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Form **990**

Return of Organization Exempt From Income Tax

OMB No 1545-0047

Department of the Treasury

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

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

Open to Public Inspection

_		ue Service	endar year, or tax year beginning 1/1/2011 , and er	ding 12/	31/201	1			
		applicable	C Name of organization PINNACLE PARTNERS OF THE CAROLINAS,			ication number			
	Address		Doing Business As	57-113205	0				
=	lame ch	_	Number and street (or P O box if mail is not delivered to street address) Room/suite	E Telephor					
\equiv		_				•1			
=	nitial retu		P O. BOX 1549-1228	(864) 371-	1008	 -			
ĽЦ	erminat	ed	City or town, state or country, and ZIP + 4						
\sqcup	Amended	d return	TRAVELERS REST SC 29690	G Gross re	ceipts \$	10,947			
	Application	on pending	F Name and address of principal officer	H(a) Is this a group re	turn for a	ffiliates? Yes X No			
			RICK T. FISHER P.O. BOX 1549, TRAVELERS REST, SC 29690	H(b) Are all affiliates i	ncluded?	Yes No			
ı T	Tax-exempt status								
	J Website: ► N/A H(c) Group exemption number ►								
_									
_		rganization		of formation 2001	N	state of legal domicile SC			
ŀ	art I		mmary						
	1	-		SCHEDULE OF	DR A L	ESCRIPTION OF THE			
e,		ORGAN	IZATION'S MISSION.		 -				
Š	i .				- -				
Activities & Governance	ŀ								
Š	2	Check t	his box ▶ if the organization discontinued its operations or disposed of more than	n 25% of its net asse	ts				
∞5	3	Number	of voting members of the governing body (Part VI, line 1a) .		3	5			
ties	4		of independent voting members of the governing body (Part VI, line 1b)		4	5			
Ę	5		mber of individuals employed in calendar year 2011 (Part V, line 2a) .		5	0			
Ac	6	Total nu	mber of volunteers (estimate if necessary)	•	6				
	7a	Total un	related business revenue from Part VIII, column (C), line 12	7a	0				
	b	Net unre	elated business taxable income from Form 990 T, line 34	<u> </u>	7b	0			
			KECEIVED	Prior Year		Current Year			
Revenue	8		utions and grants (Part VIII, line 1h)	8	4,333	10,000			
	9	•	i service revenue (Part VIII, line 29) . G OCT 1 2 2012 C	0	0				
Ş	10		entincome (Part VIII, Column (A), lines 3,54; and 7d)	2,000	947				
_	11		venue (Part VIII, column (A), lines 5, 6d 8c, 9c, 10c, and 11e)		0	0			
	12		enue—add lines 8 through 11 (must equal Part VIII(od um) (A) (line 12)		6,333	10,947			
	13		and similar amounts paid (Part IX, column (A), lines 1=3)	12	7,514	45,000			
	14		paid to or for members (Part IX, column (A), line 4)		0	0			
S	15		other compensation, employee benefits (Part IX, column (A), lines 5–10)	0	12,940				
Expenses	16a		onal fundraising fees (Part IX, column (A), line 11e)	0					
Ř	b		ndraising expenses (Part IX, column (D), line 25) ▶0						
ш	17		openses (Part IX, column (A), lines 11a–11d, 11f–24e)	30,141					
	18		penses Add lines 13–17 (must equal Part IX, column (A), line 25)		7,655	59,111			
	19	Revenu	e less expenses Subtract line 18 from line 12		1,322	-48,164			
Net Assets or Fund Balances			4 (5 () ()	Beginning of Currer		End of Year			
/sse Bala	20		sets (Part X, line 16)		7,910	646,821			
i de	21		bilities (Part X, line 26)		2,925	040,004			
			ets or fund balances Subtract line 21 from line 20	08	4,985	646,821			
	rt II		nature Block Anderlare that I have examined this return, including accompanying schedules and statement	to and to the best of m	n kaoude				
			ect, and complete. Declaration of preparer (other than officer) is based on all information of whi						
			Amy 13 Will			-12			
Sig									
Here JAMES B. ANTHONY VICE-PRESIDENT									
			Type or print name and title						
	<u> </u>	Pnn	/Type preparer's name Preparer's signature	Date		PTIN			
Pai	d			1 1	Check	If [
Pre	parei	·	SELF-PREPARED RETURN		self-emp	loyed			
	e Only	1 –	's name	Firm's EIN	<u> </u>				
			's address 🕨	Phone no					
May	the IF	RS discus	ss this return with the preparer shown above? (see instructions)			Yes No			

	990 (2011)	PINNACLE PARTNERS OF THE CAROLINAS, INC	57-1132058	Page Z
Pa	rt III	Statement of Program Service Accomplishments Check if Schedule O contains a response to any question in this Part III		
1		escribe the organization's mission RT 1, LINE 1		
2	the prior	organization undertake any significant program services during the year which were not listed on Form 990 or 990-EZ?	n Yes	X No
3		describe these new services on Schedule O organization cease conducting, or make significant changes in how it conducts, any program organization cease conducting, or make significant changes in how it conducts, any program	TYes	X No
4	Describe expense	describe these changes on Schedule O the organization's program service accomplishments for each of its three largest program sense. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to reduce allocations to others, the total expenses, and revenue, if any, for each program service repo	vices, as measure report the amount	d by
4a	CAMP H THE SCO THE CAI PROGRA) (Expenses \$ 0 including grants of \$ 0) (Revent ANNON AT PINNACLE FALLS IN PARTNERSHIP WITH CLEMSON UNIVERSITY YOUTH LE DITT HANNON MEMEMORIAL FOUNDATION, IS BEING CONSTRUCTED ON LAND DONATE MP WILL INCLUDE COTTAGES FOR BOYS AND GIRLS AND A MULTI-PURPOSE BUILDING AMS BEGUN IN 2009, THIS CAMP IS DESIGNED TO SERVE 10,000 CHILDREN FROM ACR E SOUTHEAST ANNUALLY	EARNING INSTITI ED BY PINNACLE WITH SUMMER OSS SOUTH CAR	UTE AND PARTNER ROLINA
4b	GRANT) (Expenses \$ 0 including grants of \$ 0) (Reven TO CLEMSON UNIVERSITY YOUTH LEARNING INSTITUTE FOR SCHOLARSHIPS FOR ARI ST QUEST UNIVERSITY EXPERIENCE	EA CHILDREN TO	ATTEND
4c	(Code.) (Expenses \$ 0 including grants of \$ 0) (Reven	nue \$	0.)
4d	Other pro	ogram services. (Describe in Schedule O) es \$ 0 including grants of \$ 0) (Revenue \$	0)	
4e		ogram service expenses 0	<u> </u>	

