Form **8879-EO** 

IRS e-file Signature Authorization for an Exempt Organization

For calendar year 2009, or fiscal year beginning 7/01, 2009, and ending 6/30, 20 10

▶ Do not send to the IRS. Keep for your records.

OMB No. 1545-1878

apartment of the Treasury rnal Revenue Service

See instructions on back.

| Name of exempt organization  AVON PLAYERS INC.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                              |                                                                        | er Identification number              |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|---------------------------------------|
| Name and title of officer MARLAINA JURCO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                              | 30-0                                                                   | 089243                                |
| VICE PRESIDENT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                              |                                                                        |                                       |
| Part I Type of Return and Return Information (Whole Dollars Only)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                              |                                                                        | '                                     |
| Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, fro                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                              |                                                                        |                                       |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                              |                                                                        |                                       |
| return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return for which                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | you                                                                                                          |                                                                        |                                       |
| are filing this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-).                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | But, if                                                                                                      |                                                                        |                                       |
| you entered -0- on the return, then enter -0- on the applicable line below. <b>Do not</b> complete more than 1 line in Part I                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | •                                                                                                            |                                                                        | <b></b>                               |
| 1a Form 990 check here X b Total revenue, if any (Form 990, Part VIII, column (A), line 12)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                              |                                                                        | 1b <u>117,603</u>                     |
| 2a Form 990-EZ check here b Total revenue, if any (Form 990-EZ, line 9)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                              |                                                                        | 2b                                    |
| sa Form 1120-POL check here b Total tax (Form 1120-POL, line 22)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                              |                                                                        | 3b                                    |
| 4a Form 990-PF check here  b lax based on investment income (Form 990-PF, Part VI, line 5)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                              |                                                                        | 4b                                    |
| 5a Form 8868 check here b Balance Due (Form 8868, line 3c)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                              |                                                                        | 5b                                    |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                              |                                                                        |                                       |
| Part II Declaration and Signature Authorization of Officer  Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the above organization and that I have examined a copy of the above organization.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                              |                                                                        |                                       |
| 2009 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, the correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organizetion. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERC organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejectio ransmission, (b) an indication of any refund offset, (c) the reason for any delay in processing the return or refund, and fany refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic 1 direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organizederal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential ressary to answer inquiries and resolve issues related to the payment. I have selected a personal identification nu signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds of the organization's tax year 2009 electronically filed return. If I have indicated within this return that a copy is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also author aforementioned ERO to enter my PIN on the return's disclosure consent screen.   As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2009 electronic filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) charities as part of the IRS Fed/State program, I will enter my PIN on the retu | nization  ) to ser  n of the  n of the  funds w  anizatio  , I must  ) date. I  il inform  mber (F  withdray | nd the end the end date ithdrawal n's contact also nation PIN) as wal. | as my signature<br>bers, but          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | . 0                                                                                                          | 0 /1E /                                                                | /                                     |
| Part III Certification and Authentication                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | ) U2                                                                                                         | 2/15/                                                                  | <u> </u>                              |
| Octumoston and Addition                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                              | <del></del>                                                            |                                       |
| RO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                              |                                                                        | 38573700306<br>do not enter all zeros |
| certify that the above numeric entry is my PIN, which is my signature on the 2009 electronically filed return for the or                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | ganizat                                                                                                      | ion                                                                    |                                       |
| dicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Moderni                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | zed e-F                                                                                                      | ile                                                                    |                                       |
| MeF) Information for Authorized IRS e-file Providers for Business Returns.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                              |                                                                        |                                       |
| RO's signature ▶ Date ▶                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                              |                                                                        |                                       |
| Date >                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                              |                                                                        |                                       |
| ERO Must Retain This Form—See Instructions                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                              |                                                                        |                                       |
| Do Not Submit This Form To the IRS Unless Requested To                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Do So                                                                                                        | <del>)</del>                                                           | ***                                   |
| or Paperwork Reduction Act Notice, see back of form.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                              |                                                                        | Form 8879-EO (2009)                   |

# AP 02/15/2011 10:09 AM Department of the Treasury Internal Revenue Service

### **Return of Organization Exempt From Income Tax**

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

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

OMB No. 1545-0047 2009

Open to Public Inspection

| Α                              | For th      | ne 2009 cal                             | endar ye             | ar, or tax year beginning 07/01/09 , and ending 06/30/10                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                             |                 |                                                     |
|--------------------------------|-------------|-----------------------------------------|----------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|-----------------|-----------------------------------------------------|
| В.                             |             | applicable:                             | Please               | C Name of organization                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | D 1                         | Empl            | oyer identification number                          |
| ٦.                             | Address     | change                                  | use IRS              | AVON PLAYERS INC.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                             |                 |                                                     |
| اَرا                           | Name ch     | hanaa                                   | label or print or    | Doing Business As                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 1 .                         | 38-             | -6089243                                            |
| $\Box$                         |             | _                                       | type.                | Number and street (or P.O. box if mail is not delivered to street address)  Room/suite                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                             |                 | hone number                                         |
| Ц                              | Initial ret | turn                                    | See                  | P.O. BOX 80332                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                             | р.              | Torro marrisor                                      |
|                                | Termina     | tion                                    | Specific<br>Instruc- | City or town, state or country, and ZIP + 4                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | G Gro                       |                 | eipts \$ 126,053                                    |
|                                | Amende      | ed return                               | tions.               | ROCHESTER MI 48308-0332                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 1                           | 33 100          | <u> </u>                                            |
| $\equiv$                       |             | ion pending                             | F Name               | e and address of principal officer:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | H(a)                        | le thie         | a group return for                                  |
|                                | Applicati   | ion pending                             | i .                  | HN DEIERLEIN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | ](u)                        | affiliat        |                                                     |
|                                |             |                                         | 11                   | 85 WASHINGTON                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | H(b)                        | Are al          | ll affiliates .                                     |
|                                |             |                                         |                      | CHESTER HILLS MI 48306                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | İ                           | includ          | ," attach a list. (see instructions)                |
| 1                              | Tax-ex      | cempt status                            | energe in            | 501(c) ( <b>3</b> ) <b>◄</b> (insert no.) 4947(a)(1) or 527                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 1                           | 11 110,         | attach a list (see liisti dollohis)                 |
| -                              | Websi       |                                         |                      | VONPLAYERS.ORG                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | H(c)                        | Gmur            | exemption number                                    |
|                                |             | organization:                           |                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 1949                        |                 | M State of legal domicile: MI                       |
| 77777777                       | art I       | 55555                                   | ımmar                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                             |                 | W State of legal doffliche: PAL                     |
| 2000200                        | 1           |                                         |                      | na organization's mission or most significant activities.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                             |                 |                                                     |
|                                | '           |                                         |                      | TE PERFORMING ARTS IN THE GREATER ROCHESTER AREA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | • • • • • •                 | • • • • •       | ••••••                                              |
| ce                             |             |                                         | *******              | 12 124 OUTTO THE THE THE GREATER ROOMESTER AREA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | • • • • • •                 |                 |                                                     |
| nai                            |             | • • • • • • • • • • • • • • • • • • • • |                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                             |                 |                                                     |
| Ver                            | ,           | Chook thi                               |                      | if the apparimation disposition of the appariment of the control o |                             | • • • • •       |                                                     |
| Governance                     | 2           | Number                                  | S DOX 📂              | if the organization discontinued its operations or disposed of more than 25% of its net asset                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | s.                          | ۱ م             | 7                                                   |
| oŏ<br>w                        | 3           | Number                                  | i volling            | members of the governing body (Part VI, line 1a)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | ├-                          | 3               | 7                                                   |
| Activities                     |             |                                         |                      | endent voting members of the governing body (Part VI, line 1b)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                             | 4               | 0                                                   |
| ξį                             |             |                                         |                      | employees (Part V, line 2a)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                             | 5               | <u> </u>                                            |
| ĕ                              | 6           | Total num                               | iber or v            | olunteers (estimate if necessary)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | ├                           | 6               |                                                     |
|                                | /a          | lotal gros                              | s unrei              | ated business revenue from Part VIII, column (C), line 12                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | ├-                          | 7a              |                                                     |
| _                              | b           | Net unrela                              | ated bus             | iness taxable income from Form 990-T, line 34                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                             | 7b              | 0                                                   |
|                                | 8           | Contributi                              | ons and              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 2,5                         | 23              | Current Year 12,737                                 |
| ź                              | 9           | Program                                 | envice I             | Toyonua (Part VIII line 2m)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | $\frac{2}{2}, 3$            |                 | 105,316                                             |
| Revenu                         |             |                                         |                      | e (Part VIII, column (A), lines 3, 4, and 7d)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                             | 77              | -450                                                |
| R <sub>e</sub>                 | 11          | Other revi                              | anua (P              | art VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                             | 29              | -430                                                |
|                                |             |                                         |                      | dd lines 8 through 11 (must equal Part VIII, column (A), line 12)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 5,5                         |                 | 117,603                                             |
|                                |             |                                         |                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <u>J,J.</u>                 |                 | 117,603                                             |
|                                |             |                                         |                      | r amounts paid (Part IX, column (A), lines 1–3) r for members (Part IX, column (A), line 4)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                             | $\dashv$        |                                                     |
|                                |             |                                         |                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | $\dashv$                    |                 |                                                     |
| enses                          | 10          | Drofossion                              | and found            | mpensation, employee benefits (Part IX, column (A), lines 5–10)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                             | $\dashv$        |                                                     |
| en                             | 10a         | Total fund                              | nainina              | raising fees (Part IX, column (A), line 11e)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                             |                 |                                                     |
| Exp                            |             |                                         |                      | expenses (Part IX, column (D), line 25)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 0 F/                        | <b>***</b>      | 114 710                                             |
| _                              |             |                                         |                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | $\frac{0.50}{0.50}$         |                 | 114,713                                             |
|                                |             |                                         |                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 0,50                        |                 | 114,713                                             |
| <u>ار د</u>                    | 19          | kevenue l                               | ess exp              | enses. Subtract line 18 from line 12 Beginning of Cur                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 4,95                        |                 | 2,890                                               |
| Net Assets or<br>Fund Balances | 20          | Total acco                              | te (Part             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 6,37                        |                 | End of Year 317, 624                                |
| Ass                            | 21          |                                         | •                    | 100                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 1,27                        |                 | 109,633                                             |
| EE                             | 22          |                                         |                      | ***************************************                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | $\frac{1}{5}, \frac{2}{10}$ |                 | 207,991                                             |
|                                | art II      | A444                                    |                      | e Block                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <u>,</u>                    | <u>/</u>        | 201,991                                             |
| *****                          |             |                                         |                      | es of perjury, I declare that I have examined this return, including accompanying schedules and statements, and                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                             |                 |                                                     |
|                                |             | and                                     | belief, it i         | es of perjury, if declare that i have examined this return, including accompanying schedules and statements, and<br>s true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which pre                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | to the b                    | est of<br>s any | my knowledge<br>knowledge.                          |
| Sig                            | n           |                                         |                      | A CONTRACT OF THE PARTY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | ı                           | ·               | · ·                                                 |
| O.g<br>Her                     |             |                                         | Cianatus             | e of officer                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                             |                 |                                                     |
| 1 101                          | C           |                                         | _                    | RLAINA JURCO VICE PRESIDEN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                             | Date            |                                                     |
|                                |             |                                         |                      | orint name and title                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <u> </u>                    |                 |                                                     |
|                                |             |                                         | · ype or l           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                             |                 | Despoyate identifician                              |
| ادع                            | d           |                                         | arer's               | Date Check self-                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | f                           | $\Box$          | Preparer's identifying number<br>(see Instructions) |
|                                | -<br>pare   | r's signa                               | iure                 | 102/15/11 employ                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | ed 🕨                        | Щ               | P00000306                                           |
|                                | Onl         | 3                                       | 's name (            | or yours GOFRANK & MANTINA, P.C.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | EIN                         | >               | 38-2808585                                          |
|                                | <b>—</b>    | if self                                 | f-employe            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Pho                         |                 |                                                     |
|                                |             |                                         | ess, and             | TOOLIGITIE TOOCY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | no.                         | <u> </u>        | 248-601-9500                                        |
| May                            | the IR      | S discuss                               | this retu            | ırn with the preparer shown above? (see instructions)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                             |                 | Yes No                                              |

