

PINTO HERITAGE FOUNDATION, INC.

EXEMPT ORGANIZATION RETURN

DECEMBER 31, 2016

PUBLIC INSPECTION COPY

Form **990-EZ**

Short Form
Return of Organization Exempt From Income Tax
 Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
 (except private foundations)

OMB No. 1545-1150

2016

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

- ▶ Do not enter social security numbers on this form as it may be made public.
- ▶ Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

A For the 2016 calendar year, or tax year beginning _____, 2016, and ending _____, 2016, and ending _____

B Check if applicable:
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C PINTO HERITAGE FOUNDATION, INC.
 7330 NW 23RD STREET
 BETHANY, OK 73008

D Employer identification number
 20-3968600

E Telephone number
 405-491-0111

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.pintoheritage.org

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

K Form of organization: Corporation Trust Association Other _____

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, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$ 28,772.

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 <input checked="" type="checkbox"/>				
REVENUE	1	Contributions, gifts, grants, and similar amounts received	1	24,153.
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	
	4	Investment income	4	4,619.
	5a	Gross amount from sale of assets other than inventory	5a	
	5b	Less: cost or other basis and sales expenses	5b	
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6	Gaming and fundraising events		
	6a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
	6b	Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	
6c	Less: direct expenses from gaming and fundraising events	6c		
6d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d		
7a	Gross sales of inventory, less returns and allowances	7a		
7b	Less: cost of goods sold	7b		
7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c		
8	Other revenue (describe in Schedule O)	8		
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	28,772.	
EXPENSES	10	Grants and similar amounts paid (list in Schedule O)	10	6,500.
	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	1,510.
	14	Occupancy, rent, utilities, and maintenance	14	8,400.
	15	Printing, publications, postage, and shipping	15	561.
	16	Other expenses (describe in Schedule O) See Schedule O	16	169.
17	Total expenses. Add lines 10 through 16	17	17,140.	
18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	11,632.	
ASSETS	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	202,883.
	20	Other changes in net assets or fund balances (explain in Schedule O) See Schedule O	20	5,323.
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	219,838.

BAA For Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2016)

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	202,883.	219,838.
23 Land and buildings		
24 Other assets (describe in Schedule O)		
25 Total assets	202,883.	219,838.
26 Total liabilities (describe in Schedule O)	0.	0.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	202,883.	219,838.

Part III Statement of Program Service Accomplishments (see the instructions for Part III)

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

What is the organization's primary exempt purpose? See Schedule O

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

Expenses
(Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)

28 <u>See Schedule O</u>		
(Grants \$) If this amount includes foreign grants, check here. <input type="checkbox"/>	28 a	8,400.
29 <u>See Schedule O</u>		
(Grants \$) If this amount includes foreign grants, check here. <input type="checkbox"/>	29 a	6,500.
30 <u>ALL OTHER ACCOMPLISHMENTS: Special purpose funds set up to support community need. 2016 Donations will be passed through in total for the Cancer Society.</u>		
(Grants \$) If this amount includes foreign grants, check here. <input type="checkbox"/>	30 a	
31 Other program services (describe in Schedule O)		
(Grants \$) If this amount includes foreign grants, check here. <input type="checkbox"/>	31 a	
32 Total program service expenses (add lines 28a through 31a)	32	14,900.

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
<u>Joe Grissom</u> President	4	0.	0.	0.
<u>Annie DiGiovanni</u> Vice President	4	0.	0.	0.
<u>Darrell L. Bilke</u> Secretary-Treas	4	0.	0.	0.
<u>Mahlon Bauman</u> Director	1	0.	0.	0.
<u>Barbara Newland-Hulsey</u> Director	1	0.	0.	0.
<u>Ernestine Owings</u> Director	1	0.	0.	0.
<u>Bobbieann Lawrence</u> Director	1	0.	0.	0.
<u>Dr. Michele Lamantia</u> Director	1	0.	0.	0.
<u>G. Woodruff Marshall</u> Director	1	0.	0.	0.

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

Table with columns for question number, description, and Yes/No checkboxes. Includes questions 33 through 41 regarding organizational activities, financials, and state reporting.

42a The organization's books are in care of Darrell L. Bilke Telephone no. 405-491-0111 Located at 7330 NW 23rd Street Bethany OK ZIP + 4 73008

Table with columns for question number, description, and Yes/No checkboxes. Includes questions 42b and 42c regarding foreign financial accounts and offices.

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

Table with columns for question number, description, and Yes/No checkboxes. Includes questions 44a through 45b regarding donor advised funds, hospital facilities, tanning services, and controlled entities.

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. 46 Yes No X

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. []

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. 47 Yes No X

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E. 48 Yes No X

49a Did the organization make any transfers to an exempt non-charitable related organization? 49a X
b If 'Yes,' was the related organization a section 527 organization? 49b X

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

Table with 5 columns: (a) Name and title of each employee, (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. All rows contain '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.'

