Return of Organization Exempt From Income Tax

Form

A For the 2013 calendar year, or tax year beginning

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

OMB No. 1545-0047

02/28, **20** 14

Open to Public Inspection

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

03/01, 2013, and ending

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

D Employer identification number C Name of organization B Check if applicable PINTS FOR PROSTATES INC 27-1625548 Doing Business As Number and street (or P.O. box if mail is not delivered to street address) E Telephone number Room/suite (704) 340-2840 12673 OVERLOOK MOUNTAIN DR Initial return City or town, state or province, country, and ZIP or foreign postal code Terminated Amended CHARLOTTE, NC 28216 G Gross receipts \$ 292,787. Application pending Name and address of principal officer: RICHARD J LYKE H(a) Is this a group return for Yes X No 12673 OVERLOOK MOUNTAIN DR CHARLOTTE, NC 28216 H(b) Are all subordinates included? 501(c) (If "No," attach a list. (see instructions) X 501(c)(3) 4947(a)(1) or) < (insert no.) Website: ► WWW.PINTSFORPROSTATES.ORG H(c) Group exemption number Form of organization: X Corporation L Year of formation: 2010 M State of legal domicile: NC Association Part | Summary 1 Briefly describe the organization's mission or most significant activities: TO EDUCATE MEN ABOUT PROSTATE CANCER AND THE CRITICAL NEED FOR REGULAR HEALTH SCREENINGS AND EARLY DETECTION. Governance 2 Check this box | if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) 4. 4 Number of independent voting members of the governing body (Part VI, line 1b) 1. 5 Total number of individuals employed in calendar year 2013 (Part V, line 2a) 200. 6 Total number of volunteers (estimate if necessary) 7a Total unrelated business revenue from Part VIII, column (C), line 12 **b** Net unrelated business taxable income from Form 990-T, line 34 . . . **Current Year** Prior Year 209,037. 8 Contributions and grants (Part VIII, line 1h) 128,861. 61,487. Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 61,779. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 6,036. 270,816. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 196,384. 45,461. 83,905. Grants and similar amounts paid (Part IX, column (A), lines 1-3) Benefits paid to or for members (Part IX, column (A), line 4) 24,235.9,756. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) -16,215. 66.540. 60,247. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 121,757. 168,387. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 74,627 102,429. Revenue less expenses. Subtract line 18 from line 12 Beginning of Current Year End of Year 137,795. 240,224. Total assets (Part X, line 16) Total liabilities (Part X, line 26) 21 22 137,795. 240,224. Net assets or fund balances. Subtract line 21 from line 20, Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is Sian tature of Here Type or print name and title Print/Type preparer's name Preparer's signature Check Paid Sathu self-employed KATHY BLACKBURN P00450629 Preparer Firm's EIN ▶ 22-1478099 ▶COHNREZNICK LLP Firm's name Phone no. 704-332-9100 Firm's address ▶525 N. TRYON STREET, SUITE 1000 CHARLOTTE, NC 28202 May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

JSA 3E1010 1.000

Form 990 (2013)

For Paperwork Reduction Act Notice, see the separate Instructions.

PINTS FOR PROSTATES INC

	990 (2013)	Page 4
Pa	Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III	
	Briefly describe the organization's mission:	
	WE REACHED HUNDREDS OF UNINFORMED MEN, PROVIDED AWARENESS, LITERATURE	
	AND OTHER INFORMATION RELATIVE TO PROSTATE CANCER.	
	AND OTHER INFORMATION RELATIVE TO INCOTATE CANCER.	
		X No
3	If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program	_
	services? Yes	X No
	Describe the organization's program service accomplishments for each of its three largest program services, as measurexpenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to the total expenses, and revenue, if any, for each program service reported.	
	(Code:) (Expenses \$148,987. including grants of \$83,905) (Revenue \$)	
	REACHING OUT TO HUNDREDS OF UNINFORMED MEN IN ORDER TO PROVIDE	
	AWARENESS, LITERATURE AND OTHER INFORMATION RELATIVE TO PROSTATE CANCER.	
	CANCER.	
		
	,	
lb	(Code:) (Expenses \$ including grants of \$) (Revenue \$)	
4¢	(Code:) (Expenses \$ including grants of \$) (Revenue \$)	
١d	Other program services (Describe in Schedule O.)	•
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses ▶ 148,987.	