| 0 000 \muo0                             | 9) AVON PLAYERS INC.                                                       | 38-                                                                     | -6089243                                                                                     | Page                                    |
|-----------------------------------------|----------------------------------------------------------------------------|-------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|-----------------------------------------|
| Part III                                | Statement of Program Service                                               | Accomplishments                                                         |                                                                                              |                                         |
|                                         | escribe the organization's mission: OMOTE PERFORMING ARTS                  | IN THE GREATER ROCHE                                                    | STER AREA                                                                                    |                                         |
| • • • • • • • • • • • • • • • • • • • • | • • • • • • • • • • • • • • • • • • • •                                    |                                                                         |                                                                                              |                                         |
| • • • • • • • • • • • • • • • • • • • • |                                                                            |                                                                         |                                                                                              |                                         |
| 2 Did the o                             | organization undertake any significant progr                               | am services during the year which were not                              | listed on                                                                                    |                                         |
|                                         | Form 990 or 990-EZ? describe these new services on Schedule (              | ),                                                                      |                                                                                              | Yes X No                                |
| 3 Did the c                             | organization cease conducting, or make sign                                | nificant changes in how it conducts, any pro                            | gram                                                                                         |                                         |
|                                         | describe these changes on Schedule O.                                      | •••••                                                                   |                                                                                              | Yes X No                                |
| 4 Describe                              | e the exempt purpose achievements for each                                 | h of the organization's three largest progran                           | services by expenses.                                                                        |                                         |
| Section 8                               | 501(c)(3) and 501(c)(4) organizations and s                                | ection 4947(a)(1) trusts are required to repo                           | ort the amount of grants and                                                                 |                                         |
| allocation                              | ns to others, the total expenses, and revenu                               | e, if any, for each program service reported                            | •                                                                                            |                                         |
| (1) YO<br>SCHOOL<br>ROCHES<br>ORDER     | LS AND COMMUNITY EVENT<br>STER AREA. THIS INCLUTE<br>TO PROMOTE UPCOMING I | FATIONS ARE IN COOPER<br>IS TO PROMOTE PERFORM<br>JDES ADVERTISING TO B | ATION WITH THE LOCAL<br>ING ARTS IN THE GREA<br>E MAILED TO THE COMM<br>UDE 1) SALES OF TICK | PUBLIC<br>TER<br>TUNITY IN<br>ETS 2)    |
|                                         |                                                                            | ••••                                                                    |                                                                                              |                                         |
|                                         | •••••                                                                      | •••••                                                                   |                                                                                              |                                         |
|                                         |                                                                            | • • • • • • • • • • • • • • • • • • • •                                 | ***************************************                                                      | **************                          |
| • • • • • • • • • • • • • • • • • • • • |                                                                            | • • • • • • • • • • • • • • • • • • • •                                 |                                                                                              |                                         |
| • • • • • • • • • • • • • • • • • • • • |                                                                            |                                                                         | • • • • • • • • • • • • • • • • • • • •                                                      |                                         |
| ` <u> </u>                              | \                                                                          |                                                                         |                                                                                              |                                         |
| b (Code                                 | ) (Expenses \$                                                             | including grants of \$                                                  | ) (Revenue \$                                                                                | )                                       |
| • • • • • • • • • • • • • • • • • • • • | •••••                                                                      |                                                                         |                                                                                              |                                         |
| • • • • • • • • • • • • • • • • • • • • | • • • • • • • • • • • • • • • • • • • •                                    |                                                                         |                                                                                              |                                         |
| * * * * * * * * * * * * * * * * * * * * | •••••                                                                      | •••••                                                                   | • • • • • • • • • • • • • • • • • • • •                                                      | • • • • • • • • • • • • • • • • • • • • |
| • • • • • • • • •                       | • • • • • • • • • • • • • • • • • • • •                                    | ••••••                                                                  |                                                                                              | • • • • • • • • • • • • • • • • • • • • |
| • • • • • • • • • • • • • • • • • • • • | •••••                                                                      |                                                                         | •••••••                                                                                      | • • • • • • • • • • • • • • • • • • • • |
|                                         | • • • • • • • • • • • • • • • • • • • •                                    |                                                                         |                                                                                              | • • • • • • • • • • • • • • • • • • • • |
|                                         |                                                                            |                                                                         |                                                                                              | • • • • • • • • • • • • • • • • • • • • |
| ******                                  |                                                                            |                                                                         | •••••                                                                                        |                                         |
|                                         | •••••                                                                      |                                                                         |                                                                                              | • • • • • • • • • • • • • • • • • • • • |
|                                         |                                                                            | ***************************************                                 |                                                                                              |                                         |
|                                         |                                                                            |                                                                         |                                                                                              |                                         |
| 4c (Code:                               | ) (Expenses \$                                                             | including grants of \$                                                  | ) (Revenue \$                                                                                | )                                       |
|                                         |                                                                            | •••••                                                                   |                                                                                              |                                         |
| • • • • • • • • • • • • • • • • • • • • |                                                                            |                                                                         |                                                                                              |                                         |
| • • • • • • • • • • • • • • • • • • • • | •••••                                                                      |                                                                         |                                                                                              |                                         |
| • • • • • • • • • • • • • • • • • • • • |                                                                            |                                                                         |                                                                                              | ••••••••••••••••••••••••••••••••••••••• |
| **********                              |                                                                            |                                                                         |                                                                                              |                                         |
|                                         |                                                                            |                                                                         |                                                                                              |                                         |
|                                         |                                                                            |                                                                         |                                                                                              |                                         |
|                                         |                                                                            |                                                                         |                                                                                              |                                         |
|                                         |                                                                            |                                                                         |                                                                                              |                                         |
|                                         |                                                                            |                                                                         |                                                                                              |                                         |
|                                         |                                                                            |                                                                         |                                                                                              |                                         |
| 1 Other prog                            | gram services. (Describe in Schedule O.)<br>s \$ 64,646 including          | reants of \$                                                            | Revenue \$ 99,894                                                                            |                                         |

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

Did the organization operate one or more hospitals? If "Yes," complete Schedule H

X

X

Checklist of Required Schedules (continued) No 21 Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 21 X Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III X 22 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 X 23 Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25 X 24a Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 24c Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I X 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 X 25b Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II X 26 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III X 27 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): A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28a X A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV X 28b An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L. Part IV X 28c 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 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N. 31 Part I X 31 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II 32 X Did the organization own 100% of an entity disregarded as separate from the organization under Regulations 33 sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I X 33 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1 X Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete 35 Schedule R, Part V, line 2 ..... X 35 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 X 36 Did the organization conduct more than 5% of its activities through an entity that is not a related organization 37 and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI X Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O. X

| 300000   | g the morning and tax components                                                                                                                                     |             |                                         |                   |                                         |             |
|----------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|-----------------------------------------|-------------------|-----------------------------------------|-------------|
| 1a       | Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of                                                                                   | I           | İ                                       |                   | Yes                                     | No          |
|          | U.S. Information Returns. Enter -0- if not applicable                                                                                                                | 1a          | 0                                       |                   |                                         |             |
| þ        | 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 repogaming (gambling) winnings to prize winners?                    | rtable      |                                         |                   |                                         |             |
| 2a       |                                                                                                                                                                      | 7           | 1                                       | <u>1c</u>         |                                         | -           |
|          | Statements, filed for the calendar year ending with or within the year covered by this return                                                                        |             | 0                                       |                   |                                         |             |
| b        | If at least one is reported on line 2a, did the organization file all required federal employment tax returns                                                        | <u> 2a</u>  |                                         |                   |                                         |             |
|          | Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see                                                             | ·           | • • • • • • • • • • • • • • • • • • • • | 2b                |                                         |             |
|          | instructions)                                                                                                                                                        |             |                                         |                   |                                         |             |
| 3a       | Did the organization have unrelated business gross income of \$1,000 or more during the year covered                                                                 | )V          |                                         |                   |                                         |             |
|          | this return?                                                                                                                                                         | _           |                                         | 3a                |                                         | X           |
| þ        | If "Yes," has it filed a Form 990. T for this year? If "No," provide an explanation in Schodule O                                                                    |             |                                         | 3b                |                                         |             |
| 4a       | At any time during the calendar year, did the organization have an interest in, or a signature or other au                                                           | hority      | • • • • • • • • • • • • • • • • • • • • |                   | T                                       |             |
|          | over, a financial account in a foreign country (such as a bank account, securities account, or other finan account)?                                                 |             |                                         |                   |                                         |             |
| b        | If "Yes," enter the name of the foreign country: ▶                                                                                                                   | · · · · · · |                                         | . 4a              | <u> </u>                                | X           |
| b        | See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Ba                                                              |             | • • • • • • • • • • • • • • • • • • • • |                   |                                         |             |
|          | and Financial Accounts.                                                                                                                                              | ПK          |                                         |                   |                                         |             |
| 5a       | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?                                                                |             |                                         | - Fo              |                                         | v           |
| b        | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction                                                      | <br>n?      |                                         | . <u>5a</u><br>5b | +                                       | X           |
| С        | If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regard                                                            |             |                                         | .   30            | <b>-</b>                                | 1 20        |
|          | Prohibited Tax Shelter Transaction?                                                                                                                                  | _           |                                         | 5c                |                                         |             |
| 6a       | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the                                                               |             |                                         |                   | 1                                       |             |
|          | organization solicit any contributions that were not tax deductible?                                                                                                 |             |                                         | 6a                |                                         | X           |
| b        | If "Yes," did the organization include with every solicitation an express statement that such contributions                                                          | or          |                                         |                   |                                         |             |
| <u> </u> | gifts were not tax deductible?                                                                                                                                       |             |                                         | 6b                |                                         |             |
|          | Organizations that may receive deductible contributions under section 170(c).                                                                                        |             |                                         |                   |                                         |             |
| а        | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goo                                                            | ds          |                                         |                   |                                         |             |
| b        | and services provided to the payor?  If "Yes," did the organization notify the donor of the value of the goods or services provided?                                 | • • • • • • |                                         | .   7a            |                                         | <u> </u>    |
| C        | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was                                                             |             | • • • • • • • • • • • • • • • • • • • • | . 7b              | <del> </del>                            |             |
| •        | required to file Form 8282?                                                                                                                                          |             |                                         | 7.                |                                         |             |
| d        | If "Yes," indicate the number of Forms 9393 filed during the year                                                                                                    | 7d          | • • • • • • • • • • • • • • • • • • • • | .   <u>7c</u>     |                                         |             |
| е        | Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a pers                                                          |             |                                         | $\dashv$          |                                         |             |
|          | hanafit contract?                                                                                                                                                    |             |                                         | 7e                |                                         | ********    |
| f        | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?                                                         |             |                                         |                   |                                         |             |
| g        | For all contributions of qualified intellectual property, did the organization file Form 8899 as required?                                                           | • • • • •   | • • • • • • • • • • • • • • • • • • • • | 7g                |                                         |             |
| h        | For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as                                                          |             |                                         |                   |                                         |             |
|          | required?                                                                                                                                                            |             |                                         | 7h                |                                         |             |
| 8        | Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting                                                                            |             |                                         |                   |                                         |             |
|          | organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring                                                                   |             |                                         |                   |                                         |             |
|          | organization, have excess business holdings at any time during the year?                                                                                             |             |                                         | 8                 |                                         |             |
| 9        | Sponsoring organizations maintaining donor advised funds.                                                                                                            |             |                                         |                   |                                         |             |
| a        | Did the organization make any taxable distributions under section 4966?                                                                                              |             |                                         | 9a                |                                         |             |
| b        | Did the organization make a distribution to a donor, donor advisor, or related person?                                                                               |             |                                         | 9b                | *******                                 | *********** |
| 0        | Section 501(c)(7) organizations. Enter:                                                                                                                              | . 1         |                                         |                   |                                         |             |
| a<br>b   | Initiation fees and capital contributions included on Part VIII, line 12 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | 10a         |                                         | -                 |                                         |             |
| 1        | Section 501(c)(12) organizations. Enter:                                                                                                                             | 10b         |                                         | -                 |                                         |             |
|          | Gross income from members or shareholders                                                                                                                            | 11a         |                                         |                   |                                         |             |
|          | Gross income from other sources (Do not net amounts due or paid to other sources against                                                                             | 11a         |                                         | -  1              |                                         |             |
|          | amounts due or received from them.)                                                                                                                                  | 11b         |                                         |                   |                                         |             |
|          | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 104                                                             |             |                                         | 12a               | *************************************** | *********   |
|          | If "Yes," enter the amount of tax-exempt interest received or accrued during the year                                                                                | 12b         | •••••                                   |                   |                                         |             |

