EXTENDED TO JANUARY 16, 2018

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

tax year beginning MAR 1, 2016 and ending FEB 28, 2017

21	01	6	
Open Ins			

Α	For the 2	2016 calendar year, or tax year beginning $$ MAR $1,$ 2016 $$ and ending	FEB 28, 2017					
В	Check if applicable:	C Name of organization	D Employer identif					
	Address	PINTS FOR PROSTATES INC						
	Name change	Doing business as	27-1	.625548				
	Initial return	Number and street (or P.O. box if mail is not delivered to street address) Room/s						
	Final return/ termin-	15136 PAVILION LOOP DR.	(704	340-2840				
	ated Amended	City or town, state or province, country, and ZIP or foreign postal code	G Gross receipts \$					
<u> </u>	jreturn Applica-	HUNIERSVILLE, NC 28078	H(a) Is this a group r					
L	itióà itióà	F Name and address of principal officer: RICHARD J LYKE 15136 PAVILION LOOP DR., HUNTERSVILLE, NC	for subordinate					
	Tay-ayon	15136 PAVILION LOOP DR., HUNTERSVILLE, NC opt status: X 501(c)(3) 501(c) (2 H(b) Are all subordinates 1 527 If "No." attach a	included?YesNo a list. (see instructions)				
		► WWW.PINTSFORPROSTATES.ORG	H(c) Group exemption	•				
				M State of legal domicile: NC				
		Summary	1 da 01 101 11 11 11 11 11 11 11 11 11 11 11	es outo or logar dominono, 24 o				
	1 B	iefly describe the organization's mission or most significant activities: TO EDUCA	TE MEN ABOUT	PROSTATE				
Activities & Governance	<u>C</u>	ANCER AND THE CRITICAL NEED FOR REGULAR HEAD	TH SCREENINGS	AND EARLY				
rua	2 C	neck this box 🕨 🔲 if the organization discontinued its operations or disposed of n	nore than 25% of its net as	sets.				
o.	3 N		3					
ජ ජ	4 N	umber of independent voting members of the governing body (Part VI, line 1b)	4	6				
es	5 To	otal number of individuals employed in calendar year 2016 (Part V, line 2a)	5					
Ž	6 To	otal number of volunteers (estimate if necessary)	<u>6</u>					
Act	7a.⊺o	otal unrelated business revenue from Part VIII, column (C), line 12						
	b Ne	et unrelated business taxable income from Form 990-T, line 34						
	8 C	antibutions and avanta (Part VIII. line 1 le)	Prior Year 169,145.	Current Year				
ire		ontributions and grants (Part VIII, line 1h) ogram service revenue (Part VIII, line 2g)	109,149.	148,331.				
Revenue		vestment income (Part VIII, line 2g)	76.	54.				
ž		her revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	70,996.	76,487.				
		stal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	240,217.	224,872.				
		ants and similar amounts paid (Part IX, column (A), lines 1-3)	95,000.	65,000.				
		enefits paid to or for members (Part IX, column (A), line 4)	0.	0.				
ų	45 0-	laries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	56,271.	58,625.				
Expenses	16a Pr	ofessional fundraising fees (Part IX, column (A), line 11e)	0.	0.				
ХĎе	b To	tal fundraising expenses (Part IX, column (D), line 25) 38,706.						
Ü	17 01	her expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	96,828.	107,286.				
		tal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	248,099.	230,911.				
	19 Re	venue less expenses. Subtract line 18 from line 12	-7,882.	-6,039.				
S OF			Beginning of Current Year	End of Year				
SSet	20 To	tal assets (Part X, line 16)	216,773.	210,734.				
Net Assets Fund Balanc	21 To	tal liabilities (Part X, line 26) st assets or fund balances. Subtract line 21 from line 20	216,773.	210 724				
Pa	rt II	Signature Block	Z10,113.	210,734.				
,		s of perjury, I declare that I have examined this return including accompanying schedules and sta	tements, and to the hest of my	/ knowledge and helief it is				
		and complete. Declaration of preparer (Other than office) is based on all information of which prep		A who who ago and bollot, it is				
	\	Talana A Muso	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	17				
Sign	, 	Signature of officer	Date					
Her	e	Richard J. Lyte, Founda	<u></u>					
	,	Type or print name and title						
		rint/Type preparer's name Preparer's signature	Date Check	PTIN				
Paid -		ATHY BLACKBURN	self-employ					
Ргер		rm's name COHNREZNICK LLP rm's address 525 NORTH TRYON STREET	Firm's EIN ▶	22-1478099				
Use	4 220 0400							
	41- 17-5	CHARLOTTE, NC 28202	Phone no. 70	4-332-9100				
May	the IRS	discuss this return with the preparer shown above? (see instructions)	***************************************	X Yes No				

Form **8868**

(Rev. January 2017)

Application for Automatic Extension of Time To File an **Exempt Organization Return**

OMB No. 1545-1709

Department of the Treasury Internal Revenue Service

File a separate application for each return.

▶ Information about Form 8868 and its instructions is at www.irs.gov/form8868 .

