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Form 990-EZ

Department of the Treasury
Internal Revenue ServiceShort Form
Return of Organization Exempt From Income Tax

OMB No 1545-1150

2011

Open to Public
Inspection

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

► Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions)

All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form

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

A For the 2011 calendar year, or tax year beginning _____, and ending _____

B Check if applicable

X Address change

X Name change

Initial return

Terminated

Amended return

Application pending

C Name of organization

United in Pink, Inc.

D Employer identification number

20-5848087

Number and street (or P O box, if mail is not delivered to street address)

2550-A Northside Crossing

Room/suite

E Telephone number

478-254-5247

City or town, state or country, and ZIP + 4

Macon GA 31210

F Group Exemption
Number ►G Accounting Method Cash Accrual Other (specify) ► _____H Check ► if the organization is notI Website: ► www.unitedinpink.org

required to attach Schedule B

J Tax-exempt status (check only one) — 501(c)(3) 501(c)() (insert no) 4947(a)(1) or 527

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

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 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ► \$ 96,262

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

X

1 Contributions, gifts, grants, and similar amounts received	1	65,198
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	
6 Gaming and fundraising events		
a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
b Gross income from fundraising events (not including \$ 39,962 of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	28,464
c Less direct expenses from gaming and fundraising events	6c	30,819
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	-2,355
7a Gross sales of inventory, less returns and allowances	7a	2,600
b Less cost of goods sold	7b	4,240
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	-1,640
8 Other revenue (describe in Schedule O)	8	
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	61,203
10 Grants and similar amounts paid (list in Schedule O)	10	250
11 Benefits paid to or for members	11	
12 Salaries, other compensation, and employee benefits	12	20,394
13 Professional fees and other payments to independent contractors	13	1,763
14 Occupancy, rent, utilities, and maintenance	14	10,987
15 Printing, publications, postage, and shipping	15	513
16 Other expenses (describe in Schedule O)	16	22,103
17 Total expenses. Add lines 10 through 16	17	56,010
18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	5,193
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	44,315
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	49,508

For Paperwork Reduction Act Notice, see the separate instructions.

DAA

Form 990-EZ (2011)

SCANNED JUL 19 2012 Revenue

Expenses

Net Assets

99

Part II Balance Sheets. (see the instructions for Part II.)Check if the organization used Schedule O to respond to any question in this Part II

	(A) Beginning of year	(B) End of year	
22 Cash, savings, and investments	44,698	22	52,371
23 Land and buildings	0	23	
24 Other assets (describe in Schedule O)	2,526	24	2,526
25 Total assets	47,224	25	54,897
26 Total liabilities (describe in Schedule O)	2,909	26	5,389
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	44,315	27	49,508

Part III Statement of Program Service Accomplishments (see the instructions for Part III.)Check if the organization used Schedule O to respond to any question in this Part III

What is the organization's primary exempt purpose?

See Schedule O

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

Expenses
(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)

28 See Schedule O

(Grants \$ **250**) If this amount includes foreign grants, check here 28a **31,823**

29

(Grants \$ **)** If this amount includes foreign grants, check here 29a

30

(Grants \$ **)** If this amount includes foreign grants, check here 30a

31 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)

31,823**Part IV List of Officers, Directors, Trustees, and Key Employees.** List each one even if not compensated (see the instructions for Part IV)
Check if the organization used Schedule O to respond to any question in this Part IV

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
Stephanie C. Surles, CPA 5873 Kentucky Downs Drive	Macon GA 31210 1.00	Treasurer 0	0	0
Sandra A. Union 153 Howard Oaks Drive	Macon GA 31210 1.00	President 0	0	0
Laura A. Paxton 204 Ashbury Lane	Macon GA 31210 40.00	Exec Direct 28,500	0	0
Mary Lawson Day 12 Arbor Ridge Cove	Jackson TN 38305 1.00	Member, Emeritus 0	0	0
Brenda S. Lambert, RNC 8775 Zebulon Road	Macon GA 31220 1.00	Director 0	0	0
G. Bowden Templeton, Ph.D., LMFT 1005 College Street	Macon GA 31201 1.00	Director 0	0	0
Lu H. Peacock 8256 Hopewell Road East	Musella GA 31066 1.00	Director 0	0	0
Arnold M. Conforti, MD, FACS 1209 Jackson Springs Road	Macon GA 31211 1.00	Director 0	0	0
Lucinda Thompson 302 Manchester Lane	Byron GA 31008 1.00	Director 0	0	0
Dr. Brian Leigh 3160 Ingleside Avenue	Macon GA 31204 1.00	Director 0	0	0
Tom McEachern 670 Crawford Road	Macon GA 31210 1.00	Director 0	0	0