AP 02/15/2011 10:09 AM Form 990 (2009) AVON PLAYERS INC. 38-6089243 Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and Part VI for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. ection A. Governing Body and Management Yes No Enter the number of voting members of the governing body Enter the number of voting members that are independent ..... Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? X 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? X 4 Did the organization become aware during the year of a material diversion of the organization's assets? 5 X Does the organization have members or stockholders? 6 6 Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? X 7a Are any decisions of the governing body subject to approval by members, stockholders, or other persons? b X Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: The governing body? X 8a Each committee with authority to act on behalf of the governing body? X 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O X Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a Does the organization have local chapters, branches, or affiliates? X 10a b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? 10b Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? 11 X Describe in Schedule O the process, if any, used by the organization to review this Form 990. Does the organization have a written conflict of interest policy? If "No," go to line 13 12a Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done 12c Does the organization have a written whistleblower policy? 13 13 Does the organization have a written document retention and destruction policy? 14 14 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official X 15a Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? X b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?

|     | the organization's exempt states with respect to such an arigements?                                                   |
|-----|------------------------------------------------------------------------------------------------------------------------|
| Sec | ction C. Disclosure                                                                                                    |
| 17  | List the states with which a copy of this Form 990 is required to be filed ▶ NONE                                      |
| 18  | Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) |
|     | available for public inspection. Indicate how you make these available. Check all that apply.                          |
|     | Own website Another's website Upon request                                                                             |
|     | Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest  |
|     |                                                                                                                        |

policy, and financial statements available to the public. 20 State the name, physical address, and telephone number of the person who possesses the books and records of the

organization: MARLAINA JURCO P.O. BOX 80332

MI 48308-0332 248-608-9077

ROCHESTER

Form 990 (2009) AVON PLAYERS INC.

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

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

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

| (A)<br>Name and Title      | (B)<br>Average    | Pos                            | ition          | )<br>chec) | C)<br>k all  | that a                       | pply)    | (D)<br>Reportable                                              | (E)<br>Reportable                                                | (F)<br>Estimated                                                             |
|----------------------------|-------------------|--------------------------------|----------------|------------|--------------|------------------------------|----------|----------------------------------------------------------------|------------------------------------------------------------------|------------------------------------------------------------------------------|
|                            | hours per<br>week | Individual trustee or director |                | Officer    | Key employee | Highest compensated employee |          | compensation<br>from<br>the<br>organization<br>(W-2/1099-MISC) | compensation<br>from related<br>organizations<br>(W-2/1099-MISC) | amount of other compensation from the organization and related organizations |
| MARLAINA JURCO             | 2 00              |                                |                |            |              |                              |          |                                                                |                                                                  |                                                                              |
| VP COMMUNICATIONS KIM GARR | 3.00              | -                              |                | X          |              | -                            | $\vdash$ | 0                                                              | 0                                                                | 0                                                                            |
| FACILITIES                 | 5.00              |                                |                | x          |              |                              |          |                                                                |                                                                  | _                                                                            |
| LESA BYDALEK               | 3.00              | $\vdash$                       |                | <u> </u>   |              | $\vdash$                     |          | 0                                                              | <u>0</u>                                                         | 0                                                                            |
| VP PRODUCTIONS             | 5.00              |                                |                | x          |              |                              |          | 0                                                              | 0                                                                |                                                                              |
| LISA TRUDELL               |                   |                                |                |            |              |                              |          |                                                                | <u> </u>                                                         | 0                                                                            |
| VP SALES/FUNDRAISING       | 2.00              |                                |                | X          |              |                              |          | o                                                              | 0                                                                | 0                                                                            |
| JOHN DEIERLEIN             |                   |                                |                |            |              |                              | $\Box$   |                                                                |                                                                  |                                                                              |
| PRESIDENT *                | 5.00              |                                |                | X          |              |                              | _        | 0                                                              | 0                                                                | 0                                                                            |
| TINA PETERSON              | 2 00              |                                |                |            |              |                              |          |                                                                |                                                                  |                                                                              |
| VP MEMBERSHIP MARK PALMER  | 3.00              |                                | $\dashv$       | X          |              | $\dashv$                     | _        | 0                                                              | 0                                                                | 0                                                                            |
| VP AT LARGE                | 2.00              |                                | 1              | x          |              |                              |          | o                                                              |                                                                  |                                                                              |
| ERICKA MANN                |                   |                                | $\neg \dagger$ | -          | _            | $\dashv$                     | $\dashv$ |                                                                | 0                                                                | 0                                                                            |
| VP FINANCE                 | 5.00              |                                |                | x          |              |                              |          | 0                                                              | o                                                                | 0                                                                            |
|                            |                   |                                |                |            |              |                              |          |                                                                |                                                                  | <u> </u>                                                                     |
|                            |                   |                                |                |            |              |                              |          |                                                                |                                                                  |                                                                              |
|                            |                   |                                |                |            |              |                              |          |                                                                |                                                                  |                                                                              |
|                            |                   |                                |                |            |              |                              | 1        |                                                                |                                                                  |                                                                              |
|                            |                   |                                | 1              | 1          |              |                              | $\top$   |                                                                |                                                                  | -                                                                            |
|                            |                   |                                |                |            | 1            |                              | $\top$   |                                                                |                                                                  |                                                                              |
|                            |                   | 1                              | T              | 1          | $\dagger$    |                              | +        |                                                                |                                                                  |                                                                              |
|                            |                   | $\top$                         | T              |            |              |                              | 十        |                                                                |                                                                  |                                                                              |
|                            |                   |                                |                |            |              |                              |          | ł i                                                            | 1                                                                |                                                                              |

| Part            |                                                                                                                                                                                                                     |                                                                                             | stees                             | , Ke                  |                       |                                     | yees                           | s, an           | d Highest Compensated E                                  | mployees (continued)                             |                                                                    |
|-----------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------|-----------------------------------|-----------------------|-----------------------|-------------------------------------|--------------------------------|-----------------|----------------------------------------------------------|--------------------------------------------------|--------------------------------------------------------------------|
| -               | (A)<br>Name and Title                                                                                                                                                                                               | (B)<br>Average<br>hours per                                                                 | <del></del>                       |                       | (chec                 |                                     |                                | apply)          | (D) Reportable compensation                              | (E)  Reportable compensation                     | (F) Estimated amount of                                            |
|                 |                                                                                                                                                                                                                     | week                                                                                        | Individual trustee<br>or director | Institutional trustee | Officer               | Key employee                        | employee employee              | Former          | from<br>the<br>organization<br>(W-2/1099-MISC)           | from related<br>organizations<br>(W-2/1099-MISC) | other compensation from the organization and related organizations |
|                 |                                                                                                                                                                                                                     |                                                                                             |                                   |                       |                       |                                     |                                |                 |                                                          |                                                  |                                                                    |
|                 |                                                                                                                                                                                                                     |                                                                                             |                                   |                       |                       |                                     |                                |                 |                                                          |                                                  |                                                                    |
|                 |                                                                                                                                                                                                                     |                                                                                             |                                   |                       |                       |                                     |                                |                 |                                                          |                                                  |                                                                    |
|                 |                                                                                                                                                                                                                     |                                                                                             |                                   |                       |                       |                                     |                                |                 |                                                          |                                                  |                                                                    |
|                 | • • • • • • • • • • • • • • • • • • • •                                                                                                                                                                             |                                                                                             |                                   |                       |                       |                                     |                                |                 |                                                          |                                                  |                                                                    |
|                 |                                                                                                                                                                                                                     |                                                                                             |                                   |                       |                       |                                     |                                |                 |                                                          |                                                  |                                                                    |
|                 |                                                                                                                                                                                                                     |                                                                                             |                                   |                       |                       |                                     |                                |                 |                                                          |                                                  |                                                                    |
|                 |                                                                                                                                                                                                                     |                                                                                             |                                   |                       |                       |                                     |                                |                 |                                                          |                                                  |                                                                    |
|                 |                                                                                                                                                                                                                     |                                                                                             |                                   |                       |                       |                                     |                                |                 |                                                          |                                                  |                                                                    |
|                 |                                                                                                                                                                                                                     |                                                                                             |                                   |                       |                       |                                     |                                |                 |                                                          |                                                  |                                                                    |
| ······          |                                                                                                                                                                                                                     |                                                                                             |                                   | 1                     |                       |                                     |                                |                 |                                                          |                                                  |                                                                    |
|                 |                                                                                                                                                                                                                     |                                                                                             |                                   | 1                     |                       |                                     |                                | 7               |                                                          |                                                  |                                                                    |
|                 |                                                                                                                                                                                                                     |                                                                                             | 1                                 | 1                     |                       | 7                                   | $\exists$                      | $\neg \dagger$  |                                                          |                                                  |                                                                    |
| 1b Tot          | al                                                                                                                                                                                                                  |                                                                                             |                                   |                       | L                     |                                     |                                |                 |                                                          |                                                  |                                                                    |
| 2 Tota          | al number of individuals (inclu                                                                                                                                                                                     | uding but not limi                                                                          | ted to                            | tho                   | se lis                | sted                                | abov                           | /e) w           | ho received more than \$100                              | 0.000 in                                         |                                                                    |
| repo            | ortable compensation from th                                                                                                                                                                                        | e organization 🕨                                                                            | <u> </u>                          | )                     |                       |                                     |                                |                 | ,                                                        |                                                  |                                                                    |
| 4 For the indiv | the organization list any form<br>ployee on line 1a? If "Yes," co<br>any individual listed on line 1<br>organization and related orga-<br>pidual<br>any person listed on line 1a r<br>ices rendered to the organiza | omplete Schedule a, is the sum of a anizations greate ceceive or accrue ation? If "Yes," ce | e J for<br>report<br>or thar<br>  | r suctable<br>1 \$15  | ch in<br>con<br>50,00 | divid<br>npen<br>00? I<br><br>n fro | ual<br>sation<br>f "Ye<br>m ar | on an<br>es," c | d other compensation from<br>omplete Schedule J for such | h                                                | 3 X 4 X 5 X                                                        |
| Section         | 3. Independent Contractors                                                                                                                                                                                          | S                                                                                           |                                   |                       |                       |                                     |                                |                 |                                                          |                                                  |                                                                    |
| 1 Com           | plete this table for your five be<br>pensation from the organizat                                                                                                                                                   | ion.                                                                                        | ated                              | inde                  | pend                  | dent                                | conti                          | racto           |                                                          |                                                  |                                                                    |
|                 | Name and bu                                                                                                                                                                                                         | A)<br>siness address                                                                        |                                   |                       |                       |                                     | -                              |                 | Description                                              | B)<br>of services                                | (C)<br>Compensation                                                |
|                 |                                                                                                                                                                                                                     |                                                                                             |                                   |                       |                       |                                     | _                              |                 |                                                          |                                                  |                                                                    |
|                 |                                                                                                                                                                                                                     |                                                                                             |                                   |                       |                       |                                     | -                              |                 |                                                          |                                                  |                                                                    |
|                 |                                                                                                                                                                                                                     |                                                                                             |                                   |                       |                       |                                     | _                              |                 |                                                          |                                                  |                                                                    |
|                 |                                                                                                                                                                                                                     |                                                                                             |                                   |                       |                       | <del></del>                         | 1                              |                 |                                                          |                                                  |                                                                    |
| 2 Total         | number of independent cont                                                                                                                                                                                          | ractors (including                                                                          | a but                             | not !                 | imita                 | d to                                | thes                           | o lios          | ad about who are also                                    |                                                  |                                                                    |
| more            | than \$100,000 in compensa                                                                                                                                                                                          | tion from the org                                                                           | aniza                             | tion                  | <b>&gt;</b>           | .u 10                               | uiUS                           | G 115[          | eu above) wiio received                                  |                                                  | 0                                                                  |
|                 |                                                                                                                                                                                                                     |                                                                                             |                                   |                       |                       |                                     |                                |                 |                                                          |                                                  | Form <b>990</b> (2009)                                             |

