

PINTO HORSE ASSOCIATION OF AMERICA, INC.

EXEMPT ORGANIZATION RETURN

DECEMBER 31, 2020

PUBLIC INSPECTION COPY

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2020

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.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

A For the **2020** calendar year, or tax year beginning **2020**, and ending **20**

B Check if applicable:	C	D Employer identification number
<input type="checkbox"/> Address change	PINTO HORSE ASSOCIATION OF AMERICA, INC. 7330 NW 23RD STREET BETHANY, OK 73008	23-7047066
<input type="checkbox"/> Name change		E Telephone number
<input type="checkbox"/> Initial return		405-491-0111
<input type="checkbox"/> Final return/terminated		G Gross receipts \$ 2,153,122.
<input type="checkbox"/> Amended return		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input type="checkbox"/> Application pending	F Name and address of principal officer: Darrell L. Bilke Same As C Above	H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions
I Tax-exempt status:	<input type="checkbox"/> 501(c)(3) <input checked="" type="checkbox"/> 501(c) (5) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	H(c) Group exemption number ▶
J Website: ▶ www.pinto.org		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶	L Year of formation: 1956	M State of legal domicile: OK

Part I Summary

	1 Briefly describe the organization's mission or most significant activities: <u>See Schedule O</u>			
Activities & Governance	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.			
	3 Number of voting members of the governing body (Part VI, line 1a).....	3		53
	4 Number of independent voting members of the governing body (Part VI, line 1b).....	4		53
	5 Total number of individuals employed in calendar year 2020 (Part V, line 2a).....	5		10
	6 Total number of volunteers (estimate if necessary).....	6		150
	7a Total unrelated business revenue from Part VIII, column (C), line 12.....	7a		150.
	b Net unrelated business taxable income from Form 990-T, Part I, line 11.....	7b		0.
Revenue	8 Contributions and grants (Part VIII, line 1h).....	Prior Year	Current Year	
	9 Program service revenue (Part VIII, line 2g).....	401,173.	356,213.	
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d).....	2,342,613.	1,699,189.	
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e).....	27,918.	26,250.	
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12).....	54,714.	71,470.	
		2,826,418.	2,153,122.	
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3).....	1,950.	1,200.	
	14 Benefits paid to or for members (Part IX, column (A), line 4).....			
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10).....	567,885.	479,237.	
	16a Professional fundraising fees (Part IX, column (A), line 11e).....			
	b Total fundraising expenses (Part IX, column (D), line 25) ▶			
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e).....	2,359,031.	1,507,614.	
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25).....	2,928,866.	1,988,051.		
19 Revenue less expenses. Subtract line 18 from line 12.....	-102,448.	165,071.		
Not Assets or Fund Balances	20 Total assets (Part X, line 16).....	Beginning of Current Year	End of Year	
	21 Total liabilities (Part X, line 26).....	1,688,565.	1,900,915.	
	22 Net assets or fund balances. Subtract line 21 from line 20.....	2,095.	3,089.	
		1,686,470.	1,897,826.	

Part II Signature Block

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	▶	▶ 11-9-2021
	Signature of officer	Date
	▶ Darrell L. Bilke	Exec Vice Pres/COO
	Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	SUZANNE M CREWS		11-9-2021	<input type="checkbox"/>	P00049554
	Firm's name	▶ Suzanne M Crews, PC			Firm's EIN ▶ 73-1432749
	Firm's address	▶ 7300 NW 23 St Ste 205 Bethany, OK 73008			Phone no. 405-491-0800

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

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

1 Briefly describe the organization's mission:

See Schedule O

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 1,001,701. including grants of \$) (Revenue \$ 1,272,126.)

WORLD SHOW: Providing a showplace for exhibition and promotion of the breed. For member horses.

Note: In 2020, due to the COVID-19 pandemic, the Color Breed Congress show was combined with the World Show normally held in June. The class entries and exhibitor numbers are shown combined in the World Show.

CLASS ENTRIES: 8,750 EXHIBITORS: 1,857 CLASSES: 992 HORSES: 2,200

4b (Code:) (Expenses \$ 83,526. including grants of \$) (Revenue \$ 93,840.)

See Schedule O

4c (Code:) (Expenses \$ 26,422. including grants of \$) (Revenue \$ 121,032.)

COLOR BREED CONGRESS: To exhibit and promote the Pinto horse and other color breeds. For member horses of participating associations.

Note: In 2020, due to the COVID-19 pandemic, the Color Breed Congress show was combined with the World Show normally held in June. The class entries and exhibitor numbers are shown combined in the World Show.

CLASS ENTRIES: EXHIBITORS:

4d Other program services (Describe on Schedule O.) See Schedule O

4e Total program service expenses 1,111,649. (Revenue \$ 208,255.)

BAA

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)? <i>If 'Yes,' complete Schedule A</i>		X
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> See instructions?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If 'Yes,' complete Schedule C, Part I</i>		X
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? <i>If 'Yes,' complete Schedule C, Part II</i>		
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? <i>If 'Yes,' complete Schedule C, Part III</i>		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If 'Yes,' complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If 'Yes,' complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If 'Yes,' complete Schedule D, Part III</i>	X	
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, 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,' complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If 'Yes,' complete Schedule D, Part V</i>		X
11 If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If 'Yes,' complete Schedule D, Part VI</i>	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? <i>If 'Yes,' complete Schedule D, Part VII</i>		X
c 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? <i>If 'Yes,' complete Schedule D, Part VIII</i>		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? <i>If 'Yes,' complete Schedule D, Part IX</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If 'Yes,' complete Schedule D, Part X</i>		X
f 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)? <i>If 'Yes,' complete Schedule D, Part X</i>		X
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If 'Yes,' complete Schedule D, Parts XI and XII</i>		X
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If 'Yes,' complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		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 foreign investments valued at \$100,000 or more? <i>If 'Yes,' complete Schedule F, Parts I and IV</i>		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If 'Yes,' complete Schedule F, Parts II and IV</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If 'Yes,' complete Schedule F, Parts III and IV</i>		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? <i>If 'Yes,' complete Schedule G, Part I</i> See instructions.		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If 'Yes,' complete Schedule G, Part II</i>		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If 'Yes,' complete Schedule G, Part III</i>		X
20a Did the organization operate one or more hospital facilities? <i>If 'Yes,' complete Schedule H</i>		X
b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If 'Yes,' complete Schedule I, Parts I and II</i>		X

Part IV Checklist of Required Schedules (continued)

	Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III.....		X
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.....	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,' go to line 25a.....		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?.....		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?.....		
d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?.....		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I.....		
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I.....		
26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If 'Yes,' complete Schedule L, Part II.....		X
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If 'Yes,' complete Schedule L, Part III.....		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):		
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If 'Yes,' complete Schedule L, Part IV.....		X
b A family member of any individual described in line 28a? If 'Yes,' complete Schedule L, Part IV.....		X
c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If 'Yes,' complete Schedule L, Part IV.....		X
29 Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M.....		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M.....		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I.....		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.....		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.....		X
34 Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Part II, III, or IV, and Part V, line 1.....		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?.....		X
b If 'Yes' to line 35a, 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.....		
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.....		
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 VI.....		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O.....	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V.