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filling of this form, visit www.irs.gov/efile, click on Charities & Non-Profits, and click on e-file for Charities and Non-Profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

	waw			Euret m	ers identii	ying number
Type or	Name of exempt organization or other filer, see instru	ctions.		Employer identification number (EIN) or		
print	PINTS FOR PROSTATES INC			27-1625548		
File by the due date for	Number, street, and room or suite no. If a P.O. box, s	on instruct	ione	Social se	curity num	**
filing your	15136 PAVILION LOOP DR.		ioris.	Goulai Se	conty num	nei (9914)
return. See instructions.	City, town or post office, state, and ZIP code. For a for HUNTERSVILLE, NC 28078	reign add	ress, see instructions.			
Enter the	Return Code for the return that this application is for (file	a separa	te application for each return)			0 1
Applicati	on	Return	Application			Return
ls For		Code	Is For			Code
Form 990	or Form 990-EZ	01	Form 990-T (corporation)			07
Form 990	-BL	02	Form 1041-A			08
Form 472	0 (individual)	03	Form 4720 (other than individual)			09
Form 990	-PF	04	Form 5227			10
Form 990	-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11
Form 990	Form 990-T (trust other than above) 06 Form 8870					
Teleph If the c If this i box	coks are in the care of ▶ 15136 PAVILION none No. ▶ 704-391-0062 organization does not have an office or place of business s for a Group Return, enter the organization's four digit of the group, check this box ▶ quest an automatic 6-month extension of time until the organization named above. The extension is for the of the calendar year or	in the Uni Group Exe and atta JANU	Fax No. ► ted States, check this box mption Number (GEN) I ch a list with the names and EINs of JARY 15, 2018 , to file	f this is fo all memb	r the whole	group, check this
	X tax year beginning MAR 1, 2016 e tax year entered in line 1 is for less than 12 months, cf Change in accounting period	, an neck reaso	,	Final retur	· n	
	is application is for Forms 990-BL, 990-PF, 990-T, 4720,	or 6069, e	enter the tentative tax, less any			
non	refundable credits. See instructions.			3a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and						
estimated tax payments made. Include any prior year overpayment allowed as a credit.						
c Bal	ance due. Subtract line 3b from line 3a. Include your pay	yment with	this form, if required,			
	ising EFTPS (Electronic Federal Tax Payment System), 5			3с	\$	0.
Caution:	If you are going to make an electronic funds withdrawal ns.	(direct deb	oit) with this Form 8868, see Form 84	53-EO an	d Form 887	79-EO for payment

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 1-2017)

Form 990 (2016) PINTS FOR PR Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
_	If "Yes," complete Schedule A	_1_	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	_		37
	public office? If "Yes," complete Schedule C, Part I	3		<u> </u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	١.		v
-	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			v
_	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	_		x
7	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I Did the organization receive or hold a conservation easement, including easements to preserve open space,	6		
•	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			Λ
Ü				х
9	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	8		Λ
•	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
		_		Х
10	If "Yes," complete Schedule D, Part IV Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent	9		
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X	10	2000	<u> </u>
••	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	ASSESSED A	47.259.55A	155,155,0
	Part VI	11a		X
ь	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
C	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		<u> </u>
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		<u> </u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u> </u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	ŀ		
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		_X_
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	18	X	
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	19		<u> </u>

Form 990 (2016) PINTS FOR PROSTATE Part IV Checklist of Required Schedules (continued)

			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	······································	20b	l	
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic 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 or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	G F G F G F G F G F G F G F G F G F G F G F G F G F			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25a	24a		X
Ь	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	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		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? # "Yes," complete			₹.
00	Schedule L, Part I Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or	25b		X
26	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? ##Yes."			
	· · · · · · · · · · · · · · · · · · ·	0.0		X
27	complete Schedule L, Part II Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	26		
_,	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV		7.50.5	
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	*)(((00000000)	X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	***	X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation		-	
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		<u> </u>
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		<u> </u>
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		<u> </u>
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		<u> </u>
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		<u> </u>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		. l	
	Note. All Form 990 filers are required to complete Schedule O	38 Farm	X O	0046

Form 990 (2016) PINTS FOR PROSTATES INC Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response or note to any line in this Part V			
		*******	Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter 0- if not applicable		Vacable is	de servició
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
С				
	(gambling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a1			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	10000140000
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	9000000		1000
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	799000000000	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	l ,	х
b	If "Yes," enter the name of the foreign country:			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	100 000 000 100 000 000 100 000 000		5.00
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	2/20/20/20/20/20	Х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		х
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).		Janes de la companya	0.000
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	accessory per	X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		X
ď	If "Yes," indicate the number of Forms 8282 filed during the year			
e		7e	1194499405170446	X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the		6 (35) (3	
	sponsoring organization have excess business holdings at any time during the year?	8		and suche transfer
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring 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			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
þ	Gross income from other sources (Do not net amounts due or paid to other sources against			166
	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans			
C	Enter the amount of reserves on hand			
l4a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedule O	14b		
		Form	990 (2016)

PINTS FOR PROSTATES INC Form 990 (2016) 27-1625548 Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See Instructions. X Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 6 1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. b Enter the number of voting members included in line 1a, above, who are independent 6 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? X 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? Х Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets? X Did the organization have members or stockholders? 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? Х 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? X 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? 8a b Each committee with authority to act on behalf of the governing body? X Яh 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.) No 10a Did the organization have local chapters, branches, or affiliates? 10a X b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? X 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990. 12a Did the organization have a written conflict of interest policy? If "No." go to line 13 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe Х in Schedule O how this was done 12c Did the organization have a written whistleblower policy? X 13 Did the organization have a written document retention and destruction policy? X 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official 15a b Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed NONE Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Another's website X Own website X Upon request Other (explain in Schedule O) 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

632006 11-11-16

State the name, address, and telephone number of the person who possesses the organization's books and records:

RICHARD J LYKE - 704-391-0062

15136 PAVILION LOOP DR., HUNTERSVILLE,

28078

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

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

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.