Section Spring Schedule A Schedule B Schedule Complete Schedule A X X X X X X X X X	Par	Checklist of Required Schedules		-	Page 3
complete Schedule A 2 Is the organization engage in direct or indirect political campalgn activities on behalf of or in opposition to candidates for public micros (? "Ves," complete Schedule C, Part I. 4 Section 901(c)(3) organizations, bit the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Ves," complete Schedule C, Part I. 5 is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives memberahip clues, assessments, or similar amounts as defined in Revenue Procedule 9-189? If "Ves," complete Schedule C, Part III. 6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advise on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule C, Part III. 7 Did the organization meant of conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part III. 8 Did the organization instant coelections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III. 9 Did the organization report an amount in Part X. line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X. or provide credit courseling, debt managament, credit repair, or dobt negotietism services? If "Yes," complete Schedule D, Part V. 10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quest-ordinates III "Yes," complete Schedule D, Part V. 10 Did the organization report an amount for investments-program related in Part X, line 10 that is 5% or more of its total assets reported in Part X, line 10 that is 5% or more of its total assets reported in Part X, line 10 that is 10 that is 5% or more of its total assets reported in Part X, line 10 that 10 that is 5% or mor				Yes	No
2 Is the organization required to complete Schedule of Cambotures (see Instructions)? 3 Did the organization regular indirect of indicate political campaign activities on behalf of or in opposition to candidates for public office? If "Res," complete Schedule C, Part I. Section 501((s)) organizations. Did the organization report an experiment of the tax year? If "Res," complete Schedule C, Part II. Is the organization association 501((s)) organization in their receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III. Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I II. 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 III. Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III. Did the organization report an amount in Part X, line 21, for escrew or custodial account liability, serve as a custodian for amounts on listed in Part X, io provide credit convenient, determined for amounts in complete Schedule D, Part IV. 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 land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VIII. Did the organization report an amount for there assets in Part X, line 10 that is 5% or more of its total assets reported in Part X, line 10? If "Yes," complete Schedule D, Part VIII. Did the organization report an amount for other assets in Part X, line 10 that is year? If "Yes," complete Schedule D, Part VIII. Did	1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public officer if "res," complete Schedule (2 Part I		complete Schedule A	1	Х	
candidates for public office? If "Yes," complete Schedule C, Part II. 4 Section 501(Q3) organizations. Both the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II. 5 Is the organization agriculton of Sciencion 501(c)(4) or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III. 6 Dit the organization maintain any donor edvised funds or any similar funds or accounts for which donors have the right to provide advise on the distribution or investment, of amounts in such funds or accounts? If "Yes," complete Schedule D, Part II. 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historical lead areas, or historical treasures, or other similar assess? If "yes," complete Schedule D, Part III. 8 Did the organization maintain collections of works of art, historical treasures, or other similar assess? If "yes," complete Schedule D, Part III. 9 Did the organization report an amount in Part X, line 21, for escrow or custodiel account liability; serve as a custodian for amounts not listed in Part X or provide credit counseling, debt management, credit repair, or debt negotiethon services? If "Yes," complete Schedule D, Part IV. 10 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," or Unique and the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," or organization assess reported in Part X, line 16? If "Yes," complete Schedule D, Part VII. 11 Did the organization report an amount for investments-program related in Part X, line 10? Its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII. 11 Did the organization report an amount for other assets in Part X, line 25? If "yes," complete Schedule D, Part X and XII so pti		Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	X	
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(f) election in effect during the tax year? If "Yes," complete Schedule C, Part III. 5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that rocelves membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-197 If "Yes," complete Schedule C, Part III. 6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part II. 7 Did the organization device or their data conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part III. 8 Did the organization institution collections of works of art, historical treasures, or other similar assess? If "Yes," complete Schedule D, Part III. 9 Did the organization of the Schedule Schedule Schedule Schedule Schedule D, Part IV. 10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part VI. 10 Did the organization answer to any of the following questions is "Yes," complete Schedule D, Part VI. 11 If the organization answer to any of the following questions is "Yes," complete Schedule D, Part VI. 12 Did the organization port an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VII. 13 Did the organization organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VII. 14 Did the organization separate in the rest part of the separate or consolidated financial statements for the tax year? If "Yes," complete Schedule D, Part X III. 15 Did the organization separate in other assets in Pa	3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
election in effect during the tax year? If "Yes," complete Schedule C, Part II. Is the organization as each in SOIC(S), or 5010(S), or 50		candidates for public office? If "Yes," complete Schedule C, Part I	3		X
5 is the organization a section 601(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98.49° // ""es" complete Schedule C, Part III. 5 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If ""es" complete Schedule D, Part II. 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "res" complete Schedule D, Part III. 8 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or other similar assess? If "yes," complete Schedule D, Part III. 9 Did the organization and the season of works of art, historical treasures, or other similar assess? If "yes," complete Schedule D, Part III. 10 Did the organization of itselfly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "yes," complete Schedule D, Part VI. 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Part VI. 12 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VII. 13 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VII. 14 Did the organization report an amount for other assets in Part X, line 10 Part X, line 10? If "Yes," complete Schedule D, Part VII. 15 Did the organization separate or consolidated financial statements for the tax year Include a toknole that addresses the organization separate or consolidated financial statements for the tax year? If "Yes," and II the organization is experate or consolidated financial st	4	election in effect during the tox years if "Year" complete Cabathile O. B. (1)		l i	
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bit the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yas," complete Schedule D, Part II. Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yas," complete Schedule D, Part III. Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yas," complete Schedule D, Part III. Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; in provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yas," complete Schedule D, Part IV. Did the organization, cliracity or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yas," complete Schedule D, Part V. If the organization sanswer to any of the following questions is "Yas," then complete Schedule D, Part V. JI, VIII, VIII, X or X as applicable. Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yas," complete Schedule D, Part VIII. 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 "Yas," complete Schedule D, Part VIII. Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yas," complete Schedule D, Part XI. Did the organization report an amount for other assets in Part X, line 15 That is 5% or more of its total assets reported in Part X, line 16? If "Yas," complete Schedule D, Part XI. Did the organization report an amount for other isabelits in Part X, line 15 That is 5% or more of i		Part III	_		v
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7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic siturcines? if I*vas, "complete Schedule D, Part III." 8 Did the organization maintain collections of works of art, historical treasures, or other similar assesis? if "yas," so more of the organization maintain collections of works of art, historical treasures, or other similar assesis? if "yas," so debt menagement, credit repair, or debt negotiation services? If "Yas," complete Schedule D, Part IV. 10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yas," complete Schedule D, Part V V. 11 If the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yas," complete Schedule D, Part V V. 12 If the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yas," complete Schedule D, Part V V. 13 Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more of its total assest reported in Part X, line 16? If "Yas," complete Schedule D, Part VIII. 14 Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assest reported in Part X, line 16? If "Yas," complete Schedule D, Part XIII. 15 Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets report an amount for other lassitations for the tax year include a foothore that addresses the organization institution of other line in Part X, line 15? If "Yas," complete Schedule D, Part X III. 16 Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, prostitions and program service activates outside the United States, 11 August 11 August 11 August 11 August 11		"Yes," complete Schedule D, Part I	6		Х
the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II. 7 X 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III. 9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV. 10 Did the organization directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V. 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Part V. 12 If the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part X, line 12 that is 5% or more of list total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII. 13 Did the organization report an amount for investments-other securities in Part X, line 13 that is 5% or more of list total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII. 14 Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of list total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII. 15 Did the organization peropt an amount for other assets in Part X, line 15 that is 5% or more of list total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII. 16 Did the organization peropt an amount for other labilities in Part X, line 15 that is 5% or more of list total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII. 17 Did the organization begin assets and the organization labilities in Part X, line 15 that is 5% or more of list total assets reported in Part X, line 16?	7	Did the organization receive or hold a conservation easement, including easements to preserve open space.			
complete Schedule D, Part III 48 9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 9 10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 10 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Part V V 10 12 If the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part V V 11 13 Did the organization report an amount for investments-other securities in Part X, line 10? If "Yes," to Did the organization report an amount for investments-torgaren related in Part X, line 10? If "Yes," complete Schedule D, Part V V 11 14 Did the organization report an amount for investments-torgaren 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 V V 11 2 Did the organization report an amount for other assets in Part X, line 25? If "Yes," complete Schedule D, Part X V 11 2 Did the organization separate, independent audited financial statements for the tax year? If "Yes," and If the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and If the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and If the organization maintain an office, employees, or agents outside of the United States? 12 13 Is the organization maintain an office, employees, or agents outside of the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts II and IV 14 15 Did the or		the environment, historic land areas, or historic structures? If "Yes," complete Schedule D. Part II.	7		X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part V 10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "yes," complete Schedule D, Part V 10 X 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Part V 10 X 11 If the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part V 11 In X 11 In X 12 In X 12 In X 12 In X 13 In X 14 In X 15	8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
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Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	-	assistance to or for foreign individuals? If "Yes." complete Schedule F. Parts III and IV	16		Х
Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II 19 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 20 a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 30 a VX 4 b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20 b	17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
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		Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	İ	Х
Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
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		Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
20 a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII. line 9a?	T		_
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b	20 -	If "Yes," complete Schedule G, Part III			
	∠va ⊾	If "Yes" to line 20a, did the organization attach a convert to surfice differential states and the differential states are			X
		200 to mio 200, did the organization attach a copy of its audited financial statements to this return? , , , , ,		000	0040:

