PINTO HERITAGE FOUNDATION, INC.

EXEMPT ORGANIZATION RETURN

DECEMBER 31, 2016

PUBLIC INSPECTION COPY
Form 990-EZ

Return of Organization Exempt From Income Tax

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

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

Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

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

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**C**

PINTO HERITAGE FOUNDATION, INC.

7330 NW 23RD STREET

BETHANY, OK 73008

**D**

Employer identification number

20-3968600

**E**

Telephone number

405-491-0111

**F**

Group Exemption Number

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G

Accounting Method: [X] Cash  [ ] Accrual  [ ] Other (specify)

**J**

Tax-exempt status (check only one) – [X] 501(c)(3)  [ ] 501(c)(4)  [ ] (insert no.)  [X] 4947(a)(1) or [ ] 527

**K**

Form of organization: [X] Corporation  [ ] Trust  [ ] Association  [ ] Other

**L**

Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are $200,000 or more, or if total assets (Part II, column (B) below) are $500,000 or more, file Form 990 instead of Form 990-EZ... $ 28,772.

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**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.

**1** Contributions, gifts, grants, and similar amounts received

24,153.

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**2** Program service revenue including government fees and contracts

2

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**3** Membership dues and assessments

3

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**4** Investment income

4,619.

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**5a** Gross amount from sale of assets other than inventory

5a

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**5b** Less: cost or other basis and sales expenses

5b

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**5c** Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)

5c

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**6** Gaming and fundraising events

**6a** Gross income from gaming (attach Schedule G if greater than $15,000)

6a

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**6b** Gross income from fundraising events (not including $ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds $15,000)

6b

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**6c** Less: direct expenses from gaming and fundraising events

6c

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**6d** Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)

6d

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**7a** Gross sales of inventory, less returns and allowances

7a

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**7b** Less: cost of goods sold

7b

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**7c** Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)

7c

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**8** Other revenue (describe in Schedule O)

8

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**9** Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8

28,772.

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**10** Grants and similar amounts paid (list in Schedule O)

10

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**11** Benefits paid to or for members

11

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**12** Salaries, other compensation, and employee benefits

12

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**13** Professional fees and other payments to independent contractors

13

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**14** Occupancy, rent, utilities, and maintenance

14

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**15** Printing, publications, postage, and shipping

15

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**16** Other expenses (describe in Schedule O)

See Schedule O

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**17** Total expenses. Add lines 10 through 16

17

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**18** Excess or (deficit) for the year (Subtract line 17 from line 9)

18

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**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

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**20** Other changes in net assets or fund balances (explain in Schedule O)

See Schedule O

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**21** Net assets or fund balances at end of year. Combine lines 18 through 20

21

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

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Form 990-EZ (2016)
### Part II: Balance Sheet

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

### Part III: Statement of Program Service Accomplishments

**Expenses**

| See Schedule O |
| 28a | 8,400 |
| See Schedule O |
| 29a | 6,500 |
| **ALL OTHER ACCOMPLISHMENTS:** Special purpose funds set up to support community need. 2016 Donations will be passed through in total for the Cancer Society. |
| 30a |
| Other program services (describe in Schedule O) |
| 31a |
| **Total program service expenses (add lines 28a through 31a)** |
| 32 | 14,900 |

### Part IV: List of Officers, Directors, Trustees, and Key Employees

<table>
<thead>
<tr>
<th>Name and title</th>
<th>Average hours per week devoted to position</th>
<th>Reportable compensation (Forms W-2, 1099-MISC) (if not paid, enter -0-)</th>
<th>Health benefits, contributions to employee benefit plans, and deferred compensation</th>
<th>Estimated amount of other compensation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Joe Grissom</td>
<td>4</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>Annie DiGiovanni</td>
<td>4</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>Darrell L. Bilke</td>
<td>4</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>Mahlon Bauman</td>
<td>1</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
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<tr>
<td>Barbara Newland-Hulse</td>
<td>1</td>
<td>0.</td>
<td>0.</td>
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<tr>
<td>Ernestine Owings</td>
<td>1</td>
<td>0.</td>
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<tr>
<td>Bobbieann Lawrence</td>
<td>1</td>
<td>0.</td>
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<td>Dr. Michele Lamantia</td>
<td>1</td>
<td>0.</td>
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<td>G. Woodruff Marshall</td>
<td>1</td>
<td>0.</td>
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</tbody>
</table>
Part V Other Information

33 Did the organization engage in any significant activity not previously reported to the IRS? Yes No
If "Yes," provide a detailed description of each activity in Schedule O. X