	Yes	No
1 a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.....		
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 gaming (gambling) winnings to prize winners?.....	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

		Yes	No
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. 2 a 10		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2 b X	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? 3 a		X
b	If 'Yes,' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation on Schedule O. 3 b		
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)? 4 a		X
b	If 'Yes,' enter the name of the foreign country ▶ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5 a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5 b		X
c	If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T? 5 c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 6 a		X
b	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6 b		
7 Organizations that may receive deductible contributions under section 170(c).			
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7 a		
b	If 'Yes,' did the organization notify the donor of the value of the goods or services provided? 7 b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 7 c		
d	If 'Yes,' indicate the number of Forms 8282 filed during the year. 7 d		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7 e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7 f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7 g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7 h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 8		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966? 9 a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9 b		
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12. 10 a		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities. 10 b		
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders 11 a		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11 b		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12 a		
b	If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year. 12 b		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? 13 a		
Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13 b		
c	Enter the amount of reserves on hand 13 c		
14a	Did the organization receive any payments for indoor tanning services during the tax year? 14 a		X
b	If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation on Schedule O. 14 b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15		X
If 'Yes,' see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16		X
If 'Yes,' complete Form 4720, Schedule O.			

Part VI Governance, Management, and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI [X]

Section A. Governing Body and Management

Table with columns for line numbers (1a, 1b, 2-9), Yes/No checkboxes, and descriptions of governing body and management questions.

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with columns for line numbers (10a-16b), Yes/No checkboxes, and descriptions of various organizational policies.

Section C. Disclosure

- List of disclosure questions including: 17. List the states with which a copy of this Form 990 is required to be filed; 18. Section 6104 requires an organization to make its Forms 1023, 990, and 990-T available for public inspection; 19. Describe on Schedule O whether the organization made its governing documents, conflict of interest policy, and financial statements available to the public; 20. State the name, address, and telephone number of the person who possesses the organization's books and records.

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII.

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1 a 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.

See instructions for the order in which to list the persons above.

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 (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) Darrell L. Bilke Exec.VP/COO	40 0	X		X				157,380.	0.	4,721.
(2) Jenny LaGrange President	4 0	X		X				0.	0.	0.
(3) Kevin Woodford President-Elect	4 0	X		X				0.	0.	0.
(4) Kameron Duncanson Executive Com.	4 0	X						0.	0.	0.
(5) Nell Tekampe Exec Committee	4 0	X						0.	0.	0.
(6) Annette Pitcher Exec Committee	4 0	X						0.	0.	0.
(7) Karen Craighead Imm. Past Pres.	4 0	X						0.	0.	0.
(8) Kelly Reames Director - AR	1 0	X						0.	0.	0.
(9) Walter de la Brosse Director - CA	1 0	X						0.	0.	0.
(10) Laura Fowler Director - CA	1 0	X						0.	0.	0.
(11) Sarah Nogacek Director - CT	1 0	X						0.	0.	0.
(12) Amanda Palmer Director - FL	1 0	X						0.	0.	0.
(13) Mike Adams Director - IL	1 0	X						0.	0.	0.
(14) Wyneta Duncan Director - IN	1 0	X						0.	0.	0.

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees *(continued)*

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					(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
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee			
(15) Don Greenlee Past President	1 0	X					0.	0.	0.
(16) Joe Grissom Past President	1 0	X					0.	0.	0.
(17) William Sparr Director - IA	1 0	X					0.	0.	0.
(18) Woodie Marshall Director - KY	1 0	X					0.	0.	0.
(19) George Martin Past President	1 0	X					0.	0.	0.
(20) Tracey Imbaro Director - MA	1 0	X					0.	0.	0.
(21) Mary Osborn Director - MI	1 0	X					0.	0.	0.
(22) Gabriel Deters Director - MI	1 0	X					0.	0.	0.
(23) Carl Cousins Past President	1 0	X					0.	0.	0.
(24) Roger Altman Past President	1 0	X					0.	0.	0.
(25) Shelly Sellers Director - MN	1 0	X					0.	0.	0.
1 b Subtotal							157,380.	0.	4,721.
c Total from continuation sheets to Part VII, Section A							0.	0.	0.
d Total (add lines 1b and 1c)							157,380.	0.	4,721.
2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 1									

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If 'Yes,' complete Schedule J for such individual.</i>	3	X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If 'Yes,' complete Schedule J for such individual.</i>	4	X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If 'Yes,' complete Schedule J for such person.</i>	5	X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶ 0

Department of the Treasury
Internal Revenue Service

Name of the Organization

Employer identification number

PINTO HORSE ASSOCIATION OF AMERICA, INC.

23-7047066

Part VII Continuation: Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (check all that apply)						(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
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
Karen Clark Director - MN	1 0	X						0.	0.	0.
Mahlon Bauman Past President	1 0	X						0.	0.	0.
Helen Fleming-Bryson Director - MS	1 0	X						0.	0.	0.
Bonnie Carr Director - MO	1 0	X						0.	0.	0.
Kari Reeg Director - NE	1 0	X						0.	0.	0.
Jean Andrews Past President	1 0	X						0.	0.	0.
Terri Wirthlin Director - NV	1 0	X						0.	0.	0.
Ann DiGiovanni Director -NH	1 0	X						0.	0.	0.
Kathleen Gallagher Past President	1 0	X						0.	0.	0.
Chris Theiler Past President	1 0	X						0.	0.	0.
Terri Klein-Rakosky Director - NC	1 0	X						0.	0.	0.
Jim Isley Past President	1 0	X						0.	0.	0.
Lisa Jostad Director - ND	1 0	X						0.	0.	0.
Nancy Bredemeier Past President	1 0	X						0.	0.	0.
Gary Streator Past President	1 0	X						0.	0.	0.
Don McGee Director - OK	1 0	X						0.	0.	0.
Barbara Hulsey Past President	1 0	X						0.	0.	0.
Terri Branham Director - OR	1 0	X						0.	0.	0.
Tina Bell Director - OR	1 0	X						0.	0.	0.
Sue Ellen Parker Past President	1 0	X						0.	0.	0.
Carmen Lay Past PresidTnt	1 0	X						0.	0.	0.

Department of the Treasury
Internal Revenue Service

Name of the Organization
PINTO HORSE ASSOCIATION OF AMERICA, INC.

Employer Identification number
23-7047066

Part VII Continuation: Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (check all that apply)						(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	
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				
Joni Osborn ----- Past PresidWAt	1 ----- 0								0.	0.	0.
Kathy Thomas ----- Director - WA	1 ----- 0	X							0.	0.	0.
Wendy Davidson ----- Past President	1 ----- 0	X							0.	0.	0.
Kathy Findley ----- Past PresideIt	1 ----- 0	X							0.	0.	0.
Marianne Warland ----- Past PresidBct	1 ----- 0	X							0.	0.	0.
Carolyn Washburn ----- Past PresidONT	1 ----- 0	X							0.	0.	0.
Marty Hedgren ----- Director - EU	1 ----- 0	X							0.	0.	0.
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Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns.....	1 a				
	b Membership dues.....	1 b 210,282.				
	c Fundraising events.....	1 c				
	d Related organizations.....	1 d				
	e Government grants (contributions)....	1 e 111,200.				
	f All other contributions, gifts, grants, and similar amounts not included above...	1 f 34,731.				
	g Noncash contributions included in lines 1a-1f.....	1 g				
	h Total. Add lines 1a-1f.....		356,213.			
	Program Service Revenue	Business Code				
2 a <u>World Show</u>		713990	1,272,126.	1,272,126.		
b <u>Registration & Transfers</u>		713990	208,255.	208,255.		
c <u>Color Breed Congress</u>		900099	121,032.	121,032.		
d <u>Show Approval & Fees</u>		713990	67,580.	67,580.		
e <u>Other Program Revenue</u>		713990	26,680.	26,530.	150.	
f All other program service revenue.....			3,516.	3,516.		
g Total. Add lines 2a-2f.....		1,699,189.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts).....		26,250.	26,250.		
	4 Income from investment of tax-exempt bond proceeds.....					
	5 Royalties.....					
	6 a Gross rents.....	(i) Real				
		(ii) Personal				
		6 a				
		b Less: rental expenses.....	6 b			
	c Rental income or (loss).....	6 c				
	d Net rental income or (loss).....					
	7 a Gross amount from sales of assets other than inventory.....	(i) Securities				
		(ii) Other				
		7 a				
		b Less: cost or other basis and sales expenses.....	7 b			
	c Gain or (loss).....	7 c				
d Net gain or (loss).....						
8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18.....						
	8 a					
	b Less: direct expenses.....	8 b				
c Net income or (loss) from fundraising events.....						
9 a Gross income from gaming activities. See Part IV, line 19.....						
	9 a					
	b Less: direct expenses.....	9 b				
c Net income or (loss) from gaming activities.....						
10 a Gross sales of inventory, less returns and allowances.....						
	10 a					
	b Less: cost of goods sold....	10 b				
c Net income or (loss) from sales of inventory.....						
Miscellaneous Revenue	Business Code					
	11 a <u>Corporate Sponsorship</u>	900099	53,000.	53,000.		
	b <u>Premises Cost Sharing</u>	531120	16,800.	16,800.		
	c <u>Other Revenue</u>	900099	1,670.	1,670.		
	d All other revenue.....					
e Total. Add lines 11a-11d.....		71,470.				
12 Total revenue. See instructions.....		2,153,122.	1,796,759.	150.	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).