Part	Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	. [
	government on Part IX, column (A), line 1? If "Yes," complete Schedule I. Parts I and II	21	. X	
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States			
	on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A. line 3, 4, or 5 about compensation of the	. [
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		Х
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than	-23		
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a.			v
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24a		X
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	24b		
_	to defease any tax-exempt bonds?			
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24c		
25 a	Section 501(c)(3) and 501(c)(4) organizations. Did the arrange of	24d		
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction			
b	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		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?	1 1		
26	If "Yes," complete Schedule L, Part I	25b		<u> X</u>
20	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payable to any] }	İ	
	current or former officers, directors, trustees, key employees, highest compensated employees, or			
07	disqualified persons? If so, complete Schedule L, Part II.	26		X
27	the organization provide a grant or other assistance to an officer, director, trustee, key employee.			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,	accord.		
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV.	28a	j	Х
þ	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV.	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L. Part IV.	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N.			
	Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"		·	
	complete Schedule N, Part II	32		Χ
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R. Part II. III.		7	
	or IV, and Part V, line 1	34		Х
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R. Part V. line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	 +		
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
	Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	"	-+	
	19? Note. All Form 990 filers are required to complete Schedule O	38	х	
	The state of the s	Sorm I		

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Part		 1
	Check if Schedule O contains a response or note to any line in this Part V	
		Yes No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	
C	Did the organization comply with backup withholding rules for reportable payments to vendors and	10
_	reportable gaming (gambling) winnings to prize winners?	1c
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	
L	Statements, filed for the calendar year ending with or within the year covered by this return . 2a 1 If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b X
IJ	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)	
3 a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority	
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial	
	account)?	4a X
b	If "Yes," enter the name of the foreign country: ▶	20 1 1
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	- 1
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a X 5b X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	6a X
	organization solicit any contributions that were not tax deductible as charitable contributions?	
D	gifts were not tax deductible?	6b
7	Organizations that may receive deductible contributions under section 170(c).	
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	Record But 1
-	and services provided to the payor?	7a X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	
	required to file Form 8282?	7c X
	If "Yes," indicate the number of Forms 8282 filed during the year	1 77
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e X X
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7g
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h
	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting	
8	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring	
	organization, have excess business holdings at any time during the year?	8
9	Sponsoring organizations maintaining donor advised funds.	
а	Did the organization make any taxable distributions under section 4966?	9a
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b
10	Section 501(c)(7) organizations. Enter:	
	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 10b	traffet et
11	Section 501(c)(12) organizations. Enter: Gross income from members or shareholders	
	Gross income from members or shareholders	
	against amounts due or received from them.)	F 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
12 2	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	
	Is the organization licensed to issue qualified health plans in more than one state?	13a
_	Note. See the instructions for additional information the organization must report on Schedule O.	1.5
k	Enter the amount of reserves the organization is required to maintain by the states in which	1.5
	the organization is licensed to issue qualified health plans	
	Enter the amount of reserves on hand	14a X
14 a	Did the organization receive any payments for indoor tanning services during the tax year?	
JSA	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b Form 990 (2013)
	***	(/ / /