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	Х	:
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		Х
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	-		
_	candidates for public office? If "Yes," complete Schedule C, Part I	3_		Х
4	Section 501(c)(3) organizations. 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.	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors	۲		
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7_		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes,"</i>			
	complete Schedule D, Part IV	9	1	Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete			
	Schedule D, Part VI	11a		_X
b	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
С	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		X
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		X
е	Did the organization report an amount for other liabilities in Part X, line 25? <i>If</i> "Yes," <i>complete Schedule D, Part X</i> .	11e		X
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If</i> "Yes," <i>complete</i>	 		
	Schedule D, Parts XI, XII, and XIII.	12a		Χ
D	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, XII, and XIII is optional.	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Χ
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
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			
4-	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV .	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV.	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services			
	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	1		v
19	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	18	$\mid - \mid$	X
	If "Yes," complete Schedule G, Part III	19		Х
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Χ
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

		7-1132058	F	age 4
Par	t IV Checklist of Required Schedules (continued)		1	T
04	7. The second se		Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization	1 24		
22	In the United States 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 and other assistance to individuals in the	22		
22	United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	\vdash	-
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
242	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than	23		 ^
24 a	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines	İ		
	24b through 24d and complete Schedule K. If "No," go to line 25	. 24a		x
h	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		 ^
	Did the organization mivest any proceeds of tax-exempt bonds beyond a temporary period exception.	1240	_	
·	to defease any tax-exempt bonds?	24c		
А	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	-	
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction	2-40		
254	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	. 25a		x
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a	. <u>25a</u>	_	 ^
D	prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or			l
	990-EZ? If "Yes," complete Schedule L, Part I	25b		x
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee,	_		 ^
	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part			X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			<u> </u>
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled		1	
	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 instructions for applicable filing thresholds, conditions, and exceptions)	2	£2.₹ <u>\$</u>	**
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV.	. 28a	.5.47	X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		×
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		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		Х
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		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II,			
	III, IV, and V, line 1	34	<u> </u>	X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	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		Х
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		X
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			

38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O

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	90 (2011) PINNACLE PARTNERS OF THE CAROLINAS, INC 57-113	2000		age C
Par	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response to any question in this Part V			
	Check if Schedule O contains a response to any question in this Part V	-	Yes	No
10	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			140
1a b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			ĺ
Ū	gaming (gambling) winnings to prize winners?	1c	_	X
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 2a			_
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	_	X
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O .	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		X
b	If "Yes," enter the name of the foreign country. ▶			
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts.		-	,
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b_		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	<u>5c</u>		X
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	60		×
	organization solicit any contributions that were not tax deductible?	6a		+^
Ь	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).	- 00		ļ
7	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
а	and services provided to the payor?	7a	-	x
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	1		
Ŭ	required to file Form 8282?	7c		x
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		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		X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		X
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting			
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring		_	
	organization, have excess business holdings at any time during the year?	8		X
9	Sponsoring organizations maintaining donor advised funds.		-	١.,
а	Did the organization make any taxable distributions under section 4966?	9a		X
b	Did the organization make a distribution to a donor, donor advisor, or related person? .	9b	├—	X
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12	1		
ь	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	1		1
11	Section 501(c)(12) organizations. Enter Gross income from members or shareholders			İ
a		1		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			
120	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	х	
12a b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 0		<u> </u>	T
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	1		
a	Is the organization licensed to issue qualified health plans in more than one state?	13a	<u> </u>	1
a	Note. See the instructions for additional information the organization must report on Schedule O			1
b	Enter the amount of reserves the organization is required to maintain by the states in which	1		
	the organization is licensed to issue qualified health plans			
c	Enter the amount of reserves on hand]	1	

14a Did the organization receive any payments for indoor tanning services during the tax year?

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

14a 14b

•	•			_
	90 (2011) PINNACLE PARTNERS OF THE CAROLINAS, INC. 57-113			age 6
Par	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for	a "IVO oo ins	 truot	ione
	· response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. So	JU 1118	tructi	
	Check if Schedule O contains a response to any question in this Part VI	<u> </u>		<u> —</u>
Sect	ion A. Governing Body and Management	$\overline{}$	Yes	No
10	Enter the number of voting members of the governing body at the end of the tax year . 1a 5	\Box	163	110
ıa	If there are material differences in voting rights among members of the governing body, or			1
	if the governing body delegated broad authority to an executive committee or similar			1
	committee, explain in Schedule O			l
b	Enter the number of voting members included in line 1a, above, who are independent 5			
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?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? .	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
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?	7a		X
р	Are any governance decisions of the organization reserved to (or subject to approval by) members,	7b		×
0	stockholders, or persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during	10		┝
8	the year by the following			
а	The governing body?	8a	Χ	-
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	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	9		X
Sect	ion B. Policies (This Section B requests information about policies not required by the Internal Revenue Co	ode)		
			Yes	No
	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,	405		
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		X
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		├^
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? <i>If "No," go to line 13 </i>	12a	Х	
12a	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		\vdash
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	1.5		
•	describe in Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		├
b	Other officers or key employees of the organization	15b	_X	├
	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	160		×
L	with a taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its	16a		├^
b	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?	16b		
Sect	ion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ► SC			
18	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			

X Upon request

Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest

State the name, physical address, and telephone number of the person who possesses the books and records of the

Another's website

organization ► RICK TO FISHER

P O BOX 1549-1228, TRAVELERS REST, SC 29690

policy, and financial statements available to the public

Own website

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(864) 371-1008

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orm 990 (2011) PINNACLE PARTNERS OF THE CAROLINAS, I	INC
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Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response to any question in this Part VII.