Check if Schedule O contains a response or note to any line in this Part IX

Do not include amounts reported on lines 6b, 7b, 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 domestic organizations and domestic governments. See Part IV, line 21.	1,200.			
2 Grants and other assistance to domestic individuals. See Part IV, line 22.				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4 Benefits paid to or for members.				
5 Compensation of current officers, directors, trustees, and key employees.	162,101.			
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).	0.			
7 Other salaries and wages.	277,282.			
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).	7,264.			
9 Other employee benefits.				
10 Payroll taxes.	32,590.			
11 Fees for services (nonemployees):				
a Management.				
b Legal.	2,078.			
c Accounting.	14,000.			
d Lobbying.				
e Professional fundraising services. See Part IV, line 17.				
f Investment management fees.				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	4,881.			
12 Advertising and promotion.	24,375.			
13 Office expenses.	12,589.			
14 Information technology.	61,389.			
15 Royalties.				
16 Occupancy.	44,343.			
17 Travel.	43,070.			
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19 Conferences, conventions, and meetings.	1,111,649.			
20 Interest.				
21 Payments to affiliates.				
22 Depreciation, depletion, and amortization.	24,235.			
23 Insurance.	28,683.			
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a <u>Printing and Publications</u>	35,105.			
b <u>BSC & Credit Card Fees</u>	31,606.			
c <u>Postage and Shipping</u>	23,102.			
d <u>Telephone</u>	20,035.			
e All other expenses.	26,474.			
25 Total functional expenses. Add lines 1 through 24e.	1,988,051.			
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X.

		(A) Beginning of year		(B) End of year		
Assets	1	Cash – non-interest-bearing	89,235.	1	214,679.	
	2	Savings and temporary cash investments	307,927.	2	337,769.	
	3	Pledges and grants receivable, net		3		
	4	Accounts receivable, net		4		
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5		
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6		
	7	Notes and loans receivable, net		7		
	8	Inventories for sale or use		8		
	9	Prepaid expenses and deferred charges		9		
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	1,029,130.		
	b	Less: accumulated depreciation	10b	544,825.	10c	484,305.
	11	Investments – publicly traded securities	777,858.	11	849,162.	
	12	Investments – other securities. See Part IV, line 11		12		
	13	Investments – program-related. See Part IV, line 11		13		
	14	Intangible assets		14		
	15	Other assets. See Part IV, line 11	15,001.	15	15,000.	
16	Total assets. Add lines 1 through 15 (must equal line 33)	1,688,565.	16	1,900,915.		
Liabilities	17	Accounts payable and accrued expenses	2,095.	17	3,089.	
	18	Grants payable		18		
	19	Deferred revenue		19		
	20	Tax-exempt bond liabilities		20		
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21		
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22		
	23	Secured mortgages and notes payable to unrelated third parties		23		
	24	Unsecured notes and loans payable to unrelated third parties		24		
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25		
	26	Total liabilities. Add lines 17 through 25	2,095.	26	3,089.	
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/>					
	and complete lines 27, 28, 32, and 33.					
	27	Net assets without donor restrictions	1,686,470.	27	1,897,826.	
	28	Net assets with donor restrictions		28		
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/>					
	and complete lines 29 through 33.					
	29	Capital stock or trust principal, or current funds		29		
	30	Paid-in or capital surplus, or land, building, or equipment fund		30		
31	Retained earnings, endowment, accumulated income, or other funds		31			
32	Total net assets or fund balances.	1,686,470.	32	1,897,826.		
33	Total liabilities and net assets/fund balances.	1,688,565.	33	1,900,915.		

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,153,122.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,988,051.
3	Revenue less expenses. Subtract line 2 from line 1	3	165,071.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,686,470.
5	Net unrealized gains (losses) on investments	5	46,285.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	1,897,826.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII

		Yes	No
1	Accounting method used to prepare the Form 990: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> 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? If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
2b	Were the organization's financial statements audited by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
2c	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? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
3b	If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits.		

Schedule B

(Form 990, 990-EZ, or 990-PF)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2020

Name of the organization

PINTO HORSE ASSOCIATION OF AMERICA, INC.

Employer identification number

23-7047066

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

[X] 501(c)(5) (enter number) organization

[] 4947(a)(1) nonexempt charitable trust not treated as a private foundation

[] 527 political organization

Form 990-PF

[] 501(c)(3) exempt private foundation

[] 4947(a)(1) nonexempt charitable trust treated as a private foundation

[] 501(c)(3) taxable private foundation

Check if your organization is covered by the General Rule or a Special Rule.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

[X] For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

[] For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33-1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

[] For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering 'N/A' in column (b) instead of the contributor name and address), II, and III.

[] For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year. . . \$

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer 'No' on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization PINTO HORSE ASSOCIATION OF AMERICA, INC.	Employer identification number 23-7047066
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Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	N/A ----- ----- -----	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	N/A ----- ----- -----	\$ 16,731.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
---	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
---	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
---	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
---	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

PINTO HORSE ASSOCIATION OF AMERICA, INC.

23-7047066

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	N/A		
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	

BAA

Name of organization

Employer identification number

PINTO HORSE ASSOCIATION OF AMERICA, INC.

23-7047066

Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ... \$ N/A Use duplicate copies of Part III if additional space is needed.

Table with 4 columns: (a) No. from Part I, (b) Purpose of gift, (c) Use of gift, (d) Description of how gift is held. Row 1 contains 'N/A' in column (b).

Table for (e) Transfer of gift with 2 columns: Transferee's name, address, and ZIP + 4; Relationship of transferor to transferee.

Table with 4 columns: (a) No. from Part I, (b) Purpose of gift, (c) Use of gift, (d) Description of how gift is held.

Table for (e) Transfer of gift with 2 columns: Transferee's name, address, and ZIP + 4; Relationship of transferor to transferee.

Table with 4 columns: (a) No. from Part I, (b) Purpose of gift, (c) Use of gift, (d) Description of how gift is held.

Table for (e) Transfer of gift with 2 columns: Transferee's name, address, and ZIP + 4; Relationship of transferor to transferee.

Table with 4 columns: (a) No. from Part I, (b) Purpose of gift, (c) Use of gift, (d) Description of how gift is held.

Table for (e) Transfer of gift with 2 columns: Transferee's name, address, and ZIP + 4; Relationship of transferor to transferee.