	Check if Schedule O contains a response or note to any line in this Part VI ion A. Governing Body and Management				
	on At Coverning Dody and Management			Yes	Τ
1.	Enter the number of voting members of the governing hady at the and of the towns	1a	4	Retrail	
ıa	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing	14		in Sing	l
L.	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	1b	4		
	Enter the number of voting members included in line 1a, above, who are independent				337.755.225
2	Did any officer, director, trustee, or key employee have a family relationship or a business relation business relationship or a business relationship or a business relationship or a business relationship or a business relationship or a business relationship or a business relationship or a business relationship or a business relationship or a business relationship or a business relationship or a business relationship or a business relationship or a business relation business				203
	any other officer, director, trustee, or key employee?		2		ť
3	Did the organization delegate control over management duties customarily performed by or un				
	supervision of officers, directors, or trustees, or key employees to a management company or othe	•	3	 	t
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was file		4		1
5	Did the organization become aware during the year of a significant diversion of the organization's a		5		+
6	Did the organization have members or stockholders?		6		ļ
7a	Did the organization have members, stockholders, or other persons who had the power to ele	ect or appoint			l
	one or more members of the governing body?		7a		ļ
b	Are any governance decisions of the organization reserved to (or subject to approval it	oy) members,			l
	stockholders, or persons other than the governing body?		7b		ļ
В	Did the organization contemporaneously document the meetings held or written actions under				
	the year by the following:	•			1
а	The governing body?		8a	Х	
b	Each committee with authority to act on behalf of the governing body?		8b	Х	I
}	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot				Ī
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9		l
ecti	on B. Policies (This Section B requests information about policies not required by the Inte	ernal Revenue	Code	θ.)	
				Yes	1
)a	Did the organization have local chapters, branches, or affiliates?		10a		I
	If "Yes," did the organization have written policies and procedures governing the activities of s				-
_	affiliates, and branches to ensure their operations are consistent with the organization's exempt pu		10b		l
la	Has the organization provided a complete copy of this Form 990 to all members of its governing body before fill	•	11a	1	Ť
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	ing the lonn: •		aiains.	Ì
	Did the organization have a written conflict of interest policy? If "No," go to line 13		12a		ľ
	Were officers, directors, or trustees, and key employees required to disclose annually interests the				İ
~	rise to conflicts?		12b	X	l
С	Did the organization regularly and consistently monitor and enforce compliance with the po				t
•	describe in Schedule O how this was done		12c	x	l
3			13	X	t
	Did the organization have a written whistleblower policy?		14	X	t
4	Did the organization have a written document retention and destruction policy?		14		
5	Did the process for determining compensation of the following persons include a review and				
	independent persons, comparability data, and contemporaneous substantiation of the deliberation				
а	The organization's CEO, Executive Director, or top management official		15a		
_	Other officers or key employees of the organization		15b	10.3055	
b					
_	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).				
b	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar				
b Sa	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar with a taxable entity during the year?		16a		
b Sa	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar with a taxable entity during the year?	o evaluate its			
b Sa	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar with a taxable entity during the year?	o evaluate its			-
b Sa b	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar with a taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to participation in joint venture arrangements under applicable federal tax law, and take steps to organization's exempt status with respect to such arrangements?	o evaluate its			-
b 6a b	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar with a taxable entity during the year?	o evaluate its	16a		-
b 6a b	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar with a taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to participation in joint venture arrangements under applicable federal tax law, and take steps to organization's exempt status with respect to such arrangements?	o evaluate its safeguard the	16a 16b		-
b 6a b	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar with a taxable entity during the year?	o evaluate its safeguard the	16a 16b		
b 6a b ecti	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar with a taxable entity during the year?	o evaluate its safeguard the	16a 16b		
b 6a b ecti	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar with a taxable entity during the year?	o evaluate its safeguard the 	16a 16b		-
b 6a b ecti	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar with a taxable entity during the year?	o evaluate its safeguard the 990-T (Section edule O)	16a 16b	c)(3)s	-
b 6a b ecti	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar with a taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to participation in joint venture arrangements under applicable federal tax law, and take steps to organization's exempt status with respect to such arrangements? List the states with which a copy of this Form 990 is required to be filed ▶ NC. Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and available for public inspection. Indicate how you made these available. Check all that apply. X Own website Another's website X Upon request Other (explain in Schedule O whether (and if so, how) the organization made its governing documents.	o evaluate its safeguard the 990-T (Section edule O)	16a 16b	c)(3)s	-
b Ba b	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar with a taxable entity during the year?	o evaluate its safeguard the	16a 16b	c)(3)s	3

. 41 000 (20	,				o TITLE OF I				2, 10	23040	raye (
Part VII	Compensation	of	Officers,	Directors,	Trustees,	Key	Employees,	Highest	Compensated	Employees,	and
	Independent Co						-	_	-		

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

X Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. (A) (B) **Position** (D) (E) (F) Name and Title (do not check more than one Reportable Average Estimated Reportable box, unless person is both an hours per compensation compensation from amount of other week (list any officer and a director/trustee) from related compensation hours for the organizations Individual trustee employee nstitutional lighest compensated from the organization (W-2/1099-MISC) related employee organization (W-2/1099-MISC) organizations and related below dotted organizations (ine) trustee (1)RICHARD LYKE 10.00 OFFICER/TRUSTEE Х (2)SANDRA LYKE 2.00 TRUSTEE (3)BRITTANY LYKE 1.00 TRUSTEE Х (4)BARRON BOYD 1.00 TRUSTEE _ (9)_____ (10) <u>(11)</u> (14)_____

Form 990 (2013)

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PINTS FOR PR	OSTATES	INC
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Part VII Section A. Officers, Directors, Tru	stees, Ke	y Em	plo	yee	es, a	and H	ligi	nest Compensat	ed Employe	ees (co	ontinued)
(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	box,	unles	ss pe	ition more rson irect	than or is both or/truste employee	an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportab compensation related organizatio (W-2/1099-N	n from	(F) Estimated amount of other compensation from the organization and related organizations
	iine)	trustee	al trustee		yee	Highest compensated employee					•
											
								· -			
		-	-								
	 										
		 									
		-									
			<u> </u>				-				
b Sub-total c Total from continuation sheets to Part VII, S d Total (add lines 1b and 1c) Total number of individuals (including but not reportable compensation from the organizatio	limited to	those	· ·		• •		o re		5 5 5 \$100,000 c	0 0 0	
Did the organization list any former offic employee on line 1a? If "Yes," complete Sched For any individual listed on line 1a, is the organization and related organizations gr	cer, direct lule J for su	ich ind portal	divid ble	<i>dual</i> con	 npe	 nsatio	 na	and other comper	sation from	the	Yes M
individual	accrue co	 ompei	nsal	 tion	fro	 many	 / ur	nrelated organizat	ion or indivi	dual	4
for services rendered to the organization? If "Y Section B. Independent Contractors	es," c <u>omple</u>	ete Sc	hea	ule	J to	r such	pe	rson	<u> </u>	• • •	5
Complete this table for your five highest con compensation from the organization. Report year.	npensated compensa	indep tion fo	end or th	lent e c	coi aler	ntracto dar ye	ors ear	that received more ending with or wi	e than \$100 thin the orga	0,000 d anizatio	of on's tax
(A) Name and business ad	ldress							(B) Description of s	services		(C) Compensation
							+				
Total number of independent contractors (more than \$100,000 in compensation from t	including I	out no	ot li	mite	ed	to the	se	listed above) who	o received		
ISA BE1055 1.000 6054HK E202 11/11/2014 7:0			1 1	3-7	.5		•	120-1801	66-18016	6	Form 990 (20 PAGE

