Form 990-EZ

Return of Organization Exempt From Income Tax

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

Department of the Treasury
Internal Revenue Service

B For the 2011 calendar year, or tax year beginning Mar 1, 2011, and ending Feb 29, 2012

C Name of organization

PINTS FOR PROSTATE INC.

D Employer identification number

27-1625548

E Telephone number

(704) 391-0062

F Group Exemption Number

G Accounting Method: ✔ Cash ☐ Accrual ☐ Other (specify) ☐

H Check ☐ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

I Website: ✔ N/A ☐

J Tax-exempt status (check only one) ☐ 501(c)(3) ☒ 501(c) ( ) ☐ 4947(a)(1) or 4947(a)(9) ☐ 327 ☐

K Check ☒ if the organization is not a section 509(a)(3) supporting organization or a section 527 organization and its gross receipts are normally not more than $50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are $200,000 or more, or if total assets (Part II, line 20, column (5) below) are $500,000 or more, file Form 990 instead of Form 990-EZ ☐ $ 135,234.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)

Check if the organization used Schedule O to respond to any question in this Part I ☐

1 Contributions, gifts, grants, and similar amounts received 121,788.

2 Program service revenue including government fees and contracts 2

3 Membership dues and assessments 3

4 Investment income 4

5a Gross amount from sale of assets other than inventory 5a

b Less: cost or other basis and sales expenses 5b

c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) 5c

6a Gross income from gaming (attach Schedule G if greater than $15,000) 6a

b Gross income from fundraising events (not including $ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds $10,000) 6b

c Less: direct expenses from gaming and fundraising events 6c

d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 6d

7a Gross sales of inventory, less returns and allowances 7a 13,446.

b Less: cost of goods sold 7b 6,881.

c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7c 6,565.

8 Other revenue (describe in Schedule O) 8

9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 9 128,353.

10 Grants and similar amounts paid (list in Schedule O) 10

11 Benefits paid to or for members 11

12 Salaries, other compensation, and employee benefits 12

13 Professional fees and other payments to independent contractors 13

14 Occupancy, rent, utilities, and maintenance 14

15 Printing, publications, postage, and shipping 15 5,394.

16 Other expenses (describe in Schedule O) 16 See Form 990-EZ, Part I, Line 16. Other Expenses 76,744.

17 Total expenses. Add lines 10 through 16 17 82,138.

18 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 46,215.

19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 19 17,623.

20 Other changes in net assets or fund balances (explain in Schedule O) 20

21 Net assets or fund balances at end of year. Combine lines 18 through 20 21 63,838.

BAA For Paperwork Reduction Act Notice, see the separate instructions.
### Part II: Balance Sheets

Check if the organization used Schedule O to respond to any question in this Part II

<table>
<thead>
<tr>
<th>(A) Beginning of year</th>
<th>(B) End of year</th>
</tr>
</thead>
<tbody>
<tr>
<td>22 17,623.22</td>
<td>63,838.0</td>
</tr>
<tr>
<td>23 0.23</td>
<td>0.0</td>
</tr>
<tr>
<td>24 0.24</td>
<td>0.0</td>
</tr>
<tr>
<td>25 Total assets</td>
<td>17,623.25</td>
</tr>
<tr>
<td>26 Total liabilities (describe in Schedule O)</td>
<td>0.26</td>
</tr>
<tr>
<td>27 Net assets or fund balances (line 27 of column (B) must agree with line 21)</td>
<td>17,623.27</td>
</tr>
</tbody>
</table>

### Part III: Statement of Program Service Accomplishments

Check if the organization used Schedule O to respond to any question in this Part III.

