |                           |                   |                     |                     |              |              |  |  |  |
| _               |  |  |                                       | ··/<br>vernmental unit described in <b>sec</b>        | tion 170/    | h)/1)/A)/v                   | a)           |                           |                   |                     |                     |              |              |  |  |  |
| 6               | $\vdash$   | •  | · · · · · · · · · · · · · · · · · · · |   | -            |                              | -            | the ger                   | aeral nu          | hlic                |                     |              |              |  |  |  |
| 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) |                                       |   |              |                              |              |                           |                   |                     |                     |              |              |  |  |  |
|                 | A community trust described in section 170(b)(1)(A)(vi). (Complete Part II )   |  |                                       |   |              |                              |              |                           |                   |                     |                     |              |              |  |  |  |
| 8               |  |  |                                       |   |              |                              |              |                           |                   |                     |                     |              |              |  |  |  |
| 9               |  |  |                                       |   |              |                              |              |                           |                   |                     |                     |              |              |  |  |  |
|                 | receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its  |  |                                       |   |              |                              |              |                           |                   |                     |                     |              |              |  |  |  |
|                 | support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)                  |  |                                       |   |              |                              |              |                           |                   |                     |                     |              |              |  |  |  |
|                 |  | , ,  | •                                     |   | -            |                              | -1/41        |                           |                   |                     |                     |              |              |  |  |  |
| 10              | $\vdash$   | •  | •                                     | clusively to test for public safety                   |              | -                            |              |                           | 1 4L -            |                     |                     |              |              |  |  |  |
| 11              |  | •  | •                                     | clusively for the benefit of, to pe                   |              |                              |              | -                         |                   | 4:                  |                     |              |              |  |  |  |
|                 |  |  |                                       | d organizations described in sect                     |              |                              |              |                           |                   | uon                 |                     |              |              |  |  |  |
|                 | 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h.  |  |                                       |   |              |                              |              |                           |                   |                     |                     |              |              |  |  |  |
|                 | a Type I b Type II c Type III-Functionally integrated d Type III-Non-functionally integrated  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons |  |                                       |   |              |                              |              |                           |                   |                     |                     |              |              |  |  |  |
| е               |  | , .  |                                       |   |              |                              |              |                           | •                 |                     |                     |              |              |  |  |  |
|                 |  |  | <u> </u>                              | than one or more publicly support                     | illed olgar  | nzanons (                    | jesci ibei   | a in seci                 | 1011 309          | (a)(1)              |                     |              |              |  |  |  |
| _               |  | or section 509   |                                       | mination from the IDS that it is a                    | Turno I Tu   | no II or T                   | waa III a    | uppodin                   | ~                 |                     |                     |              |              |  |  |  |
| f               |  | •  |                                       | mination from the IRS that it is a                    | Type I, Ty   | pe II, UI I                  | ype iii s    | upporun                   | g                 |                     |                     |              |              |  |  |  |
|                 |  | •  | check this box                        |   |              | af tha                       |              |                           |                   |                     |                     |              |              |  |  |  |
| g               |  | •  | · · ·                                 | on accepted any gift or contributi                    | on from at   | ny or the                    |              |                           |                   |                     |                     |              |              |  |  |  |
|                 |  | following per  |                                       |   | .1           |                              |              |                           |                   |                     |                     | <u> </u>     | Т            |  |  |  |
|                 |  |  |                                       | ntrols, either alone or together wi                   | tn persons   | s describe                   | ed in (II) a | ana                       |                   |                     |                     | Yes          | No           |  |  |  |
|                 |  | ` '  | v, the governing body of the s        |   |              |                              |              |                           |                   |                     | 11g(ı)              | <del> </del> | <del> </del> |  |  |  |
|                 |  | . , ,  | member of a person describe           | • •   |              |                              |              |                           |                   |                     | 11g(ii)             |              | <del> </del> |  |  |  |
|                 |  | ` '  | ontrolled entity of a person de       | ** **   |              |                              |              |                           |                   |                     | [11g(iii            | )L           | l            |  |  |  |
| <u>h</u>        |  |  | ollowing information about the        |   | Tax.         | <del></del> -                |              |                           | 1                 |                     |                     |              |              |  |  |  |
| (               |  | e of supported ganization  | (ii) EIN                              | (iii) Type of organization<br>(described on lines 1-9 | 1            | organization<br>sted in your |              | rou notify<br>nization in | (VI)<br>organizat | s the<br>ion in col | (vii) Amount<br>sup |              | tary         |  |  |  |
|                 | Oi   | ganization   |                                       | above or IRC section                                  |              | document?                    | ∞l (i)       | of your                   | (i) organi        | zed in the          |                     | JUIN         |              |  |  |  |
|                 |  |  |                                       | (see instructions))                                   | <u> </u>     | Τ                            |              | oort?                     |                   | S?                  |                     |              |              |  |  |  |
|                 |  | ·  |                                       |   | Yes          | No                           | Yes          | No                        | Yes               | No                  |                     |              |              |  |  |  |
| (A)             |  |  |                                       |   |              |                              |              |                           |                   |                     |                     |              |              |  |  |  |
|                 |  |  |                                       |   |              |                              | ļ            | <b> </b>                  |                   |                     |                     |              |              |  |  |  |
| (B)             |  |  |                                       |   |              | }                            |              |                           |                   |                     |                     |              |              |  |  |  |
| (C)             |  |  |                                       |   | †            | <u> </u>                     |              |                           |                   |                     | <u></u>             |              | <del></del>  |  |  |  |
| (C)             |  |  |                                       |   |              |                              |              |                           |                   |                     |                     |              |              |  |  |  |
| (D)             |  |  |                                       |   |              |                              |              |                           |                   |                     |                     |              |              |  |  |  |
| (E)             |  |  |                                       |   | <del> </del> |                              |              |                           |                   |                     |                     |              |              |  |  |  |
| (- <i>)</i><br> |  |  |                                       |   |              |                              |              |                           |                   |                     |                     |              |              |  |  |  |
| Tota            | al   |  |                                       |   |              |                              |              |                           |                   |                     |                     |              |              |  |  |  |