r ai	rt VIII	Check if Schedule O contains a response	nse or note to a	any line in this Part	VIII		X
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Giffs, Grants and Other Similar Amounts	1a b c d e	Federated campaigns	21,780.				
Contribut and Othe	g	All other contributions, gifts, grants, and similar amounts not included above . 1f Noncash contributions included in lines 1a-1f: \$ Total. Add lines 1a-1f					
Program Service Revenue	2a b	Total. Add lifes 18-11	Business Code	209,037.			
Program Se	d e f g	All other program service revenue Total. Add lines 2a-2f		0		F 3. green as a large of	
	3 4 5	Investment income (including dividends, inter other similar amounts)	est, and				
	6a b c	Gross rents		0			
	7a b	Gross amount from sales of assets other than inventory Less: cost or other basis and sales expenses	(ii) Other		e e e e e e e e e e e e e e e e e e e		
Revenue	d 8a	Gain or (loss)		0			
Other Re	С	Less: direct expenses	21,971.	61,779.			61,779.
	6	See Part IV, line 19 a Less: direct expenses b Net income or (loss) from gaming activities		roj rajęs w a lije Spanie i sa			
	10a	Gross sales of inventory, less returns and allowances a Less: cost of goods sold b			italia in 1947 a Liggi de la disenta in 1967 a disenta in 1867 de 200 a		
	11a	Net income or (loss) from sales of inventory. Miscellaneous Revenue	Business Code				e - raponiech ach A Eugen-Eugh en
	b c						
	α e 12	All other revenue		0 _270,816.			61,779.

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).
Check if Schedule O contains a response or note to any line in this Part IX

	Check if Schedule O contains a resp				
	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and				
•	organizations in the United States. See Part IV, line 21 .	83 , 905.	83,905.		
2	Grants and other assistance to individuals in				dere minerale un accione
-	the United States. See Part IV, line 22	0			in in our grade best to it is
2	Grants and other assistance to governments,				
•	organizations, and individuals outside the				
	United States. See Part IV, lines 15 and 16	o			
4	Benefits paid to or for members	0		n est start na standarde de	Statement of the state
	Compensation of current officers, directors,	_			**************************************
5	trustees, and key employees	o			
ь	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and	_			
_	persons described in section 4958(c)(3)(B)	24 225	20.000		2 (25
7	Other salaries and wages	24,235.	20,600.		3,635.
8	Pension plan accruals and contributions (include section				
	401(k) and 403(b) employer contributions)	0			···········
9	Other employee benefits	0			
10	Payroll taxes	0			
11	Fees for services (non-employees):				
a	Management	0			
	Legal	1,976.		1,976.	
С	Accounting	350.		350.	
	Lobbying	0			
	Professional fundraising services. See Part IV, line 17,	0	t Grije Galanija kaligalija		
	Investment management fees	0			
	Other. (If line 11g amount exceeds 10% of line 25, column				
9	(A) amount, list line 11g expenses on Schedule O.)	o			
12	Advertising and promotion	0			
13	Office expenses	859,		859.	
14	Information technology	0			
15		0			
	Royalties	0			
16	Occupancy	0			
17	Travel				
18	Payments of travel or entertainment expenses	o			
	for any federal, state, or local public officials	0			·
19		0			
	Interest	-			
21	Payments to affiliates	. 0		***************************************	·-·
22					· ,
23	Insurance	U U			
24	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses in line 24e. If				mbru her Streiber at 1965 is
	line 24e amount exceeds 10% of line 25, column		rest et trat un eperation (galacie)	engocarrence per convex	
	(A) amount, list line 24e expenses on Schedule O.)		unia graca, armanyi nafisiti.		
а	AWARENESS EVENTS	57,062.	44,482.		12,580.
b					
c					
d					
6	All other expenses				
	Total functional expenses. Add lines 1 through 24e	168,387.	148,987.	3,185.	16,215.
	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)	0			
JSA	V V /1		I		Form 990 /2013

3E1052 1.000

Form **990** (2013)

art	_	Balance Sheet	· · · · · ·	Page 1
-		Check if Schedule O contains a response or note to any line in this Pa	art X	
		The second of th	(A) Beginning of year	(B) End of year
	1	Cash - non-interest-bearing	137,795.	1 240,224
	2	Savings and temporary cash investments	0	2
	3	Pledges and grants receivable, net		3
	4	Accounts receivable, net	0	4
	5	Loans and other receivables from current and former officers, directors,		
		trustees, key employees, and highest compensated employees.		
		Complete Bort II of Schodule I	0	5
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		6
	7	Notes and loans receivable, net	o	7
	8	Inventories for sale or use	0	8
	9	Prepaid expenses and deferred charges	0	9
1		Land, buildings, and equipment: cost or		
1		other basis. Complete Part VI of Schedule D		
	h	Less: accumulated depreciation	0 1	Oc.
1		Investments - publicly traded securities	0 1	
1		Investments - other securities. See Part IV, line 11		
1	2	Investments - program-related. See Part IV, line 11		
1			0 1	
1	_	Intangible assets		
1				16 240,22
1		Total assets. Add lines 1 through 15 (must equal line 34)		
- 1				18
1	0	Grants payable	9 1	19
2	2	Deferred revenue	7 .	20
I _	4	Tax-exempt bond liabilities		21
2		Escrow or custodial account liability. Complete Part IV of Schedule D	V 2	(1 <u> </u>
2		Loans and other payables to current and former officers, directors,		
		trustees, key employees, highest compensated employees, and		
		disqualified persons. Complete Part II of Schedule L	0 2	
2		Secured mortgages and notes payable to unrelated third parties		23
2		Unsecured notes and loans payable to unrelated third parties	0 2	24
2		Other liabilities (including federal income tax, payables to related third		
		parties, and other liabilities not included on lines 17-24). Complete Part X		
		of Schedule D		25
2		Total liabilities. Add lines 17 through 25	O 2	26
g S		Organizations that follow SFAS 117 (ASC 958), check here ► X and complete lines 27 through 29, and lines 33 and 34.		
2		Unrestricted net assets	· · ·	240,22
3 2	8	Temporarily restricted net assets		28
2 2		Permanently restricted net assets	0 2	29
2 2 2 3 3 3 3 3		Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34.		
2 3	0	Capital stock or trust principal, or current funds		30
វៀន	1	Paid-in or capital surplus, or land, building, or equipment fund	3	31
¢ 3	2	Retained earnings, endowment, accumulated income, or other funds	3	32
. I T	_	Total net assets or fund balances		240,22
ğ 3	3	Total flet assets of fund balances	TO 1 # 1 DO 1 2	20 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0

Form **990** (2013)