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

		Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33	<input checked="" type="checkbox"/>
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34	<input checked="" type="checkbox"/>
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a	<input checked="" type="checkbox"/>
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b	
c	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	35c	<input checked="" type="checkbox"/>
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	36	<input checked="" type="checkbox"/>
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ► 37a 0	37b	<input checked="" type="checkbox"/>
b	Did the organization file Form 1120-POL for this year?	38a	<input checked="" type="checkbox"/>
38a	Did the organization borrow from, 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	
b	If "Yes," complete Schedule L, Part II and enter the total amount involved	39a	
39	Section 501(c)(7) organizations Enter	39b	
a	Initiation fees and capital contributions included on line 9	40a	Enter amount of tax imposed on the organization during the year under section 4911 ► _____ ; section 4912 ► _____ , section 4955 ► _____
b	Gross receipts, included on line 9, for public use of club facilities	b	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
c	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	c	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
d	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization	d	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization
e	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	e	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
41	List the states with which a copy of this return is filed ► GA	42a	The organization's books are in care of ► Stephanie C. Surles Telephone no ► 478-742-5317
		577 Mulberry Street, Suite 1610	GA ZIP + 4 ► 31201
	Located at ► Macon	42b	<input checked="" type="checkbox"/>
b	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	<input checked="" type="checkbox"/>
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
c	At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country ► _____		
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 ► 43 <input type="checkbox"/>		
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	<input checked="" type="checkbox"/>
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b	<input checked="" type="checkbox"/>
c	Did the organization receive any payments for indoor tanning services during the year?	44c	<input checked="" type="checkbox"/>
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d	
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	<input checked="" type="checkbox"/>
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)	45b	<input checked="" type="checkbox"/>

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I.

	Yes	No
46		X

Part VI 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

47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II

	Yes	No
47		X
48		X
49a		X
49b		

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

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

b 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"

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
None				

f 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"

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
None		

d 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 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A ► Yes No

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

Sign Here	► <i>Stephanie C. Surles</i> Signature of officer Stephanie C. Surles Type or print name and title	Date <i>6-20-12</i>
Paid Preparer Use Only	Preparer's signature <i>Stephanie C. Surles</i> Firm's name ► Howard, Moore & McDuffie, P.C. Firm's address ► P.O. Box 4547 Macon, GA 31208	Date <i>6-20-12</i> Check <input type="checkbox"/> if self-employed PTIN P00082558 Firm's EIN ► 58-1484212 Phone no 478-742-5317

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

► Yes No

SCHEDULE A
(Form 990 or 990-EZ)
Department of the Treasury
Internal Revenue Service
Public Charity Status and Public Support

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

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

OMB No 1545-0047

2011Open to Public
Inspection

Name of the organization

United in Pink, Inc.

Employer identification number

20-5848087
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)(vi)**. (Complete Part II)
 9 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III)
 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h
 a Type I b Type II c Type III—Functionally integrated d Type III—Other
 e 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)**
 f 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
 g 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?

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

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 col (I) listed in your governing document?		(V) Did you notify the organization in col (I) of your support?		(VI) Is the organization in col (I) organized in the U.S.?		(VII) Amount of support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
Total									

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

Schedule A (Form 990 or 990-EZ) 2011

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►

	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	20,576	21,981	23,168	44,346	65,198	175,269
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	20,576	21,981	23,168	44,346	65,198	175,269
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						45,984
						129,285

Section B. Total Support

Calendar year (or fiscal year beginning in) ►

	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4	20,576	21,981	23,168	44,346	65,198	175,269
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 Total support. Add lines 7 through 10						175,269
12 Gross receipts from related activities, etc (see instructions)					12	120,818
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						<input checked="" type="checkbox"/>

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	%
16a 33 1/3% support test—2011. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
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	<input type="checkbox"/>	
17a 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	<input type="checkbox"/>	
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	<input type="checkbox"/>	
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	<input type="checkbox"/>	

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II
If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►

1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants")

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

3 Gross receipts from activities that are not an unrelated trade or business under section 513

4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf

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

6 **Total.** Add lines 1 through 5

7a Amounts included on lines 1, 2, and 3 received from disqualified persons

b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year

c Add lines 7a and 7b

8 **Public support** (Subtract line 7c from line 6)

