

PINTO HERITAGE FOUNDATION, INC.

EXEMPT ORGANIZATION RETURN

DECEMBER 31, 2017

PUBLIC INSPECTION COPY

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

2017

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/Form990EZ for instructions and the latest information**

A For the 2017 calendar year, or tax year beginning 2017, and ending _____

<p>B Check if applicable:</p> <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<p>C</p> <p>PINTO HERITAGE FOUNDATION, INC. 7330 NW 23RD STREET BETHANY, OK 73008</p>	<p>D Employer identification number 20-3968600</p> <p>E Telephone number 405-491-0111</p> <p>F Group Exemption Number ▶</p>
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G Accounting Method: Cash Accrual Other (specify) ▶ _____

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

I Website: ▶ www.pintoheritage.org

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

K Form of organization: Corporation Trust Association Other _____

L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ 35,785.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)
 Check if the organization used Schedule O to respond to any question in this Part I

R E V E N U E	1 Contributions, gifts, grants, and similar amounts received	1	29,637.	
	2 Program service revenue including government fees and contracts	2		
	3 Membership dues and assessments	3		
	4 Investment income	4	6,148.	
	5a Gross amount from sale of assets other than inventory	5a		
	b Less: cost or other basis and sales expenses	5b		
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c		
	6 Gaming and fundraising events			
	a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a		
b Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b			
c Less: direct expenses from gaming and fundraising events	6c			
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d			
7a Gross sales of inventory, less returns and allowances	7a			
b Less: cost of goods sold	7b			
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c			
8 Other revenue (describe in Schedule O)	8			
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8. ▶	9	35,785.		
E X P E N S E S	10 Grants and similar amounts paid (list in Schedule O)	10	5,000.	
	11 Benefits paid to or for members	11		
	12 Salaries, other compensation, and employee benefits	12		
	13 Professional fees and other payments to independent contractors	13	1,260.	
	14 Occupancy, rent, utilities, and maintenance	14	8,400.	
	15 Printing, publications, postage, and shipping	15	175.	
	16 Other expenses (describe in Schedule O) See Schedule O	16	64.	
17 Total expenses. Add lines 10 through 16. ▶	17	14,899.		
18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	20,886.		
A S S E T S	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	219,838.	
	20 Other changes in net assets or fund balances (explain in Schedule O) See Schedule O	20	13,057.	
	21 Net assets or fund balances at end of year. Combine lines 18 through 20. ▶	21	253,781.	

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

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

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

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

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

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

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

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I. Yes No
46

Part VI Section 501(c)(3) organizations only

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

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

47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II. Yes No
47

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E. 48

49 a Did the organization make any transfers to an exempt non-charitable related organization? 49 a

b If 'Yes,' was the related organization a section 527 organization? 49 b

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

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
None				

f Total number of other employees paid over \$100,000. ▶

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None.'

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation
None		

d Total number of other independent contractors each receiving over \$100,000. ▶

52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations must attach a completed Schedule A. ▶ Yes No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here
 Signature of officer: Darrell L. Bilke Date: 11-2-18
 Type or print name and title: Darrell L. Bilke Secretary/Treas

Paid Preparer Use Only
 Print/Type preparer's name: SUZANNE M CREWS Preparer's signature: Suzanne M Crews Date: 10-24-18
 Firm's name: SUZANNE M CREWS, PC Check if self-employed PTIN: P00049554
 Firm's address: 7300 Northwest 23rd Street, Ste 400 Firm's EIN: 73-1432749
Bethany, OK 73008 Phone no.: 405-491-0800

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