Form 990 (2009) AVON PLAYERS INC.

|                             | ar      | ·v                                                                        | n State                                 | ment of Reve                                | nue         |               |                                         | (A)                  |          |                                        |                     |                                  |
|-----------------------------|---------|---------------------------------------------------------------------------|-----------------------------------------|---------------------------------------------|-------------|---------------|-----------------------------------------|----------------------|----------|----------------------------------------|---------------------|----------------------------------|
|                             |         |                                                                           |                                         |                                             |             |               |                                         | (A)<br>Total revenue |          | (B)<br>ated or                         | (C)<br>Unrelated    | (D)<br>Revenue                   |
| _                           |         |                                                                           |                                         |                                             |             |               |                                         |                      |          | rempt<br>nction                        | business<br>revenue | excluded from tax under sections |
|                             | S       | 1a                                                                        | Federated ca                            | mpaigns                                     | 1a          | <br>          |                                         |                      | re       | venue                                  | TOVENIAG            | 512, 513, or 514                 |
| Contributions, gifts, gran. | Ē       | b                                                                         | Membership                              | dues                                        | 1b          | <del> </del>  | 2 0/                                    | 10                   |          |                                        |                     |                                  |
| 5                           | 2       | c                                                                         | Fundraising                             | events                                      | 1c          |               | 3,84                                    |                      |          |                                        |                     |                                  |
| iffs                        | ar<br>a | ч                                                                         | Pelated argain                          | nizations                                   |             |               |                                         | -                    |          |                                        |                     |                                  |
| S, C                        | Ē       | u<br>0                                                                    | Covernment erret                        | · (                                         | 1d          |               |                                         | _                    |          |                                        |                     |                                  |
| ë                           | S       |                                                                           | All other contribution                  | s (contributions)                           | 1e          |               |                                         | _                    |          |                                        |                     |                                  |
| prt                         | 育       | •                                                                         | and similar amount                      | ins, gins, grants,<br>is not included above | 4.5         |               | 0.00                                    |                      |          |                                        |                     |                                  |
| 퍨                           | 9       | g                                                                         |                                         | ons included in lines 1a-1                  | 1f          |               | 8,89                                    |                      |          |                                        |                     |                                  |
| ပိ                          | 핆       |                                                                           |                                         | es 1a-1f                                    |             | \$            |                                         |                      |          |                                        |                     |                                  |
|                             |         |                                                                           | i otal. Add iii i                       | es 1a-11                                    |             |               |                                         | 12,73                | 57       |                                        |                     |                                  |
| Program Service Revenue     |         | 2a                                                                        | QEDUTCE.                                | REVENUE                                     |             |               | Busn. Cod                               |                      |          |                                        |                     |                                  |
| Ş                           |         | b                                                                         |                                         |                                             |             | • • • • • •   | [ " " " " " " " " " " " " " " " " " " " | 104,20               |          | 104,209                                |                     |                                  |
| g                           |         | c                                                                         |                                         |                                             |             | • • • • • • • | 1                                       | 1,10                 | <u> </u> | 1,107                                  |                     |                                  |
| 5                           |         | d                                                                         |                                         | • • • • • • • • • • • • • • • • • • • •     |             |               |                                         |                      |          |                                        |                     |                                  |
| S                           |         | и<br>В                                                                    |                                         | • • • • • • • • • • • • • • • • • • • •     |             |               | :                                       |                      |          |                                        |                     |                                  |
| gra                         | ,       | f                                                                         | All other progr                         | am service reveni                           | · · · · · · |               |                                         |                      |          | ······································ |                     |                                  |
| <u>۾</u>                    |         | g                                                                         | Total Add line                          | es 2a-2f                                    | ле          | • • • • • •   | L                                       | 105.01               |          |                                        |                     | ~                                |
|                             | 1       | _ <del></del> 3                                                           | Investment inc                          | come (including di                          | ddond       |               | <u>&gt;</u>                             | 105,31               | Ь        |                                        |                     |                                  |
|                             | '       |                                                                           | other similar a                         | mounte)                                     | videria     | s, mere       | est, and                                |                      |          |                                        |                     |                                  |
|                             | 4       | other similar amounts) 4 Income from investment of tax-exempt bond proces |                                         |                                             |             |               |                                         |                      |          |                                        |                     |                                  |
|                             |         |                                                                           |                                         | or tax-e                                    |             |               |                                         |                      |          |                                        |                     |                                  |
|                             | -       |                                                                           | rioyumos                                | (i) Real                                    | T           |               | Personal                                |                      |          |                                        |                     |                                  |
|                             | 6       | ia                                                                        | Gross Rents                             | (i) Hour                                    |             | (11)          | reisonal                                | -                    |          |                                        |                     |                                  |
|                             | 1       | _                                                                         | Less: rental exps.                      |                                             |             |               |                                         | -                    |          |                                        |                     |                                  |
|                             | 1       |                                                                           | Rental inc. or (loss)                   |                                             |             |               |                                         | $\dashv$             |          |                                        |                     |                                  |
|                             | 1       |                                                                           | Net rental inco                         | me or (loss)                                | L.          |               |                                         |                      |          |                                        |                     |                                  |
|                             | 7       | а                                                                         | Gross amount from                       | (i) Securities                              | T           |               | i) Other                                |                      |          |                                        |                     |                                  |
|                             |         |                                                                           | sales of assets<br>other than inventory |                                             | 000         | <u>'</u>      | , 0 0.101                               | +                    |          |                                        |                     |                                  |
|                             | 1       | _                                                                         | Less: cost or other                     |                                             | -           |               |                                         |                      |          |                                        |                     |                                  |
|                             |         |                                                                           | pasis & sales exps.                     | 8.4                                         | 450         |               |                                         |                      |          |                                        |                     |                                  |
|                             |         |                                                                           | Gain or (loss)                          |                                             | 150         |               |                                         | -                    |          |                                        |                     |                                  |
|                             | 1       |                                                                           |                                         | ss)                                         |             |               | <b>&gt;</b>                             | -450                 | 1        | 450                                    |                     |                                  |
|                             | 8       |                                                                           |                                         | m fundraising events                        |             | <u></u>       |                                         | -430                 | 7        | -450                                   |                     |                                  |
| nue                         |         |                                                                           | not including \$                        | randraionig Cicilo                          |             |               |                                         |                      |          |                                        |                     |                                  |
| Ne.                         |         |                                                                           |                                         | eported on line 1c).                        | [           |               |                                         |                      |          |                                        |                     |                                  |
| ž                           |         |                                                                           | See Part IV. line                       | 18                                          | a           |               |                                         |                      |          |                                        |                     |                                  |
| Other Reve                  | ١,      | b L                                                                       | ess: direct ex                          | penses                                      | ь           |               |                                         |                      |          |                                        |                     |                                  |
| Ó                           | ١,      | c N                                                                       | Vet income or (                         | loss) from fundrai                          | sina ev     | /ents         | <b>•</b>                                |                      |          |                                        |                     |                                  |
|                             | 98      | a (                                                                       | Gross income from                       | m gaming activities.                        | ۳ آ         | cino          |                                         |                      |          |                                        |                     |                                  |
|                             |         | 9                                                                         | See Part IV, line 1                     | 19                                          | a           |               |                                         |                      |          |                                        |                     |                                  |
|                             | Ł       | o L                                                                       | ess: direct exp                         | enses                                       | b           | ***           |                                         |                      |          |                                        |                     |                                  |
|                             |         |                                                                           |                                         | loss) from gaming                           |             | ies           | <b>•</b>                                |                      |          |                                        |                     |                                  |
|                             |         |                                                                           | Fross sales of i                        |                                             |             |               | ·····                                   |                      |          |                                        |                     |                                  |
|                             |         |                                                                           |                                         | wances                                      | a           |               |                                         |                      |          |                                        |                     |                                  |
|                             | b       | L                                                                         | ess: cost of an                         | ods sold                                    | h           |               |                                         |                      |          |                                        |                     |                                  |
|                             |         |                                                                           |                                         | loss) from sales of                         | inven       | tory          | <b>-</b>                                |                      |          |                                        |                     |                                  |
|                             |         |                                                                           |                                         | llaneous Revenue                            | 1111011     |               | Busn. Code                              |                      |          |                                        |                     |                                  |
| Ī                           | 11a     | 1                                                                         |                                         |                                             |             |               |                                         |                      |          |                                        |                     |                                  |
| I                           | b       | •                                                                         |                                         |                                             |             |               |                                         |                      |          |                                        |                     |                                  |
|                             | С       | •                                                                         |                                         |                                             |             |               | *                                       |                      |          |                                        |                     |                                  |
| -                           | d       | Ā                                                                         | ll other revenue                        | e                                           |             |               |                                         |                      |          |                                        |                     |                                  |
|                             | е       | T                                                                         | otal. Add lines                         | 11a–11d                                     |             | •••••         | <b></b>                                 |                      |          |                                        |                     |                                  |
|                             | 12      | _T                                                                        | otal Revenue.                           | See instructions.                           |             |               |                                         | 117,603              | 1.0      | 4,866                                  | 0                   |                                  |
|                             |         |                                                                           |                                         |                                             |             |               | ····                                    |                      | <u> </u> | * , 000                                | U                   | 0                                |

