



See a Social Security Number? Say Something!
Report Privacy Problems to <https://public.resource.org/privacy>
Or call the IRS Identity Theft Hotline at 1-800-908-4490



Form 990-EZ

Department of the Treasury
Internal Revenue Service

Short Form

Return of Organization Exempt From Income Tax

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

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

OMB No 1545-1150

2012

Open to Public Inspection

A For the 2012 calendar year, or tax year beginning 01-01-2012, and ending 12-31-2012

B

Check if applicable

☐ Address change

☐ Name change

☐ Initial return

☐ Terminated

☐ Amended return

☐ Application pending

C

Name of organization
UNITED IN PINK INC

Number and street (or P O box, if mail is not delivered to street address)Room/suite
2550-A NORTHSIDE CROSSING

City or town, state or country, and ZIP + 4
MACON, GA 31210

D

Employer identification number
20-5848087

E Telephone number
(478) 254-5247

F Group Exemption Number

G Accounting Method ☒ Cash ☐ Accrual Other (specify)

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

I Website: WWW.UNITEDINPINK.ORG

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

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 \$ 129,982

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

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	96,094
	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 \$ 43,412 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	30,935
	c	Less direct expenses from gaming and fundraising events	6c	20,180
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	10,755
	7a	Gross sales of inventory, less returns and allowances	7a	2,953
	b	Less cost of goods sold	7b	1,289
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	1,664
	8	Other revenue (describe in Schedule O)	8	
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	108,513
Expenses	10	Grants and similar amounts paid (list in Schedule O)	10	
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	40,308
	13	Professional fees and other payments to independent contractors	13	12,718
	14	Occupancy, rent, utilities, and maintenance	14	16,976
	15	Printing, publications, postage, and shipping	15	2,531
	16	Other expenses (describe in Schedule O)	16	21,896
	17	Total expenses. Add lines 10 through 16	17	94,429
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	14,084
	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	49,508
	20	Other changes in net assets or fund balances (explain in Schedule O)	20	
	21	Net assets or fund balances at end of year Combine lines 18 through 20	21	63,592

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	52,371	22	59,994
23 Land and buildings		23	
24 Other assets (describe in Schedule O)	2,526	24	8,076
25 Total assets	54,897	25	68,070
26 Total liabilities (describe in Schedule O)	5,389	26	4,478
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	49,508	27	63,592

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?

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

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

28

UNITED IN PINK IS COMMITTED TO ENHANCING THE QUALITY OF LIFE FOR BREAST CANCER SURVIVORS AND THEIR FAMILIES BY ADDRESSING THEIR UNIQUE PHYSICAL, PSYCHOLOGICAL, RELATIONAL, AND EDUCATIONAL NEEDS ABOVE ALL, WE NURTURE LIFELONG, LOVING RELATIONSHIPS WITH EACH SURVIVOR AND FAMILY WE SERVE DURING 2012, UNITED IN PINK COLLABORATED WITH MEDICAL PROFESSIONALS IN ORDER TO EVALUATE AND PROVIDE APPROPRIATE CARE TO BREAST CANCER PATIENTS WHO SUFFER FROM PSYCHOSOCIAL DISTRESS AT ANY POINT DURING THE BREAST CANCER CONTINUUM COMMON CONCERNS WOMEN WITH BREAST CANCER FACE INCLUDE FEAR OF RECURRENCE, CHANGES IN RELATIONSHIPS, DISRUPTED SLEEP PATTERNS, PAIN, FATIGUE, BODY IMAGE CHANGES, SEXUAL DYSFUNCTION, ANXIETY AND DEPRESSION, FEAR OF DYING, ETC IN ADDITION TO PROVIDING CARE FOR THE SURVIVOR, OUR PROGRAMS AND SERVICES ALSO TARGET THE EFFECTS ON THE SPOUSE AND CHILDREN THIS DIAGNOSIS AFFECTS THE ENTIRE FAMILY BY DEVELOPING RELATIONSHIPS WITH THESE FAMILIES, WE ARE ABLE TO OFFER CUSTOMIZED CARE FOR THEIR UNIQUE NEEDS PHYSICAL NEEDS SERVED HOME HEALTH/COMPANIONSHIP CARE, GROCERY GIFT CARDS, HOUSE CLEANING, AND BAGS OF HOPE PSYCHOLOGICAL NEEDS SERVED CLINICAL THERAPY, SURVIVOR MATCH PROGRAM, HEALING RETREATS, AND CLINICAL ASSESSMENTS RELATIONAL NEEDS SERVED SUMMER DAY CAMP, COMMUNITY PARTNERSHIPS, PRAYER GROUP, VOLUNTEER INVOLVEMENT EDUCATIONAL NEEDS SERVED MONTHLY WORKSHOPS, WEBINARS, RESOURCE LIBRARY, AND CONFERENCES THE ORGANIZATION IS CURRENTLY SERVING FAMILIES IN 12 COUNTIES THROUGHOUT CENTRAL GEORGIA WE ARE THE ONLY ORGANIZATION IN CENTRAL GEORGIA PROVIDING SUPPORT TO THE ENTIRE FAMILY AFFECTED BY A BREAST CANCER DIAGNOSIS ALL OF OUR PROGRAMS AND SERVICES ARE OFFERED AT NO CHARGE CARE IS PROVIDED TO NEWLY DIAGNOSED PATIENTS AS WELL AS THOSE FACING END OF LIFE UNITED IN PINK CONTRACTS WITH A LICENSED FAMILY AND MARRIAGE THERAPIST FROM MERCER HEALTH SYSTEMS TO OVERSEE OUR CLINICAL OFFERINGS THIS CLINICAL DIRECTOR ASSISTS WITH OUR PROGRAMMING AS WELL AS MONITORS RECOMMENDED INTERVENTION AND SUPPORT FOR EACH FAMILY