Section	nΔ	Officers	Directors.	Trustees	Key Employe	es and Highes	t Compensated	Employ	ees/
00000		Onnocis,	Directors,	, ilusicos,	, ivey Employed	cs, and ingrics	t oomponsated		,

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

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

X Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	box,	unles er an	Pos eck s pe	rson	e than o is both or/trust	an ee)	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) JAMES B ANTHONY		,,		,						
VICE PRESIDENT	0 15	X	<u> </u>	Х	<u> </u>	-	<u> </u>	0	0	0
(2) LUCAS T. ANTHONY								_		
DIRECTOR	0 15	<u>X</u>	<u> </u>		-	_		0	0	0
(3) SAM BUCKNER		,		U			Ì			
TREASURER	0.20	X	_	X				0	0	0
(4) JIMMY EPTING	0.00		1	J						
SECRETARY	0 20	X	1	Х	├	-	_	0	0	0
(5) RICK T. FISHER PRESIDENT	0 46			х				0	o	0
(6)	0 10									
(9)										
(10)										
(11)										
(12)										
(13)										
(14)										
		<u> </u>	Щ.			L		<u></u>	L	

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Pa	rt VII	Section A. Officers, Directors, T	rustees, Key Er	mplo	yee	s, a	nd l	High	est	Compensated	Employees (d	ontinu	ed)	
	,	(A) Name and title	(B) Average hours per week	box, office	unles er an	Pos neck ss pe d a d	rson	than on the structure of the structure o	an (ee)	(D) Reportable compensation from	(E) Reportable compensation from related	a	(F) stimated mount of other	f
			(describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	ey employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC	org ar	npensation from the ganization d related anization	on d
(15)												†		
(16)										-				
(17)										_				
(18)														
(19)														
(20)														
(21)														
(22)														
(23)														
(24)														
(25)														
С		II m continuation sheets to Part VII, Id lines 1b and 1c)	Section A				٠		• • •	0 0		0 0 0		0 0 0
2		mber of individuals (including but not e compensation from the organization						о гес	ceiv	ved more than \$	100,000 of			
3		rganization list any former officer, di e on line 1a? <i>If "Yes," complete Sche</i>	·			•	yee	, or h	igh	est compensate	ed	3	Yes	No X
4		ndividual listed on line 1a, is the sum nization and related organizations gre i										<u>.</u> 4		X
5	Did any p	person listed on line 1a receive or ac ses rendered to the organization? If "									ndıvıdual	5		X
Sect		dependent Contractors												
1		e this table for your five highest compartion from the organization. Report of											×	
		(A) Name and business add	Iress							(B) Description of ser	vices	(C Compe		
														_0
					-									<u>0</u> 0
			 											0
2		nber of independent contractors (incl n \$100,000 of compensation from the		nited	to t	hos	e lis	ted a	bov	ve) who received	d			0

Pari	t VIII	Statement of Revenue				
	•		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
ats ats	1a	Federated campaigns . 1a 0				
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues 1b 0	1			
	C	Fundraising events 1c 0	1			
ifts r A	d	Related organizations 1d 0	1			
, G ila		Government grants (contributions) 1e 0	1			
ons Sin	e		1			
utic rer	T	All other contributions, gifts, grants, and	}			
rib Otto		similar amounts not included above 1f 10,000	1			
Contributions, Gifts, and Other Similar Ar	g	Noncash contributions included in lines 1a-1f \$ 0				
0 8	h	Total. Add lines 1a–1f	10,000			
ıne		Business Code	1			
ven	2a		0			
Re	b		0			
/Ice	С		0			
Sen	d		0			
Ē	е		0			
Program Service Revenue	f	All other program service revenue	0			
P	q	Total. Add lines 2a–2f	0			
	3	Investment income (including dividends, interest, and				
		other similar amounts) .	947			
	4	Income from investment of tax-exempt bond proceeds	0			
	5	Royalties	0			
:	3	(i) Real (ii) Personal	 			
	C-		-			
	6a	Gross rents .	1			
	b	Less: rental expenses				
	C	Rental income or (loss) 0 0				
	ď	Net rental income or (loss)	0			
	7a	Gross amount from sales of (i) Securities (ii) Other	1]
		assets other than inventory 0 0	4			
	b	Less. cost or other basis				,
		and sales expenses 0 0				
	С	Gain or (loss)0		- .	_	
	d	Net gain or (loss)	0			
o l						İ
Other Revenue	8a	Gross income from fundraising	1		}	
, ve		events (not including \$0				
Re		of contributions reported on line 1c)				
ier		See Part IV, line 18 a0				
Ott.	b	Less: direct expenses . b0				
	С	Net income or (loss) from fundraising events	0			
	9a	Gross income from gaming activities				
		See Part IV, line 19 a 0				
	ь	Less direct expenses b	1			
		Net income or (loss) from gaming activities	1 · o		-	
		Gross sales of inventory, less				
		returns and allowances a				
	h	Less cost of goods sold b	1			
		Net income or (loss) from sales of inventory	ò	***	-	
		Miscellaneous Revenue Business Code	 			
	11a	· 	0			
	b		0			
	ט		0		 -	
	, C	All other revenue	0		 	
			0			
	e	Total. Add lines 11a–11d				
	12	Total revenue. See instructions ▶	10,947	0	0	0

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns	All other organizations must complete column (A) but are
not required to complete columns (B), (C), and (D).	