**SCHEDULE D
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

Supplemental Financial Statements

▶ Complete if the organization answered 'Yes' on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2020

Open to Public Inspection

Employer identification number

PINTO HORSE ASSOCIATION OF AMERICA, INC.

23-7047066

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		

- 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Yes No
- 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Yes No

Part II Conservation Easements.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 7.

- 1 Purpose(s) of conservation easements held by the organization (check all that apply).
- Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area
- Protection of natural habitat Preservation of a certified historic structure
- Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2 a
b Total acreage restricted by conservation easements	2 b
c Number of conservation easements on a certified historic structure included in (a)	2 c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2 d

- 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____
- 4 Number of states where property subject to conservation easement is located ▶ _____
- 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No
- 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ _____
- 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ _____
- 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes No
- 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 8.

- 1 a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.
- b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:
- (i) Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____
- (ii) Assets included in Form 990, Part X ▶ \$ 15,000.
- 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:
- a Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____
- b Assets included in Form 990, Part X ▶ \$ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange program
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. See Part XIII
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered 'Yes' on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1 a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If 'Yes,' explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1 c |
| d Additions during the year | 1 d |
| e Distributions during the year | 1 e |
| f Ending balance | 1 f |
- 2 a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If 'Yes,' explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII.

Part V Endowment Funds. Complete if the organization answered 'Yes' on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1 a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment %
 - b Permanent endowment %
 - c Term endowment %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3 a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|--|--------|----|
| (i) Unrelated organizations | 3a(i) | |
| (ii) Related organizations | 3a(ii) | |
| b If 'Yes' on line 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1 a Land		50,000.		50,000.
b Buildings		712,459.	306,241.	406,218.
c Leasehold improvements				
d Equipment		10,725.	9,619.	1,106.
e Other		255,946.	228,965.	26,981.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				484,305.

Part VII Investments – Other Securities.

N/A

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A) -----		
(B) -----		
(C) -----		
(D) -----		
(E) -----		
(F) -----		
(G) -----		
(H) -----		
(I) -----		
Total. (Column (b) must equal Form 990, Part X, column (B) line 12.)		

Part VIII Investments – Program Related.

N/A

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.)		

Part IX Other Assets.

N/A

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, column (B) line 15.)	

Part X Other Liabilities.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, column (B) line 25.)	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII.

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return. N/A

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements.....		1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
	a Net unrealized gains (losses) on investments.....	2 a	
	b Donated services and use of facilities.....	2 b	
	c Recoveries of prior year grants.....	2 c	
	d Other (Describe in Part XIII.).....	2 d	
	e Add lines 2a through 2d.....		2 e
3	Subtract line 2e from line 1.....		3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
	a Investment expenses not included on Form 990, Part VIII, line 7b.....	4 a	
	b Other (Describe in Part XIII.).....	4 b	
	c Add lines 4a and 4b.....		4 c
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.).....		5

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. N/A

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements.....		1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
	a Donated services and use of facilities.....	2 a	
	b Prior year adjustments.....	2 b	
	c Other losses.....	2 c	
	d Other (Describe in Part XIII.).....	2 d	
	e Add lines 2a through 2d.....		2 e
3	Subtract line 2e from line 1.....		3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
	a Investment expenses not included on Form 990, Part VIII, line 7b.....	4 a	
	b Other (Describe in Part XIII.).....	4 b	
	c Add lines 4a and 4b.....		4 c
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.).....		5

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Part III, Line 4 - Description Of Organization Collections & How Furthers Exempt Purpose

Original Painting of Pinto Horses by Orren Mixer. On display at organization offices. Reproduction of painting used as organization logo.

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 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2020

Open to Public
Inspection

Name of the organization

PINTO HORSE ASSOCIATION OF AMERICA, INC.

Employer identification number

23-7047066

Form 990, Part I, Line 1 - Organization Mission or Significant Activities

PINTO HORSE NEWSLETTER: Bi-Monthly newsletters distributed to all members without subscription or added cost. Provides news of events and show results. An online magazine has been implemented.

YOUTH CONFERENCE: A special program to provide educational programs and activities to youth members relative to raising and breeding Pinto horses.

CONVENTION: Provides a venue for all officers and directors to conduct annual organization business. Open to all members and guests. Various classes are provided.

JUDGES PROGRAM: Training for judges in standards and judging techniques for the Pinto Horse Breed.

Form 990, Part III, Line 1 - Organization Mission

To improve, promote and enhance the Pinto horse, pony, and miniature. To collect, record and preserve Pinto pedigrees and Pinto competition records. To represent the multifaceted world of Pinto ownership, breeding, competition and pleasure. To provide beneficial services that support and encourage Pinto ownership and participation. To educate by providing materials, programs and services that allow Pinto to be a resource organization in the equine industry. To promote the continued growth of the Pinto Horse Association of America through good horsemanship and good sportsmanship.

Form 990, Part III, Line 4b - Program Service Accomplishments

SHOW APPROVAL: Supervision of sanctioned events and record keeping for awards programs and achievement recognition.

Name of the organization

Employer identification number

PINTO HORSE ASSOCIATION OF AMERICA, INC.

23-7047066

Form 990, Part III, Line 4b - Program Service Accomplishments

Note: Due to the COVID-19 pandemic, many shows were canceled. Show approval decreased by nearly 40% during 2020.

Number of Shows: Horses: Entries:

PINTO HORSE NEWSLETTER: Quarterly newsletters distributed to all members without subscription or added cost. Provides news of events and show results. An online magazine has been implemented.

YOUTH CONFERENCE: A special program to provide educational programs and activities to youth members relative to raising and breeding Pinto horses.

CONVENTION: Provides a venue for all officers and directors to conduct annual organization business. Open to all members and guests. Various classes are provided.

JUDGES PROGRAM: Training for judges in standards and judging techniques for the Pinto Horse Breed.

Form 990, Part III, Line 4d - Other Program Services Description

REGISTRATIONS AND TRANSFERS: Registry provides breeding and ownership records for member horses. Helps promote quality of the breed.

MEMBERS SERVED: 6,982 plus 1,389 Youth members

REGISTRATIONS: 155,791 TRANSFERS: 821

Name of the organization

PINTO HORSE ASSOCIATION OF AMERICA, INC.

Employer identification number

23-7047066

Form 990, Part VI, Line 6 - Explanation of Classes of Members or Shareholder

Organization has members who pay a membership fee to belong. Members receive the right to show their horses and/or register their horses and to participate in other programs and services provided.

Form 990, Part VI, Line 7a - How Members or Shareholders Elect Governing Body

The members elect officers and directors.

Form 990, Part VI, Line 7b - Decisions of Governing Body Approval by Members or Shareholders

Members vote on all key issues. Executive Committee approves all but minor administrative issues. Significant items are subject to approval by the full Board of Directors.

Form 990, Part VI, Line 9 - Officer, Director, Trustee, Key Employee Mailing Address

Jenny LaGrange

2115 Hideaway Cove

Oviedo, FL 32765

President

Kevin Woodford

117th Alvers St.

Holstein, IA 51025

President-Elect

Kameron Duncanson

56265 124th Street

Mapleton, MN 56065-4560

Executive Committee

Nell Tekampe

Name of the organization

Employer identification number

PINTO HORSE ASSOCIATION OF AMERICA, INC.

23-7047066

Form 990, Part VI, Line 9 - Officer, Director, Trustee, Key Employee Mailing Address (continued)

2604 280th Ave.