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

| Sec      | tion A. Public Support  |   |                     |                         |                     |          |    |           |  |  |
|----------|---|---|---------------------|-------------------------|---------------------|----------|----|-----------|--|--|
| Calen    | dar year (or fiscal year beginning in) ▶  | (a) 2009  | <b>(b)</b> 2010     | (c) 2011                | (d) 2012            | (e) 201  | 13 | (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  |   |                     |                         |                     | <u> </u> |    |           |  |  |
| 5        | The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) |   |                     |                         |                     |          |    |           |  |  |
| 6        | Public support. Subtract line 5 from line 4   |   |                     |                         |                     |          |    |           |  |  |
| Sec      | tion B. Total Support   |   |                     |                         |                     |          |    |           |  |  |
| Caler    | dar year (or fiscal year beginning in)  | (a) 2009  | <b>(b)</b> 2010     | (c) 2011                | (d) 2012            | (e) 201  | 13 | (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   |   |                     | <u> </u>                | <u> </u>            |          |    |           |  |  |
| 12       | Gross receipts from related activities, etc. (  |   |                     |                         |                     |          | 12 |           |  |  |
| 13       | First five years. If the Form 990 is for the  | organization's first,   | second, third, four | th, or fifth tax year a | as a section 501(c) | (3)      |    |           |  |  |
|          | organization, check this box and stop here  |   |                     | <del></del>             |                     |          |    | <u> </u>  |  |  |
| Sec      | tion C. Computation of Public Su  |   |                     |                         |                     |          |    |           |  |  |
| 14       | Public support percentage for 2013 (line 6,   |   |                     | (f))                    |                     |          | 14 | %_        |  |  |
| 15       | Public support percentage from 2012 Sche  |   |                     |                         |                     |          | 15 | %         |  |  |
| 16a      | 33 1/3% support test—2013. If the organi  |   |                     |                         | 1/3% or more, che   | ck this  |    |           |  |  |
|          | box and stop here. The organization qualif  |   |                     |                         | 00 41004            |          |    | ▶ _       |  |  |
| b        | 33 1/3% support test—2012. If the organi  |   |                     |                         | is 33 1/3% or more  | ÷,       |    |           |  |  |
| 49       | check this box and stop here. The organiz   | •   |                     | <u> </u>                | or 16h and line 1   | 4        |    |           |  |  |
| 17a      | 10%-facts-and-circumstances test201   | -   |                     |                         |                     |          |    |           |  |  |
|          | 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in  |   |                     |                         |                     |          |    |           |  |  |
|          |   | Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported           |                     |                         |                     |          |    |           |  |  |
| <b>b</b> | •   | organization  10%-facts-and-circumstances test—2012. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line |                     |                         |                     |          |    |           |  |  |
| b        | 15 is 10% or more, and if the organization i  | -   |                     |                         |                     | iii iC   |    |           |  |  |
|          | Explain in Part IV how the organization med   |   |                     |                         |                     | clv      |    |           |  |  |
|          | supported organization  | 513 IIIE 18015-8110-0   | arcamstances (est   | . The organization      | quaimes as a public | JIY .    |    | ▶ □       |  |  |
| 18       | Private foundation. If the organization did   | not check a hovior  | n line 13 16a 16b   | 17a, or 17h, check      | this box and see    |          |    |           |  |  |
| 10       | instructions  | 666. 6 50 0   |                     | , or tru, one or        | DOX GITG SEE        |          |    | ▶□        |  |  |
|          |   |   |                     |                         |                     |          |    |           |  |  |

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.)

