PINTO HERITAGE FOUNDATION, INC. EXEMPT ORGANIZATION RETURN DECEMBER 31, 2017

PUBLIC INSPECTION COPY

Form **990-EZ**

Department of the Treasury Internal Revenue Service

For the 2017 calendar year, or tax year beginning

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)

, 2017, and ending

► Do not enter social security numbers on this form as it may be made public.

► Go to www.irs.gov/Form990EZ for instructions and the latest information

OMB No. 1545-1150

2017

Open to Public Inspection

,		f applicable: C		lentification number						
H	Name	DINTO UPDITACE FOUNDATION INC	20-39	0-3968600						
H	Initial r	7330 NW 23RD STREET	E Telephone number							
H		BETHANY, OK 73008	405-491-0111							
Н		1600 950 (0.000)	Group Ex	remotion						
		tion pending	Number .	Number						
G	Acco			organization is not						
1	Webs			Schedule B						
J	Tax-ex	empt status (check only one) $ \times$ 501(c)(3) $-$ 501(c)() \rightarrow (insert no.) $-$ 4947(a)(1) or $-$ 527 (Form 9)	990, 990-Ez	Z, or 990-PF).						
	Form of organization: X Corporation Trust Association Other									
L	Add I asset	ines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if s (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ	▶\$	35,785.						
Pa	ırt I	Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instr	ructions f	or Part I)						
		Check if the organization used Schedule O to respond to any question in this Part I								
	1	Contributions, gifts, grants, and similar amounts received		29,637.						
	2	Program service revenue including government fees and contracts								
	3	Membership dues and assessments								
	4	Investment income	4	6,148.						
	1000	Gross amount from sale of assets other than inventory								
	b	Less: cost or other basis and sales expenses								
	6	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5 c							
R	200	Gross income from gaming (attach Schedule G if greater than \$15,000)								
Ā	122-1	Gross income from fundraising events (not including \$ of contributions								
REVENUE		from fundraising events reported on line 1) (attach Schedule G if the sum								
Ü		of such gross income and contributions exceeds \$15,000)								
	С	Less: direct expenses from gaming and fundraising events								
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6 d							
	7 a	Gross sales of inventory, less returns and allowances	5411							
	b	Less: cost of goods sold								
	С	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7с							
	8	Other revenue (describe in Schedule O)	8							
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	▶9	35,785.						
	10	Grants and similar amounts paid (list in Schedule O)	10	5,000.						
	11	Benefits paid to or for members	11							
E X P	12	Salaries, other compensation, and employee benefits	12							
	13	Professional fees and other payments to independent contractors	13	1,260.						
N S E S	14	Occupancy, rent, utilities, and maintenance	14	8,400.						
Ē	15	Printing, publications, postage, and shipping	15	175.						
S	16	Other expenses (describe in Schedule O) See Schedule O	16	64.						
	17	Total expenses. Add lines 10 through 16.	> 17	14,899.						
	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	20,886.						
A S S E T	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-figure reported on prior year's return)	year 19							
ΤĘ	20	Other changes in net assets or fund balances (explain in Schedule O) See Schedule O	20	219,838.						
S	20	Net assets or fund balances at and of year. Combine lines 19 through 20	one every remark	13,057.						
- P.4	21	Net assets or fund balances at end of year. Combine lines 18 through 20.	> 21	253,781.						
DA	A FOI	Paperwork Reduction Act Notice, see the separate instructions.		Form 990-EZ (2017)						