Salem, WI 53168

Executive Committee

Annette Pitcher

9593 Shelbyville Rd

Indianapolis, IN 46252

Executive Committee

Karen Craighead

5098 CR 115

Fulton, MO 65251

Immediate Past President

Kelley Reames

498 Johnson Cemetery Rd.

Paris, AR 72855

Director - AR

Laura Fowler

10757 Estrella Ave.

Apple Valley, CA 92308

Director-CA

Walter de la Brosse

4040 Verdant #1

Name of the organization

Employer identification number

PINTO HORSE ASSOCIATION OF AMERICA, INC.

23-7047066

Form 990, Part VI, Line 9 - Officer, Director, Trustee, Key Employee Mailing Address (continued)

Los Angeles, CA 90039

Director-CA

Sarah Nogacek

7 Pleasant View

Ledyard, CT 06339

Director - CT

Amanda Palmer

5808 E. Quicksilver Court

Floral City, FL 34436

Director-FL

Mike Adams

6312 Gaule Rd.

Rochester, IL 62563

Director-IL

Wyneta Duncan

2785 E. 350 S.

Greenfield, IN 46140

Director - IN

Don Greenlee

59 W. 400 N

Urbana, IN 46990

Name of the organization

PINTO HORSE ASSOCIATION OF AMERICA, INC.

Employer identification number

23-7047066

Form 990, Part VI, Line 9 - Officer, Director, Trustee, Key Employee Mailing Address (continued)

Past President

Joe Grissom

1056 S. Clay Street

Frankfort, IN 46041

Past President

William Sparr

2013 Kossuth Ave.

Anthon, IA 51004

Director - IA

Woodie Marshall

398 Loop Dr.

Mt. Washington, KY 40047

Director-KY

George Martin

510 Clearview St.

Franklin, KY 42134-2037

Past President

Tracey Imbaro

85 Morse St.

Foxboro, MA 02035

Director-MA

PINTO HORSE ASSOCIATION OF AMERICA, INC.

Form 990, Part VI, Line 9 - Officer, Director, Trustee, Key Employee Mailing Address (continued)

Mary Osborn

7289 S. McClelland Rd.

Ashley, MI 48806

Director-MI

Gabrielle Deters

12328 Wilson Rd.

Fruitfort, MI 49415

Director-MI

Carl Cousins

10171 Milliman Rd.

Millington, MI 48746

Past President

Roger Altman

PO Box 37

Eaton Rapids, MI 48827

Past President

Shelley Sellers

9177 Gowan Avenue NW

Maple Lake, MN 55358

Director-MN

Name of the organization

Employer identification number

PINTO HORSE ASSOCIATION OF AMERICA, INC.

23-7047066

Form 990, Part VI, Line 9 - Officer, Director, Trustee, Key Employee Mailing Address (continued)

Karen Clark

586 32nd Street SE

Buffalo, MN 55313

Director-MN

Mahlon Bauman

978 40th St. SE

Buffalo, MN 55313-5300

Past President

Helen Fleming-Bryson

804 Oak Grove

Tupelo, MS 38804

Director - MS

Bonnie Carr

7050 State Road J

Fulton, MO 65251

Director-MO

Kari Reeg

PO Box 262

Genoa, NE 68640

Director-NE

Jean Andrews

Name of the organization

Employer identification number

PINTO HORSE ASSOCIATION OF AMERICA, INC.

23-7047066

Form 990, Part VI, Line 9 - Officer, Director, Trustee, Key Employee Mailing Address (continued)

1940 County Rd. Q

Fremont, NE 68025

Past President

Terri Wirthlin

7729 Rio Vista St.

Las Vegas, NV 89131

Director-NV

Ann DiGiovanni

24 Lane Rd.

Derry NH 03038-4194

Director-NH

Kathleen Gallagher

24 Lane Rd.

Derry NH 03038-4194

Past President

Chris Theiler

11301 Oakland Ave. NE

Albuquerque, NM 87122-4159

Past President

Terri Klein-Rakosky

1235 Brims Grove Rd.

Name of the organization

PINTO HORSE ASSOCIATION OF AMERICA, INC.

Employer identification number

23-7047066

Form 990, Part VI, Line 9 - Officer, Director, Trustee, Key Employee Mailing Address (continued)

Pinnacle, NC 27043

Director-NC

Jim Isley

105 Driftwood Rd.

Reidsville, NC 27320

Past President

Lisa Jostad

4956 164th Ave SE

Kindred, ND 58051

Director-ND

Nancy Bredemeier

4764 Fairgrounds Rd.

Atwater, OH 44201

Past President

Gary Streator

2380 Taylor Blair Rd.

West Jefferson, OH 43162

Past President

Don McGee

454694 Highway 64

Vian, OK 74962

Name of the organization

PINTO HORSE ASSOCIATION OF AMERICA, INC.

Employer identification number

23-7047066

Form 990, Part VI, Line 9 - Officer, Director, Trustee, Key Employee Mailing Address (continued)

Director-OK

Barbara Hulsey

4208 NE 142nd Court

Edmond, OK 73013

Past President

Terri Branham

7704 Monument Rd.

Grants Pass, OR 97526

Director-OR

Tina Bell

PO Box 618

Molalla, OR 97038

Director-OR

Sue Ellen Parker

20629 Hill Rd.

Saegertown, PA 16433

Past President

Carmen Lay

436 Bragg Ave.

Smyrna, TN 37167

Director-TN

Name of the organization

Employer identification number

PINTO HORSE ASSOCIATION OF AMERICA, INC.

23-7047066

Form 990, Part VI, Line 9 - Officer, Director, Trustee, Key Employee Mailing Address (continued)

Joni Osborn

36405 160th St. SE

Sultan, WA 98294

Director-WA

Kathy Thomas

14106 NE 119th St.

Brush Prairie, WA 98606

Director-WA

Wendy Davidson

21404 161st Ave.

Monroe, WA 98272

Past President

Kathy Findley

21134 West 7 Mile Road

Franksville, WI 53126

Director-WI

Marianne Warland

PO Box 18003

Delta, British Columbia V4L2M4

Canada

Director-BC

Name of the organization

PINTO HORSE ASSOCIATION OF AMERICA, INC.

Employer identification number

23-7047066

Form 990, Part VI, Line 9 - Officer, Director, Trustee, Key Employee Mailing Address (continued)

Carolyn Washburn

14092 Trafalgar Rd. N

Georgetown, Ontario L7G 454

Canada

Director-ON

Marty Hedgren

Flarekulla 104

52375 Dalum

Sweden

Director-EU

Form 990, Part VI, Line 11b - Form 990 Review Process

Organization's Executive VP/COO together with the Controller review the returns with preparer prior to signature and filing.

Form 990, Part VI, Line 12c - Explanation of Monitoring and Enforcement of Conflicts

Possible conflict of interest issues are discussed at regular Executive Committee meetings. All officers, directors and employees are covered. Pros and cons are discussed and voted on. This is usually done before possible conflict occurs. If determined that a conflict may occur or exist, the activity is not allowed in a continuing relationship with the organization.

Form 990, Part VI, Line 15a - Compensation Review & Approval Process - CEO & Top Management

Compensation guidelines are determined at the Executive Committee level for all employees including the Executive VP/COO. The process is normally done annually at the time the budget for the next year is presented. The Executive VP/COO participates in the process for all paid staff members except himself. Economic

Name of the organization

PINTO HORSE ASSOCIATION OF AMERICA, INC.

Employer identification number

23-7047066

Form 990, Part VI, Line 15a - Compensation Review & Approval Process - CEO & Top Management (continued)

conditions together with survey of salary levels paid by similar organizations are considered. The Executive Committee votes on the final decision. Minutes are taken, as with all meetings.