Table with 3 columns: (a) Name and business address of each independent contractor, (b) Type of service, (c) Compensation. All rows contain '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 must attach a completed Schedule A. [X] 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: Darrell L. Bilke, Date: 11-14-17, Title: Secretary/Treas

Paid Preparer Use Only: Print/Type preparer's name: SUZANNE M CREWS, Preparer's signature: Suzanne M Crews, Date: 11-9-17, Check if self-employed: [], PTIN: P00049554, Firm's name: SUZANNE M CREWS, PC, Firm's address: 7300 Northwest 23rd Street, Ste 400, Bethany, OK 73008, Firm's EIN: 73-1432749, Phone no.: 405-491-0800

May the IRS discuss this return with the preparer shown above? See instructions. [X] Yes [] No



OKLAHOMA RETURN OF ORGANIZATION EXEMPT FROM INCOME TAX

Section 501(c) of the Internal Revenue Code

AMENDED RETURN!
If this is an Amended Return place an 'X' here
See Schedule 512E-X on page 2.

PART 1 For the year January 1 - December 31, 2016, or other taxable year beginning: , 2016 ending: ,

Name of Organization PINTO HERITAGE FOUNDATION, INC.	Federal Employer Identification Number 20-3968600
Address (number and street) 7330 NW 23RD STREET	Date Qualified for Tax Exempt Status 08/03/2005
City, State or Province, Country and ZIP or Foreign Postal Code BETHANY, OK 73008	OFFICE USE ONLY

PART 2: STATEMENT OF UNRELATED BUSINESS TAXABLE INCOME (Please read instructions on pages 2-3)

	Total Federal	Allocable Oklahoma
A. Total unrelated trade or business income - applicable Federal Form(s) 990		
B. Total unrelated trade or business deductions - applicable Fed. Form(s) 990		
C. Unrelated business taxable income - Enter here and on line 1 below		

INCOME SUBJECT TO TAX

1. Unrelated business taxable income - from statement above (allocable to Oklahoma)	1	00
2. Other net income - enclose schedule	2	00
3. Oklahoma taxable income (total of lines 1 and 2)	3	00

TAX COMPUTATION

4. Tax at 6% of line 3. If Trust - See Rate Schedule on page 2 and place an 'X' here: <input type="checkbox"/>	4	00
5. Less: Other Credits Form (total from Form 511CR)	5	00
6. Balance of tax due (line 4 minus line 5, but not less than zero)	6	00
7. Amount paid on 2016 estimated tax and amount paid with extension request	7	00
8. Oklahoma withholding (enclose Form 1099, Form 500A, Form 500B or other withholding statement)	8	00
9. Amount paid with original return and amount paid after it was filed (amended return only)	9	00
10. Any refunds or overpayment applied (amended return only)	10	00
11. Total of lines 7 through 10	11	00
12. Overpayment (if line 11 is larger than line 6 enter amount overpaid)	12	00
13. Amount of line 12 to be credited to 2017 estimated tax (original return only)	13	00

Line 14 provides you the opportunity to make a financial gift from your refund to a variety of Oklahoma organizations. Place the line number of the organization from page 3 of this form in the box below and enter the amount you are donating. If giving to more than one organization, put a "99" in the box and attach a schedule showing how you would like your donation split.

14. Donations from your refund..... <input type="checkbox"/> \$2 <input type="checkbox"/> \$5 <input type="checkbox"/> \$ _____	14	00
15. Add lines 13 and 14 and enter amount	15	00
16. Amount to be refunded to you (line 12 minus line 15)	16	00

Direct Deposit Note: **Is this refund going to or through an account that is located outside of the United States?** Yes No

Deposit my refund in my: checking account savings account

Routing Number: Account Number:

17. Tax Due (if line 6 is larger than line 11 enter tax due)	17	00
18. For delinquent payment, add penalty of 5% \$ _____ plus interest at 1.25% per month..... \$ _____	18	00
19. Underpayment of estimated tax interest..... Annualized <input type="checkbox"/>	19	00
20. Total tax, penalty and interest due - Add lines 17-19; pay in full with return	20	00

PART 3: SIGNATURE AND VERIFICATION

Under penalty of perjury, I declare the information contained in this document, attachments and schedules are true and correct to the best of my knowledge and belief.

Signature of Officer or Trustee <i>Darrell L. Bilke</i> X Date <i>11-14-17</i> X	Check this box if the Oklahoma Tax Commission may discuss this return with your tax preparer. <input checked="" type="checkbox"/>	Signature of Preparer <i>Suzanne M. Crews, CPA</i> Date <i>11-9-17</i>
Print Name DARRELL L. BILKE		Printed Name of Preparer SUZANNE M. CREWS, PC
Title SECRETARY/TREASURER	Phone Number 405-491-0111	Phone Number: 405-491-0800 Preparer's PTIN: P00049554