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

28a

94,429

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)

32

94,429

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 title	(b) 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
See Additional Data Table				

Form 990-EZ (2012)

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	No
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	No
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	No
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	No
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	No
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions	37a	
b	Did the organization file Form 1120-POL for this year?	37b	No
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?	38a	No
b	If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	
39	Section 501(c)(7) organizations Enter		
a	Initiation fees and capital contributions included on line 9	39a	
b	Gross receipts, included on line 9, for public use of club facilities	39b	
40a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911, section 4912, section 4955		
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	40b	No
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		
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	40e	No
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 Located at 577 MULBERRY STREET SUITE 1610 MACON, GA ZIP + 4 31201		
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 See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	42b	No
c	At any time during the calendar year, did the organization maintain an office outside the U S ? If "Yes," enter the name of the foreign country	42c	No
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	
		Yes	No
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	No
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	No
c	Did the organization receive any payments for indoor tanning services during the year?	44c	No
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	No
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	No

		Yes	No
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		No

Part VI

Section 501(c)(3) organizations only

All section 501(c)(3) organizations 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 ☐

		Yes	No
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		No
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		No
49a	Did the organization make any transfers to an exempt non-charitable related organization?		No
49b	If "Yes," was the related organization a section 527 organization?		

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

(a) Name and title of each employee paid more than \$100,000	(b) 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	***** Signature of officer			2013-09-17 Date	
	APRIL HORNSBY TREASURER Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name		Preparer's signature STEPHANIE C SURLES		Date 2013-09-18
	Firm's name ☐ HOWARD MOORE & MCDUFFIE PC				Firm's EIN ☐
	Firm's address ☐ PO BOX 4547 MACON, GA 31208				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 990EZ)

Public Charity Status and Public Support

OMB No 1545-0047

2012

Open to Public Inspection

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.

Department of the Treasury
Internal Revenue Service

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 33¹/₃% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33¹/₃% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)
- 10

☐

An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**
- 11

☐

An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h

a

☐

Type I

b

☐

Type II

c

☐

Type III - Functionally integrated

d

☐

Type III - Non-functionally integrated
- 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?

h

☐

Provide the following information about the supported organization(s)
- | | Yes | No |
|----------|-----|----|
| 11g(i) | | |
| 11g(ii) | | |
| 11g(iii) | | |
- | (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 monetary support |
|------------------------------------|----------|--|--|----|---|----|--|----|----------------------------------|
| | | | Yes | No | Yes | No | Yes | No | |
| | | | | | | | | | |
| | | | | | | | | | |
| Total | | | | | | | | | |
- For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990EZ.