Form 990, Part VI, Line 15b - Compensation Review & Approval Process - Officers & Key Employees

Compensation guidelines are determined at the Executive Committee level for all employees including the Executive VP/COO. The process is normally done annually at the time the budget for the next year is presented. The Executive VP/COO participates in the process for all paid staff members except himself. Economic conditions together with survey of salary levels paid by similar organizations are considered. The Executive Committee votes on the final decision. Minutes are taken, as with all meetings.

Form 990, Part VI, Line 19 - Other Organization Documents Publicly Available

All governing documents, Conflict of Interest Policy, and Financial Statements are available at the organization's offices on request. Most are also available for download on the organization's website. A printed rulebook is also available for purchase.

Client 1715

PINTO HORSE ASSOCIATION OF AMERICA, INC.

23-7047066

11/10/21

01:04AM

**Form 990, Part III, Line 4e
Program Services Totals**

	Program Services Total	Form 990	Source
Total Expenses	1,111,649.	0.	Part IX, Line 25, Col. B
Grants	0.	0.	Part IX, Lines 1-3, Col. B
Revenue	1,695,253.	1,699,189.	Part VIII, Line 2, Col. A

**Form 990, Part VIII, Line 2f
Other Program Service Revenue**

Description	Bus. Code	Total Revenue	Related or Exempt Func tion Revenue	Unrelated Business Revenue	Revenue Excluded From Tax
Royalties	900099	\$ 3,516.	\$ 3,516.		
Totals		\$ 3,516.	\$ 3,516.	\$ 0.	\$ 0.

**Form 990, Part IX, Line 11g
Other Fees For Services**

	(A) Total	(B) Program Services	(C) Management & General	(D) Fund- raising
Banner Installation	2,750.			
Miscellaneous Labor	740.			
Office Assistant	1,391.			
Total	\$ 4,881.	\$ 0.	\$ 0.	\$ 0.

**Form 990, Part IX, Line 24e
Other Expenses**

	(A) Total	(B) Program Services	(C) Management & General	(D) Fundraising
Dues & Publications	6,020.			
Equipment Rental	7,350.			
Licenses & Permits	369.			
Meetings & Overtime Meals	2,087.			
Personal Property Taxes	944.			
Repairs & Maintenance	3,704.			
Storage Rental	6,000.			
Total	\$ 26,474.	\$ 0.	\$ 0.	\$ 0.

Client 1715

PINTO HORSE ASSOCIATION OF AMERICA, INC.

23-7047066

11/10/21

01:04AM

Contributions, Gifts, and Grants
Other contributions, gifts, grants, etc.

Equine Chronicle	\$	3,000.
ASPCA		15,000.
John & Marilyn Hay Estate		16,731.
Total	\$	<u>34,731.</u>

Other Revenue
Related or exempt function income
Other Revenue

Fax, Postage, NSF fees	\$	1,650.
Calendar, Rule Book Sales		20.
Total	\$	<u>1,670.</u>

Stmt. of Functional Expenses (990)
Information technology

Internet Access & Service	\$	5,814.
Computer Supplies		796.
Outside IT Services		54,779.
Total	\$	<u>61,389.</u>

Stmt. of Functional Expenses (990)
Conferences, conventions, etc

Board Meeting & Convention	\$	33,478.
Judges Committee		6,755.
Field Representative		2,914.
AP Awards		40,379.
Color Breed Congress		26,422.
World Show		1,001,701.
.....		0.
Total	\$	<u>1,111,649.</u>

Stmt. of Functional Expenses (990)
Postage and shipping

Postage	\$	16,228.
Federal Express & UPS		3,466.
Magazine Postage		3,408.
Total	\$	<u>23,102.</u>

Contributions, Gifts, and Grants
Government grants

PPP Loan Forgiveness.....	\$	111,200.
Total	\$	<u>111,200.</u>

Program Service Revenue
Related or exempt function income
Other Program Revenue

Convention Income.....	\$	19,375.
Judges Program.....		5,310.
SOAR Program.....		1,575.
Refund Color Breed Futurity.....		270.
Total	\$	<u>26,530.</u>

Form **990-T**

Exempt Organization Business Income Tax Return
(and proxy tax under section 6033(e))

OMB No. 1545-0047

2020

For calendar year 2020 or other tax year beginning _____, 2020, and ending _____,

▶ Go to www.irs.gov/Form990T for instructions and the latest information.

▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for
501(c)(3) Organizations Only

Department of the Treasury
Internal Revenue Service

<p>A <input type="checkbox"/> Check box if address changed.</p> <p>B Exempt under section <input checked="" type="checkbox"/> 501(c)(5) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a) <input type="checkbox"/> 529A</p>	<p>Print or Type</p>	<p><input type="checkbox"/> Check box if name changed and see instructions.)</p> <p>PINTO HORSE ASSOCIATION OF AMERICA, INC. 7330 NW 23RD STREET BETHANY, OK 73008</p>	<p>D Employer identification number 23-7047066</p> <p>E Group exemption number (see instructions.)</p> <p>F <input type="checkbox"/> Check box if an amended return.</p>
		<p>C Book value of all assets at end of year ▶ 1,900,915.</p>	
<p>G Check organization type ▶ <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust <input type="checkbox"/> Applicable reinsurance entity</p>			
<p>H Check if filing only to ▶ <input type="checkbox"/> Claim credit from Form 8941 <input type="checkbox"/> Claim a refund shown on Form 2439</p>			
<p>I Check if a 501(c)(3) organization filing a consolidated return with a 501(c)(2) titleholding corporation ▶ <input type="checkbox"/></p>			
<p>J Enter the number of attached Schedules A (Form 990-T) ▶ 1</p>			
<p>K During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsi- dary controlled group? ... ▶ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If 'Yes,' enter the name and identifying number of the parent corporation ... ▶</p>			
<p>L The books are in care of ▶ Darrell L. Bilke 7330 NW 23rd Street Bethany OK 7300 Telephone number ▶ 405-491-0111</p>			

Part I Total Unrelated Business Taxable Income

1 Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions).....	1	0.
2 Reserved	2	
3 Add lines 1 and 2	3	0.
4 Charitable contributions (see instructions for limitation rules).....	4	
5 Total unrelated business taxable income before net operating losses. Subtract line 4 from line 3.....	5	0.
6 Deduction for net operating loss. See instructions See St. 1	6	
7 Total of unrelated business taxable income before specific deduction and section 199A deduction. Subtract line 6 from line 5.....	7	0.
8 Specific deduction (generally \$1,000, but see instructions for exceptions)	8	1,000.
9 Trusts. Section 199A deduction. See instructions.....	9	
10 Total deductions. Add lines 8 and 9.....	10	1,000.
11 Unrelated business taxable income. Subtract line 10 from line 7. If line 10 is greater than line 7, enter zero.....	11	0.

Part II Tax Computation

1 Organizations taxable as corporations. Multiply Part I, line 11 by 21% (0.21)..... ▶	1	0.
2 Trusts taxable at trust rates. See instructions for tax computation. Income tax on the amount on Part I, line 11 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041)..... ▶	2	
3 Proxy tax. See instructions..... ▶	3	
4 Other tax amounts. See instructions.....	4	
5 Alternative minimum tax (trusts only).....	5	
6 Tax on noncompliant facility income. See instructions.....	6	
7 Total. Add lines 3 through 6 to line 1 or 2, whichever applies.....	7	0.

BAA For Paperwork Reduction Act Notice, see instructions.