	Check if Schedule O contains a response to any	question in this Pai	rt IX		
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and				 -
	organizations in the United States. See Part IV, line 21	0			
2	Grants and other assistance to individuals in the				
	United States. See Part IV, line 22	45,000			
3	Grants and other assistance to governments,				
	organizations, and individuals outside the	_1			
	United States. See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors,				
_	trustees, and key employees	0			
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
7	persons described in section 4958(c)(3)(B)	12,940			· · · · · · · · · · · · · · · · · · ·
7	Other salaries and wages	12,940			
8	Pension plan accruals and contributions (include				
9	section 401(k) and 403(b) employer contributions)	0			
10	Other employee benefits	0			
11	Payroll taxes				
	Management	o			
a b	Legal	0			
0	A ====================================	0		<u> </u>	
d	Lobbying	0			
e	Professional fundraising services See Part IV, line 17	0			
f	Investment management fees	0			
g	Other	0			
12	Advertising and promotion	0			····
13	Office expenses	0			
14	Information technology	0			
15	Royalties	0			
16	Occupancy	0			
17	Travel	0			
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials .	0	<u> </u>		
19	Conferences, conventions, and meetings	0			
20	Interest	0			
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	0	0	0	0
23	Insurance	0			
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 O)	4.474			
a	ACCOUNTING AND OFFICE EXPENSE	1,171			
b		0			
C		0			
d	All other expanses	0	_		
е 25	All other expenses Total functional expenses. Add lines 1 through 24e.	59,111		0	
26	Joint costs. Complete this line only if the			<u> </u>	<u>_</u>
20	organization reported in column (B) joint costs				
	from a combined educational campaign and				
	fundraising solicitation Check here				
	following SOP 98-2 (ASC 958-720)				

Balance Sheet Part X (A) (B) End of year Beginning of year 160.312 8.276 1 Cash—non-interest-bearing 2 2 Savings and temporary cash investments ol 3 3 Pledges and grants receivable, net ol 4 Accounts receivable, net . . Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). 55.000 7 7 Notes and loans receivable, net . 8 Inventories for sale or use 9 Prepaid expenses and deferred charges . 10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10a 583,545 482,598 10c 10b Less. accumulated depreciation ol 11 Investments—publicly traded securities . 11 Investments—other securities See Part IV, line 11 ol 12 12 ol 13 0 13 Investments—program-related See Part IV, line 11 ol 14 14 Intangible assets. ol 15 0 Other assets. See Part IV, line 11 15 646,821 697,910 16 16 Total assets. Add lines 1 through 15 (must equal line 34) 2,925 17 17 Accounts payable and accrued expenses 18 Grants payable 19 19 Deferred revenue 20 20 Tax-exempt bond liabilities Escrow or custodial account liability. Complete Part IV of Schedule D. 21 Payables to current and former officers, directors, trustees, key 22 employees, highest compensated employees, and disqualified 22 persons Complete Part II of Schedule L . . . ol 23 0 23 Secured mortgages and notes payable to unrelated third parties ol Unsecured notes and loans payable to unrelated third parties . 24 24 Other liabilities (including federal income tax, payables to related third 25 parties, and other liabilities not included on lines 17-24) Complete 25 0 Part X of Schedule D 2,925 26 Total liabilities. Add lines 17 through 25 26 Organizations that follow SFAS 117, check here ► X and Fund Balances complete lines 27 through 29, and lines 33 and 34. 27 Unrestricted net assets 28 Temporarily restricted net assets 28 29 29 Permanently restricted net assets. Organizations that do not follow SFAS 117, check here ▶ 5 and complete lines 30 through 34. Net Assets 30 Capital stock or trust principal, or current funds 30 31 31 Paid-in or capital surplus, or land, building, or equipment fund . . . Retained earnings, endowment, accumulated income, or other funds 32 32 694,985 33 646,820 33 Total net assets or fund balances. 697.910l 646,820 Total liabilities and net assets/fund balances.

Form 9	90 (2011) PINNACLE PARTNERS OF THE CAROLINAS, INC.	57-113	2058	Pag	je 12
Part	XI Reconciliation of Net Assets				
	Check if Schedule O contains a response to any question in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1			,947
2	Total expenses (must equal Part IX, column (A), line 25)	2			<u>,111</u>
3	Revenue less expenses Subtract line 2 from line 1	3			<u>,164</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		<u>69</u> 4	,985
5	Other changes in net assets or fund balances (explain in Schedule O)	5			
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6		646	,821
Part					
	Check if Schedule O contains a response to any question in this Part XII	•		l	
				Yes	No
1	Accounting method used to prepare the Form 990 X Cash Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	1	Х
b	Were the organization's financial statements audited by an independent accountant?		2b		X
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight	of			
	the audit, review, or compilation of its financial statements and selection of an independent accountant? .		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in	ו			
	Schedule O				
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were				
	issued on a separate basis, consolidated basis, or both.				1
	X Separate basis Consolidated basis Both consolidated and separate basis		Ì		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in	i			
76	the Single Audit Act and OMB Circular A-133?	_	3a		х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the	•			
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		зь		
		-		990	(2011)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

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.