|            | tion A. Public Support   |                             |                       | <del></del>            |                     | =           |            |
|------------|--|-----------------------------|-----------------------|------------------------|---------------------|-------------|------------|
| Caler      | ndar year (or fiscal year beginning in) ▶  | (a) 2009                    | <b>(b)</b> 2010       | (c) 2011               | (d) 2012            | (e) 2013    | (f) Total  |
| 1          | Gifts, grants, contributions, and membership<br>fees received (Do not include any "unusual<br>grants")   | 21,499                      | 22,428                | 39,201                 | 5,486               | 7,393       | 96,007     |
| 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 | 188,880                     | 220,016               | 256,934                | 358,790             | 366,747     | 1,391,367  |
| 3          | Gross receipts from activities that are not an unrelated trade or business under section 513   |                             |                       |                        |                     | 40,613      | 40,613     |
| 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   | 210,379                     | 242,444               | 296,135                | 364,276             | 414,753     | 1,527,987  |
| 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 line 6)  |                             |                       |                        | İ                   |             | 1 507 007  |
| Sec        | tion B. Total Support  | l                           |                       |                        |                     |             | 1,527,987  |
|            | ndar year (or fiscal year beginning in)  | (a) 2009                    | <b>(b)</b> 2010       | (c) 2011               | (d) 2012            | (e) 2013    | (f) Total  |
| 9          | Amounts from line 6  | 210,379                     | 242,444               | 296,135                | 364,276             | 414,753     | 1,527,987  |
| 10a        | Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources   | 538                         | 29                    | 32                     | 12                  | 104         | 715        |
| b          | Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975  |                             |                       |                        |                     |             |            |
| С          | Add lines 10a and 10b  | 538                         | 29                    | 32                     | 12                  | 104         | 715        |
| 11         | Net income from unrelated business<br>activities not included in line 10b, whether<br>or not the business is regularly carried on  |                             |                       |                        |                     |             |            |
| 12         | Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)  |                             |                       |                        | 16,092              | 29,182      | 45,274     |
| 13         | Total support. (Add lines 9, 10c, 11,  |                             |                       |                        | İ                   |             |            |
|            | and 12 )   | 210,917                     | 242,473               |                        | 380,380             | 444,039     | 1,573,976  |
| 14         | First five years. If the Form 990 is for the   | •                           | second, third, fourti | n, or fifth tax year a | s a section 501(c)( | 3)          |            |
|            | organization, check this box and stop here   |                             |                       |                        |                     | <del></del> | <u> </u>   |
|            | tion C. Computation of Public Su   |                             |                       | <u> </u>               |                     | 1 45 1      |            |
| 15         | Public support percentage for 2013 (line 8,  |                             | -                     | 1))                    |                     | 15          | 97.08%     |
| 16         | Public support percentage from 2012 Sche tion D. Computation of Investme   |                             |                       |                        |                     | 16          | 98.78%     |
| <u>3ec</u> | Investment income percentage for 2013 (liii  | •                           |                       | olumn (fl)             |                     | 17          | %          |
| 18         | Investment income percentage for 2013 (in  |                             | =                     | olumin (i))            |                     | 18          |            |
| 19a        | 33 1/3% support tests—2013. If the organ   |                             |                       | 4 and line 15 is mo    | ore than 33 1/3% a  |             |            |
| 130        | 17 is not more than 33 1/3%, check this bo   | x and <b>stop here</b> . Ti | ne organization qua   | alifies as a publicly  | supported organiza  | tion        | <b>▶ X</b> |
| b          | 33 1/3% support tests—2012. If the organ   |                             |                       |                        |                     |             | · [        |
|            | line 18 is not more than 33 1/3%, check this   |                             | _                     |                        | -                   | nization    | <b>P</b>   |
| 20         | Private foundation. If the organization did  | not check a box on          | ine 14, 19a, or 19    | b, check this box a    | nd see instructions | *****       | <b>P</b>   |

Schedule A (Form 990 or 990-EZ) 2013 THE PEACOCK PLAYERS, INC

04-3707634

Page 4

Part IV Supplemental information. 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).