	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1						
2						
3						
4						
5						
6						
7a						
b						
c						
8						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►

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

11 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 assets (Explain in Part IV)

13 **Total support.** (Add lines 9, 10c, 11, and 12)

14 **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 ►

	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9						
10a						
b						
c						
11						
12						
13						
14						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2011 (line 8, column (f) divided by line 13, column (f))

15 %

16 Public support percentage from 2010 Schedule A, Part III, line 15

16 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2011 (line 10c, column (f) divided by line 13, column (f))

17 %

18 Investment income percentage from 2010 Schedule A, Part III, line 17

18 %

19a **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 ► b **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 ► 20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ►

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)

SCHEDULE G
(Form 990 or 990-EZ)

 Department of the Treasury
 Internal Revenue Service

**Supplemental Information Regarding
Fundraising or Gaming Activities**

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

OMB No 1545-0047

2011Open To Public
Inspection

Name of the organization

United in Pink, Inc.

Employer identification number

20-5848087
Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17
 Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities Check all that apply

a <input type="checkbox"/> Mail solicitations	e <input type="checkbox"/> Solicitation of non-government grants
b <input type="checkbox"/> Internet and email solicitations	f <input type="checkbox"/> Solicitation of government grants
c <input type="checkbox"/> Phone solicitations	g <input type="checkbox"/> Special fundraising events
d <input type="checkbox"/> In-person solicitations	

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

 Yes No

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization

(I) Name and address of individual or entity (fundraiser)	(II) Activity	(iii) Did fund-raiser have custody or control of contributions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (I)	(vi) Amount paid to (or retained by) organization
1		Yes	No		
2					
3					
4					
5					
6					
7					
8					
9					
10					
Total			►		

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing

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

	(a) Event #1 Bunko (event type)	(b) Event #2 Men In Pink (event type)	(c) Other events 2 (total number)	(d) Total events (add col (a) through col (c))
Revenue	1 Gross receipts 47,562	9,174	11,690	68,426
	2 Less Charitable contributions 33,812	6,150		39,962
	3 Gross income (line 1 minus line 2) 13,750	3,024	11,690	28,464
Direct Expenses	4 Cash prizes			
	5 Noncash prizes			
	6 Rent/facility costs			
	7 Food and beverages			
	8 Entertainment			
	9 Other direct expenses 26,387	4,432		30,819
	10 Direct expense summary Add lines 4 through 9 in column (d)			30,819
	11 Net income summary Combine line 3, column (d), and line 10			-2,355

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

	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Revenue	1 Gross revenue			
Direct Expenses	2 Cash prizes			
	3 Noncash prizes			
	4 Rent/facility costs			
	5 Other direct expenses			
	6 Volunteer labor	<input type="checkbox"/> Yes % <input type="checkbox"/> No	<input type="checkbox"/> Yes % <input type="checkbox"/> No	<input type="checkbox"/> Yes % <input type="checkbox"/> No
	7 Direct expense summary Add lines 2 through 5 in column (d)			
	8 Net gaming income summary Combine line 1, column d, and line 7			

9 Enter the state(s) in which the organization operates gaming activities

a Is the organization licensed to operate gaming activities in each of these states?
b If "No," explain

9a Yes No

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?

b If "Yes," explain

10a Yes No

11 Does the organization operate 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 operated in

13a	%
13b	%

a The organization's facility

b An outside facility

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ►

Address ►

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No

b If "Yes," enter the amount of gaming revenue received by the organization ► \$ and the amount of gaming revenue retained by the third party ► \$

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 spent in the organization's own exempt activities during the tax year ► \$

Part IV Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, columns (ii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions)

SCHEDULE O
(Form 990 or 990-EZ)Department of the Treasury
Internal Revenue Service**Supplemental Information to Form 990 or 990-EZ**Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.
► Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2011Open to Public
Inspection

Name of the organization

United in Pink, Inc.Employer identification number
20-5848087**Form 990-EZ, Part I, Line 16 - Other Expenses**

Description	Amount
-------------	--------

Expenses

Advertising	\$ 4,420
Office expenses	\$ 1,117
Travel expenses	\$ 652
Conferences and meetings	\$ 620
Insurance	\$ 382
Supplies	\$ 575
Bank charges	\$ 169
Software	\$ 748
Website	\$ 2,068
Telephone	\$ 1,783
Survivor expenses	\$ 6,832
Taxes and licenses	\$ 50
Food and beverage	\$ 585
Kids in Pink summer camp	\$ 2,102
Total	\$ 22,103

Form 990-EZ, Part II, Line 24 - Other Assets

Description	Beg. of Year	End of Year
Receivable-payroll taxes	\$ 26	\$ 26
Event facility deposit	\$ 2,500	\$ 2,500
Total	\$ 2,526	\$ 2,526

Schedule O (Form 990 or 990-EZ) (2011)

Page 2

Name of the organization

United in Pink, Inc.