Name of the organization

PINNACLE PARTNERS OF THE CAROLINAS, INC

57-1132058

Par	t I	Reason	fo <u>r Publi</u> c Ch	arity Status (All org	<u>anızatıon</u>	<u>is must c</u>	omplete	this part	t) See in	struction	<u> </u>		
he c	rgar			ation because it is (Fo									
1	닏			rches, or association o			ed in sec	tion 170(b)(1)(A)(i).			
2	닏			on 170(b)(1)(A)(ii). (At									
3	Ц			nospital service organi									
4			search organiza me, city, and sta	ation operated in conju ate	inction wit	h a hospi	tal descril	bed in se	ction 170	(b)(1)(A)	(iii). En	ter the	
5				r the benefit of a collec (Complete Part II)	ge or unive	ersity own	ed or ope	erated by	a governi	mental ur	nit desc	nbed	
6		A federal, st	ate, or local gov	ernment or governmen	ntal unit d	escribed i	n section	170(b)(ʻ	1)(A)(v).				
7	Х			ly receives a substanti (1)(A)(vi). (Complete F		its suppor	t from a g	governme	ntal unit c	or from the	e gener	al publ	IC
8		A community	y trust described	d in section 170(b)(1)((A)(vi). (C	omplete F	Part II)						
9	靣	An organiza	tion that normall	ly receives. (1) more th	nan 33 1/3	3% of its s	support fro	om contril	butions, m	embersh	np fees,	and g	ross
		receipts from	n activities relate n gross investme	ed to its exempt function ent income and unrelated an after June 30, 1975	ons—subjeted busine	ect to cer ess taxabl	taın exce _l e ıncome	ptions, an (less sec	nd (2) no no ction 511 t	nore than	i 33 1/3	% of its	5
10		An organiza	tion organized a	and operated exclusive	ly to test f	for public	safety Se	ee sectio	n 509(a)(4).			
11 e		purposes of 509(a)(3). C a Type By checking persons other	one or more pu heck the box that I b this box, I certif	and operated exclusive blicly supported organ at describes the type of Type II cfy that the organization on managers and othe 2).	izations d of supporti Type o is not co	escribed ing organi e III–Funct ntrolled di	in section zation an tionally in irectly or i	509(a)(1 d comple tegrated indirectly) or section to by one or	on 509(a) le throug d	(2) See h 11h ype III- qualifie	e secti -Other d	
f				a written determinatior	n from the	IRS that	ıt ıs a Typ	e I, Type	II, or Typ	e III supp	orting		
•		_	, check this box								•		
g		Since Augus	st 17, 2006, has	the organization acce	pted any (gift or con	tribution f	from any	of the				
		following pe								()			Na
		• •	•	or indirectly controls, or verning body of the su		_		persons	aescribea	ın (II)	44~(i)	Yes	No
		•		person described in (i		_	<i>,</i> ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	•	•	•	11g(i) 11g(ii)		
		` '	•	ty of a person describe	•		?	•	· · ·		11g(in)		
h				ation about the suppoi									
(i)		e of supported anization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	1 '	organization sted in your document?	the organ	vou notify nization in of your port?	organizat (i) organi	is the tion in col zed in the S ?	(vii) Amoun support	t of
		<u>-</u>			Yes	No	Yes	No	Yes	No	<u> </u>		
A)													0
B)					l					ļ.——			
(C)											1		0
									<u> </u>				0
(D)									ļ		_		0
E)													0
- - 4 :													0

57-1132058 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)

	ion A. Public Support				· · · · · · · · · · · · · · · · · · ·		
Cale	ndar 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			ļ			
	include any "unusual grants ")	405,239	278,257	64,389	84,333		832,218
2	Tax revenues levied for the organization's		·		,	_	
_	benefit and either paid to or expended on	1					
	its behalf				Ì		0
3	The value of services or facilities						
•	furnished by a governmental unit to the						
	organization without charge .				l	1	0
4	Total. Add lines 1 through 3	405,239	278,257	64,389	84,333	0	832,218
5	The portion of total contributions by each	400,200	210,201	04,503	04,000		032,210
•	person (other than a governmental unit						
	or publicly supported organization)						
	included on line 1 that exceeds 2%	[[[1	
	· · · · · · · · · · · · · · · · · · ·						
	of the amount shown on line 11,						
c	column (f)					-	022.240
6	Public support. Subtract line 5 from line 4	i					832,218
	ion B. Total Support			() 0000			
Calei	ndar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7	Amounts from line 4	405,239	278,257	64,389	84,333	0	832,218
8	Gross income from interest, dividends,						
	payments received on securities loans,	1				ĺ	
	rents, royalties and income from similar						
	sources				_2,000	_	2,000
9	Net income from unrelated business						
	activities, whether or not the business is					1	
	regularly carried on	İ					0
10	Other income Do not include gain or	,					
	loss from the sale of capital assets			İ			
	(Explain in Part IV)						0
11	Total support. Add lines 7 through 10						834,218
12	Gross receipts from related activities, etc (s	ee instructions)			12	
13	First five years. If the Form 990 is for the oil			rd, fourth, or fift	h tax year as a	section 501(c)(3)
	organization, check this box and stop here					,	▶□
Sect	ion C. Computation of Public Support	Percentage	·				
14	Public support percentage for 2011 (line 6, c		ed by line 11	column (fl)		14	99 76%
15	Public support percentage for 2011 (line 6, 6				• •	15	17 83%
. •	33 1/3% support test—2011. If the organization			line 13 and li	ne 14 is 33 1/3		
·oa	and stop here . The organization qualifies as				,		► X
b	33 1/3% support test—2010. If the organization		. •				
	box and stop here . The organization qualified					0 17070 01 111010	S, CHECK WIIS
4=.			-				
17a	10%-facts-and-circumstances test—2011.	•					
	is 10% or more, and if the organization mee					- •	
	Part IV how the organization meets the "fact	s-and-circumst	ances" test. Th	ne organization	qualifies as a	publicly suppor	rted
	organization						▶□
þ	10%-facts-and-circumstances test—2010	•					
	15 is 10% or more, and if the organization m					-	xplaın ın
	Part IV how the organization meets the "fact	s-and-cırcumst	ances" test. Th	ne organization	qualifies as a	publicly	
	supported organization		•				▶∐
18	Private foundation. If the organization did r	ot check a box	on line 13, 16	a, 16b, 17a, or	17b, check the	s box and see	
	instructions			. ,			▶□