34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformity copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions). X

35a Did the organization have unrelated business gross income of $1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)? X
b If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O. X
c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III. X

36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N. X

37a Enter amount of political expenditures, direct or indirect, as described in the instructions. X
b Did the organization file Form 1120-POL for this year? X

38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? X
b If "Yes," complete Schedule L, Part I. and enter the total amount involved. X

39 Section 501(c)(7) organizations. Enter:
a Initiation fees and capital contributions included on line 9. N/A
b Gross receipts, included on line 9, for public use of club facilities. N/A

40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:
section 4911 X
section 4912 X
section 4955 X

b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I. X
c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958. X

d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization. X
e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T. X

41 List the states with which a copy of this return is filed
None

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 X

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)? X
If "Yes," enter the name of the foreign country:

See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).

c At any time during the calendar year, did the organization maintain an office outside the United States? X
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. N/A
and enter the amount of tax-exempt interest received or accrued during the tax year. N/A

44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ. X
b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ. X
c Did the organization receive any payments for indoor tanning services during the year? X
d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. X

45a Did the organization have a controlled entity within the meaning of section 512(b)(13)? X
b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions). X
Part VI | Section 501(c)(3) organizations only
All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.
Check if the organization used Schedule O to respond to any question in this Part VI.

47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II.

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

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

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

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

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

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

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

<table>
<thead>
<tr>
<th>(a) Name and business address of each independent contractor</th>
<th>(b) Type of service</th>
<th>(c) Compensation</th>
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</table>

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.

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.

Signature of officer

Darrell L. Bilke
Type or print name and title
Secretary/Treas

Print/Type preparer's name
SUZANNE M CREWS
Preparer's signature

Paid Preparer Use Only

Form 990-EZ (2016)
OKLAHOMA RETURN OF ORGANIZATION
EXEMPT FROM INCOME TAX
Section 501(c) of the Internal Revenue Code

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

Name of Organization
PINTO HERITAGE FOUNDATION, INC.

Address (number and street)  
1330 NW 23RD STREET

City, State or Province, Country and ZIP or Foreign Postal Code
BETHANY, OK 73008

Federal Employer Identification Number
20-3966600

Date Qualified for Tax Exempt Status
08/03/2005

OFFICE USE ONLY

PART 2: STATEMENT OF UNRELATED BUSINESS TAXABLE INCOME  (Please read instructions on pages 2-3)
A. Total unrelated trade or business income - applicable Federal Form(s) 990

B. Total unrelated trade or business deductions - applicable Fed. Form(s) 990

C. Unrelated business taxable income - Enter here and on line 1 below

INCOME SUBJECT TO TAX
1. Unrelated business taxable income - from statement above (allocable to Oklahoma) .

2. Other net income - enclose schedule .

3. Oklahoma taxable income (total of lines 1 and 2) .

TAX COMPUTATION
4. Tax at 6% of line 3. If Trust - See Rate Schedule on page 2 and place an 'X' here .

5. Less: Other Credits Form (total from Form 511CR) .

6. Balance of tax due (line 4 minus line 5, but not less than zero) .

7. Amount paid on 2016 estimated tax and amount paid with extension request .

8. Oklahoma withholding (enclose Form 1099, Form 500A, Form 500B or other withholding statement) .

9. Amount paid with original return and amount paid after it was filed (amended return only) .

10. Any refunds or overpayment applied (amended return only) .

11. Total of lines 7 through 10 .

12. Overpayment (if line 11 is larger than line 6 enter amount overpaid) .

13. Amount of line 12 to be credited to 2017 estimated tax (original return only) .

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

14. Donations from your refund .

15. Add lines 13 and 14 and enter amount .

16. Amount to be refunded to you (line 12 minus line 15) .

Direct Deposit Note:  All refunds must be by direct deposit. See Direct Deposit Information on page 3 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:

Tax Due 17 .

18. For delinquent payment, add penalty of 5% .

19. Underpayment of estimated tax interest .

Annualized

20. Total tax, penalty and interest due - Add lines 17-19; pay in full with return .

Balance Due .

PART 3: SIGNATURE AND VERIFICATION

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

Signature of Officer or Trustee

Print Name  DARRELL L. BILKE

Title  SECRETARY/TREASURER  Phone Number  405-491-0111

Check this box if the Oklahoma Tax Commission may discuss this return with your tax preparer.

Signature of Preparer  SUSANNE M. CREWS, CPA

Printed Name of Preparer  SUSANNE M. CREWS, CPA

Phone Number  405-491-0800  Preparer's PTIN: P00049554