PART III, LINE 12 - OTHER INCOME DETAIL

FUNDRAISING EVENTS

Ś

45,274

### **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.qov/form990.

Employer Identification number

OMB No 1545-0047

Open to Public Inspection

| Name ( | of the organization  |  | Employer k   | dentification number                  |
|--------|--|--|--------------|---------------------------------------|
| TI     | HE PEACOCK PLAYERS, INC  |  | 04-3         | 707634                                |
|        |  | vised Funds or Other Similar Funds or A<br>'Yes" to Form 990, Part IV, line 6.     | ccounts      | •                                     |
|        |  | (a) Donor advised funds  | (b           | ) Funds and other accounts            |
| 1      | Total number at end of year  |  |              |                                       |
| 2      | Aggregate contributions to (dunng 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 v                     | wnting that the assets held in donor advised                                       |              |                                       |
|        | funds are the organization's property, subject to the organization                 | tion's exclusive legal control?  |              | Yes No                                |
| 6      | Did the organization inform all grantees, donors, and donor a                      | dvisors in writing that grant funds can be used                                    |              |                                       |
|        | only for charitable purposes and not for the benefit of the don                    | nor or donor advisor, or for any other purpose                                     |              |                                       |
|        | conferring impermissible private benefit?  |  | -            | Yes No                                |
| Pa     | art II Conservation Easements.  Complete if the organization answered "            | 'Yes" to Form 990, Part IV, line 7.  |              |                                       |
| 1      | Purpose(s) of conservation easements held by the organization                      |  |              | · · · · · · · · · · · · · · · · · · · |
| •      | Preservation of land for public use (e.g., recreation or edi                       |  | ortant land  | 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 qualifi                    | fied conservation contribution in the form of a conserva                           | ition        |                                       |
| _      | easement on the last day of the tax year.  |  | l i          | Held at the End of the Tax Year       |
| а      | Total number of conservation easements   |  | 2a           |                                       |
| b      | Total acreage restricted by conservation easements                                 |  | 2b           |                                       |
| С      | Number of conservation easements on a certified historic stru                      | ucture included in (a)   | 2c           |                                       |
| d      | Number of conservation easements included in (c) acquired a                        |  |              |                                       |
|        | historic structure listed in the National Register                                 |  | 2d           |                                       |
| 3      | Number of conservation easements modified, transferred, rel                        | leased, extinguished, or terminated by the organization                            | n during the |                                       |
|        | tax year ▶   |  |              |                                       |
| 4      | Number of states where property subject to conservation eas                        | sement is located ▶  |              |                                       |
| 5      | Does the organization have a written policy regarding the per                      | nodic monitoring, inspection, handling of  |              |                                       |
|        | violations, and enforcement of the conservation easements if                       | t holds?   |              | Yes No                                |
| 6      | Staff and volunteer hours devoted to monitoring, inspecting,                       | and enforcing conservation easements during the year                               | г            |                                       |
|        | <b>&gt;</b>  |  |              |                                       |
| 7      | Amount of expenses incurred in monitoring, inspecting, and e                       | enforcing conservation easements during the year                                   |              |                                       |
|        | <b>▶</b> \$  |  |              |                                       |
| 8      | Does each conservation easement reported on line 2(d) about                        | ve satisfy the requirements of section 170(h)(4)(B)                                |              |                                       |
|        | (i) and section 170(h)(4)(B)(ii)?  |  |              | Yes No                                |
| 9      | In Part XIII, describe how the organization reports conservati                     |  |              |                                       |
|        | balance sheet, and include, if applicable, the text of the footn                   | note to the organization's financial statements that desc                          | cribes the   |                                       |
|        | organization's accounting for conservation easements                               | as of Art Historical Tassauras on Other  | Cimilan A    |                                       |
| Pa     | art III Organizations Maintaining Collection Complete if the organization answered | ns of Art, Historical Treasures, or Other 3<br>"Yes" to Form 990, Part IV, line 8. | Sillillai A  |                                       |
| 1a     | If the organization elected, as permitted under SFAS 116 (AS                       |  |              |                                       |
|        | works of art, historical treasures, or other similar assets held                   | I for public exhibition, education, or research in furthers                        | ance of      |                                       |
|        | public service, provide, in Part XIII, the text of the footnote to                 |  |              |                                       |
| b      | If the organization elected, as permitted under SFAS 116 (AS                       | SC 958), to report in its revenue statement and balance                            | e sheet      |                                       |
|        | works of art, historical treasures, or other similar assets held                   | •  | ance of      |                                       |
|        | public service, provide the following amounts relating to these                    | se items   |              |                                       |
|        | (i) Revenues included in Form 990, Part VIII, line 1                               |  | <b>•</b>     | \$                                    |
|        | (ii) Assets included in Form 990, Part X   |  | <b>•</b>     | \$                                    |
| 2      | If the organization received or held works of art, historical tre                  |  | de the       |                                       |
|        | following amounts required to be reported under SFAS 116 (                         | (ASC 958) relating to these items  |              |                                       |
| а      | Revenues included in Form 990, Part VIII, line 1                                   |  | •            | \$                                    |
|        | Assets included in Form 000 Port Y   |  |              | •                                     |