(A)	(B)		organization compensate (C)					(D)	(E)	(F)
Name and Title	Average	1,40	not c	Pos	itior	l than	200	Reportable	Reportable	Estimated
	hours per					s boti	n an	compensation	compensation	amount of
	week (list any					7,445		from the	from related organizations	other compensation
	hours for	ır dire				pa		organization	(W-2/1099-MISC)	from the
	related	Individual trustee or director	Institutional trustee		, s	Highest compensated employee		(W-2/1099-MISC)		organization
	organizations below	i i	jonal		훒	t com				and related
	line)	givig	nstitu	Officer	Key employee	age a	Former			organizations
(1) RICHARD LYKE	10.00	-	<u> </u>	۳	<u> </u>	7.0				
OFFICER/TRUSTEE		x		X				0.	0.	0.
(2) SANDRA LYKE	2.00		<u> </u>							
TRUSTEE		x						0.	0.	0.
(3) BRITTANY LYKE	1.00									
TRUSTEE		Х						0.	0.	0.
(4) BARRON BOYD	1.00									_
TRUSTEE		Х						0.	0.	0.
(5) CHAD LITTLE	1.00									
TRUSTEE		Х						0.	0.	0.
(6) CHARLES WILLETT	1.00						1			
TRUSTEE		X						0.	0.	0.
		1								
		ļ			_					
		1								
		1								
· · · · · · · · · · · · · · · · · · ·										
		L_		_						
		L								

632007 11-11-16

Form 990 (2016)

Form 990 (2016)

27-1625548

			Check if Schedule O cont	tains a res	ponse	or note to any lir	ne in this Part VIII	******************************	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
							(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
रह र	1		Federated campaigns		1a					
Contributions, Giffs, Grants and Other Similar Amounts			Membership dues		1b					
ο, 4 Ο Ε	1	C	Fundraising events		1c	2,676.		200 0 B B B B B	18222222	1000000
共	1	d	Related organizations	L	1d					
S E	1	e	Government grants (contribut	ions)	1e					
Ö.	9	f	All other contributions, gifts, gran	its, and						
ž č			similar amounts not included abo	ve L	1f	145,655.				
돌		g	Noncash contributions included in lines	1a-1f: \$			A 5 5 6 6 6 A			
O		h	Total. Add lines 1a-1f				148,331.			
						Business Code	Existencial process of the contract of the con	# \$ 40 KH \$ 5 KH		
ø	2	а								
Ğ,		b						:		
Program Service Revenue		C								
am		d								
90 2		e								
č		f	All other program service reve	nue						
		g	Total. Add lines 2a-2f							
	3		Investment income (including							
			other similar amounts)				54.			54.
	4		Income from investment of tax							
	5		Royalties	·						
				(i) Re		(ii) Personal				
	6	а	Gross rents							
		ь	Less: rental expenses							
			Rental income or (loss)					6555555		
		d	Net rental income or (loss)	2272277777						
	7	a	Gross amount from sales of	(i) Secu	rities	(ii) Other				
			assets other than inventory					60000000		
		b	Less: cost or other basis							
			and sales expenses							
		C	Gain or (loss)							
			Net gain or (loss)							
6)			Gross income from fundraising							
venue			including \$2,6	76. of						
eve			contributions reported on line	1c). See				6666666		884568B
Other Re			Part IV, line 18		а	121,089.				
the l		b	Less: direct expenses		b	44,602.				
О	ı	C	Net income or (loss) from fund	raising ev	ents	>	76,487.			76,487.
	9 :	a	Gross income from gaming ac	tivities. Se	ee					
			Part IV, line 19							
	1	b	Less: direct expenses		Ь					
		C	Net income or (loss) from gam	ing activit	ies	<u>,</u>				
	10 :	a	Gross sales of inventory, less i							
			and allowances		а					
	ı	Ь	Less: cost of goods sold		b			28855555		
		<u> </u>	Net income or (loss) from sales	s of invent	ory	>				
			Miscellaneous Revenue	Э		Business Code				
	11 8	а							and transferred typical	
	ŀ	b								
	(C								
	(ď	All other revenue							
	6	9	Total. Add lines 11a-11d							5 6 6 6 6 5
	12		Total revenue. See instructions.				224,872.	0.	0.	76,541.
632009	9 11-1	i 1-1	16							Form 990 (2016)