## Form 990 (2009) AVON PLAYERS INC.

Part IX Statement of Functional Expenses

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

All other organizations must complete column (A) but are not required to complete columns (B), (6)

|     | Do not include amounts reported on lines 6b,                                             | (A)            | (B)             | mplete columns (B), (C), a | ind (D).           |
|-----|------------------------------------------------------------------------------------------|----------------|-----------------|----------------------------|--------------------|
| _   | 7b, 8b, 9b, and 10b of Part VIII.                                                        | Total expenses | Program service | (C)<br>Management and      | (D)<br>Fundraising |
|     | Grants and other assistance to governments and                                           |                | expenses        | general expenses           | expenses           |
|     | 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                                                            |                |                 |                            |                    |
|     | 3 Grants and other assistance to governments,                                            |                |                 |                            |                    |
|     | organizations, and individuals outside the                                               |                |                 |                            |                    |
|     | U.S. See Part IV, lines 15 and 16                                                        |                |                 |                            |                    |
|     | 4 Benefits paid to or for members                                                        |                |                 |                            |                    |
|     | 5 Compensation of current officers, directors,                                           |                |                 |                            |                    |
|     | trustees, and key employees                                                              |                |                 |                            |                    |
| -   | 6 Compensation not included above, to disqualified                                       |                |                 |                            |                    |
|     | persons (as defined under section 4958(f)(1)) and                                        |                |                 |                            |                    |
|     | persons described in section 4958(c)(3)(B)                                               |                |                 |                            |                    |
| 7   | 7 Other salaries and wages                                                               |                | <br>            |                            |                    |
| 8   | 8 Pension plan contributions (include section 401(k)                                     |                |                 |                            |                    |
|     | and section 403(b) employer contributions)                                               |                |                 |                            |                    |
| 9   | 9 Other employee benefits                                                                |                |                 |                            |                    |
| 10  | Payroll taxes     Feet for convices (no.                                                 |                |                 |                            |                    |
| 11  | 1 Fees for services (non-employees):                                                     |                |                 |                            |                    |
|     | a Management                                                                             | 5 272          |                 |                            |                    |
|     | b Legal                                                                                  | 5,273          |                 | 5,273                      | 3                  |
|     | c Accounting                                                                             | 163            |                 |                            |                    |
|     | d Lobbying                                                                               | 163            |                 | 163                        |                    |
| _ ( | e Professional fundraising services. See Part IV, line 17                                |                |                 |                            |                    |
|     | Investment management fees                                                               |                |                 |                            |                    |
| 9   | g Other                                                                                  | 1 400          |                 |                            |                    |
| 12  | 2 Advertising and promotion                                                              | 1,402          |                 | 1,402                      |                    |
| 13  | Office expenses                                                                          | 528            | <b>F F A</b>    | 528                        |                    |
| 14  | Information technology                                                                   | 8,280          | 7,708           | 572                        |                    |
| 15  | Royalties                                                                                | 12 742         | 10 - 10         |                            |                    |
| 16  | Occupancy                                                                                | 13,743         | 13,743          |                            |                    |
| 17  | Travel                                                                                   | 5,697          |                 | 5,697                      |                    |
| 18  | Payments of travel or entertainment expenses                                             |                |                 |                            |                    |
|     | for any federal, state, or local public officials                                        |                |                 |                            |                    |
| 19  |                                                                                          |                |                 |                            |                    |
| 20  | Interest                                                                                 | 8,346          |                 |                            |                    |
| 1   | Payments to affiliates                                                                   | 0,346          |                 | 8,346                      |                    |
| 2   | Depreciation, depletion, and amortization                                                | 6,392          | C 222           |                            |                    |
| 3   | Insurance                                                                                | 2,184          | 6,392           |                            |                    |
|     |                                                                                          | 4,104          |                 | 2,184                      |                    |
| 4   | Other expenses. Itemize expenses not                                                     |                |                 |                            |                    |
|     | covered above. (Expenses grouped together                                                |                |                 |                            |                    |
|     | and labeled miscellaneous may not exceed                                                 |                |                 |                            |                    |
|     | 5% of total expenses shown on line 25 below.)                                            |                |                 |                            |                    |
| а   |                                                                                          | 32,294         | 20.004          |                            |                    |
| b   | UTILITIES                                                                                | 15,694         | 32,294          |                            |                    |
| С   | STORAGE FACILITY                                                                         | 2,400          |                 | 15,694                     |                    |
| d   | REPAIRS & MAINTENANCE                                                                    | 2,279          |                 | 2,400                      |                    |
| е   | BANK CHARGES                                                                             | 2,179          |                 | 2,279                      |                    |
|     | All other expenses                                                                       | 7,859          | 4 500           | 2,179                      |                    |
|     | Total functional expenses. Add lines 1 through 24f                                       | 114,713        | 4,509           | 3,350                      |                    |
|     | Joint costs. Check here                                                                  |                | 04,046          | 50,067                     |                    |
|     | SOP 98-2. Complete this line only if the organization reported in column (B) joint costs | 1              |                 |                            |                    |
|     | If the accomplined educational campaign and                                              |                |                 |                            |                    |
|     | fundraising solicitation                                                                 |                |                 |                            |                    |
|     |                                                                                          |                |                 |                            |                    |

Form 990 (2009)

Part X

(A) (B) Beginning of year End of year Cash—non-interest bearing 55,459 Savings and temporary cash investments ..... 1 2 47,065 Pledges and grants receivable, net 2 3 Accounts receivable, net 3 4 4 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L Notes and loans receivable, net 6 Inventories for sale or use 7 Prepaid expenses and deferred charges 8 9 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D \_\_\_\_\_\_\_\_\_10a 617,894 b Less: accumulated depreciation 10b 347,335 270,917 Investments—publicly traded securities ..... 10c 270,559 11 Investments—other securities. See Part IV, line 11 11 12 Investments—program-related. See Part IV, line 11 12 13 Intangible assets ..... 13 14 Other assets. See Part IV, line 11 14 15 Total assets. Add lines 1 through 15 (must equal line 34) 15 16 326,376 Accounts payable and accrued expenses ..... 16 317,624 17 Grants payable \_\_\_\_\_ 17 18 Deferred revenue \_\_\_\_\_\_ 18 19 Tax-exempt bond liabilities 19 20 Escrow or custodial account liability. Complete Part IV of Schedule D 20 21 Payables to current and former officers, directors, trustees, key 21 22 employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L Secured mortgages and notes payable to unrelated third parties ..... 22 121,275 Unsecured notes and loans payable to unrelated third parties \_\_\_\_\_ 109,633 23 24 Other liabilities. Complete Part X of Schedule D 24 25 Total liabilities. Add lines 17 through 25. 121,275 26 109,633 Assets or Fund Balances Organizations that follow SFAS 117, check here  $\blacktriangleright$   $\boxed{\mathbf{X}}$  and complete lines 27 through 29, and lines 33 and 34. Unrestricted net assets 27 205,101 Temporarily restricted net assets 27 207,991 Permanently restricted net assets 28 Organizations that do not follow SFAS 117, check here ▶ 29 and complete lines 30 through 34. Capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building, or equipment fund 30 Retained earnings, endowment, accumulated income, or other funds 31 32 Total net assets or fund balances 32 205,101 33 207,991 326,376 317,624

Form **990** (2009)

| 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                                                                                                                                                                         |          | Yes | No |
|-------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|-----|----|
| 2a<br>b     | Were the organization's financial statements audited by an independent accountant?                                                                                                                                                                                                                                                                  | 2a<br>2b |     | X  |
| •           | 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?  If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. | 2c       |     |    |
|             | If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both:  Separate basis  Consolidated basis  Both consolidated and separate basis                                                                                                      |          |     |    |
|             | 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       |     |    |
| <del></del> | 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)

Department of the Treasury

ernal Revenue Service

**Public Charity Status and Public Support** 

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

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

OMB No. 1545-0047

2009

Open to Public Inspection

.me of the organization **Employer identification number** AVON PLAYERS INC. 38-6089243 Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, 4 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi), (Complete Part II.) An organization that normally receives: (1) more than 33 1/3 % of its support from contributions, membership fees, and gross 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.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4), An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the 11 purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. c Type III-Functionally integrated b Type II By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the g following persons? (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) No and (iii) below, the governing body of the supported organization? (ii) A family member of a person described in (i) above? (iii) A 35% controlled entity of a person described in (i) or (ii) above?

| (i) Name of supported organization | (ii) EIN | (iii) Type of organization<br>(described on lines 1–9<br>above or IRC section<br>(see instructions)) | in col. (i) I | organization<br>isted in your<br>document? | the orga<br>col. (i) | you notify<br>nization in<br>of your<br>port? | (vi) Is the organization in col. (i) organized in the U.S.? |    | (vii) Amount of<br>support |
|------------------------------------|----------|------------------------------------------------------------------------------------------------------|---------------|--------------------------------------------|----------------------|-----------------------------------------------|-------------------------------------------------------------|----|----------------------------|
|                                    |          |                                                                                                      | Yes           | No                                         | Yes                  | No                                            | Yes                                                         | No |                            |
|                                    |          |                                                                                                      |               |                                            |                      |                                               |                                                             |    |                            |
|                                    |          |                                                                                                      |               |                                            |                      |                                               |                                                             |    |                            |
|                                    |          |                                                                                                      |               |                                            |                      |                                               |                                                             |    |                            |
|                                    |          |                                                                                                      |               |                                            |                      |                                               |                                                             |    |                            |
|                                    |          |                                                                                                      |               |                                            |                      |                                               |                                                             |    |                            |
|                                    |          |                                                                                                      |               |                                            |                      |                                               |                                                             |    |                            |
|                                    |          |                                                                                                      |               |                                            |                      |                                               |                                                             |    |                            |
|                                    |          |                                                                                                      |               |                                            |                      |                                               |                                                             |    |                            |
|                                    |          |                                                                                                      |               |                                            |                      |                                               |                                                             |    |                            |
|                                    |          |                                                                                                      |               |                                            |                      |                                               |                                                             |    |                            |
| al                                 |          |                                                                                                      |               |                                            |                      |                                               |                                                             |    |                            |