| Sche | dule D (Form 990) 2013 THE PEA   | COCK PLAYERS                      | , INC                    |  | 04-370       | 07634                | Page <b>2</b>         |  |  |
|------|--|-----------------------------------|--------------------------|--|--------------|----------------------|-----------------------|--|--|
| Pa   | rt III Organizations Maintaini   | ng Collections of                 | Art, Historical T        | reasures, d                            | or Other Si  | imilar Asse          | ts (continued)        |  |  |
| 3    | 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply) |                                   |                          |  |              |                      |                       |  |  |
| а    | Public exhibition  | d 🗌                               | Loan or exchange pr      | ograms                                 |              |                      |                       |  |  |
| b    | Scholarly research   | e 🗌                               | Other                    |  |              |                      |                       |  |  |
| С    | Preservation for future generations  |                                   |                          |  |              |                      |                       |  |  |
| 4    | Provide a description of the organization's of   | collections and explain h         | now they further the o   | rganization's e                        | xempt purpos | e in Part            |                       |  |  |
|      | XIII   |                                   |                          |  |              |                      |                       |  |  |
| 5    | During the year, did the organization solicit  |                                   |                          |  | nılar        |                      | п., п.,               |  |  |
|      | assets to be sold to raise funds rather than rt IV Escrow and Custodial A  |                                   | rt of the organization's | collection?                            |              |                      | Yes No                |  |  |
| Pa   | rt IV Escrow and Custodial A<br>Complete if the organizati   | _                                 | to Form 990 Pa           | nt IV line 0                           | or reporte   | ad an amoun          | t on Form             |  |  |
|      | 990, Part X, line 21.  | on answered 1es                   | 10 FOIII 990, F2         | ntiv, iiie s                           | , or reporte | an amoun             | it on Fomi            |  |  |
|      | Is the organization an agent, trustee, custo   | dian or other intermedia          | ry for contributions or  | other assets r                         | not          |                      |                       |  |  |
|      | included on Form 990, Part X?  | alari or other micrimodia         | ry for continuations of  | ************************************** |              |                      | Yes No                |  |  |
| b    | If "Yes," explain the arrangement in Part XI   | II and complete the follo         | wing table               |  |              |                      |                       |  |  |
|      | 3, 4,  | ·                                 | •                        |  |              |                      | Amount                |  |  |
| С    | Beginning balance  |                                   |                          |  |              | 1c                   |                       |  |  |
|      | Additions during the year  |                                   |                          |  |              | 1d                   |                       |  |  |
| е    | Distributions during the year  |                                   |                          |  |              | 1e                   |                       |  |  |
| f    | Ending balance   |                                   |                          |  |              | 1f                   |                       |  |  |
| 2a   | Did the organization include an amount on  | Form 990, Part X, line 2          | 17                       |  |              |                      | Yes No                |  |  |
|      | If "Yes," explain the arrangement in Part XI   | II Check here if the exp          | lanation has been pro    | vided in Part )                        | (III         |                      |                       |  |  |
| Pa   | rt V Endowment Funds.  |                                   |                          |  | _            |                      |                       |  |  |
|      | Complete if the organizati   | T                                 |                          |  |              |                      | <del></del>           |  |  |
|      |  | (a) Current year                  | (b) Pnor year            | (c) Two ye                             | ars back     | (d) Three years bad  | k (e) Four years back |  |  |
|      | Beginning of year balance  | <del></del>                       |                          |  |              | <del></del>          |                       |  |  |
|      | Contributions  |                                   | <u> </u>                 |  |              |                      | <del></del>           |  |  |
| С    | Net investment earnings, gains, and  |                                   |                          |  | }            |                      |                       |  |  |
|      | losses   |                                   |                          | 1-                                     |              |                      | <del></del>           |  |  |
|      | Grants or scholarships Other expenditures for facilities and   | <u> </u>                          |                          | <del></del>                            | *            |                      |                       |  |  |
| -    | •  |                                   |                          |  | •            |                      | Ì                     |  |  |
| •    | programs Administrative expenses   |                                   |                          | +                                      |              |                      |                       |  |  |
|      | End of year balance  |                                   | ,                        |  |              |                      |                       |  |  |
| 2    | Provide the estimated percentage of the cu   | rrent vear end balance            | (line 1g. column (a)) l  | neld as:                               |              |                      |                       |  |  |
| а    | Board designated or quasi-endowment ▶  | %                                 |                          |  |              |                      |                       |  |  |
| Ь    |  | %                                 |                          |  |              |                      |                       |  |  |
| С    | Temporarily restricted endowment ▶   | %                                 |                          |  |              |                      |                       |  |  |
|      | The percentages in lines 2a, 2b, and 2c sh   | ould equal 100%                   |                          |  |              |                      |                       |  |  |
| 3a   | Are there endowment funds not in the poss  | ession of the organizati          | on that are held and a   | idministered fo                        | or the       |                      |                       |  |  |
|      | organization by  |                                   |                          |  |              |                      | Yes No                |  |  |
|      | (i) unrelated organizations  |                                   |                          |  |              |                      | 3a(i)                 |  |  |
|      | (ii) related organizations   |                                   |                          |  |              |                      | 3a(ii)                |  |  |
| b    | If "Yes" to 3a(II), are the related organization   |                                   |                          |  |              |                      | 3b                    |  |  |
| 4    | Describe in Part XIII the intended uses of the   |                                   | ment funds_              | <del></del>                            | ·            |                      |                       |  |  |
| Pa   | rt VI Land, Buildings, and Eq  |                                   | " to Earn 000 D-         |  | 10 Ca= F=    | nem 000 D            | 4 V lime 40           |  |  |
|      | Complete if the organizati   |                                   |                          |  | 1            |                      |                       |  |  |
|      | Description of property  | (a) Cost or other<br>(investment) | 1 ''                     | er other basis<br>other)               | 1            | umulated<br>eciation | (d) Book value        |  |  |
|      | Land   | (iii oodiinii)                    |                          |  |              |                      |                       |  |  |
|      | Land<br>Buildings  |                                   |                          |  |              |                      |                       |  |  |
|      | Leasehold improvements   |                                   |                          |  | <u> </u>     | -                    |                       |  |  |
|      | Equipment  |                                   |                          | 3,598                                  | <b></b>      | 3,102                | 496                   |  |  |
|      | Other  |                                   |                          |  |              | - ,                  |                       |  |  |
|      | . Add lines 1a through 1e (Column (d) must   | equal Form 990, Part              | K, column (B), line 10   | (c) )                                  |              | <b>•</b>             | 496                   |  |  |