Employer identification number

20-5848087

Form 990-EZ, Part II, Line 26 - Other Liabilities

Description	Beg. of Year	End of Year
Deferred Revenue	\$ 1,843	\$ 4,240
Payroll liabilities - FICA	\$ 826	\$ 798
Payroll liabilities - Federal W/H	\$ 120	\$ 261
Payroll liabilities - State W/H	\$ 120	\$ 90

Form 990-EZ, Part III - Primary Exempt Purpose

United in Pink strives to increase survivorship and strengthen families affected by a breast cancer diagnosis. United in Pink seeks to positively affect the quality of life of these survivors, their spouses and children by addressing their psychological, relational, physical and educational needs.

Form 990-EZ, Part III, Line 28 - First Accomplishment

To provide psychosocial support to breast cancer patients/survivors and their families. Programs include a Survivor Support group (Survivors in Pink), a children's support group (Kids in Pink), and a spousal support group (Men in Pink). The purpose of these support groups is to unite families enduring a similar diagnosis, to help reduce fears and increase communication. Programs are overseen by our Clinical Director, a PhD and LMFT. This is the only type of support program available to the entire family in the Middle Georgia area. Attendance at group meetings and socials averages around 40 people. The survivor and spousal groups target men and women of all ages, and Kids in Pink serves children ages 4-16 with complimentary childcare for children 3 and under. We also provide support services such as Meal Vouchers, Housekeeping Vouchers and Family Therapy.

Schedule O (Form 990 or 990-EZ) (2011)

Page 2

Name of the organization

United in Pink, Inc.

Employer identification number

20-5848087

All of our programs and services are offered at no charge to families. Our primary source of revenue comes from our Annual Bunko fundraiser held each February. We also receive funding from smaller fundraisers, grants, individuals and corporate donations.

STATE OF GEORGIA

Secretary of State

Corporations Division

315 West Tower

#2 Martin Luther King, Jr. Dr.
Atlanta, Georgia 30334-1530

CERTIFICATE OF AMENDMENT NAME CHANGE

I, Brian P. Kemp, the Secretary of State and the Corporations Commissioner of the State of Georgia, hereby certify under the seal of my office that

BUNKO FOR BREAST CANCER, INC.
a Domestic Non-Profit Corporation

has filed articles/certificate of amendment in the Office of the Secretary of State on 05/02/2011 changing its name to

UNITED IN PINK, INC.

and has paid the required fees as provided by Title 14 of the Official Code of Georgia Annotated. Attached hereto is a true and correct copy of said articles/ certificate of amendment

WITNESS my hand and official seal in the City of Atlanta and the State of Georgia on May 2, 2011



A handwritten signature in black ink that reads "B. P. Kemp".

Brian P. Kemp
Secretary of State

CERTIFICATE VERIFYING REQUEST FOR PUBLICATION

RECEIVED
SECRETARY OF STATE
SOUTH GA OFFICE

I hereby certify that the request for publication of a Notice of Intent to file Articles of Amendment to change the name of Bunko For Breast Cancer, Inc. and payment therefor has been made as required by O.C.G.A. § 14-3-1005.1.

This 14 day of April, 2011.

Bunko For Breast Cancer, Inc.

By Sandra A. Union, President

ARTICLES OF AMENDMENT
OF
BUNKO FOR BREAST CANCER, INC.

11 MAY -2 AM 11:02

RECEIVED
SECRETARY OF STATE
SOUTH GA OFFICE

1. The name of the Corporation is Bunko For Breast Cancer, Inc.
2. The Amendment adopted is as follows:
The Articles of Incorporation are hereby amended by changing the name of the corporation to United in Pink, Inc.
3. The foregoing amendment was adopted on April 14, 2011.
4. The above amendment was duly approved by the Directors in accordance with the provisions of Code § 14-3-1002.

IN WITNESS WHEREOF, the Corporation has caused these Articles of Amendment to be executed by its duly authorized officers this 14 day April, 2011.

BUNKO FOR BREAST CANCER, INC.

By: Debra Elsia

President

Attest: Brenda Rambert

Secretary

State of Georgia
Name Change 2 Page(s)



T1112216010