Cat No 11285F

Schedule A (Form 990 or 990-EZ) 2012

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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	21,981	23,168	44,346	65,198	96,094	250,787
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	21,981	23,168	44,346	65,198	96,094	250,787
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)						58,821
6 Public support. Subtract line 5 from line 4						191,966

Section B. Total Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7 Amounts from line 4	21,981	23,168	44,346	65,198	96,094	250,787
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					664	664
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)						251,451
12 Gross receipts from related activities, etc (see instructions)					12	154,706
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here					▶	

Section C. Computation of Public Support Percentage						
14	Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f))	<table><tr><td>14</td><td>76 340 %</td></tr><tr><td>15</td><td></td></tr></table>	14	76 340 %	15	
14	76 340 %					
15						
15	Public support percentage for 2011 Schedule A, Part II, line 14					
16a	33 1/3% support test—2012. 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	☐				
b	33 1/3% support test—2011. 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	☐				
17a	10%-facts-and-circumstances test—2012. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization	☐				
b	10%-facts-and-circumstances test—2011. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization	☐				
18	Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	☐				

Part IIISupport 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) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
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.)						

Section B. Total Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
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 501(c)(3) organization, check this box and stop here ▶						

Section C. Computation of Public Support Percentage		
15 Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2011 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage		
17 Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2011 Schedule A, Part III, line 17	18	
19a 33 1/3% support tests—2012. 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—2011. 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).

Facts And Circumstances Test

Explanation

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.

Revenue			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col (a) through col (c))	
			<u>BUNKO</u> (event type)	<u>MEN IN PINK</u> (event type)	<u>1</u> (total number)		
	1	Gross receipts	60,174	7,330	6,843	74,347	
	2	Less Contributions . . .	39,197	4,215		43,412	
	3	Gross income (line 1 minus line 2)	20,977	3,115	6,843	30,935	
Direct Expenses	4	Cash prizes					
	5	Noncash prizes . . .					
	6	Rent/facility costs . . .	2,810	2,475		5,285	
	7	Food and beverages .	5,814	2,930		8,744	
	8	Entertainment					
	9	Other direct expenses .	5,302	849		6,151	
	10	Direct expense summary Add lines 4 through 9 in column (d) ►					(20,180)
	11	Net income summary Combine line 3, column (d), and line 10 ►					10,755

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.

Revenue		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes..... ☐ No	☐ Yes..... ☐ No	☐ Yes..... ☐ No	
	7 Direct expense summary Add lines 2 through 5 in column (d) ▶				
	8 Net gaming income summary Combine lines 1 and 7 in column (d) ▶				

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? ☐ Yes ☐ No

b If "No," explain _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," explain _____

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

a The organization's facility	13a	
b An outside facility	13b	

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 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 (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

Identifier	Return Reference	Explanation
------------	------------------	-------------

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 to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization UNITED IN PINK INC	Employer identification number 20-5848087
--	--