BAA

Pa	other Information (Note the Schedule A and personal benefit contract statement requirements in See Schedule instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V	ule		<u>X</u>
33	Did the appropriation argons in any significant activity not previously reported to the IRS?		Yes	No
	If 'Yes,' provide a detailed description of each activity in Schedule O	33		X
34	a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		X
25	a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities			
33	(such as those reported on lines 2, 6a, and 7a, among others)?	35 a		X
	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.	35 b		
	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.	35 c		Х
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		Х
37	a Enter amount of political expenditures, direct or indirect, as described in the instructions. 37a 0.			
٠,	b Did the organization file Form 1120-POL for this year?	37 b		X
38	a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were	42- 76 f	197.00	
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38 a		X
	b If 'Yes,' complete Schedule L, Part II and enter the total			
20	amount involved			
39				
	b Gross receipts, included on line 9, for public use of club facilities			
40	a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:			
	section 4911 ► 0.; section 4912 ► 0.; section 4955 ► 0.			
	b Section 501(c)(3), 501(c)(4), and 501(c)(29) 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	40 ь		Х
	c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		31.31	
	d Section 501(c)(3), 501(c)(4), and 501(c)(29) 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	40 e		Х
41	List the states with which a copy of this return is filed None	40 6		
42	a The organization's books are in care of ▶ Darrell L. Bilke Telephone no. ▶ 405-4 Located at ▶ 7330 NW 23rd Street Bethany OK ZIP+4 ▶ 73008	91-0	<u>111</u>	
			Yes	No
	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)?	42 b		Х
	If 'Yes,' enter the name of the foreign country:►			
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). c At any time during the calendar year, did the organization maintain an office outside the United States?	42 c		X
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here			N/A N/A No
	of Form 990-EZ	44 a		X
	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	44 b		X
		44 c	30343	X
	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	44 d	KY. ISCAL	
45	a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45 a		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,' Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions).			
	Form 990 and Schedule R may need to be completed instead of Form 990-F7 (see instructions)	45 b		Y

Form 990-F	EZ (2017) PINTO HERITAGE FOUN	DATION, INC.		20-396	8600		age 4
						Yes	No
46 Did th	ne organization engage, directly or indirectidates for public office? If 'Yes,' complete	ctly, in political campai Schedule C, Part I	gn activities on behalf o	of or in opposition to	46		X
Part VI	Section 501(c)(3) organizations All section 501(c)(3) organization for lines 50 and 51.	only				S	
	Check if the organization used Schedul	e O to respond to any	question in this Part VI.				
						Yes	No
47 Did th	ne organization engage in lobbying activities blete Schedule C, Part II	or have a section 501(h)	election in effect during	the tax year? If Yes,	47		Х
48 Is the	e organization a school as described in se	ection 170(b)(1)(A)(ii)?	If 'Yes.' complete Sche	dule E			X
	he organization make any transfers to an					Х	
b If 'Ye	es,' was the related organization a section	527 organization?			49 b		Х
50 Comp	olete this table for the organization's five high oyees) who each received more than \$100,00	nest compensated emplo	yees (other than officers,	directors, trustees and ke	Э		
	(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 other com		
None_							
f Total	number of other employees paid over \$1	00.000					
	plete this table for the organization's five high	ACTIVISATION SERVING AND ARREST ARE	andent contractors who es	ech received more than \$1	100 000 of		
comp	pensation from the organization. If there is	s none, enter 'None.'	endern contractors who ea	acii received more triair pr	100,000 01		
	(a) Name and business address of each independent co	ontractor	(b) Type	of service	(c) Comp	ensatio	n
None							
d Total	number of other independent contractors	each receiving over \$	100,000				
comp					. ► X Yes		No
Jnder penaltie rue, correct, a	s of perjury, I declare that I have examined this return, and complete. Declaration of preparer (other than office	including accompanying sche r) is based on all information of	dules and statements, and to the of which preparer has any knowl	e best of my knowledge and bel edge.	ief, it is		
Sign	Signature of officer Date						
Here	Darrell L. Bilke Type or print name and title			Secretary/Treas	3		
	Print/Type preparer's name	Preparer's signature	Date	Otat D # PT	IN		
Paid	SUZANNE M CREWS Firm's name ► SUZANNE M CREWS	lugannem C	10-21	1-18. Check if self-employed P	0004955	4	
Preparer Jse Only	Firm's address ► 7300 Northwest 2	23rd Street St	te 400	Firm's EIN	73-1432	749	
	Bethany, OK 7300				-491-080		
May the IR:	S discuss this return with the preparer sh		uctions		► X Yes		No
p=70	A THE LOCK PROPERTY OF THE PERSON NAMED IN COLUMN TO SERVICE AND ADDRESS OF THE PERSON NAMED ADDRESS OF THE PERSON NAMED AND ADDRESS OF TH	and the second s	appendentation to the test to the test of the second		Form 990		
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