What is the organization's primary exempt purpose? **EDUCATE PUBLIC REGARDING PROSTATE CANCER**

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

- **28 WE REACHED HUNDREDS OF UNINFORMED MEN, PROVIDED AWARENESS LITATURE AND OTHER INFORMATION RELATIVE TO PROSTATE CANCER**
  - (Grants $ 0.0)
  - If this amount includes foreign grants, check here...
  - 28a 0.0

- (Grants $ ) If this amount includes foreign grants, check here...
  - 29a

- (Grants $ ) If this amount includes foreign grants, check here...
  - 30a

- Other program services (describe in Schedule O)
  - (Grants $ ) If this amount includes foreign grants, check here...
  - 31a

- **32 Total program service expenses (add lines 28a through 31a)**
  - 32 0.0

### Part IV: List of Officers, Directors, Trustees, and Key Employees

List each one even if not compensated. (see the instructions for Part IV)

<table>
<thead>
<tr>
<th>(a) Name and address</th>
<th>(b) Title and average hours per week devoted to position</th>
<th>(c) Reportable compensation (Form W-2/1099-MISC) (If not paid, enter -0-)</th>
<th>(d) Health benefits, contributions to employee benefit plans, and deferred compensation</th>
<th>(e) Estimated amount of other compensation</th>
</tr>
</thead>
<tbody>
<tr>
<td>RICHARD J. LYKE</td>
<td>PRESIDENT</td>
<td></td>
<td>0.0</td>
<td>0.0</td>
</tr>
<tr>
<td>12673 OVERLOOK MOUNTAIN DR CHARLOTTE NC 28216</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SANDRA J. LYKE</td>
<td>VICH PRES</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12673 OVERLOOK MOUNTAIN CHARLOTTE NC 28216</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>DAVID M SMART</td>
<td>TREAS.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>87 DOWNBR ST</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>BALDWINSVILLE NY 13027</td>
<td></td>
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</tr>
</tbody>
</table>
Form 990-EZ (2011) PINTS FOR PROSTATES INC.

[Part V] Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V

33 Did the organization engage in any activity not previously reported to the IRS? If ‘Yes,’ provide a detailed description of each activity in Schedule O

34 Were any significant changes made to the governing documents? If ‘Yes,’ attach a copy of the amended documents if they reflect a change to the organization’s name. Otherwise, explain the change on Schedule O (see instructions).

35a Did the organization have unrelated business income of $1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a among others)?

35b If ‘Yes,’ to line 35a, has the organization filed a Form 990-T for the year? If ‘No,’ provide an explanation in Schedule O.

35c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If ‘Yes,’ complete Schedule C, Part III.

36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If ‘Yes,’ complete applicable parts of Schedule N.

37a Enter amount of political expenditures, direct or indirect, as described in the instructions.

37b Did the organization file Form 1120-POL for this year?

38a Did the organization borrow, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?

38b Schedule L, Part II and enter the total amount involved.

39 Section 501(c)(7) organizations. Enter:

39a Initiation fees and capital contributions included on line 9.

39b Gross receipts, included on line 9, for public use of club facilities.

40 Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:

40a Section 4911

40b Section 4912

40c Section 4955

40d Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If ‘Yes,’ complete Schedule L, Part I.

40e Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958.

40f Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40e reimbursed by the organization.

41 All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If ‘Yes,’ complete Form 8886-T.

42 The organization’s books are in care of RICHARD J. LYKE, Telephone no. (704) 391-0062.

42a Located at 12673 OVERLOOK MOUNTAIN DR, CHARLOTTE, NC 28216.

42b 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)? If ‘Yes,’ enter the name of the foreign country.

42c At any time during the calendar year, did the organization maintain an office outside of the U.S.?

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year.

44a Did the organization maintain any donor-advised funds during the year? If ‘Yes,’ Form 990 must be completed instead of Form 990-EZ.

44b Did the organization operate one or more hospital facilities during the year? If ‘Yes,’ Form 990 must be completed instead of Form 990-EZ.

44c Did the organization receive any payments for indoor tanning services during the year?

44d If ‘Yes,’ to line 44c, has the organization filed a Form 720 to report these payments? If ‘No,’ provide an explanation in Schedule O.

45a Did the organization have a controlled entity of the organization within the meaning of section 512(b)(13)?