Form 990 (2016) PINTS FOR PROPERTY FOR PROPERTY OF FUNCTIONAL EXPENSES

	tion 501(c)(3) and 501(c)(4) organizations must complete Check if Schedule O contains a responsion not include amounts reported on lines 6b.	e or note to any line in (A)	this Part IX	(C)	(D)
7b,	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations	CF 000	cr 000		
_	and domestic governments. See Part IV, line 21	65,000.	65,000.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				A CAMPAGE TO A CONTRACT OF THE
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
4	individuals. See Part IV, lines 15 and 16 Benefits paid to or for members				
5	Compensation of current officers, directors,				
J	trustees, and key employees				
6	Compensation not included above, to disqualified				
•	persons (as defined under section 4958(i)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	58,625.	49,831.		8,794
8	Pension plan accruals and contributions (include	50,0231	23,0321		U, 194
-	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees):				
а					
b		525.		525.	
C	Accounting	1,350.		1,350.	
	Lobbying			•	
e					
f	Investment management fees				
g					
	column (A) amount, list line 11g expenses on Sch O.)				
12	Advertising and promotion	22,987.	22,987.		
13	Office expenses	1,283.		1,283.	
14	Information technology				
15	Royalties	:			
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	2,000.		2,000.	
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance				
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line				
	24e amount exceeds 10% of line 25, column (A)				
	amount, list line 24e expenses on Schedule 0.)	77 035	47 000		00 010
a	AWARENESS STORAGE RENTAL	77,835.	47,923.		29,912.
þ		1,032.	1,032.		
C	STATE REGISTRATION FEE	202. 72.		202. 72.	
đ	BANK SERVICES	/4.		12.	
	All other expenses	230,911.	186,773.	E 420	30 700
25 26	Total functional expenses. Add lines 1 through 24e	43U,3TT+	100,//3.	5,432.	38,706.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation. Check here				
	Check here if following SOP 98-2 (ASC 958-720)				Form 990 (2016

		Charle if Cahadula O cantains a vascus as as to to see the in this Dark V			
		Check if Schedule O contains a response or note to any line in this Part X		T	
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	66,697.	1	80,603.
	2	Savings and temporary cash investments	150,076.		130,131.
	3	Pledges and grants receivable, net		3	200/2021
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees. Complete		98,650	
		Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under		3	
		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of section 501(c)(9) voluntary		30000	
40		employees' beneficiary organizations (see instr). Complete Part II of Sch L			
ie ts	7	Notes and loans receivable, net		6	
Assets	7			7	
-	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other			
	١.	basis. Complete Part VI of Schedule D 10a			
	I	Less: accumulated depreciation10b		10c	
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	216,773.	16	210,734.
	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
S.	22	Loans and other payables to current and former officers, directors, trustees,			
i i i		key employees, highest compensated employees, and disqualified persons.			
Liabilities		Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third	İ		
		parties, and other liabilities not included on lines 17-24). Complete Part X of			
		Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	0.	26	0.
		Organizations that follow SFAS 117 (ASC 958), check here X and			
ιχ		complete lines 27 through 29, and lines 33 and 34.			
2	27	Unrestricted net assets	216,773.	27	210,734.
<u>a</u>	28	Temporarily restricted net assets		28	
Net Assets or Fund Balances	29	Permanently restricted net assets		29	
Ē		Organizations that do not follow SFAS 117 (ASC 958), check here		6.5	
<u>ا</u> ا		and complete lines 30 through 34.			
ts	30	Capital stock or trust principal, or current funds		30	- menerus para sperim ne primeros (interes interes interes interes interes interes interes interes interes int Interes interes
SSe	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
<u>ا پ</u> ا	32	Retained earnings, endowment, accumulated income, or other funds		32	
Z		Total net assets or fund balances	216,773.	33	210,734.
	34	Total liabilities and net assets/fund balances	216,773.	34	210.734.

	column (B))	10		21	0,7	34.		
Pa	rt XII Financial Statements and Reporting				··· •			
	Check if Schedule O contains a response or note to any line in this Part XII		*************					
					Yes	No		
1	Accounting method used to prepare the Form 990: X Cash Accrual Other		20 M					
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.							
2 a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X		
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a	20020					
	separate basis, consolidated basis, or both:		92772					
	Separate basis Consolidated basis Both consolidated and separate basis		0.00000			100		
b	Were the organization's financial statements audited by an independent accountant?			2b		X		
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,	-04 FOC/2004					
	consolidated basis, or both:		POZESKI IVAZ					
	Separate basis Consolidated basis Both consolidated and separate basis		William					
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,	JARON NA					
	review, or compilation of its financial statements and selection of an independent accountant?		L	2c				
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche	dule O						
3а	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sing	gle Au	tit					
	Act and OMB Circular A-133?			За		X		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the require	ed auc	lit					
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits			3b				
				Form	990 ((2016)		

632012 11-11-16

SCHEDULE A

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

2016

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

PINTS FOR PROSTATES INC

Employer identification number 27-1625548

Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii), (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 4 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: 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 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 agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 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.) 11 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 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 in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations g Provide the following information about the supported organization(s). (iv) is the organization listed in your governing document? (i) Name of supported (ii) EIN (iii) Type of organization (vi) Amount of other (v) Amount of monetary (described on lines 1-10 organization support (see instructions) support (see instructions) above (see instructions))