Form 9	90 (2013)			Page 12
Pari	XI Reconciliation of Net Assets			
	Check if Schedule O contains a response or note to any line in this Part XI			. [
1	Total revenue (must equal Part VIII, column (A), line 12)			816.
2	Total expenses (must equal Part IX, column (A), line 25)		168	3,387.
3	Revenue less expenses. Subtract line 2 from line 1		102	,429.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4		137	,795.
5	Net unrealized gains (losses) on investments			0
6	Donated services and use of facilities			0
7	Investment expenses			0
8	Prior period adjustments			0
9	Other changes in net assets or fund balances (explain in Schedule O)	Ī		0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line	T		•
	33, column (B))		240	,224.
Part	XIII Financial Statements and Reporting			
	Check if Schedule O contains a response or note to any line in this Part XII	<u></u>		<u>. </u>
			Ye	s No
1	Accounting method used to prepare the Form 990: X Cash Accrual Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explai	n in		
	Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled	d or		1
	reviewed on a separate basis, consolidated basis, or both:			
	Separate basis Consolidated basis Both consolidated and separate basis		andla iri	i digun
b	Were the organization's financial statements audited by an independent accountant?		2b	X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited of	on a		
	separate basis, consolidated basis, or both:			ir - Marij
	Separate basis Consolidated basis Both consolidated and separate basis			60 G 162 123
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight			
	of the audit, review, or compilation of its financial statements and selection of an independent accountant	?	2c	(2)(3)(3)(3)(3)(3)(3)(3)(3)(3)(3)(3)(3)(3)
	If the organization changed either its oversight process or selection process during the tax year, explain	in in		
	Schedule O.	:		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set fort	h in		
	the Single Audit Act and OMB Circular A-133?		3a	X
þ	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo	the		
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		3b	
			Form 99	0 (2013)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or Form 990-EZ.

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

Open to Public

Name of the organization Employer identification number PINTS FOR PROSTATES INC Reason for Public Charity Status (All organizations must complete this part.) See instructions. 27-1625548 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). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 2 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, city, and state: 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). 6 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives: (1) more than 331/3 % 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 331/3 % 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). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the 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. b Type II c Type III-Functionally integrated d Type III-Non-functionally integrated By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting f organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? Yes (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? 11g(ii) Provide the following information about the supported organization(s). 11g(iii) (i) Name of supported (ii) EIN (iii) Type of organization organization (iv) is the (v) Did you notify (vi) is the (vii) Amount of monetary (described on lines 1-9 organization in col. (i) listed in the organization organization in above or IRC section support in col. (i) of your col. (i) organized (see instructions)) document? support? in the U.S.? Yes No Yes No Yes (A) (B) (C) (D) (E) Total For Paperwork Reduction Act Notice, see the Instructions for

Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2013

Pa	Support Schedule for Org (Complete only if you checked Part III. If the organization fa	ed the box on	line 5, 7, or 8	of Part I or if t	he organization	n failed to qua	(vi) alify under
Sec	tion A. Public Support		· <u> </u>	<u></u>		, , , , , , , , , , , , , , , , , , , ,	
Cale	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						 · · ·
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4.		1. 1. 1.	A 11 11 11 11 11 11 11 11 11 11 11 11 11			
	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7 8	Amounts from line 4						
9	Net income from unrelated business activities, whether or not the business is regularly carried on				<u></u>		
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	5. 41/40. • 0) 10 11 2 3 · · · ·					
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc. (s					12	
13	First five years. If the Form 990 is f organization, check this box and stop here tion C. Computation of Public Sup	<u> </u>	<u> </u>	d, third, fourth,	or fifth tax yea	ar as a section	501(c)(3)
14				441 (0)			
15	Public support percentage for 2013 (li Public support percentage from 2012					14	<u> </u>
	331/3% support test - 2013. If the o	roanization did	not check the	hay an line 12	and line 14 is	224/20/ 22	% s. shock
	this box and stop here. The organization	on qualifies as a	not ongok tile i publiciv sunnoi	ted organization	and mic 14 iS n	OO HO 70 OF HIDE	e, check
b	331/3% support test - 2012. If the	organization did	not check a be	ox on line 13 o	r 16a, and line	15 is 331/3%	or more
	check this box and stop here. The organic	anization qualific	es as a publicly	supported organ	nization .		▶ □
17a	10%-facts-and-circumstances test - 2	2013. If the org	anization did n	ot check a box	on line 13, 16a	a, or 16b. and li	ne 14 is
	10% or more, and if the organization	meets the "fac	cts-and-circumst	ances" test, ch	eck this box ar	nd stop here. E	xplain in
b	Part IV how the organization meets to organization	the "facts-and-control of the organization meets on meets the "	ircumstances" to ganization did no the "facts-and facts-and-circum	est. The organia ot check a box l-circumstances' nstances" test.	zation qualifies on line 13, 16; ' test, check the organizatio	as a publicly su a, 16b, or 17a, his box and sto n qualifies as a	and line pp here. publicly
18	supported organization	did not check a	box on line 13,	, 16a, 16b, 17a,	, or 17b, check	this box and see	
	instructions	· · · · · · · · · · · ·				chedule A (Form 99	

Page 3

Part III

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II.