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)

Sec	tion A. Public Support						
	ndar 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")						0
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	ĺ					0
3	Gross receipts from activities that are not an unrelated trade or business under section 513						0
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
5	The value of services or facilities furnished by a governmental unit to the organization without charge						0
6 7a	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons	0	0	0	0	0	0
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						
С	amount on line 13 for the year Add lines 7a and 7b		0	0	0	0	0
8	Public support (Subtract line 7c from line 6)				0		<u>0</u> 0
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9	Amounts from line 6	o	0	o	0	o	0
10a	Gross income from interest, dividends, payments received on securities loans,						
b	rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses						0
	acquired after June 30, 1975						0
11	Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether	0	0	0	0	0	0
12	or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						0
13	Total support. (Add lines 9, 10c, 11, and 12)	0	0	0	0	0	0
14	First five years. If the Form 990 is for the organization, check this box and stop here	ation's first, seco	nd, third, fourth,	or fifth tax year a	s a section 501(c)(3)	▶ □
Sec	tion C. Computation of Public Support	Percentage					
15	Public support percentage for 2011 (line 8, column		e 13, column (f)	•		15	0 00%
16 Soo	Public support percentage from 2010 Schedule A,				<u> </u>	16	0.00%
<u> 3ec</u> 17	tion D. Computation of Investment Inco Investment income percentage for 2011 (line 10c,			ımn (fl)		17	0 00%
18 19a	Investment income percentage from 2010 Schedul 33 1/3% support tests—2011. If the organization	le A, Part III, line	17		ore than 33 1/3%	18	0 00%
b	not more than 33 1/3%, check this box and stop h 33 1/3% support tests—2010. If the organization	ere. The organiz did not check a t	ation qualifies as box on line 14 or	s a publicly suppo line 19a, and line	orted organizatio e 16 is more than	n n 33 1/3%, and	▶ □
22	line 18 is not more than 33 1/3%, check this box as	-	=				▶⊣
20	Private foundation. If the organization did not che	ck a box on line	14, 19a, or 19b,	cneck this box a	na see instructio	ns	▶

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 A, PART II, SECTION C, LINE 17A - FACTS AND CIRCUMSTANCES TEST: PINNACLE PARTNERS OF THE CAROLINAS IS MAKING SEVERAL EFFORTS TO MEET THE REQUIREMENTS OF A PUBLIC CHARITY AND THEREFORE SHOULD QUALIFY UNDER THE 10% FACTS AND CIRCUMSTANCES TEST.

THE BOARD OF DIRECTORS IS FOCUSED ON EFFORTS TO BENEFIT THE PUBLIC. THE CURRENT BOARD IS MADE UP OF TWO OFFICERS FROM THE CLIFFS COMMUNITIES, INC., AND THE DIRECTOR OF CHARITABLE GIVING FOR THE CLIFFS COMMUNITIES, INC., AND TWO LEADERS OF NORTH GREENVILLE UNIVERSITY. FUTURE PLANS INCLUDE A POSSIBLE EXPANSION OF THE BOARD TO INCLUDE A MEMBER FROM TWO CHARITABLE CONSERVATION PARTNERS. ALL OF THIS IN AN EFFORT TO HAVE A GOVERNING BODY WHICH REPRESENTS THE BOARD INTERESTS OF THE PUBLIC AND TO LEAD INITIATIVES THAT BENEFIT THE COMMUNITY.

THE ORGANIZATION HAS IMPLEMENTED SEVERAL PUBLIC INITIATIVES FOR FUNDRAISING AND CHARITABLE ACTIVITIES THAT BENEFIT THE GENERAL PUBLIC. THE FOLLOWING ACTIVITIES ARE JUST A SAMPLE OF WAYS THE ORGANIZATION IS REACHING OUT TO THE PUBLIC FOR SUPPORT AND BENEFITING THE PUBLIC THROUGH ITS PROGRAMS:

CAMP HANNON AT PINNACLE FALLS - THIS CAMP, IN PARTNERSHIP WITH CLEMSON UNIVERSITY YOUTH LEARNING INSTITUTE AND THE SCOTT HANNON MEMORIAL FOUNDATION IS BEING CONSTRUCTED ON LAND DONATED BY PINNACLE PARTNERS. THE CAMP WILL INCLUDE COTTAGES FOR BOYS AND GIRLS AND A MULTI-PURPOSE BUILDING. WITH SUMMER PROGRAMS ALREADY BEGUN IN 2009, THIS CAMP IS DESIGNED TO SERVE 10,000 CHILDERN FROM ACROSS SOUTH CAROLINA AND THE SOUTHEAST ANNUALLY. INITIATIVES FOR FUNDRAISING ARE CURRENTLY UNDERWAY FOR CAMP HANNON AND WILL CONTINUE OVER THE NEXT 3-5 YEARS.

TEACHING KATE INITIATIVE - UTILIZING PROPERTY DONATED BY PINNACLE PARTNERS AND IN CONJUNCTION WITH THE SOUTH CAROLINA DEPARTMENT OF EDUCATION, THE CLEMSON YOUTH LEARNING INSTITUTE IS IMPLEMENTING THIS RESIDENTIAL, ENVIRONMENTAL EDUCATON PROGRAM. IN NOVEMBER 2008, PINNACLE PARTNERS AND THE YOUTH LEARNING INSTITUTE WERE HONORED BY THE CONSERVATION FUND'S "YOUTH IN NATURE FORUM" AS ONE OF THE TOP 30 COLLABORATIONS IN THE NATION FOR THE IMPACTING OF YOUNG PEOPLE WITH THE MESSAGE OF CONSERVATION AND ENVIRONMENTAL EDUCATION.