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

Schedule A (Form 990 or 990-EZ) 2009

The value of services or facilities furnished by a governmental unit to the organization without charge

organization, check this box and stop here

Schedule A (Form 990 or 990-EZ) 2009 AVON PLAYERS INC. 38-6089243 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part i.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2005 **(b)** 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") Tax revenues levied for the organization's benefit and either paid to or expended on its behalf

| 4   | Total. Add lines 1 through 3                                                                                                                                                                        |                        |                    |                     |          |                                        |           |
|-----|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|--------------------|---------------------|----------|----------------------------------------|-----------|
| 5   | The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) |                        |                    |                     |          |                                        |           |
| 6   | Public support. Subtract line 5 from line 4                                                                                                                                                         |                        |                    |                     |          |                                        |           |
| Sec | tion B. Total Support                                                                                                                                                                               |                        |                    |                     |          |                                        |           |
| Ca  | llendar year (or fiscal year beginning in)▶                                                                                                                                                         | (a) 2005               | (b) 2006           | (c) 2007            | (d) 2008 | (e) 2009                               | (f) Total |
| 7   | Amounts from line 4                                                                                                                                                                                 |                        |                    |                     | 1 2 2    |                                        | (1) (0)   |
| 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                                                                                                  |                        |                    |                     |          |                                        |           |
|     | Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)                                                                                                     |                        |                    |                     |          |                                        |           |
| 11  | Total support. Add lines 7 through 10                                                                                                                                                               |                        |                    |                     |          |                                        |           |
| 12  | Gross receipts from related activities, etc. (                                                                                                                                                      | see instructions)      |                    |                     |          | 12                                     | <u> </u>  |
| 13  | First five years. If the Form 990 is for the                                                                                                                                                        | ornanization'e firet e | econd third fourth | or fifth tay year a |          | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |           |

| Sec | tion C. Computation of Public Support Percentage                                                                                   |                                         |                                                |
|-----|------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|------------------------------------------------|
| 14  | Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))                                             | 14                                      | %                                              |
| 15  | Public support percentage from 2008 Schedule A, Part II, line 14                                                                   | 15                                      | %                                              |
| 16a | 33 1/3 % support test—2009. If the organization did not check the box on line 13, and line 14 is 33 1/3 % or more, check this box  |                                         |                                                |
|     | and stop here. The organization qualifies as a publicly supported organization                                                     |                                         | •                                              |
| b   | 33 1/3 % support test—2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3 % or more, check this |                                         |                                                |
|     | box and stop here. The organization qualifies as a publicly supported organization                                                 |                                         | <b>&gt;</b>                                    |
| 17a | 10%-facts-and-circumstances test-2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or      |                                         | <b>*</b> · · · · · · · · · · · · · · · · · · · |
|     | more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the   |                                         |                                                |
|     | organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization             |                                         | ▶ □                                            |
| b   | 10%-facts-and-circumstances test—2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10%    | or                                      |                                                |
|     | more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the   |                                         |                                                |
|     | organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization             |                                         | ▶ □                                            |
| 18  | Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions | • • • • • • • • • • • • • • • • • • • • | <b>&gt;</b> _                                  |
|     |                                                                                                                                    |                                         |                                                |

Schedule A (Form 990 or 990-EZ) 2009

Page 3

Part III Support Schedule for Organizations Described in Section 509(a)(2)

|          | (Complete only if you ch                                                                                                                                                 | ecked the box of         | on line 9 of Par                        | t l.)                                   |                      |           |                 |
|----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|-----------------------------------------|-----------------------------------------|----------------------|-----------|-----------------|
|          | tion A. Public Support                                                                                                                                                   |                          |                                         |                                         |                      |           |                 |
| Ca       | lendar year (or fiscal year beginning in)►                                                                                                                               | (a) 2005                 | (b) 2006                                | (c) 2007                                | (d) 2008             | (e) 2009  | (f) Total       |
| 1        | Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")                                                                       | 13,882                   | 5,285                                   | 7,736                                   | 12,523               | 12,737    | FO 34           |
| 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 | 116,390                  | 114,841                                 | 113,959                                 | 102,327              | 105,316   | 52,16<br>552,83 |
| 3        | Gross receipts from activities that are not an unrelated trade or business under section 513                                                                             |                          |                                         |                                         |                      | 200,020   | 332,60          |
| 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                                                                                                                                             | 130,272                  | 120,126                                 | 121,695                                 | 114,850              | 118,053   | 604,99          |
| 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                                                                                                                                |                          |                                         | Ī                                       | İ                    | Ī         |                 |
|          | 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.)                                                                                                                           |                          |                                         |                                         |                      |           | 604,99          |
|          | tion B. Total Support<br>endar year (or fiscal year beginning in)▶                                                                                                       |                          | # 1 A A A A A A A A A A A A A A A A A A |                                         |                      |           |                 |
|          |                                                                                                                                                                          | (a) 2005                 | (b) 2006                                | (c) 2007                                | (d) 2008             | (e) 2009  | (f) Total       |
| 9<br>10a | Amounts from line 6                                                                                                                                                      | 130,272                  | 120,126                                 | 121,695                                 | 114,850              | 118,053   | 604,99          |
| ·        | Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources                                           | 158                      | 87                                      | 110                                     | 77                   |           | 433             |
| b        | Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975                                                                  |                          |                                         |                                         |                      |           |                 |
| C        | Add lines 10a and 10b                                                                                                                                                    | 158                      | 87                                      | 110                                     | 77                   |           | 432             |
| 11       | Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on                                              |                          |                                         |                                         |                      | 0         |                 |
| 12       | Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)                                                                          |                          |                                         | 1,596                                   | 629                  |           | 2,225           |
| 13       | Total support. (Add lines 9, 10c, 11,                                                                                                                                    |                          |                                         |                                         |                      |           | ,               |
|          | and 12.)                                                                                                                                                                 | 130,430                  | 120,213                                 | 123,401                                 | 115,556              | 118,053   | 607,653         |
|          | First five years. If the Form 990 is for the or organization, check this box and stop here                                                                               | <u> </u>                 |                                         |                                         | a section 501(c)(3)  |           | <b>&gt;</b>     |
| Sect     | ion C. Computation of Public Sup                                                                                                                                         | port Percentag           | е                                       |                                         |                      |           |                 |
| 15       | Public support percentage for 2009 (line 8, c                                                                                                                            | olumn (f) divided by     | line 13, column (f))                    |                                         |                      | 15        | 99.56%          |
| 0        | Public support percentage from 2008 Sched                                                                                                                                | ule A, Part III, line 15 | 5                                       | · • • • • • • • • • • • • • • • • • • • |                      | 16        | 99.48%          |
| Sect     | <u>ion D. Computation of Investment</u>                                                                                                                                  | t Income Percei          | ntage                                   |                                         |                      |           |                 |
| 17       | Investment income percentage for 2009 (line                                                                                                                              | e 10c, column (f) divi   | ded by line 13, colu                    | mn (f))                                 |                      | 17        | %               |
|          | investment income percentage from 2008 Sc                                                                                                                                | chedule A, Part III, lir | ne 17                                   |                                         |                      | 18        | %               |
|          | 33 1/3 % support tests—2009. If the organia                                                                                                                              | zation did not check     | the box on line 14,                     | and line 15 is more                     | e than 33 1/3 %, and | d line    |                 |
| b        | 17 is not more than 33 1/3 %, check this box<br>33 1/3 % support tests—2008. If the organi                                                                               | zation did not check     | a box on line 14 or                     | line 19a, and line 1                    | 6 is more than 33 1  | /3 %. and | <b>▶</b> X      |
|          | line 18 is not more than 33 1/3 %, check this                                                                                                                            | box and stop here.       | The organization q                      | ualifies as a publich                   | y supported organia  | zation    | ▶               |
| 0        | Private foundation. If the organization did n                                                                                                                            | ot check a box on lin    | ne 14, 19a, or 19b, o                   | check this box and                      | see instructions     |           | <b>&gt;</b>     |

| Schedule A (F                           | orm 99        | 0 or 990-l                              | EZ) 2009        | /A            | ON          | PLAYER                                  | S INC                                   |             |                                         |                                         | 38-60                                   | 89243                                   | Page 4                                  |
|-----------------------------------------|---------------|-----------------------------------------|-----------------|---------------|-------------|-----------------------------------------|-----------------------------------------|-------------|-----------------------------------------|-----------------------------------------|-----------------------------------------|-----------------------------------------|-----------------------------------------|
| Part IV                                 | Sup           | plemei                                  | ntal Inf        | ormat         | ion.        | Complete t                              | this part                               | to pr       | rovide the expla<br>any other addi      | anations red                            | quired by F                             | art II, line 1                          | 0;                                      |
|                                         |               |                                         |                 |               |             |                                         |                                         |             | arry Other audi                         | ilional imon                            | nadon. Se                               | e instruction                           | S.                                      |
| PART I                                  | II,           | LINE                                    | 12              | - OI          | CHEF        | RINCOM                                  | E DETA                                  | AIL         |                                         |                                         |                                         | • • • • • • • • • • • • • • • • • • • • | • • • • • • • • • • • • • • • • • • • • |
|                                         |               | • • • • • • • • •                       |                 |               |             |                                         |                                         | \$          | 2,22                                    | 25                                      |                                         | • • • • • • • • • • • • • • • •         |                                         |
|                                         |               |                                         |                 |               |             |                                         |                                         |             |                                         |                                         |                                         |                                         |                                         |
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| ************                            |               | • • • • • • • •                         |                 |               | • • • • •   | • • • • • • • • • • • • • • •           |                                         |             | • • • • • • • • • • • • • • • • • • • • |                                         | • • • • • • • • • • • • • • • • • • • • | • • • • • • • • • • • • • • • • • • • • | • • • • • • • • • • • • • • • • • • • • |
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|                                         |               |                                         |                 |               |             |                                         |                                         |             |                                         |                                         |                                         |                                         | • • • • • • • • • • • • • • • • • • • • |
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|                                         |               |                                         |                 |               |             |                                         |                                         |             |                                         |                                         |                                         |                                         |                                         |

#### SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

#### Supplemental Financial Statements

➤ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

► Attach to Form 990. ► See separate instructions.