Form 990-T (2020)

Part III Tax and Payments

1a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)...	1a		
b Other credits (see instructions).....	1b		
c General business credit. Attach Form 3800 (see instructions).....	1c		
d Credit for prior year minimum tax (attach Form 8801 or 8827).....	1d		
e Total credits. Add lines 1a through 1d.....	1e		0.
2 Subtract line 1e from Part II, line 7.....	2		0.
3 Other taxes. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach statement).....	3		
4 Total tax. Add lines 2 and 3 (see instructions). <input type="checkbox"/> Check if includes tax previously deferred under section 1294. Enter tax amount here.....	4		0.
5 2020 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 4.....	5		
6a Payments: A 2019 overpayment credited to 2020.....	6a		
b 2020 estimated tax payments. Check if section 643(g) election applies... <input type="checkbox"/>	6b		
c Tax deposited with Form 8868.....	6c		
d Foreign organizations: Tax paid or withheld at source (see instructions).....	6d		
e Backup withholding (see instructions).....	6e		
f Credit for small employer health insurance premiums (attach Form 8941).....	6f		
g Other credits, adjustments, and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other _____ Total... <input type="checkbox"/>	6g		
7 Total payments. Add lines 6a through 6g.....	7		0.
8 Estimated tax penalty (see instructions). Check if Form 2220 is attached..... <input type="checkbox"/>	8		
9 Tax due. If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed.....	9		
10 Overpayment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid.....	10		
11 Enter the amount of line 10 you want: Credited to 2021 estimated tax <input type="checkbox"/> Refunded <input type="checkbox"/>	11		

Part IV Statements Regarding Certain Activities and Other Information (see instructions)

1 At any time during the 2020 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here	Yes	No
2 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," see instructions for other forms the organization may have to file.		X
3 Enter the amount of tax-exempt interest received or accrued during the tax year. <input type="checkbox"/> \$ 0.		
4a Did the organization change its method of accounting? (see instructions).....		X
b If 4a is "Yes," has the organization described the change on Form 990, 990-EZ, 990-PF, or Form 1128? If "No," explain in Part V.....		

Part V Supplemental Information

Provide the explanation required by Part IV, line 4b. Also, provide any other additional information. See instructions.

Sign Here	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 taxpayer) is based on all information of which preparer has any knowledge.			May the IRS discuss this return with the preparer shown below (see instructions)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
	<input checked="" type="checkbox"/> <i>L. J. Bilk</i> Signature of officer	<input checked="" type="checkbox"/> 11-9-21 Date	Exec Vice Pres/COO Title		
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	SUZANNE M CREWS	<i>Suzanne M Crews, CPA</i>	11-9-2021		P00049554
	Firm's name	Suzanne M Crews, PC		Firm's EIN	73-1432749
	Firm's address	7300 NW 23 St Ste 205 Bethany, OK 73008		Phone no.	405-491-0800

BAA

**SCHEDULE A
(Form 990-T)**

**Unrelated Business Taxable Income
From an Unrelated Trade or Business**

OMB No. 1545-0047

2020

▶ Go to www.irs.gov/Form990T for instructions and the latest information.

▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Department of the Treasury
Internal Revenue Service

Open to Public Inspection for
501(c)(3) Organizations Only

A Name of the organization PINTO HORSE ASSOCIATION OF AMERICA, INC.	B Employer identification number 23-7047066
C Unrelated business activity code (see instructions) ▶ 511120	D Sequence: 1 of 1

E Describe the unrelated trade or business ▶ Advertising sales in magazine/newsletter

Part I	Unrelated Trade or Business Income	(A) Income	(B) Expenses	(C) Net
1 a	Gross receipts or sales			
b	Less returns and allowances			
	c Balance ▶	1c		
2	Cost of goods sold (Part III, line 8)	2		
3	Gross profit. Subtract line 2 from line 1c	3		
4a	Capital gain net income (attach Sch D (Form 1041 or Form 1120)) (see instructions)	4a		
b	Net gain (loss) (Form 4797) (attach Form 4797) (see instructions)	4b		
c	Capital loss deduction for trusts	4c		
5	Income (loss) from a partnership or an S corporation (attach statement)	5		
6	Rent income (Part IV)	6		
7	Unrelated debt-financed income (Part V)	7		
8	Interest, annuities, royalties, and rents from a controlled organization (Part VI)	8		
9	Investment income of section 501(c)(7), (9), or (17) organizations (Part VII)	9		
10	Exploited exempt activity income (Part VIII)	10		
11	Advertising income (Part IX)	11		
12	Other income (see instructions; attach statement)	12		
13	Total. Combine lines 3 through 12	13		

Part II	Deductions Not Taken Elsewhere (See instructions for limitations on deductions) Deductions must be directly connected with the unrelated business income		
1	Compensation of officers, directors, and trustees (Part X)	1	
2	Salaries and wages	2	
3	Repairs and maintenance	3	
4	Bad debts	4	
5	Interest (attach statement) (see instructions)	5	
6	Taxes and licenses	6	
7	Depreciation (attach Form 4562) (see instructions)	7	
8	Less depreciation claimed in Part III and elsewhere on return	8a	8b
9	Depletion	9	
10	Contributions to deferred compensation plans	10	
11	Employee benefit programs	11	
12	Excess exempt expenses (Part VIII)	12	
13	Excess readership costs (Part IX)	13	
14	Other deductions (attach statement)	14	
15	Total deductions. Add lines 1 through 14	15	
16	Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C)	16	
17	Deduction for net operating loss (see instructions) See Statement 2	17	
18	Unrelated business taxable income. Subtract line 17 from line 16	18	

BAA For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2020

Part III Cost of Goods Sold Enter method of inventory valuation ▶

1	Inventory at beginning of year.....	1	
2	Purchases.....	2	
3	Cost of labor.....	3	
4	Additional section 263A costs (attach statement).....	4	
5	Other costs (attach statement).....	5	
6	Total. Add lines 1 through 5.....	6	
7	Inventory at end of year.....	7	
8	Cost of goods sold. Subtract line 7 from line 6. Enter here and in Part 1, line 2.....	8	
9	Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Part IV Rent Income (From Real Property and Personal Property Leased with Real Property)

1 Description of property (property street address, city, state, ZIP code). Check if a dual-use (see instructions)

A _____

B _____

C _____

D _____

	A	B	C	D
2 Rent received or accrued				
a From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%).....				
b From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)				
c Total rents received or accrued by property. Add lines 2a and 2b, columns A through D..				
3 Total rents received or accrued. Add line 2c columns A through D. Enter here and on Part I, line 6, column (A). ▶				
4 Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement).....				
5 Total deductions. Add line 4 columns A through D. Enter here and on Part I, line 6, column (B).... ▶				

Part V Unrelated Debt-Financed Income (see instructions)

1 Description of debt-financed property (street address, city, state, ZIP code). Check if a dual-use (see instructions)

A _____

B _____

C _____

D _____

	A	B	C	D
2 Gross income from or allocable to debt-financed property.....				
3 Deductions directly connected with or allocable to debt-financed property				
a Straight line depreciation (attach statement)				
b Other deductions (attach statement).....				
c Total deductions (add lines 3a and 3b, columns A through D).....				
4 Amount of average acquisition debt on or allocable to debt-financed property (attach statement).....				
5 Average adjusted basis of or allocable to debt-financed property (attach statement)....				
6 Divide line 4 by line 5.....	%	%	%	%
7 Gross income reportable. Multiply line 2 by line 6.				
8 Total gross income (add line 7, columns A through D). Enter here and on Part I, line 7, column (A)..... ▶				
9 Allocable deductions. Multiply line 3c by line 6.....				
10 Total allocable deductions. Add line 9, columns A through D. Enter here and on Part I, line 7, column (B).... ▶				
11 Total dividends-received deductions included in line 10..... ▶				

Part VI Interest, Annuities, Royalties, and Rents from Controlled Organizations (see instructions)