BOY AND GIRL SCOUT FITNESS FEST – UTILIZING PROPERTY DONATED BY PINNACLE PARTNERS, A PARTNERSHIP WAS CREATED FOR THE PURPOSE OF PROMOTING WELLNESS AND OUTDOOR ENGAGEMENT WITH THE BOY AND GIRL SCOUT ORGANIZATIONS IN UPSTATE SOUTH CAROLINA. OVER 6,000 SCOUTS PARTICIPATED IN THE PROGRAM WITH MORE THAN 450 ENJOYING AN OUTDOOR EXPERIENCE AT THE FOOT OF SASSAFRAS MOUNTAIN.

PINNACLE PARTNERS HAS ALSO MADE SEVERAL PROPERTY DONATIONS OVER THE PAST YEARS EXPRESSLY FOR THE PURPOSE OF MAKING THESE PROPERTIES AVAILABLE TO THE PUBLIC THROUGH PARTNERSHIPS WITH SUCH ORGANIZATIONS AS THE S.C. DEPT. OF EDUCATION, S.C. DEPT. OF NATURAL RESOURCES, CLEMSON UNIVERSITY YOUTH LEARNING INSTITUTE AND YOUNG LIFE. LITERALLY TENS OF THOUSANDS OF CHILDREN, YOUTH AND THEIR FAMILIES WILL BENEFIT FROM THESE DONATIONS.

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527 ► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. See separate instructions.

If the organization answered "Yes" to Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

If the organization answered "Yes" to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A If the organization answered "Yes" to Form 990, Part IV, line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35c (Proxy Tax), then

 Section 501(c)(4), (5), or (6) organizations Complete Part III Employer identification number Name of organization 57-1132058 PINNACLE PARTNERS OF THE CAROLINAS, INC. Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization. Provide a description of the organization's direct and indirect political campaign activities in Part IV. Political expenditures Volunteer hours Complete if the organization is exempt under section 501(c)(3). 1 Enter the amount of any excise tax incurred by the organization under section 4955 Enter the amount of any excise tax incurred by organization managers under section 4955. 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year?. Yes Yes No 4a Was a correction made? . . b If "Yes." describe in Part IV. Complete if the organization is exempt under section 501(c), except section 501(c)(3). Part I-C Enter the amount directly expended by the filing organization for section 527 exempt function Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities . Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b. Yes Did the filing organization file Form 1120-POL for this year? Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV (c) EIN (d) Amount paid from (e) Amount of political (a) Name (b) Address filing organization's contributions received and funds If none, enter -0promptly and directly delivered to a separate political organization If none, enter -0-(1) ol (2)(3) (4)Ol (5) ol

(6)

	sadie 6 (1 6iiii 336 6i 336-LZ) 2611					i age =
Р	art II-A Complete if the organization under section 501(h)).	is exempt	under section 5	01(c)(3) and filed	Form 5768 (elect	ion
A	Check ▶☐ If the filing organization beliname, address, EIN, expe	nses, and sh	nare of excess lob	obying expenditure	es).	member's
В	Check ▶ if the filing organization che	ecked box A	and "limited conf	trol" provisions ap	ply.	
	Limits on Lobb (The term "expenditures" me			l.)	(a) Filing organization's totals	(b) Affiliated group totals
1a	Total lobbying expenditures to influence pu	blic opınıon (ç	grass roots lobbying	g)		0
b	Total lobbying expenditures to influence a le	-				0
C	Total lobbying expenditures (add lines 1a a	nd 1b)			0	0
d	Other exempt purpose expenditures .					0
е	Total exempt purpose expenditures (add lin				0	0
f	Lobbying nontaxable amount Enter the am	ount from the	following table in t	ooth		_
ı	columns.	1 =			0	0
ļ	If the amount on line 1e, column (a) or (b) is:		ng nontaxable amou	int is:		1
- }	Not over \$500,000 Over \$500,000 but not over \$1,000,000		amount on line 1e us 15% of the excess	0.000 \$500 000		,
}	Over \$1,000,000 but not over \$1,000,000 Over \$1,500,000		us 10% of the excess			r
ł	Over \$1,500,000 but not over \$17,000,000		us 5% of the excess			ì
Ì	Over \$17,000,000	\$1,000,000				
g	Grassroots nontaxable amount (enter 25%				0	0
h	Subtract line 1g from line 1a. If zero or less				0	0
i	Subtract line 1f from line 1c. If zero or less,			•	o	0
j	If there is an amount other than zero on eith	ner line 1h or	line 1i, did the orga	anızation file Form 4	720 reporting	
	section 4911 tax for this year? .				<u>L</u>	_ Yes
	(Some organizations that ma	ide a section				
	Lobbying	j Expenditur	es During 4-Year	Averaging Period		
	Calendar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) Total
2a	Lobbying nontaxable amount				0	0
b	Lobbying ceiling amount (150% of line 2a, column(e))					0
С	Total lobbying expenditures	,			0	0
d 	Grassroots nontaxable amount				0	0
е 	Grassroots ceiling amount (150% of line 2d, column (e))					0
f	Grassroots lobbying expenditures				0	0

Schedule C (Form 990 or 990-EZ) 2011

Schedule C (Form 990 or 990-EZ) 2011

	t II-B Complete if the organization is exempt under section 501(c)(3) and has NOT (election under section 501(h)).	filed	Forn	า 5768		age o
_		(a	1)		(b)	
	each "Yes" response to lines 1a through 1ı below, provide in Part IV a detailed description e lobbying activity	Yes	No	A	mount	
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of	-				1
a	Volunteers?					1
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			-		. ,
C	Media advertisements?					
d	Mailings to members, legislators, or the public?					
e f	Publications, or published or broadcast statements?					
g	Direct contact with legislators, their staffs, government officials, or a legislative body?					
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?					
ì	Other activities?					
ì	Total Add lines 1c through 1i					
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?					
b	If "Yes," enter the amount of any tax incurred under section 4912					-
C	If "Yes," enter the amount of any tax incurred by organization managers under section 4912.					
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5),	or se	ction		
	501(c)(6).					
_					Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?			1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		•	2		
3_	Did the organization agree to carry over lobbying and political expenditures from the prior year?			3		
Par	Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" Canswered "Yes."					, is
1	Dues, assessments and similar amounts from members		1			
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).					_
а	Current year		2a			
b	Carryover from last year		2b			
C	Total		2c_			0
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .		3			
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the		Ì			
	excess does the organization agree to carryover to the reasonable estimate of nondeductible					
	lobbying and political expenditure next year?		4			
5	Taxable amount of lobbying and political expenditures (see instructions)		5			0
Pari						
	olete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4, Part I-C, line 5, complete this part for any additional information.					ne 1
				-		