OMB No. 1545-0047 2009

Open to Public Inspection

me of the organization Employer identification number AVON PLAYERS INC. 38-6089243 Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 Total number at end of year Aggregate contributions to (during year) Aggregate grants from (during year) Aggregate value at end of year \_\_\_\_\_ Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically important land area Protection of natural habitat Preservation of certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year a Total number of conservation easements b Total acreage restricted by conservation easements ...... c Number of conservation easements on a certified historic structure included in (a) 2c d Number of conservation easements included in (c) acquired after 8/17/06 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year 
\_ \_ \_ \_ \_ \_ Number of states where property subject to conservation easement is located > Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" to Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items: a Revenues included in Form 990, Part VIII, line 1 b Assets included in Form 990, Part X

| Sche        | edule D (Form 990) 2009 AVON PLAY                                                                  | ERS INC.                                              |                                         |                                         | 38-6089243                              | Page                     |
|-------------|----------------------------------------------------------------------------------------------------|-------------------------------------------------------|-----------------------------------------|-----------------------------------------|-----------------------------------------|--------------------------|
| Pi          | art III Organizations Maintaining                                                                  | <b>Collections of Art</b>                             | , Historical Trea                       | sures, or                               | Other Similar Asset                     | s (continued)            |
| 3           | Using the organization's acquisition, accession collection items (check all that apply):           | n, and other records, che                             | eck any of the followin                 | g that are a s                          | significant use of its                  |                          |
| a           | Public exhibition                                                                                  | d Loa                                                 | in or exchange progra                   | ams                                     |                                         |                          |
| b           | Scholarly research                                                                                 | e Oth                                                 | - · · ·                                 |                                         |                                         |                          |
| c           |                                                                                                    | - <u> </u>                                            |                                         |                                         | <del></del>                             |                          |
| 4           | Provide a description of the organization's colle<br>Part XIV.                                     | ections and explain how                               | they further the organ                  | nization's exe                          | empt purpose in                         |                          |
| 5           | During the year, did the organization solicit or assets to be sold to raise funds rather than to l | receive donations of art,<br>be maintained as part of | historical treasures, of                | or other simila                         | ar                                      | Yes No                   |
| Pa          | art IV Escrow and Custodial Arra                                                                   |                                                       |                                         |                                         | wered "Yes" to Forn                     |                          |
| *******     | IV, line 9, or reported an an                                                                      |                                                       |                                         |                                         |                                         | ., 000, 1 art            |
| 1a          | Is the organization an agent, trustee, custodiar                                                   |                                                       |                                         | er assets not                           |                                         |                          |
|             |                                                                                                    | •                                                     |                                         |                                         | ****************                        | Yes No                   |
| b           | If "Yes," explain the arrangement in Part XIV a                                                    | nd complete the following                             | g table:                                |                                         | ••••••••••                              | [ 163 [ 160              |
|             | •                                                                                                  | ,                                                     | •                                       |                                         |                                         | Amount                   |
| C           | Beginning balance                                                                                  |                                                       |                                         |                                         | 1c                                      |                          |
| d           | Additions during the year                                                                          | ****************                                      |                                         |                                         | 1d                                      |                          |
| е           | Distributions during the year                                                                      | ***************************************               |                                         |                                         | 1e                                      |                          |
| f           | Ending balance                                                                                     |                                                       | ****************                        | • • • • • • • • • • • • • • • • • • • • | 1f                                      |                          |
| 2a          | Did the organization include an amount on For                                                      | m 990 Part X line 212                                 |                                         | • • • • • • • • • • •                   | ·····                                   |                          |
| -u          | If "Yes," explain the arrangement in Part XIV.                                                     | 111 000, 1 att A, mie 21!                             | • • • • • • • • • • • • • • • • • • • • |                                         | • • • • • • • • • • • • • • • • • • • • | Yes No                   |
|             | ert V Endowment Funds. Comple                                                                      | ete if organization                                   | answered "Ves"                          | to Form 9                               | 00 Part IV line 10                      |                          |
| *********** | Endownione Fundo. Compr                                                                            | (a) Current year                                      | (b) Prior year                          | (c) Two ye                              |                                         |                          |
| 12          | Beginning of year balance                                                                          | (a) Gandin your                                       | (b) Frior year                          | (C) TWO ye                              | ars back (u) Tillee years t             | pack (e) Four years back |
|             |                                                                                                    |                                                       |                                         | -                                       |                                         |                          |
| 0           | Contributions                                                                                      |                                                       |                                         |                                         |                                         |                          |
| G           | Net investment earnings, gains,                                                                    |                                                       |                                         |                                         |                                         |                          |
| ~ <b>.</b>  | and losses                                                                                         |                                                       |                                         |                                         |                                         |                          |
|             | Grants or scholarships                                                                             |                                                       |                                         |                                         |                                         |                          |
| е           | Other expenditures for facilities                                                                  |                                                       |                                         |                                         |                                         |                          |
|             | and programs                                                                                       |                                                       |                                         |                                         |                                         |                          |
| T           | Administrative expenses                                                                            |                                                       |                                         |                                         |                                         |                          |
| g           | End of year balance                                                                                | <u> </u>                                              |                                         |                                         |                                         |                          |
|             | Provide the estimated percentage of the year e                                                     | nd balance held as:                                   |                                         |                                         |                                         |                          |
|             | Board designated or quasi-endowment                                                                | %                                                     |                                         |                                         |                                         |                          |
| b           | Permanent endowment ▶ %                                                                            |                                                       |                                         |                                         |                                         |                          |
| C           | Term endowment ► %                                                                                 |                                                       |                                         |                                         |                                         |                          |
| 3a          | Are there endowment funds not in the possession                                                    | on of the organization th                             | at are held and admin                   | istered for th                          | е                                       |                          |
|             | organization by:                                                                                   |                                                       |                                         |                                         |                                         | Yes No                   |
|             | (i) unrelated organizations                                                                        |                                                       |                                         |                                         |                                         | 3a(i)                    |
|             | (ii) related organizations                                                                         | . <b></b>                                             |                                         |                                         |                                         | 3a(ii)                   |
| b           | If "Yes" to 3a(ii), are the related organizations list                                             | sted as required on Sche                              | dule R?                                 |                                         |                                         | 3b                       |
| 4           | Describe in Part XIV the intended uses of the or                                                   | ganization's endowment                                | funds.                                  |                                         | ******************                      | · · · · · <del></del>    |
| Pai         | rt VI Investments—Land, Buildin                                                                    | gs, and Equipmen                                      | t. See Form 990                         | D. Part X.                              | line 10.                                |                          |
|             | Description of investment                                                                          | (a) Cost or other basis                               | (b) Cost or ot                          |                                         | (c) Accumulated                         | (d) Book value           |
|             |                                                                                                    | (investment)                                          | basis (other                            |                                         | depreciation                            | (a) book value           |
| 1a          | Land                                                                                               |                                                       |                                         |                                         |                                         |                          |
| b           | Buildings                                                                                          | 1                                                     | 602                                     | ,670                                    | 345,983                                 | 256,687                  |
| c           | Leasehold improvements                                                                             |                                                       | 002                                     | · / <del>- / -  </del>                  | 343,303                                 | 230,087                  |
|             | Equipment                                                                                          |                                                       |                                         |                                         |                                         |                          |
|             | Other                                                                                              |                                                       |                                         |                                         |                                         |                          |
|             | Add lines 1a through 1e. (Column (d) must equa                                                     | I Form 990 Part Y colu                                | mn (R) line 10(a) \                     |                                         |                                         | 256 605                  |
|             |                                                                                                    | ar onn 555, rait A, Colu                              | 10(C).)                                 | <u> </u>                                | <u>P</u> i                              | <u>256,687</u>           |

| Schedule D (Form 990) 2009 AVON PLAYERS INC.                                                                          |                                        | 38-6089243                       | Page                                    |
|-----------------------------------------------------------------------------------------------------------------------|----------------------------------------|----------------------------------|-----------------------------------------|
| Part VII Investments—Other Securities. See Form 990,                                                                  |                                        |                                  |                                         |
| (a) Description of security or category                                                                               | (b) Book value                         | (c) Method of valuation:         |                                         |
| (including name of security)                                                                                          |                                        | Cost or end-of-year market va    | lue                                     |
| ancial derivatives                                                                                                    |                                        |                                  |                                         |
| Closely-held equity interests Other                                                                                   |                                        |                                  | ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~  |
|                                                                                                                       |                                        |                                  |                                         |
|                                                                                                                       |                                        |                                  |                                         |
|                                                                                                                       |                                        |                                  |                                         |
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|                                                                                                                       |                                        |                                  |                                         |
|                                                                                                                       |                                        |                                  |                                         |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)                                                    |                                        |                                  |                                         |
| Part VIII Investments—Program Related. See Form 990                                                                   | Part X. line 13.                       |                                  |                                         |
| (a) Description of investment type                                                                                    | (b) Book value                         | (c) Method of valuation:         |                                         |
| -                                                                                                                     |                                        | Cost or end-of-year market value | ue                                      |
|                                                                                                                       |                                        |                                  |                                         |
|                                                                                                                       |                                        |                                  | ·                                       |
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|                                                                                                                       |                                        |                                  |                                         |
| tal (Column (b) must equal Form COO Dark V and (D) (i.e. 40)                                                          |                                        |                                  | *************************************** |
| tal. (Column (b) must equal Form 990, Part X, col. (B) line 13.)  art IX Other Assets. See Form 990, Part X, line 15. |                                        |                                  |                                         |
| (a) Description                                                                                                       |                                        | (5) 0                            |                                         |
|                                                                                                                       |                                        | (D) Bo                           | ook value                               |
|                                                                                                                       |                                        |                                  |                                         |
|                                                                                                                       |                                        |                                  |                                         |
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|                                                                                                                       |                                        |                                  |                                         |
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|                                                                                                                       |                                        |                                  | · · · · · · · · · · · · · · · · · · ·   |
|                                                                                                                       |                                        |                                  |                                         |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)                                                    | ******                                 | <b>&gt;</b>                      |                                         |
| Part X Other Liabilities. See Form 990, Part X, line 25.                                                              |                                        |                                  |                                         |
|                                                                                                                       |                                        |                                  |                                         |
| . (a) Description of liability                                                                                        | (b) Amount                             |                                  |                                         |
| . (a) Description of liability                                                                                        | (b) Amount                             | _                                |                                         |
| . (a) Description of liability                                                                                        | (b) Amount                             |                                  |                                         |
| 1. (a) Description of liability                                                                                       | (b) Amount                             |                                  |                                         |
| 1. (a) Description of liability                                                                                       | (b) Amount                             |                                  |                                         |
| 1. (a) Description of liability                                                                                       | (b) Amount                             |                                  |                                         |
| 1. (a) Description of liability                                                                                       | (b) Amount                             |                                  |                                         |
| 1. (a) Description of liability                                                                                       | (b) Amount                             |                                  |                                         |
| 1. (a) Description of liability                                                                                       | (b) Amount                             |                                  |                                         |
| 1. (a) Description of liability                                                                                       | (b) Amount                             |                                  |                                         |
|                                                                                                                       | (b) Amount                             |                                  |                                         |
| 1. (a) Description of liability                                                                                       | (b) Amount                             |                                  |                                         |

| Schedule D | (Form 990) 2009 | AVON P        | LAYERS INC.                  | 38-6089243                              | Page <b>5</b> |
|------------|-----------------|---------------|------------------------------|-----------------------------------------|---------------|
| Part XIV   | Supplem         | ental Informa | LAYERS INC. tion (continued) |                                         | . uge o       |
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### **SCHEDULE O**

(Form 990)

Supplemental Information to Form 990

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

OMB No. 1545-0047 2009

Open to Public Inspection

Name of the organization

apartment of the Treasury arnal Revenue Service

AVON PLAYERS INC.