Total

Schedule A (Form 990 or 990-EZ) 2016 PINTS FOR PROSTATES INC 27-1625 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

5e	ction A. Public Support							
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) To	otal
1	Gifts, grants, contributions, and							
	membership fees received. (Do not							
	include any "unusual grants.")	128,861.	209,037.	176,302.	169,145.	148,331.	831,	676.
2	Tax revenues levied for the organ-							
	ization'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	100 061	200 027	176 202	160 145	5.40.005	004	<u> </u>
	Total. Add lines 1 through 3	128,861.	209,037.	176,302.	169,145.	148,331.	831,	676.
5	The portion of total contributions							
	by each person (other than a governmental unit or publicly			4666600				
	supported organization) included							
	on line 1 that exceeds 2% of the							
	amount shown on line 11.			0.960000		986888		
	column (f)						126,	635
6	Public support. Subtract line 5 from line 4.						705,	
Se	ction B. Total Support						100,	<u> </u>
	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) To	tal
	Amounts from line 4	128,861.	209,037.	176,302.	169,145.	148,331.	831,	676.
	Gross income from interest,							
	dividends, payments received on							
	securities loans, rents, royalties							
	and income from similar sources				76.	54.		130.
9	Net income from unrelated business							
	activities, whether or not the							
	business is regularly carried on							
10	Other income. Do not include gain							
	or loss from the sale of capital							
	assets (Explain in Part VI.)							
	Total support. Add lines 7 through 10						831,	
	Gross receipts from related activities,					12	530,4	450.
13	First five years. If the Form 990 is for	_						
Sec	organization, check this box and stop ction C. Computation of Publi	c Support Per	centage			14-1		<u> </u>
	Public support percentage for 2016 (li			olumn (fi)		14	84.76	5 %
	Public support percentage from 2015					15	87.0	
	33 1/3% support test - 2016. If the o							70
	stop here. The organization qualifies							X
b	33 1/3% support test - 2015. If the o		•					
	and stop here. The organization quali							▶ □
17a	10% -facts-and-circumstances test							
	and if the organization meets the "fact							
	meets the "facts-and-circumstances" t							
b	10% -facts-and-circumstances test							
	more, and if the organization meets th	e "facts-and-circun	nstances" test, ch	eck this box and	stop here. Explain	in Part VI how the		
	organization meets the "facts-and-circ			•				
18	Private foundation. If the organization	n did not check a b	oox on line 13, 16a	i, 16b, 17a, or 17b	, check this box ar	nd see instructions		▶ □
					Sche	dule A (Form 990	or 990-F7	2016

Schedule A (Form 990 or 990-EZ) 2016 PINTS FOR PROSTATES INC Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 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.)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
	Gifts, grants, contributions, and			(-, -, -, -, -, -, -, -, -, -, -, -, -, -	(4)	(0,10.0	(1) 10(0)
	membership fees received. (Do not						
	include any "unusual grants.")					İ	
2	Gross receipts from admissions.						
	merchandise sold or services per-			i			
	formed, or facilities furnished in		Ì				
	any activity that is related to the organization's tax-exempt purpose			-			
3	Gross receipts from activities that						
•	are not an unrelated trade or bus-					1	İ
	inace under certien E40						
	***************************************		-				-
4	Tax revenues levied for the organ-						
	ization'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						
	Total. Add lines 1 through 5						
7 <i>a</i>	Amounts included on lines 1, 2, and						
_	3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
C	Add lines 7a and 7b			<u> </u>			
	Public support. (Subtract line 7c from line 6.)						
Sec	ction B. Total Support						
	ndar year (or fiscal year beginning in) 🕨	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9	Amounts from line 6]				
10a	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						
c	Add lines 10a and 10b					1	
	Net income from unrelated business						
	activities not included in line 10b,						
	whether or not the business is regularly carried on						
12	Other income. Do not include gain						
	or loss from the sale of capital						
13	assets (Explain in Part VI.)						
	First five years. If the Form 990 is for	r the organization's	s first second thir	d fourth or fifth to	V vear as a coetic	n 501(a)(3) arganiz	otion
•	to a standard to the second second				•		· , , , , , , , , , , , , , , , , , , ,
Sec	tion C. Computation of Publi		centage	***************************************		414444444444444444444444444444444444444	
	Public support percentage for 2016 (I		 	olumn (fl)		15	%
16	Public support percentage from 2015					16	
****	tion D. Computation of Inves] [0]	70
17	Investment income percentage for 20			ne 13. column (f))		17	%
18	Investment income percentage from					18	
	33 1/3% support tests - 2016. If the			on line 1/ and line		<u> </u>	7 in pot
100	more than 33 1/3%, check this box ar						` <u> </u>
î.							
۵	33 1/3% support tests - 2015. If the						
20	line 18 is not more than 33 1/3%, che						
	Private foundation. If the organization	n ulu not check a	box on line 14, 19	a, or 190, check th			
იკ202	3 09-21-16				Sch	iedule A (Form 99	0 or 990-EZ) 2016

Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? # "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? # "Yes." answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
	1		
	2		
	3a		
	3b		
	3c		
	4a		
	4b		
	4c	Control of the Contro	
	5a 5b		
100000000000000000000000000000000000000	5c		
	7		
	8		
The second second	9a		
	9b		
	9c		
110000000000000000000000000000000000000	10a		
100000			

Pa	rt IV Supporting Organizations (continued)	w		
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a	10000000000000	************
b	A family member of a person described in (a) above?	11b		
c	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to		150/10	
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		AND AND AND AND AND AND AND AND AND AND
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			6.6
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization,	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed		66.08	
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
C	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see inst	ructions). _I		
2	Activities Test. Answer (a) and (b) below.	Farces of the same	Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined	_	1000	
	that these activities constituted substantially all of its activities.	2a	56656145	Visiges/ASSA
D	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
_	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
L	trustees of each of the supported organizations? <i>Provide details in Part VI</i> .	3a		988 1888
D	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each		5.755/A	000000
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Orga	ınizations	
1	Check here if the organization satisfied the Integral Part Test as a qualify			art VI.) See instructions. A
	other Type III non-functionally integrated supporting organizations must of	complete S	Sections A through E.	
Sec	tion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
_1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
_4	Add lines 1 through 3	4		
_5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
_7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Seci	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):		I	
	Average monthly value of securities	<u>1a</u>		
	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
	Total (add lines 1a, 1b, and 1c)	1d	en tersen haren areken kirarrik marken kan areken kirarrik da areken kirarrik da areken kirarrik da areken kir	Standard de la company de la c
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):		I Total Control of the Control of th	
_2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5_		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8_	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functional		ted Type III supporting organ	ization (see
	instructions).	,	31 3 3 3	

Schedule A (Form 990 or 990-EZ) 2016

4.85	I ype III Non-Functionally Integrated 509	(a)(3) Supporting Orga	inizations (continued)	
Sect	ion D - Distributions	Current Year		
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		
2	Amounts paid to perform activity that directly furthers exempt			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	\$	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions			
	Total annual distributions. Add lines 1 through 6			
8	Distributions to attentive supported organizations to which the	he organization is responsive		
	(provide details in Part VI). See instructions			
9	Distributable amount for 2016 from Section C, line 6			
<u>10</u>	Line 8 amount divided by Line 9 amount		1	
		(i)	(ii)	(iii)
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2016	Distributable Amount for 2016
	on E Diodiodion Allocations (acc mod actions)		F16-2010	Allount for 2010
1	Distributable amount for 2016 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2016 (reason-			
	able cause required- explain in Part VI). See instructions			
3_	Excess distributions carryover, if any, to 2016:			
<u>a</u>				
<u> </u>				
<u>C</u>	From 2013			
	From 2014			
<u> e </u>	From 2015			
	Total of lines 3a through e			
	Applied to underdistributions of prior years			
	Applied to 2016 distributable amount			MI NAMBON ATTOCKET SAMELY SAMELY SAME VALUE OF STOLEN AND AND AND AND AND AND AND AND AND AN
<u>i</u>	Carryover from 2011 not applied (see instructions)			
i_	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2016 from Section D,			
	line 7: \$			
	Applied to underdistributions of prior years			
	Applied to 2016 distributable amount			
	Remainder. Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2016, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions			
6	Remaining underdistributions for 2016. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions			
7	Excess distributions carryover to 2017. Add lines 3j			
	and 4c			
	Breakdown of line 7:			
<u>a</u>	E			
	Excess from 2013			
	Excess from 2014			
	Excess from 2015			
е	Excess from 2016			

Schedule A (Form 990 or 990-EZ) 2016

Schedule A	(Form 990 or 990-EZ) 2016 PINTS	FOR PROSTATES	INC	27-1625548 Page 8
Part VI	(Form 990 or 990-EZ) 2016 PINTS Supplemental Information. Pr Part IV, Section A, lines 1, 2, 3b, 3c, 4b line 1; Part IV, Section D, lines 2 and 3;	o, 4c, 5a, 6, 9a, 9b, 9c, 11a, Part IV. Section E. lines 1c	, 11b, and 11c; Part IV, Section E c. 2a, 2b, 3a, and 3b; Part V, line	e 17a or 17b; Part III, line 12; 8, lines 1 and 2; Part IV, Section C, 1: Part V, Section B, line 1e: Part V
	Section D, lines 5, 6, and 8; and Part V (See instructions.)	, Section E, lines 2, 5, and f	6. Also complete this part for any	additional information.
·				

Schedule A

Identification of Excess Contributions Included on Part II, Line 5

2016

** Do Not File **

*** Not Open to Public Inspection ***

Contributor's Name	Total Contributions	Excess Contributions
FLYING SAUCER	109,493.	92,857
DENDREON CORP	32,500.	15,864
TYLERS RESTAURANT	34,550.	17,914
otal Excess Contributions to Schedule A, Part II, Line 5		126,635

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

Department of the Treasury Internal Revenue Service **Schedule of Contributors**

➤ 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.