Schedule D (Form 990) 2013 THE PEACOCK 1
Part VII Investments—Other Securities.

|                 | Complete if the organization answered "Y  (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 | derivatives   |                                       |   |             |
| (2) Closely-he  | ld equity interests   |                                       |   |             |
| (3) Other       |   |                                       |   |             |
| (A)             |   |                                       |   |             |
| (B)             |   |                                       |   |             |
| (C)             |   |                                       |   |             |
| (D)             |   |                                       |   |             |
| (E)             |   |                                       |   |             |
| (F)             |   |                                       |   |             |
| (G)             |   |                                       |   |             |
| (H)             |   |                                       |   |             |
|                 | n (b) must equal Form 990, Part X, coi (B) line 12)                               |                                       | <u></u>   |             |
| Part VIII       | Investments—Program Related.  |                                       | 44 O 5 000 B 1 V II 40                                    |             |
|                 | Complete if the organization answered "Y  |                                       |   | -           |
|                 | (a) Description of investment   | (b) Book value                        | (c) Method of valuation  Cost or end-of-year market value |             |
| (1)             |   |                                       |   |             |
| (2)             |   |                                       |   |             |
| _(3)            |   |                                       |   |             |
| _(4)            |   |                                       |   |             |
| (5)             |   |                                       | ·   |             |
|                 |   |                                       | · · · · · · · · · · · · · · · · · · ·                     |             |
|                 |   |                                       |   |             |
| (8)             |   |                                       |   |             |
| (9)             | # 15 000 B 1V 1 (B) 1 10 \  |                                       |   |             |
|                 | n (b) must equal Form 990, Part X, col (B) line 13 ) ► Other Assets.              |                                       | ·L  |             |
| Part IX         | Complete if the organization answered ")  | es" to Form 990, Part IV, line        | e 11d. See Form 990, Part X, line 15.                     |             |
|                 | (a) Desc  | cription                              | (b) Book va   | lue         |
| (1)             |   |                                       |   |             |
| (2)             |   |                                       | <del></del>   |             |
| (3)             |   |                                       |   |             |
| (4)             |   |                                       |   |             |
| (5)             | <del></del>   |                                       |   |             |
| (6)             | <del></del>   |                                       |   |             |
|                 |   |                                       |   |             |
| (8)             |   |                                       |   |             |
| (9)             | (h)   |                                       |   |             |
|                 | o (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities.            |                                       | <b>&gt;</b>   |             |
| Part X          | Complete if the organization answered "\  | Yes" to Form 990. Part IV. line       | e 11e or 11f. See Form 990. Part X.                       |             |
|                 | line 25.  | · · · · · · · · · · · · · · · · · · · |   | <del></del> |
| 1.              | (a) Description of liability  | (b) Book value                        | 4   |             |
|                 | income taxes  |                                       | 4   |             |
| (2)             |   |                                       | -   |             |
| (3)             |   |                                       | 4   |             |
| (4)             |   |                                       | -   |             |
| (5)             |   |                                       | -   |             |
| (6)             |   |                                       | 4   |             |
|                 |   |                                       | -   |             |
| (0)             |   |                                       |   |             |
| (8)             |   |                                       | -   |             |
| (9)             | n (b) must equal Form 990, Part X, col (B) line 25 ) ▶                            |                                       | -   |             |

organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

| <u>sche</u> | dule D (Form 990) 2013 THE PEACOCK PLATERS, INC   | 04-370763        | ) 4    | Page 4 |  |  |  |  |  |
|-------------|---|------------------|--------|--------|--|--|--|--|--|
| Pa          | Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue 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 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          | rt XII Reconciliation of Expenses per Audited Financial Stateme                             | • •              | teturi | n.     |  |  |  |  |  |
|             | Complete if the organization answered "Yes" to Form 990, Pai                                | rt 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                            | 1 1              |        |        |  |  |  |  |  |
| а           | Donated services and use of facilities  | 2a               | 4      |        |  |  |  |  |  |
| b           | Prior year adjustments  | 2b               | 4      |        |  |  |  |  |  |
| С           | Other losses  | 2c               | 4      |        |  |  |  |  |  |
| d           | Other (Describe in Part XIII )  | 2d               | 1      |        |  |  |  |  |  |
| е           | Add lines 2a through 2d   |                  | 2e     |        |  |  |  |  |  |
| 3           | Subtract line 2e from line 1  | 1 1              | 3      |        |  |  |  |  |  |
| 4           | Amounts included on Form 990, Part IX, line 25, but not on line 1:                          |                  | i      |        |  |  |  |  |  |
| а           | Investment expenses not included on Form 990, Part VIII, line 7b                            | 4a               | 4      |        |  |  |  |  |  |
| b           | Other (Describe in Part XIII )  | 4b               | 4      |        |  |  |  |  |  |
| С           | Add lines 4a and 4b   |                  | 4c     |        |  |  |  |  |  |
| _5          | Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)              |                  |        |        |  |  |  |  |  |
| Pa          | rt XIII Supplemental Information  |                  |        |        |  |  |  |  |  |

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

Part XIII Supplemental Information (continued)

### SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Name of the organization

# 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.

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

OMB No 1545-0047 **2013** 

Open to Public

Employer identification number

|             | THE PEACOCK PLAYE  |                                      |  |                         |                                   | 04-37076  |   |  |
|-------------|--|--------------------------------------|--|-------------------------|-----------------------------------|---|---|--|
| Pa          | rt I Fundraising Activities. Complete Form 990-EZ filers are not required  | if the organization to complete this | n ans<br>part.                                     | swer                    | ed "Yes" to Form 99               | 0, Part IV, line 1  | 7.  |  |
| 1<br>a<br>b | Indicate whether the organization raised funds through any of the following activities. Check all that apply   |                                      |  |                         |                                   |   |   |  |
| d           | In-person solicitations  | <b>3</b>                             |  | <b>J</b>                |                                   |   |   |  |
|             | Did the organization have a written or oral agreement v or key employees listed in Form 990, Part VII) or entity if "Yes," list the ten highest paid individuals or entities (compensated at least \$5,000 by the organization | in connection with pro               | fession<br>to agr                                  | onal fu<br>eeme         | indraising services?              | raiser is to be   | Yes No  |  |
|             | (I) Name and address of individual or entity (fundraiser)  | (II) Activity                        | (iii) Did<br>raiser<br>custo<br>contri<br>contribi | have<br>dy or<br>rol of | (Iv) Gross receipts from activity | (v) Amount paid to<br>(or retained by)<br>fundraiser listed in<br>col (l) | (vi) Amount paid to<br>(or retained by)<br>organization |  |
| 1           |  |                                      | Yes  | No                      |                                   |   |   |  |
| 2           |  |                                      |  |                         |                                   |   |   |  |
| 3           |  |                                      |  |                         |                                   |   |   |  |
| 4           |  |                                      |  |                         |                                   |   |   |  |
| 5           |  |                                      |  |                         |                                   |   |   |  |
| 6           |  |                                      |  |                         |                                   |   |   |  |
| 7           |  |                                      |  |                         |                                   |   |   |  |
| 8           |  |                                      |  |                         |                                   |   |   |  |
| 9           |  |                                      |  |                         |                                   |   |   |  |
| 10          |  |                                      |  |                         |                                   |   |   |  |
| Tota        | List all states in which the organization is registered or   | liconned to estimit and              | tnh. it.   | <b>&gt;</b>             | has been nettend it in            | omnt from   |   |  |
| 3           | List all states in which the organization is registered or   | licensed to solicit con              | เกษนแ  | ons of                  | nas deen notified it is ex        | empt trom   |   |  |

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 DINNER AND AUCT CONCESSIONS 1 (add col (a) through col (c)) (total number) (event type) (event type) 5,509 21,485 10,158 37,152 1 Gross receipts 2 Less Contributions 3 Gross income (line 1 minus 21,485 10,158 5,509 37,152 line 2) 4 Cash prizes 5 Noncash prizes 6 Rent/facility costs Direct Expenses 7 Food and beverages 8 Entertainment 4,960 3,010 7,970 9 Other direct expenses 7,970 10 Direct expense summary. Add lines 4 through 9 in column (d) Net income summary Subtract line 10 from line 3, column (d) 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 col (a) through col (c)) bingo/progressive bingo 1 Gross revenue 2 Cash prizes Direct Expenses 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses % Yes % Yes Yes % 6 Volunteer labor No No No 7 Direct expense summary Add lines 2 through 5 in column (d) 8 Net gaming income summary Subtract line 7 from line 1, column (d) Enter the state(s) in which the organization operates gaming activities Yes No a 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 | dule G (Form 990 or 990-EZ) 2013 THE PEACOCK PLAYERS, INC  | 04-37076              | 34   | F   | age 3    |  |  |  |
|------|--|-----------------------|--|-----|----------|--|--|--|
| 11   | Does the organization operate gaming activities with nonmembers?   | <u> </u>              |  | 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 charitable gaming?  |                       |  | Yes | No No    |  |  |  |
| 13   | Indicate the percentage of gaming activity operated in   |                       |  |     |          |  |  |  |
| а    | The organization's facility  | 13a                   | <u> </u>                                     |     | <u>%</u> |  |  |  |
| b    | An outside facility  | 131                   | <u>)                                    </u> |     | <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  | Does the organization have a contract with a third party from whom the organization receives gaming                            |                       |  |     |          |  |  |  |
|      | revenue?   |                       |  | Yes | ∐ No     |  |  |  |
| b    | If "Yes," enter the amount of gaming revenue received by the organization \$   | and the               |  |     |          |  |  |  |
|      | 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 charitable distributions from the gaming proceeds to                      |                       |  |     | _        |  |  |  |
|      | retain the state gaming license?   |                       |  | Yes | No       |  |  |  |
| þ    | 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 > \$   |                       |  |     |          |  |  |  |
| Far  |  |                       |  |     |          |  |  |  |
|      | Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this additional information (see instructions) | s part to provide any |  |     |          |  |  |  |
|      | auditional 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.