45b 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,’ Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions).
### Part VI

<table>
<thead>
<tr>
<th>46</th>
<th>Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If &quot;Yes,&quot; complete Schedule C, Part II.</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>

**Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.** All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

**Check if the organization used Schedule O to respond to any question in this Part VI.**

<table>
<thead>
<tr>
<th>47</th>
<th>Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If &quot;Yes,&quot; complete Schedule C, Part II.</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>48</td>
<td>Is the organization a school as described in section 170(b)(1)(A)(ii)? If &quot;Yes,&quot; complete Schedule E.</td>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>

**49a** Did the organization make any transfers to an exempt non-charitable related organization?

**49b** If "Yes," was the related organization a section 527 organization?

**50** Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than $100,000 of compensation from the organization. If there is none, enter "None."

<table>
<thead>
<tr>
<th>(a) Name and address of each employee paid more than $100,000</th>
<th>(b) Current tenure in position</th>
<th>(c) Reportable compensation (Form W-2/1099-MISC)</th>
<th>(d) Health benefits, contributions to employee benefit plans, and deferred compensation</th>
<th>(e) Estimated amount of other compensation</th>
</tr>
</thead>
<tbody>
<tr>
<td>NA</td>
<td>NA</td>
<td>NA</td>
<td>0</td>
<td>0.00</td>
</tr>
<tr>
<td>NA</td>
<td>NC 28216</td>
<td>0.00</td>
<td>0.</td>
<td>0.00</td>
</tr>
<tr>
<td>NA</td>
<td>NC 0</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
</tr>
</tbody>
</table>

**Total number of other employees paid over $100,000**

**51** Complete this table for the organization’s five highest compensated independent contractors who each received more than $100,000 of compensation from the organization. If there is none, enter "None."

<table>
<thead>
<tr>
<th>(a) Name and address of each independent contractor paid more than $100,000</th>
<th>(b) Type of service</th>
<th>(c) Compensation</th>
</tr>
</thead>
<tbody>
<tr>
<td>NA</td>
<td>NA</td>
<td>NA</td>
</tr>
</tbody>
</table>

**Total number of other independent contractors each receiving over $100,000**

**52** Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A.

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**Signature of officer**

**RICHARD LYKE**  
Type or print name and title.

**Paid Preparer Use Only**

Print/Type preparer’s name: **DAVID M SMART**  
Preparer’s signature: **DAVID M SMART**  
Date: 10/15/12  
Check if self-employed: **P00068029**

**Phone no:** (315) 635-5413  
Firm’s EIN: **16-1076571**  
Firm’s name: **DAVID M SMART**  
Firm’s address: **87 DONNER STREET, BALDWINSVILLE NY 13027**

May the IRS discuss this return with the preparer shown above? **See instructions.**

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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 true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

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Form 990-EZ (2011)
Public Charity Status and Public Support

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

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

Part I — Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

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.)
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.)
6. [ ] A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
7. [ ] An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)
8. [ ] A community trust described in section 170(b)(1)(A)(vii). (Complete Part II.)
9. [x] 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, 1976. See section 509(a)(2). (Complete Part III.)
10. [ ] An organization that normally receives 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, 1976. See section 509(a)(1) or section 509(a)(2).
11. [ ] An organization organized and operated exclusively for the benefit of, to perform the functions of, or 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.
   a. [ ] Type I
   b. [ ] Type II
   c. [ ] Type III — Functionally integrated
   d. [ ] Type III — Other
12. [ ] By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
13. [ ] If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box.
14. [ ] 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.
   (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.

h. Provide the following information about the supported organization(s).