OMB No. 1545-0047

2016

Name of the organization

Employer identification number

	PINTS FOR PROSTATES INC	27-1625548			
Organization type (che	ck one):				
Filers of:	Section:				
Form 990 or 990-EZ	X 501(c)(3) (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				
	on is covered by the General Rule or a Special Rule. r1(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special R	ule. See instructions.			
	ation filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totalir any one contributor. Complete Parts I and II. See instructions for determining a contributo				
Special Rules					
sections 509(a) any one contrib	ation described in section 501(c)(3) filing Form 990 or 990 EZ that met the 33 1/3% support)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990 EZ), Part II, line 13, 16a butor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amorti- FEZ, line 1. Complete Parts I and II.	, or 16b, and that received from			
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.					
year, contributi is checked, ent purpose. Don't	ation described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from ions exclusively for religious, charitable, etc., purposes, but no such contributions totaled reter here the total contributions that were received during the year for an exclusively religion complete any of the parts unless the General Rule applies to this organization because itable, etc., contributions totaling \$5,000 or more during the year	nore than \$1,000. If this box us, charitable, etc., t received nonexclusively			
but it must answer "No"	in that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (in Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its let the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).				

LHA 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) (2016)

Name of organization

Employer Identification number

PINTS FOR PROSTATES INC

27-1625548

Part I	Contributors (See instructions). Use duplicate copies of Part I if additional	l space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	EIGHT-O MANAGEMENT/FLYING SAUCER 8226 DOUGLAS AVENUE SUITE 455 DALLAS, TX 75225	\$ 23,785.	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	ALAMO BREWING 415 BURNET ST SAN ANTONIO, TX 78202	\$\$.	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
3	KREWE OF LAFITTE P.O. BOX 1441 PENSACOLOA, FL 32591	\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4_	MILE HIGH UNITED WAY (MICRO STAR) 711 PARK AVE W DENVER, CO 80205	\$12,736.	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_	SIERRA NEVADA BREWING (BEER CAMP) 1075 E 20TH ST, CHICO, CA 95928	\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	ROTARY CLUB OF DOWNTOWN MACON P.O. BOX 4652 MACON, GA 31208	\$5,000.	Person X Payroll

Employer identification number

PINTS FOR PROSTATES INC

27-1625548

(a)	Noncash Property (See instructions). Use duplicate copies of Pa		
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 org	anization		Employer identification number				
PTNTS	FOR PROSTATES INC		27-1625548				
Part III	Exclusively religious, charitable, etc., con the year from any one contributor. Complete completing Part III, enter the total of exclusively religiou. Use duplicate copies of Part III if addition	columns (a) through (e) and the folics, charitable, etc., contributions of \$1,000	d in section 501(c)(7), (8), or (10) that total more than \$1,000 for llowing line entry. For greanizations				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
		(e) Transfer of g	aift				
-	Transferee's name, address, a		Relationship of transferor to transferee				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
		(e) Transfer of g	ift				
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
_							
	(e) Transfer of gift						
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee				
(a) No.							
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
		(e) Transfer of g	ift				
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee				
		<u> </u>					

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" on Form 990, Part IV, line 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

Open to Public Inspection

Name of the organization

Employer identification number

PINTS F	OR PROSTATES INC				27-1625	548	
Part Fundraising Activities. required to complete this par	Complete if the organization answe t.	ered "Y	'es" or	n Form 990, Part IV, I	line 17. Form 990-EZ	filers are not	
 1 Indicate whether the organization rais a Mail solicitations b Internet and email solicitations c Phone solicitations d In-person solicitations 2 a Did the organization have a written of key employees listed in Form 990, P b If "Yes," list the 10 highest paid individed compensated at least \$5,000 by the 	e Solicita f Solicita g Special or oral agreement with any individual art VII) or entity in connection with priduals or entities (fundraisers) pursu	tion of tion of fundra (includanted)	non-g gover ilsing ling of onal fu	overnment grants inment grants events ificers, directors, trus undraising services?	tees, or Yes		
(i) Name and address of individual or entity (fundraiser)							
		Yes	No				
Total			•				
3 List all states in which the organization or licensing.	n is registered or licensed to solicit c	ontribi	utions	or has been notified	it is exempt from reg	gistration	
	the transfer of the transfer o						

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

Schedule G (Form 990 or 990-EZ) 2016

	of fundraising event contributions and gross income on Form 990 EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.							
			(a) Event #1 BEER TASTING	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through		
			(event type)	(event type)	(total number)	col. (c))		
ë			(event type)	(event type)	(total humber)			
Revenue	1	Gross receipts	123,765.			123,765.		
	2	Less: Contributions	2,676.			2,676.		
*********	3	Gross income (line 1 minus line 2)	121,089.			121,089.		
	4	Cash prizes						
ώ	5	Noncash prizes						
xpense	6	Rent/facility costs						
Direct Expenses	7	Food and beverages						
۵	8	Entertainment				:		
	9	Other direct expenses				44,602.		
	10	Direct expense summary. Add lines 4 through	***************************************			44,602.		
	11	Net income summary. Subtract line 10 from li		•••••••		76,487.		
Pa	rt l	II Gaming. Complete if the organization a						
-		\$15,000 on Form 990-EZ, line 6a.			·			
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))		
Re	1	Gross revenue						
SS		Cash prizes						
Expenses	3	Noncash prizes						
Direct E	4	Rent/facility costs						
	5	Other direct expenses						
			Yes %	Yes%	Yes%			
	6	Volunteer labor	No	No	No			
	7	Direct expense summary. Add lines 2 through	5 in column (d)		>	V		
	8	Net gaming income summary. Subtract line 7	from line 1 column (d)					
	<u> </u>	Not gaming income summary. Cabinate line 1	nom line 1, column (a)	1.44.444.444.444.444.444.444.444.444.44				
9	Ent	er the state(s) in which the organization condu	cts gaming activities:					
		he organization licensed to conduct gaming ac		states?		Yes No		
		No," explain:						
		re any of the organization's gaming licenses re Yes," explain:			/ear?	Yes No		
	_							
63208	2 09	-12-16		***************************************	Schedule G (Fo	rm 990 or 990-EZ) 2016		