If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec1	ion A. Public Support						
Calen	dar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and membership fees						_
	received. (Do not include any "unusual grants.")	0	100,859.	121,788.	128,861.	209,037.	560,545.
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		11,117.	13,446.	61,487.	61,779.	147,829.
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						0
4	Tax revenues levied for the						
	organization's benefit and either paid		}	•			
	to or expended on its behalf						0
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						0
6	Total. Add lines 1 through 5		111,976.	135,234.	190,348.	270,816.	708,374.
7a	Amounts included on lines 1, 2, and 3					}	
	received from disqualified persons						0
þ	Amounts included on lines 2 and 3						
	received from other than disqualified persons that exceed the greater of \$5,000		l			-	
	or 1% of the amount on line 13 for the year						0
С	Add lines 7a and 7b						0
8	Public support (Subtract line 7c from						
	fine 6.)						708,374.
Sec	tion B. Total Support						
Caler	ndar year (or fiscal year beginning in) 🕨	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9	Amounts from line 6		111,976.	135,234.	190,348.	270,816.	708,374.
10 a	Gross income from interest, dividends, payments received on securities loans,						
	rents, royalties and income from similar sources						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						0
С	Add lines 10a and 10b						
11	Net income from unrelated business						<u>-</u>
	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.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)		111,976.	135,234.	190,348.	270,816.	708,374.
14	First five years. If the Form 990 is for	r the organizatio	n's first, second,	third, fourth, or	fifth tax year a	s a section 501(c)(3)
	organization, check this box and stop here						▶
Sec	tion C. Computation of Public Sup	pport Percent	age	* ****			
15	Public support percentage for 2013 (line 8	3, column (f) divid	ed by line 13, colum	nn (f))		15	100.00%
16	Public support percentage from 2012 Sch	edule A, Part III, li	ne 15			16	%_
Sec	tion D. Computation of Investme	nt Income Per	centage			• •	
17	Investment income percentage for 2013 (I	ine 10c, column ((f) divided by line 1	3, column (f))		17	%
18	Investment income percentage from 2012					18	%
19 a	331/3% support tests - 2013. If the or					e than 331/3%, a	nd line
	17 is not more than 331/3%, check th	_					- 11
b	331/3% support tests - 2012. If the org						
	line 18 is not more than 331/3 %, check	k this box and s	top here. The org	ganization qualific	es as a publicly	supported organia	zation 🕨 🔝
20	Private foundation. If the organization	did not check	a box on line 1	4, 19a, or 19b	, check this bo	x and see instru	uctions 🕨 📗
JSA					-	chedule A (Form 9	90 or 990-FZ) 2013

Schedule A (Form 990 or 990-EZ) 2013

Page 4

Part IV Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

OMB No. 1545-0047

2013

➤ Attach to Form 990, Form 990-EZ, or Form 990-PF.

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

Name of the organization Employer identification number PINTS FOR PROSTATES INC 27-1625548 Organization type (check one): Filers of: Section: X 501(c)(3 Form 990 or 990-EZ) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. Special Rules For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3 % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and Ii. For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III. For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2013)

Name of organization PINTS FOR PROSTATES INC

Employer identification number 27-1625548

Part I	Contributors (see instructions). Use duplicate copies of Pa	art ! if additional space is ne	eded.
(a) No.	(b) Name, address, and ZiP + 4	(c) Total contributions	(d) Type of contribution
1_1_	FLYING SAUCER DRAUGHT EMPORIUM 9605 N.TRYON ST. SUITE A CHARLOTTE, NC 28262	\$33,690.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2_	DENDREON CORP 1301 2ND AVENUE SEATTLE, WA 98101	\$ <u>17,500</u> .	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3_	TYLER'S RESTAURANT & TAPROOM PO BOX 52178 DURHAM, NC 27717	\$12,587.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	MIDWEST BREWER'S FEST P.O BOX 417 PLAINFIELD, IL 60544	\$7 <u>,284</u> .	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5_	P.O. BOX 1441 PENSACOLOA, FL 32591	\$ 6,316.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
- <u>-</u> 6-	ROBERT & KELLY DEAN/SAVE THE MALES 6701 S. GATOR CREEK BLVD SARASOTA, FL 34241	\$6,211.	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization PINTS FOR PROSTATES INC Employer identification number 27-1625548

Part I	Contributors (see instructions). Use duplicate copies	s of Part I if additional space is nee	eded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7 _	1400 MILES 1640 CHATHAM AVE. AUSTIN, TX 78723	\$6,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8	MACON BREWERS FESTIVAL 500 CHERRY STREET MACON, GA 31201	\$5,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroli Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u></u>		\$ \$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroli Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		s	Person Payroll Noncash (Complete Part II for noncash contributions.)

Employer identification number 27-1625548

a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		 \$	
a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$ 	
a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		 \$	

Name of organization PINTS FOR PROSTATES INC

Employer identification number

				27-1023340
Part III	Exclusively religious, charitable, etc. that total more than \$1,000 for the y	, individual contrib year. Complete colu	utions to section mns (a) through (501(c)(7), (8), or (10) organizations e) and the following line entry.
	For organizations completing Part III, contributions of \$1,000 or less for the	enter the total of exc e vear. (Enter this in	clusively religious,	charitable, etc., see instructions.) ►\$
	Use duplicate copies of Part III if addit			Ψ
(a) No. from Part I	(b) Purpose of gift	(c) Use		(d) Description of how gift is held
- Care				

		(e) Transf	er of gift	
	Transferee's name, address, ar	nd ZIP + 4	Relatio	nship of transferor to transferee
(a) No. from				
from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held
		(e) Transf	or of aiff	
		(e) Halisi	er or girt	
	Transferee's name, address, a	nd ZIP + 4	Relatio	onship of transferor to transferee
(a) No.		 -		
(a) No. from	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held
Part 1			1.4	·
		(e) Transt	er of gift	
	Turneface to a control and decorate		Polotic	anabia of transferor to transfero
	Transferee's name, address, a	na 21P + 4	Relatio	onship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held
				~
	~			
		(a) Tu	for of gift	
		(e) Trans	rer or gπ	
	Transferee's name, address, a	nd ZIP + 4	Relatio	onship of transferor to transferee
	Translator o manioj addicasj a			The second secon

SCHEDULE G

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Name	of the organization					Employer Identification	on number
PIN	TS FOR PROSTATES INC			-		27-1625548	
Par	Fundraising Activities. Cor Form 990-EZ filers are not				"Yes" to Form 9	90, Part IV, line	17.
1	Indicate whether the organization rai	sed funds through	any of the	following	activities. Check	all that apply.	
а	Mail solicitations	e	Solid	itation of	non-government g	grants	
b	Internet and email solicitations	f	Solid	itation of	government grant	S	
C	Phone solicitations	g	Spec	cial fundra	ising events		
d	In-person solicitations						
	Did the organization have a written or key employees listed in Form 990 If "Yes," list the ten highest paid ind compensated at least \$5,000 by the), Part VII) or entity ividuals or entities	in connec	tion with p	rofessional fundra	ising services?	Yes No fundraiser is to be
	(i) Name and address of individual or entity (fundralser)	(ii) Activity	custody c	draiser have or control of outions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
			Yes	No			
1							
2							
3							
4							
5							
6	V17 - V7444						
7		-					
8					·		
9			,				
10						<u> </u>	
		<u> </u>		'	<u> </u>		<u> </u>
Tota			<u></u>	,,▶			
3	List all states in which the organiza registration or licensing.	ition is registered o	or licensed	to solicit	contributions or	has been notified	it is exempt from
				•			
							