Employer identification number 38-6089243

| EXPLANATION FOR NOT FILING ON TIME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| THE VICE PRESIDENT OF FINANCE WHO PREPARED FORM 990 IN THE PAST, DIED IN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| 2010. SINCE HER DEATH THE ORGANIZATION HAS BEEN TRYING TO GATHER ALL THE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| NECESSARY DOCUMENTATION NEEDED TO FILE A RETURN. THE ORGANIZATION HIRED                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| THE RETURN. IT IS UNKOWN IF A VALID EXTENSION WAS FILED.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| FORM 990, PART III, LINE 4D - ALL OTHER ACHIEVEMENTS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| PRODUCTION OF FIVE (5) MAJOR THEATRICAL LIVE PLAYS AND PRODUCTION OF ONE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| SCHOOLS AND COMMUNITY EVENTS TO PROMOTE PERFORMING ARTS IN THE GREATER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| ROCHESTER AREA. THIS INCLUDES ADVERTISING TO BE MAILED TO THE COMMUNITY IN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| ORDER TO PROMOTE UPCOMING EVENTS. REVENUES INCLUDE 1) SALES OF TICKETS 2)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| CONCESSION STAND INCOME 3) ADVERTISING INCOME AND 4) MEMBERSHIP DUES                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| FORM 990, PART VI, LINE 11A - ORGANIZATION'S PROCESS TO REVIEW FORM 990                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| NO REVIEW WAS OR WILL BE CONDUCTED.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| THE VICE PRESIDENT OF FINANCE WHO PREPARED FORM 990 IN THE PAST, DIED IN 2010. SINCE HER DEATH THE ORGANIZATION HAS BEEN TRYING TO GATHER ALL THI NECESSARY DOCUMENTATION NEEDED TO FILE A RETURN. THE ORGANIZATION HIRED A CPA ON FEBRUARY 11, 2011 TO REVIEW THE YEAR END ACCOUNTING AND PREPARE THE RETURN. IT IS UNKOWN IF A VALID EXTENSION WAS FILED.  FORM 990, PART III, LINE 4D - ALL OTHER ACHIEVEMENTS  PRODUCTION OF FIVE (5) MAJOR THEATRICAL LIVE PLAYS AND PRODUCTION OF ONE (1) YOUTH THEATER. PRESENTATIONS ARE IN COOPERATION WITH THE LOCAL PUBLIC SCHOOLS AND COMMUNITY EVENTS TO PROMOTE PERFORMING ARTS IN THE GREATER ACCHESTER AREA. THIS INCLUDES ADVERTISING TO BE MAILED TO THE COMMUNITY ORDER TO PROMOTE UPCOMING EVENTS. REVENUES INCLUDE 1) SALES OF TICKETS 2) CONCESSION STAND INCOME 3) ADVERTISING INCOME AND 4) MEMBERSHIP DUES  FORM 990, PART VI, LINE 11A - ORGANIZATION'S PROCESS TO REVIEW FORM 990 NO REVIEW WAS OR WILL BE CONDUCTED. |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
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|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |

| Forms                    | Moi                         | tgages and Otl        | her Notes Payable              |                        |                   |
|--------------------------|-----------------------------|-----------------------|--------------------------------|------------------------|-------------------|
| 990 / 990-PF             |                             | tgagoo ana Oti        |                                | ė.                     | 2009              |
| `**/                     | For calendar year 2009,     | or tax year beginning | 07/01/09 , and ending          | 06/30/10               |                   |
| Name                     |                             |                       |                                | Employer Iden          | tification Number |
| AVON PLAYERS             | INC.                        |                       |                                | 38-6089                | 243               |
| FORM 990, PAR            | RT X, LINE 23 -             | - ADDITIONAL          | INFORMATION                    |                        |                   |
|                          | Name of lender              |                       | Relationship to                | o disqualified person  |                   |
| (1) THE PRIVATE          | BANK                        |                       | TO AGO TO THE CO               | o disqualifica persori |                   |
| (2)                      |                             |                       |                                |                        |                   |
| (4)                      |                             |                       |                                |                        |                   |
| (5)                      |                             |                       |                                |                        |                   |
| (6)                      |                             |                       |                                |                        |                   |
| (7)                      |                             |                       |                                |                        |                   |
| (8)                      |                             |                       |                                |                        |                   |
| (9)                      |                             |                       |                                |                        |                   |
| (10)                     |                             |                       |                                |                        |                   |
|                          |                             |                       | I .                            |                        |                   |
| Original amount borrowed | Date of loan                | Maturity<br>date      |                                |                        | Interest          |
| (1) 138,6                |                             | 07/11/13              | Repayment term MONTHLY PAYMENT | S                      | rate              |
| (2)                      |                             |                       | THE TAILED                     |                        | 6.250             |
| (3)                      |                             |                       |                                |                        |                   |
| (4)                      |                             |                       |                                |                        |                   |
| (5)                      |                             |                       |                                |                        |                   |
| <u>(6)</u>               |                             |                       |                                |                        |                   |
|                          |                             |                       |                                |                        |                   |
| 9)                       |                             |                       |                                |                        |                   |
| 10)                      |                             |                       |                                |                        |                   |
|                          |                             |                       |                                |                        |                   |
|                          |                             |                       |                                |                        |                   |
|                          | curity provided by borrower |                       | Purpos                         | e of loan              |                   |
| 1) BUILDING              |                             |                       | BUILDING IMPROVEM              | ENTS                   |                   |
| 2)                       |                             |                       |                                |                        |                   |
| 3)<br>4)                 |                             |                       |                                |                        |                   |
| 5)                       |                             |                       |                                |                        |                   |
| 6)                       |                             |                       |                                |                        |                   |
| 7)                       |                             |                       |                                |                        |                   |
| 3)                       |                             |                       |                                |                        |                   |
| 9)                       |                             |                       |                                |                        |                   |
| 10)                      |                             |                       |                                |                        |                   |
|                          |                             |                       |                                |                        |                   |
|                          |                             |                       | Balance due at                 | Raland                 | e due at          |
| Considera  1)            | ation furnished by lender   |                       | beginning of year              | end                    | of year           |
| 2)                       |                             |                       | 121,275                        |                        | 109,633           |
| )                        |                             |                       |                                |                        |                   |
| )                        |                             |                       |                                |                        |                   |
|                          |                             |                       |                                | i                      |                   |

121,275

109,633

(6)

(9) (10) Totals Form 4562

Department of the Treasury Internal Revenue Service ne(s) shown on return

#### Depreciation and Amortization

(Including Information on Listed Property)

OMB No. 1545-0172

► See separate instructions.

► Attach to your tax return

Attachment Sequence No.

Identifying number AVON PLAYERS INC. 38-6089243 Business or activity to which this form relates INDIRECT DEPRECIATION Part I **Election To Expense Certain Property Under Section 179** Note: If you have any listed property, complete Part V before you complete Part I. Maximum amount. See the instructions for a higher limit for certain businesses 250,000 Total cost of section 179 property placed in service (see instructions) 2 2 Threshold cost of section 179 property before reduction in limitation (see instructions) 3 800,000 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-3 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 6 (a) Description of property (b) Cost (business use only) Listed property. Enter the amount from line 29 7 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 9 Carryover of disallowed deduction from line 13 of your 2008 Form 4562 10 10 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions) 11 11 Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11 . . . . . 12 Carryover of disallowed deduction to 2010. Add lines 9 and 10, less line 12 Note: Do not use Part II or Part III below for listed property. Instead, use Part V. Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instr.) Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions) 770 Property subject to section 168(f)(1) election 15 Other depreciation (including ACRS) 5,151 MACRS Depreciation (Do not include listed property.) (See instructions.) Part III Section A MACRS deductions for assets placed in service in tax years beginning before 2009 17 17 236 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 2009 Tax Year Using the General Depreciation System (b) Month and year (c) Basis for depreciation (d) Recovery (a) Classification of property placed in usiness/investment use (e) Convention (f) Method (g) Depreciation deduction service period only-see instructions) 19a 3-year property h 5-year property 769 5.0 HY 200DB 153 7-year property d 10-year property e 15-year property 20-year property 25-year property 25 yrs. S/I Residential rental 27.5 yrs. S/L MM property 27.5 yrs. MM S/L 10/26/09 Nonresidential real 4,495 39 yrs. MM S/L 82 property Section C—Assets Placed in Service During 2009 Tax Year Using the Alternative Depreciation System 20a Class life b 12-year 12 yrs. 40-year 40 vrs. MM S/L Part IV Summary (See instructions.) Listed property. Enter amount from line 28 ..... Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions 6,392 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs

02/15/2011 10:09 AM

38-6089243 FYE: 6/30/2010

# Federal Asset Report Form 990, Page 1

| Asset                        | Description                                                                  | Date<br>I <u>n Servi</u> | ce Cost            | Bus Sec<br>% 179Bonus | Basis<br>for Depr  | PerConv Meth | Prior              | Current         |
|------------------------------|------------------------------------------------------------------------------|--------------------------|--------------------|-----------------------|--------------------|--------------|--------------------|-----------------|
| 5-year GDS Pa<br>3 Boca X    | roperty:<br>Mini Thermal Ticket Printer                                      | 7/01/09                  | 1,539              | X _                   | 769<br>769         | 5 HY 200DB   | 0                  | 923<br>923      |
| Non-Residenti<br>2 Balance   | al Real Property:<br>of HVAC                                                 | 10/26/09                 | 4,495              | -<br>-                | 4,495<br>4,495     | 39 MM S/L    | 0                  | 82<br>82        |
| Prior MACRS<br>1 HVAC F      | <u>:</u><br>Equipment                                                        | 6/30/08                  | 9,190<br>9,190     | _                     | 9,190<br>9,190     | 39 MM S/L    | 111<br>111         | 236<br>236      |
| Other Deprecia<br>4 Building | ntion: Total Other Depreciation                                              | 1/09/49                  | 602,670<br>602,670 | <br>                  | 602,670<br>602,670 | 39 Memo      | 340,832<br>340,832 | 5,151<br>5,151  |
|                              | Total ACRS and Other Deprec                                                  | iation                   | 602,670            |                       | 602,670            | =            | 340,832            | 5,151           |
|                              | Grand Totals<br>Less: Dispositions and Transfe<br>Less: Start-up/Org Expense | rs                       | 617,894<br>0<br>0  |                       | 617,124<br>0<br>0  |              | 340,943<br>0<br>0  | 6,392<br>0<br>0 |
|                              | Net Grand Totals                                                             |                          | 617,894            |                       | 617,124            | _            | 340,943            | 6,392           |

AP AVO' LAYERS INC.

38-6089243 FYE: 6/30/2010

# Federal Statements

2/15/2011 ):09 AM

#### Form 990, Part IX, Line 24f - All Other Expenses

| Description                                                                                                         | <u>_</u> | Total<br>xpenses                                                   | Program<br>Service                          | agement &<br>Seneral            | 1  | Fund<br>Raising |
|---------------------------------------------------------------------------------------------------------------------|----------|--------------------------------------------------------------------|---------------------------------------------|---------------------------------|----|-----------------|
| JANITORIAL YOUTH THEATER MEMBERSHIP EXPENSE CONCESSION COSTS MISCELLANEOUS FEES & DUES POSTAGE TICKETS PERMITS/FEES | \$       | 1,927<br>1,637<br>1,181<br>1,119<br>921<br>482<br>459<br>113<br>20 | \$<br>1,637<br>1,181<br>1,119<br>459<br>113 | \$<br>1,927<br>921<br>482<br>20 | \$ |                 |
| TOTAL                                                                                                               | \$       | 7 <b>,</b> 859                                                     | \$<br>4,509                                 | \$<br>3,350                     | \$ | . 0             |