PINN	ACLE PARTNERS OF THE CAROLINAS, INC	57-1132058
Schedule C (Fo	orm 990 or 990-EZ) 2011	Page 4
Part IV	Supplemental Information (continued)	
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	• • • • • • • • • • • • • • • • • • • •	
		• • • • • • • • • • • • • • • • • • • •
-		

Reasonable Cause Explanation (990)

Item F (990) - Name and Address of Principal Officer

item i (000) - Hame and Addi	coo or i illiorpar e		
Name			Phone Number
RICK T FISHER			(864) 371-1008
Address			Foreign Country
P O BOX 1549			
City, Town, or Post Office	State	Zıp Code	Check ("X") if a business
TRAVELERS REST	sc	29690	X

SCHEDULEI (Form 990)

General Information on Grants and Assistance

Part I

PINNACLE PARTNERS OF THE CAROLINAS, INC.

Department of the Treasury Internal Revenue Service Name of the organization

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

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

OMB No 1545-0047	201	Open to Public	Inspection	ation number
				Employer identification number

57-1132058

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and	ntain records to s	substantiate the am	ount of the grants or as	ssistance, the grantee	s' eligibility for the grai	nts or assistance, and	[
the selection criteria used to award the grants or assistance?	to award the grar	nts or assistance?.					Yes
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	Janization's proce	dures for monitorin	g the use of grant fund	s in the United States			
Part II Grants and Other	r Assistance to	Governments a	Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to	the United States	. Complete if the org	Janization answered	"Yes" to
Form 990, Part IV, line 21, for any recipient that can be duplicated if additional space is needed	, line 21, for any if additional spa	recipient that recice is needed	nat received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II at received more than \$5,000.	000 Check this box	if no one recipient re	eceived more than \$	5,000 Part II
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) Youth Learning Institute Clemson, SC	- 57-6000254	7.S	40,000	0			
(2) Zest Quest Camp Clemson, SC	7520009-LS	ورم	000'5	0			
(3)			0	0			
(4)			0	0			
(5)			0	0			
(9)	:		0	0			
(2)	:		0	0			
(8)	:		0	0			
(6)			0	0			
(10)			0	0			
(11)	•		0	0			
(12)	-		0	0			
2 Enter total number of section 501(c)(3) and government	ion 501(c)(3) and		organizations listed in the line 1 table	e 1 table			
			1				

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

Schedule I (Form 990) (2011)

Schedule I (Form 990) (2011)

Page 2 Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III

Part III can be duplicated if additional space is needed	il space is needed				
(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 non-cash assistance
1	0	0	0		
2	0	0	0		
3	0	0	0		
4	0	0	0		
5	0	0	0		
9	0	0	0		
2	0	0	0		
Part IV Supplemental Information. Complete this part to provide the information required in Part I	ete this part to prov	vide the information r	equired in Part I, line	2, and	any other additional information.
•					
					Schedule I (Form 990) (2011)

SCHEDULE 0 (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

57-1132058

OMB No 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

PINNACLE PARTNERS OF THE CAROLINAS, INC

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.

Employer identification number

Form 990 Part Part VI Section B Line 11 THE ORGANIZATION WILL MAKE FORM 990 AVAILABLE FOR THE
GOVERNING BODY TO REVIEW AFTER THE FILING OF THE RETURN.
Form 990 Part Part VI Section B Line 12C ALL DIRECTORS ARE REQUIRED TO DISCLOSE ANY POTENTIAL
CONFLICTS OF INTEREST TO THE BOARD OF DIRECTORS. THE BOARD OF DIRECTORS FOLLOW THE WRITTEN
PROCEDURES AND REVIEW THE SITUATION ACCORDINGLY. TO ENSURE THE ORGANIZATION OPERATES IN A
MANNER CONSISTANT WITH CHARITABLE PURPOSES AND DOES NOT ENGAGE IN ACTIVITIES THAT COULD
JEOPARDIZE ITS TAX-EXEMPT STATUS, PERIODIC REVIEWS ARE CONDUCTED ACCORDING TO THE CONFLICT OF
INTEREST POLICY.
Form 990 Part Part VI Section B Line 15 NO COMPENSATION WAS PAID FROM THE ORGANIZATION DURING
2010.
Form 990 Part Part VI Section C Line 19 THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF
INTEREST POLICY, AND FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST.
Form 990 Part Part I Line 1 DESCRIPTION OF ORGANIZATION MISSION. PINNACLE PARTNERS OF THE
CAROLINAS, INC. HAS TWO MAIN PURPOSES. FIRST, TO CONSERVE AND PROTECT SEVERAL TRACTS OF LAND
IN PICKENS COUNTY, SOUTH CAROLINA THAT WERE CONTRIBUTED TO THE ORGANIZATION FOR USE BY YOUTH
CAMPS AND OTHER YOUTH ORIENTATED ORGANIZATIONS. SECOND, TO PROMOTE THE USE OF THE LAND BY THE
ORGANIZATIONS THAT SERVE TO ENHANCE THE HEALTH, PHYSICAL AND SPIRITUAL WELL-BEING OF CHILDREN
AND YOUTH.