   (i) Name of supported organization
   (ii) EIN
   (iii) Type of organization described on lines 1-9 above or IRC section (see instructions)
   (iv) Is the organization in column (i) listed in your governing document?
   (v) Did you notify the organization in column (i) of your support?
   (vi) Is the organization in column (i) organized in the U.S.?
   (vii) Amount of support

(A)

(B)

(C)

(D)

(E)

Total

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
### Section A. Public Support

<table>
<thead>
<tr>
<th>Calendar year (or fiscal year beginning in)</th>
<th>(a) 2007</th>
<th>(b) 2008</th>
<th>(c) 2009</th>
<th>(d) 2010</th>
<th>(e) 2011</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Gifts, grants, contributions, and membership fees received. (Do not include any &quot;usual grants&quot;).</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Tax revenues levied for the organization's benefit and either paid to or expensed on its behalf</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. The value of services or facilities furnished by a governmental unit to the organization without charge</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Total. Add lines 1 through 3</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>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)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Public support. Subtract line 5 from line 4</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Section B. Total Support

<table>
<thead>
<tr>
<th>Calendar year (or fiscal year beginning in)</th>
<th>(a) 2007</th>
<th>(b) 2008</th>
<th>(c) 2009</th>
<th>(d) 2010</th>
<th>(e) 2011</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>7. Amounts from line 4</td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>8. Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources</td>
<td></td>
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<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>9. Net income from unrelated business activities, whether or not the business is regularly carried on</td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV).</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11. Total support. Add lines 7 through 10</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12. Gross receipts from related activities, etc (see instructions)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>12</td>
</tr>
<tr>
<td>13. First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Section C. Computation of Public Support Percentage

| 14. Public support percentage for 2011 (line 6, column (f) divided by line 11, column (f)) | 14 % |
| 15. Public support percentage from 2010 Schedule A, Part II, line 14 | 15 % |

**a** 33-1/3% support test – 2011. If the organization did not check the box on line 13, and the line 14 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization.

**b** 33-1/3% support test – 2010. If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization.

**a** 10% facts-and-circumstances test – 2011. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization.

**b** 10% facts-and-circumstances test – 2010. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization.

**18. Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions.
### Section A. Public Support

<table>
<thead>
<tr>
<th>Calendar year (or fiscal yr beginning in)</th>
<th>(a) 2007</th>
<th>(b) 2008</th>
<th>(c) 2009</th>
<th>(d) 2010</th>
<th>(e) 2011</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')</td>
<td>100,859</td>
<td>121,788</td>
<td></td>
<td>222,647</td>
<td></td>
<td></td>
</tr>
<tr>
<td>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</td>
<td>11,117</td>
<td>13,446</td>
<td></td>
<td>24,563</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3 Gross receipts from activities that are not an unrelated trade or business under section 513</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5 The value of services or facilities furnished by a governmental unit to the organization without charge</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6 Total. Add lines 1 through 5</td>
<td>111,976</td>
<td>135,234</td>
<td></td>
<td>247,210</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7a Amounts included on lines 1, 2, and 3 received from disqualified persons</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7b Amounts included on lines 1, 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</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8 Public support. (Subtract line 7c from line 6)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>247,210</td>
</tr>
</tbody>
</table>

### Section B. Total Support

<table>
<thead>
<tr>
<th>Calendar year (or fiscal yr beginning in)</th>
<th>(a) 2007</th>
<th>(b) 2008</th>
<th>(c) 2009</th>
<th>(d) 2010</th>
<th>(e) 2011</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>9 Amounts from line 6</td>
<td>111,976</td>
<td>135,234</td>
<td></td>
<td>247,210</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10c Add lines 10a and 10b</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13 Total support. (Subtotal of lines 9, 10, 11, and 12)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>247,210</td>
</tr>
</tbody>
</table>

### Section C. Computation of Public Support Percentage

- Public support percentage for 2011 (line 8, column (f) divided by line 13, column (f)) | 15 | 100.00 % |
- Public support percentage from 2010 Schedule A, Part III, line 15 | 16 | % |

### Section D. Computation of Investment Income Percentage

- Investment income percentage for 2011 (line 10c, column (f) divided by line 13, column (f)) | 17 | % |
- Investment income percentage from 2010 Schedule A, Part III, line 17 | 18 | % |

- 33-1/3% support tests - 2011. If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization. | 19a | % |
- 33-1/3% support tests - 2010. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization. | 19b | % |

- Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions | 20 | % |
Part IV. Supplemental Information. Complete this part to 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).
PINTS FOR PROSTATES INC.

27-1625548