Identifier	Return Reference	Explanation
OTHER EXPENSES	FORM 990-EZ, PART I, LINE 16	EXPENSES ADVERTISING & MARKETING 1,535 OFFICE EXPENSES 2,058 INFORMATION TECHNOLOGY 3,437 TRAVEL EXPENSES 5,625 INSURANCE 731 SURVIVOR SUPPORT EXPENSES 5,932 KIDS IN PINK SUMMER CAMP 2,578 TOTAL 21,896
OTHER ASSETS	FORM 990-EZ, PART II, LINE 24	PREPAID EXPENSES AND DEFERRED CHARGES 0 4,231 RECEIVABLE-PAYROLL TAXES 26 0 EVENT FACILITY DEPOSIT 2,500 1,500 OFFICE SECURITY DEPOSIT 0 1,000 T-SHIRT INVENTORY 0 1,345 TOTAL 2,526 8,076
OTHER LIABILITIES	FORM 990-EZ, PART II, LINE 26	DEFERRED REVENUE 4,240 4,478 PAYROLL LIABILITIES - FICA 798 0 PAYROLL LIABILITIES - FEDERAL W/H 261 0 PAYROLL LIABILITIES - STATE W/H 90 0
PRIMARY EXEMPT PURPOSE	FORM 990-EZ, PART III	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
FIRST ACCOMPLISHMENT	FORM 990-EZ, PART III, LINE 28	UNITED IN PINK IS COMMITTED TO ENHANCING THE QUALITY OF LIFE FOR BREAST CANCER SURVIVORS AND THEIR FAMILIES BY ADDRESSING THEIR UNIQUE PHYSICAL, PSYCHOLOGICAL, RELATIONAL, AND EDUCATIONAL NEEDS ABOVE ALL, WE NURTURE LIFELONG, LOVING RELATIONSHIPS WITH EACH SURVIVOR AND FAMILY WE SERVE DURING 2012, UNITED IN PINK COLLABORATED WITH MEDICAL PROFESSIONALS IN ORDER TO EVALUATE AND PROVIDE APPROPRIATE CARE TO BREAST CANCER PATIENTS WHO SUFFER FROM PSYCHOSOCIAL DISTRESS AT ANY POINT DURING THE BREAST CANCER CONTINUUM COMMON CONCERNS WOMEN WITH BREAST CANCER FACE INCLUDE FEAR OF RECURRENCE, CHANGES IN RELATIONSHIPS, DISRUPTED SLEEP PATTERNS, PAIN, FATIGUE, BODY IMAGE CHANGES, SEXUAL DYSFUNCTION, ANXIETY AND DEPRESSION, FEAR OF DYING, ETC IN ADDITION TO PROVIDING CARE FOR THE SURVIVOR, OUR PROGRAMS AND SERVICES ALSO TARGET THE EFFECTS ON THE SPOUSE AND CHILDREN THIS DIAGNOSIS AFFECTS THE ENTIRE FAMILY BY DEVELOPING RELATIONSHIPS WITH THESE FAMILIES, WE ARE ABLE TO OFFER CUSTOMIZED CARE FOR THEIR UNIQUE NEEDS PHYSICAL NEEDS SERVED HOME HEALTH/COMPANIONSHIP CARE, GROCERY GIFT CARDS, HOUSE CLEANING, AND BAGS OF HOPE PSYCHOLOGICAL NEEDS SERVED CLINICAL THERAPY, SURVIVOR MATCH PROGRAM, HEALING RETREATS, AND CLINICAL ASSESSMENTS RELATIONAL NEEDS SERVED SUMMER DAY CAMP, COMMUNITY PARTNERSHIPS, PRAYER GROUP, VOLUNTEER INVOLVEMENT EDUCATIONAL NEEDS SERVED MONTHLY WORKSHOPS, WEBINARS, RESOURCE LIBRARY, AND CONFERENCES THE ORGANIZATION IS CURRENTLY SERVING FAMILIES IN 12 COUNTIES THROUGHOUT CENTRAL GEORGIA WE ARE THE ONLY ORGANIZATION IN CENTRAL GEORGIA PROVIDING SUPPORT TO THE ENTIRE FAMILY AFFECTED BY A BREAST CANCER DIAGNOSIS ALL OF OUR PROGRAMS AND SERVICES ARE OFFERED AT NO CHARGE CARE IS PROVIDED TO NEWLY DIAGNOSED PATIENTS AS WELL AS THOSE FACING END OF LIFE UNITED IN PINK CONTRACTS WITH A LICENSED FAMILY AND MARRIAGE THERAPIST FROM MERCER HEALTH SYSTEMS TO OVERSEE OUR CLINICAL OFFERINGS THIS CLINICAL DIRECTOR ASSISTS WITH OUR PROGRAMMING AS WELL AS MONITORS RECOMMENDED INTERVENTION AND SUPPORT FOR EACH FAMILY

TY 2012 Compensation Explanation**Name:** UNITED IN PINK INC**EIN:** 20-5848087

Person Name	Explanation
STEPHANIE C SURLES CPA	
CHERYL GOLDIN	
LAURA A PAXTON	
MARY LAWSON DAY	
BRENDA S LAMBERT RNC	
G BOWDEN TEMPLETON PHD LMFT	
LU H PEACOCK	
ARNOLD M CONFORTI MD FACS	
LUCINDA THOMPSON	
T BRIAN LEIGH MD FACOG	
TOM MCEACHERN	
DEBBIE SMITH	
DODIE CANTRELL BICKLEY	
DENNIS WHITAKER	

Additional Data

Software ID:
Software Version:
EIN: 20-5848087
Name: UNITED IN PINK INC

Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees

(a) Name and title	(b) 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 	1 00	0		
CHERYL GOLDIN 	25 00	8,667		
LAURA A PAXTON 	40 00	29,000		
MARY LAWSON DAY 	1 00	0		
BRENDA S LAMBERT RNC 	1 00	0		
G BOWDEN TEMPLETON PHD LMFT 	1 00	0		
LU H PEACOCK 	1 00	0		
ARNOLD M CONFORTI MD FACS 	1 00	0		
LUCINDA THOMPSON 	1 00	0		
T BRIAN LEIGH MD FACOG 	1 00	0		
TOM MCEACHERN 	1 00	0		
DEBBIE SMITH 	1 00	0		
DODIE CANTRELL BICKLEY 	1 00	0		
DENNIS WHITAKER 	1 00	0		