Schedule G (Form 990 or 990-EZ) 2016 PINTS FOR PROSTATES INC	27-1625548 Page 3
11 Does the organization conduct gaming activities with nonmembers?	Yes No
12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed	±
to administer charitable gaming?	Yes No
13 Indicate the percentage of gaming activity conducted in:	
a The organization's facility	13a %
b An outside facility	
14 Enter the name and address of the person who prepares the organization's gaming/special events books and rec	
Name	
Address >	
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes No
, , , , , , , , , , , , , , , , , , , ,	
b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the a	amount
of gaming revenue retained by the third party >\$	
c if "Yes," enter name and address of the third party:	
Name >	
Address >	
16 Gaming manager information:	
Name	
Gaming manager compensation > \$	
Description of services provided	
Director/officer Employee Independent contractor	
17 Mandatory distributions:	
a is the organization required under state law to make charitable distributions from the gaming proceeds to	
retain the state gaming license?	Yes No
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or specific	
organization's own exempt activities during the tax year > \$	
Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); an	nd Part III lines 9 9h 10h 15h
15c, 16, and 17b, as applicable. Also provide any additional information. See instructions	a r are in, inido o, ob, 100, 100,
to special to the second secon	
332083 09-12-16 Schedi	ule G (Form 990 or 990-EZ) 2016

Schedule G (Form 990 or 990-EZ) PINTS FOR PROSTATES INC	27-1625548 Page 4
Schedule G (Form 990 or 990-EZ) PINTS FOR PROSTATES INC Part IV Supplemental Information (continued)	

04-01-16

Schedule G (Form 990 or 990-EZ)

SCHEDULE (Form 990)

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

2016 Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Name of the organization Employer identification number PINTS FOR PROSTATES INC 27-1625548 Part I General Information on Grants and Assistance Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? X Yes ☐ No Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on 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. (f) Method of 1 (a) Name and address of organization or government (c) IRC section (if applicable) (b) EIN (d) Amount of (a) Amount of (g) Description of (h) Purpose of grant valuation (book, FMV, appraisal, other) cash grant non-cash noncash assistance or assistance assistance PROSTATE CONDITIONS EDUCATIONAL COUNCIL - 7009 S. POTAMAC STREET # 125 - CENTENNIAL, CO 80112 84-1441119 501(C)3 45,000. 0 SENERAL ASSISTANCE US TOO- INTERNATIONAL PROSTATE CANCER EDU & SUPPT - 5003 FAIRVIEW AVE - DOWNERS GROVE, IL 60515 36-3723349 501(c)3 20,000. 0 GENERAL ASSISTANCE 2. 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

3 Enter total number of other organizations listed in the line 1 table

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Schedule i (Form 990) (2016)

632101 11-01-16

Schedule I (Form 990) (2016) PINTS FOR PROSTATES INC					27-1625548 P	
Part III Grants and Other Assistance to Domestic Ir Part III can be duplicated if additional space is	ndividuals. Complete if the needed.	organization answ	ered "Yes" on Form 9	190, Part IV, line 22.		
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash a	ssistance
The state of the s						***************************************
Part IV Supplemental Information. Provide the inform	nation required in Part I, line	e 2; Part III, column	(b); and any other ad	ditional information,		
	.,					
		1 11 11 11 11 11 11 11 11 11 11 11 11 1				
832102 11-01-16					Schedule I (Form	990) (2016)

SCHEDULE 0

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on

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.

2016 Open to Public

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

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

Open to Public Inspection

Employer identification number 27-1625548

PINTS FOR PROSTATES INC	27-1625548
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISS	ION:
DETECTION.	
FORM 990, PART VI, SECTION B, LINE 11B:	
THE ENTITY DISTRIBUTES THE 990 TO BOARD MEMBERS AND HAS CO	NFERENCE CALLS TO
DISCUSS.	
FORM 990, PART VI, SECTION B, LINE 12C:	
REVIEWS PERIODICALLY THE CONFLICT OF INTEREST DISCLOSURES	AND DEFERMANCE
WHETHER ANY ACTION IS REQUIRED.	AND DETERMINES
MILITAR ANT ACTION TO REQUIRED.	
FORM 990, PART VI, SECTION C, LINE 19:	
THE ENTITY DISTRIBUTES THE POLICY AT THE ANNUAL MEETINGS A	ND DISCUSSES IT.
BOARD MEMBERS ARE ASKED TO DISCLOSE POTENTIAL CONFLICTS OF	INTEREST.