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

OMB No 1545-0047

Open to Public Inspection

Name of the organization

Department of the Treasury

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 COMMITTEES 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.

Department of the Treasure Internal Revenue Service

# **Depreciation and Amortization**

(Including Information on Listed Property)

OMB No 1545-0172

► See separate instructions.

► Attach to your tax return

Identifying number Name(s) shown on return THE PEACOCK PLAYERS, 04-3707634 Business or activity to which this form relates INDIRECT DEPRECIATION **Election To Expense Certain Property Under Section 179** Part I Note: If you have any listed property, complete Part V before you complete Part I. 500,000 1 1 Maximum amount (see instructions) 2 Total cost of section 179 property placed in service (see instructions) 2,000,000 Threshold cost of section 179 property before reduction in limitation (see instructions) 3 Reduction in limitation Subtract line 3 from line 2. If zero or less, enter -0-4 Dollar limitation for tax year Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions 5 (a) Description of property (b) Cost (business use only) (c) Elected cost 7 Listed property Enter the amount from line 29 8 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7 Tentative deduction Enter the smaller of line 5 or line 8 9 Carryover of disallowed deduction from line 13 of your 2012 Form 4562 10 10 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions) 11 Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11 12 12 Carryover of disaflowed deduction to 2014 Add lines 9 and 10, less line 12 13 Note: Do not use Part II or Part III below for listed property. Instead, use Part V. Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions.) Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions) 14 Property subject to section 168(f)(1) election 15 15 353 16 Other depreciation (including ACRS) 16 Part III MACRS Depreciation (Do not include listed property.) (See instructions.) 17 17 MACRS deductions for assets placed in service in tax years beginning before 2013 18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here Section B---Assets Placed in Service During 2013 Tax Year Using the General Depreciation System (b) Month and year (c) Basis for depreciation (d) Recovery (business/investment use (a) Classification of property placed in (e) Convention (f) Method (g) Depreciation deduction репод service only-see instructions) 3-year property 19a b 5-year property 7-year property d 10-year property 15-year property 20-year property S/L 25-year property 25 yrs S/L Residential rental 27 5 yrs MM property MM 27 5 vrs S/L MM Nonresidential real S/L 39 yrs property MM S/L Section C—Assets Placed in Service During 2013 Tax Year Using the Alternative Depreciation System 20a Class life S/I 12 yrs b 12-year S/L 40 vrs MM S/L 40-vear Part IV Summary (See instructions ) Listed property. Enter amount from line 28 21 21 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here 22 and on the appropriate lines of your return. Partnerships and S corporations—see instructions 353 22 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs 23

| SCHEDULE G      |   | F                                   | 1 0040          |                 |   |
|-----------------|---|-------------------------------------|-----------------|-----------------|---|
|                 | Form 990 or<br>990-EZ)                          | For calendar year 2013, or tax year | /14             |                 |   |
| Nan             | ne  |                                     | · <u>-</u>      | Emp             | loyer Identification Number                 |
| _1              | HE PEACOCK                                      | PLAYERS, INC                        |                 | 04              | -3707634                                    |
|                 |   | (a) Other event                     | (b) Other event | (c) Other event | (d) Total other events (add col (a) through |
| a)              |   | (event type)                        | (event type)    | (event type)    | col (c))                                    |
| Revenue         | Gross receipts     Less Chantable contributions | 5,509                               |                 |                 | 5,509                                       |
|                 | 3 Gross income<br>(line 1 minus line            | 5,509                               |                 |                 | 5,509                                       |
|                 | 4 Cash prizes                                   |                                     |                 |                 | -   |
|                 | 5 Noncash prizes                                | •                                   |                 |                 |   |
| Direct Expenses | 6 Rent/facility cos                             | sts                                 |                 |                 |   |
|                 | 7 Food/beverage                                 | s                                   |                 |                 |   |
|                 | 8 Entertainment                                 |                                     |                 |                 |   |
|                 | 9 Other expenses                                | s                                   |                 |                 |   |

|                    | Management & Fund<br>General Raising                                     | \$ \$ 820 647 \$ 521  | \$ 7,393<br>\$ 7,393                        | \$ 19,207<br>179,916<br>129,274<br>38,350<br>\$ 366,747             | \$ 10,158<br>5,509<br>21,485<br>3,461<br>\$ 40,613                           |
|--------------------|--|---|---|---|--|
| Federal Statements | Form 990, Part IX, Line 24e - All Other Expenses  Total Expenses Service | 644 \$ 330 \$ 54 \$ \$ 15 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$           | Schedule A, Part III, Line 1(e) Description | Schedule A, Part III, Line 2(e) Description                         | Schedule A, Part III, Line 3(e) Description                                  |
| 04-3707634         | Description  | OTHER CAMP EXPENSES EVENT EXPENSES TELEPHONE REPAIRS AND MAINTENANCE SUPPLIES TOTAL | OTHER<br>TOTAL                              | MISCELLANEOUS<br>TUITION REVENUE<br>TICKET SALES<br>MEMBERSHIP DUES | CONCESSIONS<br>RAFFLE<br>DINNER AND AUCTION<br>SENIOR CABARET EVENT<br>TOTAL |