

**PINTO HERITAGE FOUNDATION, INC.**

**EXEMPT ORGANIZATION RETURN**

**DECEMBER 31, 2005**

**PUBLIC INSPECTION COPY**

# Short Form

OMB No. 1545-1150

**Form 990-EZ**

Department of the Treasury  
Internal Revenue Service

## Return of Organization Exempt From Income Tax

**2005**

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

► For organizations with gross receipts less than \$100,000 and total assets less than \$250,000 at the end of the year.

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

Open to Public  
Inspection

A For the 2005 calendar year, or tax year beginning **AUG 8, 2005** and ending **DEC 31, 2005**

B	Check if applicable:	C Name of organization		D Employer identification number
	Please use IRS label or print or type. See Specific Instructions.	<b>PINTO HERITAGE FOUNDATION, INC.</b>		<b>20-3968600</b>
	Initial return	Number and street (or P.O. box, if mail is not delivered to street address)	Room/suite	E Telephone number
	Final return	<b>7330 N. W. 23RD STREET</b>		<b>405-491-0111</b>
	Amended return	City or town, state or country, and ZIP + 4		F Group Exemption Number
	Application pending	<b>BETHANY, OK 73008</b>		

- Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Accounting method:  Cash  Accrual

Other specify: ►

I Website: ► **WWW.PINTOHERITAGE.ORG**

H Check ► if the organization is not

J Organization type (check only one):  501(c)(3) ► insert no. 4947-11-11-627 required to attach Schedule B Form 990-EZ or 990-Z

K Check ► if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS; but if the organization chooses to file a return, be sure to file a complete return. Some states require a complete return.

L Add lines 5c, 6b, and 7b, to line 9 to determine gross receipts if \$100,000 or more. File Form 990 instead of Form 990-EZ ► **9 31,000.**

M Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See page 38 of the instructions.)

Revenue		1
1 Contributions, gifts, grants, and similar amounts received		31,000.
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	
5b Less: cost or other basis and sales expenses	5b	
c Gain or (loss) from sale of assets other than inventory (line 5a less line 5b) (attach schedule)		5c
6 Special events and activities (attach schedule). If any amount is from gaming, check here ►		
a Gross revenue (not including \$ _____ of contributions reported on line 1)	6a	
b Less: direct expenses other than fundraising expenses	6b	
c Net income or (loss) from special events and activities (line 6a less line 6b)		6c
7a Gross sales of inventory, less returns and allowances	7a	
b Less: cost of goods sold	7b	
c Gross profit or (loss) from sales of inventory (line 7a less line 7b)		7c
8 Other revenue (describe ►)		8
9 Total revenue (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8)		9 31,000.
Expenses		10
10 Grants and similar amounts paid		10
11 Benefits paid to or for members		11
12 Salaries, other compensation, and employee benefits		12
13 Professional fees and other payments to independent contractors		13
14 Occupancy, rent, utilities, and maintenance		14
15 Printing, publications, postage, and shipping		15
16 Other expenses (describe ►)		16
17 Total expenses (add lines 10 through 16)		17
18 Excess or (deficit) for the year (line 9 less line 17)		18 31,000.
Net Assets		19
19 Net assets or fund balances at beginning of year (from line 27, column (A))		19
(must agree with end-of-year figure reported on prior year's return)		20
20 Other changes in net assets or fund balances (attach explanation)		20
21 Net assets or fund balances at end of year (combine lines 18 through 20)		21 31,000.

Part II Balance Sheets - If Total assets on line 25, column (B) are \$250,000 or more, file Form 990 instead of Form 990-EZ.		(A) Beginning of year	(B) End of year
(See page 41 of the instructions.)			
22 Cash, savings, and investments		0.22	31,000.
23 Land and buildings		23	
24 Other assets (describe ►)		24	
25 Total assets		25	31,000.
26 Total liabilities (describe ►)		26	
27 Net assets or fund balances (line 25, column (B) must agree with line 21)		27	31,000.

**Part III Statement of Program Service Accomplishments** (See page 42 of the instructions.)**Expenses**What's the organization's primary exempt purpose? **SEE STATEMENT 1**

(Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; optional for others.)

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title.

**28 PINTO HERITAGE ROOM MUSEUM: MUSEUM ESTABLISHED, NO EXPENSES PAID UNTIL 2006. SPECIAL ONE TIME DONATION RECEIVED/PLEDGED FOR THIS PURPOSE.**

28a

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

**29 YOUTH AND ADULT AMATEUR EDUCATION SCHOLARSHIPS**

29a

**PHIL SANDUSKY, ORREN MIXER, COY CHEROKEE FUNDS WILL BEGIN AWARDS IN 2006.**

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

30

30a

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

31 Other program services (attach schedule)

31a

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

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

32

**Part IV List of Officers, Directors, Trustees, and Key Employees** (List each one even if not compensated. See page 42 of the instructions.)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-) (D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
----------------------	--	---	--

**SEE STATEMENT 2**

<b>Part V Other Information</b> (Note the attachment requirement in General Instruction V, page 14.)		<b>Yes</b>	<b>No</b>
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33	X
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a confirmed copy of the changes	34	X
35	If the organization had income from business activities, such as those reported on lines 2, 5, and 7 (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.		
a	Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?	35a	X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	35b	N/A
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement.	36	X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ►	37a	0.
b	Did the organization file Form 1120-POL for this year?	37b	X
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 unpaid at the start of the period covered by this return?	38a	X
b	If "Yes," attach the schedule specified in the line 38 instructions and enter the amount involved	38b	N/A
39	501(c)(7) organizations. Enter:	39a	N/A
b	Gross receipts, included on line 9, for public use of club facilities	39b	N/A
40a	501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 ►	40a	0.
b	501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach an explanation	40b	X
c	Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958	40c	0.
d	Enter amount of tax or fine not reimbursed by the organization	40d	0.

**Part V Other Information** (Note the attachment requirement in General Instruction V, page 14.) (Continued)

41	List the states with which a copy of this return is filed. ► <b>OK</b>	Telephone no. ► <b>405-491-0111</b>
42a	The books are in care of ► <b>THE ORGANIZATION</b> Located at ► <b>7330 N W 23RD ST., BETHANY, OK</b>	ZIP + 4 ► <b>73008</b>
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: ► _____	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
See the instructions for exceptions and filing requirements for Form TD F 90-22.1.		42b <input type="checkbox"/> X
c	At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country: ► _____	42c <input type="checkbox"/> X
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ instead of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year 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 made below if which individual is my tax preparer.	► <b>43</b> <b>N/A</b>
Please Sign Here	► <i>Suzanne P. Crews</i> <i>11-12-05</i> Signature of officer See or print name and title	
Paid Preparer's Use Only	Preparer's signature ► <i>Suzanne P. Crews</i> <i>11-12-05</i> Firm name (or yours) (self-employed) Address, and ZIP + 4	Check if self-employed ► <b>000049554</b> Preparer's SSN or EIN ► <b>73-1432749</b> Phone ► <b>405-943-2266</b>