					 		
							<u> </u>
							<u></u>
		7.4770-2					
							

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

Schedule G (Form 990 or 990-EZ) 2013

Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		g · · · · · · · · · · · · · · · ·				
			(a) Event #1 BEER TASTING	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through
			(event type)	(event type)	(total number)	col. (c))
ne					· · · · · · · · · · · · · · · · · · ·	
Revenue	1	Gross receipts	105,530.			105,530.
œ		Less: Contributions	21,780.			21,780.
	3	Gross income (line 1 minus line 2)	83,750.			83,750.
	4	Cash prizes				
	5	Noncash prizes , , ,				
sesu	6	Rent/facility costs				
Direct Expenses	7	Food and beverages				
Dire	8	Entertainment		, <u></u>		
	9	Other direct expenses	21,971.			21,971.
	4.0	Disast sussesses Add B				24 254
	10	Direct expense summary. Add lines 4	trinough 9 in column (a)			21,971. 61,779.
Pa	7	Net income summary. Subtract line 1 Gaming. Complete if the organization.	onization answered "V	/oo" to Form 000 Do	+ IV / line 40 ex rene	
1 6		than \$15,000 on Form 990-E	Z. line 6a.	es to ronn 990, rai	iciv, nne 19, or repo	rtea more
				(b) Pull tabs/instant		(d) Total gaming (add
J.			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))
Revenue						
_	1	Gross revenue				
ses	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses				
		***************************************	Yes%	Yes%	Yes%	
	6	Volunteer labor	No	No	No	
	7	Direct expense summary. Add lines 2	2 through 5 in column (d)			
	8	Net gaming income summary. Subtra	act line 7 from line 1, col	umn (d)		
9	Е	nter the state(s) in which the organizat	tion operates gaming act	ivities:		
i	a Is	the organization licensed to operate of	gaming activities in each	of these states?		. Yes No
	b If	"No," explain:				
	_			•		
10	a 1A	/ere any of the organization's gaming	licenses revoked avera	ndod or townin-tod deat	ng the townson	
		"Voe " ovolein:			ng the tax year?	Yes No
	- 11	· · · · · · · · · · · · · · · · · · ·				
	_					
					Schedule (G (Form 990 or 990-EZ) 2013

PINTS FOR PROSTATES INC

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	ale G (Form 990 or 990-EZ) 2013 Page 1 Page 1 Page 1 Page 2 Page 3 Page 3 Page 3 Page 4 Page
1	Does the organization operate gaming activities with normal mosts.
2	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity
	Torrified to administer charitable gaming:
3	Indicate the percentage of gaming activity operated in:
а	The organization's facility
b	An outside facility
4	Enter the name and address of the person who prepares the organization's gaming/special events books and records:
	Name ▶
	Address ▶
5 a	Does the organization have a contract with a third party from whom the organization receives gaming
	teveriue:
þ	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the
	amount of gaming revenue retained by the third party ▶ \$
С	If "Yes," enter name and address of the third party:
	Name ▶
	Address ►
6	Gaming manager information:
	Name ▶
	Gaming manager compensation ▶\$
	Description of services provided ►
	Director/officer Employee Independent contractor
7	Mandatory distributions:
а	
	letalit the state gatting recines:
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations
	or spent in the organization's own exempt activities during the tax year ▶ \$
Pa	Supplemental Information. Provide the explanation required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

Schedule G (Form 990 or 990-EZ) 2013

SCHEDULE I (Form 990)

Grants and Other Assistance to Organizations.

OMB No. 1545-0047

Form 990)	Governments, and Individuals in the United States	2013	1
	Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. ▶ Attach to Form 990.	Open to Public	lic
epartment of the Treasury	▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.	Inspection	_
ame of the organization		Employer identification number	
OTNIS FOR PROSTATES INC	ATES INC	27-1625548	
Ceneral Inf	South General Information on Grants and Assistance		
Does the organiza	Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and	;	; Г
the selection criter	the selection criteria used to award the grants or assistance?	√ Yes	<u>§</u>
Describe in Part IV	Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.		
Part III Grants and Part IV, line	Partill Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.	on answered "Yes" to Form { ded.	, 990,

1 (a) Name and address of organization or oovernment	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) MOVEMBER FOUNDATION 1210 ADDOM MINNEY BIAND WENIGE CA 90291	77-0714052	501 (C) 3	10,000,				GENERAL ASSISTANCE
(2) PROSIATE CONDITIONS EDUCATIONAL COUNCIL	84-1441119	(501 (C) 3	30,000.				GENERAL ASSISTANCE
(3) US TOO- INTERNATIONAL PROSTATE CANCER EDU 4.	36-372	501(C)3	43,905.				GENERAL ASSISTANCE
(4)							
<u></u>	 						
(9)							
(Z)							
(8)							
(6)							
(10)	1				į		
(11)							
(12)							
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 2 Enter total number of other organizations listed in the line 1 table	government o	rganizations list	ted in the line 1 tab	<u>a</u>			3.
<u> </u>	structions fo	r Form 990.				Sched	Schedule I (Form 990) (2013)

Schedule | (Form 990) (2013)

Page 2 Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

Schedule I (Form 990) (2013)

PAGE 27

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

PINTS FOR PROSTATES INC

FORM 990, PART VI # 11B

Employer Identification number

27-1625548

THE	ENTITY	DISTRIBUTES	THE	990	то	BOARD	MEMBERS	AND	HAS	CONFERNCES	CALLS
ro i	DISCUSS.										

FORM 990 PART VI, # 12C

THE ENTITY DISTRIBUTES THE POLICY AT THE ANNUAL MEETINGS AND DISCUSSES

IT. BOARD MEMBERS ARE ASKED TO DISCLOSE POTENTIAL CONFLICTS OF INTEREST. ATTACHMENT 1 FORM 990, PART VIII - EXCLUDED CONTRIBUTIONS DESCRIPTION AMOUNT BEER TASTING' 21,780. TOTAL 21,780. ATTACHMENT 2 FORM 990, PART VIII - FUNDRAISING EVENTS GROSS DIRECT NET DESCRIPTION INCOME EXPENSES INCOME BEER TASTING 83,750. 21,971. 61,779.

83,750.

TOTALS

21.971.

61,779.