		Exempt Controlled Organizations			
1 Name of controlled organization	2 Employer identification number	3 Net unrelated income (loss) (see instructions)	4 Total of specified payments made	5 Part of column 4 that is included in the controlling organization's gross income	6 Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					
Nonexempt Controlled Organizations					
7 Taxable income	8 Net unrelated income (loss) (see instructions)	9 Total of specified payments made	10 Part of column 9 that is included in the controlling organization's gross income	11 Deductions directly connected with income in column 10	
(1)					
(2)					
(3)					
(4)					
Totals			Add columns 5 and 10. Enter here and on Part I, line 8, column (A)	Add columns 6 and 11. Enter here and on Part I, line 8, column (B)	

Part VII Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

1 Description of income	2 Amount of income	3 Deductions directly connected (attach statement)	4 Set-asides (attach statement)	5 Total deductions and set-asides (add columns 3 and 4)
(1)				
(2)				
(3)				
(4)				
Totals		Add amounts in column 2. Enter here and on Part I, line 9, column (A)		Add amounts in column 5. Enter here and on Part I, line 9, column (B)

Part VIII Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

1 Description of exploited activity: _____	
2 Gross unrelated business income from trade or business. Enter here and on Part I, line 10, col (A)	2
3 Expenses directly connected with production of unrelated business income. Enter here and on Part I, line 10, column (B)	3
4 Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete lines 5 through 7	4
5 Gross income from activity that is not unrelated business income	5
6 Expenses attributable to income entered on line 5	6
7 Excess exempt expenses. Subtract line 5 from line 6, but do not enter more than the amount on line 4. Enter here and on Part II, line 12	7

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Part IX Advertising Income

1 Name(s) of periodical(s). Check box if reporting two or more periodicals on a consolidated basis.

A	<input type="checkbox"/>	_____
B	<input type="checkbox"/>	_____
C	<input type="checkbox"/>	_____
D	<input type="checkbox"/>	_____

Enter amounts for each periodical listed above in the corresponding column.

	A	B	C	D
2 Gross advertising income				
a Add columns A through D. Enter here and on Part I, line 11, column (A).....	▶ _____			
3 Direct advertising costs by periodical				
a Add columns A through D. Enter here and on Part I, line 11, column (B).....	▶ _____			
4 Advertising gain (loss). Subtract line 3 from line 2. For any column in line 4 showing a gain, complete lines 5 through 8. For any column in line 4 showing a loss or zero, do not complete lines 5 through 7, and enter zero on line 8				
5 Readership costs				
6 Circulation income.....				
7 Excess readership costs. If line 6 is less than line 5, subtract line 6 from line 5. If line 5 is less than line 6, enter zero.....				
8 Excess readership costs allowed as a deduction. For each column showing a gain on line 4, enter the lesser of line 4 or line 7.....				
a Add line 8, columns A through D. Enter the greater of the line 8a, columns total or zero here and on Part II, line 13.....	▶ _____			

Part X Compensation of Officers, Directors, and Trustees (see instructions)

1 Name	2 Title	3 Percent of time devoted to business	4 Compensation attributable to unrelated business
		%	
		%	
		%	
		%	
Total. Enter here and on Part II, line 1.....			▶ _____

Part XI Supplemental Information (see instructions)

Statement 1
Form 990-T, Part I, Line 6
Net Operating Loss Deduction

Pre-2018 NOLs Carried Forward From Prior Year		17,199.
Pre-2018 NOLs Included on Form 990-T, Part I, Line 6	0.	
Total Pre-2018 NOLs Applied	0.	0.
Pre-2018 NOLs Expiring This Tax Year		0.
Pre-2018 NOLs Carried Over to Subsequent Tax Years		17,199.

Statement 2
Schedule A, Part II, Line 17
Net Operating Loss Deduction

Loss Year Ending	Original Loss	Loss Previously Used	Loss Available
12/31/19	\$ 664.	\$ 0.	664.
Net Operating Loss Available.....			\$ 664.
Taxable Income.....			\$ 0.
Net Operating Loss Deduction (Limited to Taxable Income).....			<u>\$ 0.</u>

Oklahoma Return of Organization Exempt from Income Tax

Form 512E
2020



Section 501(c) of the Internal Revenue Code

PART 1 For the year January 1 - December 31, 2020, or other taxable year beginning: 2020 ending:

Place an 'X' if:
 (1) Initial return (2) Final return (3) Amended return (See Schedule 512E-X on page 2)

Name of organization Pinto Horse Association of America, Inc.	Federal Employer Identification Number 23-7047066
Address (number and street) 7330 NW 23rd Street	Date qualified for tax exempt status 1956
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	0	0
B Total unrelated trade or business deductions - applicable Fed. Form(s) 990	0	0
C Unrelated business taxable income - enter here and on line 1 below	0	0

INCOME SUBJECT TO TAX

1 Unrelated business taxable income - from statement above (allocable to Oklahoma)	1	0 00
2 Other net income - enclose schedule	2	0 00
3 Oklahoma Capital Gain deduction (provide Form 561-C)	3	0 00
4 Oklahoma taxable income (total of lines 1, 2 and 3)	4	0 00

TAX COMPUTATION

5 Tax at 6% of line 4. If Trust - See Rate Schedule on page 2 and place an '1' in the box. If recapturing the Oklahoma Affordable Housing Tax Credit, add the recaptured credit here and enter a '2' in the box. If making an Okla. installment payment pursuant to IRC Sec. 965(h) and 68 O.S. Sec. 2368(K), add the installment payment here and enter a "3" in the box	5	00
6 Less: Other Credits Form (total from Form 511CR)	6	00
7 Balance of tax due (line 5 minus line 6, but not less than zero)	7	00
8 2020 Oklahoma estimated tax and extension payments and prior year carryforward	8	00
9 Oklahoma withholding (provide Form 1099, Form 500A, Form 500B or other withholding statement)	9	00
10 Amount paid with original return and amount paid after it was filed (amended return only)	10	00
11 Any refunds or overpayment applied (amended return only)	11	00
12 Total of lines 8 through 11	12	00
13 Overpayment (if line 12 is larger than line 7 enter amount overpaid)	13	00
14 Amount of line 13 to be credited to 2021 estimated tax (original return only)	14	00

Line 15 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.

15 Donations from your refund <input type="checkbox"/> \$2 <input type="checkbox"/> \$5 <input type="checkbox"/> \$	15	00
16 Add lines 14 and 15 and enter amount	16	00
17 Amount to be refunded to you (line 13 minus line 16) Refund	17	00

Direct Deposit Note: All refunds must be by direct deposit. See Direct Deposit Information on page 4 for details.

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:

18 Tax Due (if line 7 is larger than line 12 enter tax due)	Tax Due	18	00
19 (a) Donation: Support the Oklahoma General Revenue Fund (For information regarding this fund, see page 3, #3)	19a	00	
(b) Donation: Public School Classroom Support Fund (For information regarding this fund, see page 3, #8)	19b	00	
20 For delinquent payment, add penalty of 5% plus interest at 1.25% per month	20	00	
21 Underpayment of estimated tax interest Annualized <input type="checkbox"/>	21	00	
22 Total tax, penalty and interest due - Add lines 18-21; pay in full with return	Balance Due	22	00

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>	Date 11-9-2021	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 11-9-2021
Print Name Darrell L. Bilke			Printed Name of Preparer Suzanne M. Crews, PC	
Title Exec. VP/COO	Phone Number 405-491-0111		Phone Number 405-491-0800	Preparer's PTIN: P00049554

The Oklahoma Tax Commission is not required to give actual notice to taxpayers of changes in any state tax law.

This is an abbreviated copy of the 2020 Pinto Horse Association of America, Inc. tax return.

A complete copy of the return is available at the Pinto Horse Association of America office in Bethany, Oklahoma upon written request.