

PINTO HERITAGE FOUNDATION, INC.

EXEMPT ORGANIZATION RETURN

DECEMBER 31, 2005

PUBLIC INSPECTION COPY

Short Form

Return of Organization Exempt From Income Tax

OMB No. 1545-1150

2005

Form 990-EZ

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service

For organizations with gross receipts less than \$100,000 and total assets less than \$250,000 at the end of the year. The organization may have to use a copy of this return to satisfy state reporting requirements.

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

B Check if applicable: Address change, Name change, Initial return, Final return, Amended return, Application pending. C Name of organization: PINTO HERITAGE FOUNDATION, INC. D Employer identification number: 20-3968600 E Telephone number: 405-491-0111 F Group Exemption Number

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

Website: WWW.PINTOHERITAGE.ORG Organization type: 3

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

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

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances

Table with 10 columns: Line number, Description, and Amount. Rows include Revenue (1-9), Expenses (10-17), and Net Assets (18-21). Total revenue is 31,000 and total expenses is 31,000.

Part II Balance Sheets - If total assets on line 25, column (B) are \$250,000 or more, file Form 990 instead of Form 990-EZ.

Table with 3 columns: Line number, Description, and Amount. Rows include 22 Cash, savings, and investments; 23 Land and buildings; 24 Other assets; 25 Total assets; 26 Total liabilities; 27 Net assets or fund balances.

Part III Statement of Program Service Accomplishments (See page 42 of the instructions.)

What is the organization's primary exempt purpose? SEE STATEMENT 1
Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title.

Expenses (Required for 01(c)(3) and (4) organizations and 4947(a)(1) trusts; optional for others.)

Table with 3 columns: Line number, Description of program service, and Expenses. Includes rows for Museum, Youth and Adult Amateur Education Scholarships, and Total program service expenses.

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

Table with 5 columns: (A) Name and address, (B) Title and average hours per week devoted to position, (C) Compensation (if not paid, enter -0-), (D) Contributions to employee benefit plans & deferred compensation, (E) Expense account and other allowances. Includes entry for SEE STATEMENT 2.

Part V Other Information Note the attachment requirement in General Instruction V, page 14.

Table with 3 columns: Question, Yes, No. Includes questions about IRS reporting, business activities, political expenditures, and tax imposed on the organization.

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

41 List the states with which a copy of this return is filed. OK

42a The books are in care of THE ORGANIZATION Telephone no. 405-491-0111

Located at 7330 N W 23RD ST., BETHANY, OK ZIP + 4 73008

b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?

Yes/No	
42b	X

If "Yes," enter the name of the foreign country:

See the instructions for exceptions and filing requirements for Form TD F 90-22.1.

c At any time during the calendar year, did the organization maintain an office outside of the U.S.?

42c	X
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If "Yes," enter the name of the foreign country:

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

Please 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 officer) is based on all information of which preparer has any knowledge.

Donald L. Bilke
Signature of preparer

11-14-06

Darrell L. Bilke Secretary
Type or print name and title

Paid Preparer's Use Only Preparer's signature: *Suzanne M. Crews* 11-12-05

Check if self-employed

Preparer's UEN or PTIN: P00049554

Firm's name (or yours if self-employed), address, and ZIP + 4: SUZANNE M. CREWS, PC
4101 PERIMETER CTR DR, STE 120
OKLAHOMA CITY, OK 73112-2339

EIN: 73-1432749

Phone no.: 405-943-2266