PINTO HERITAGE FOUNDATION, INC.

EXEMPT ORGANIZATION RETURN

DECEMBER 31, 2017

PUBLIC INSPECTION COPY
**Form 990-EZ**

**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)

- Do not enter social security numbers on this form as it may be made public.
- Go to [www.irs.gov/Form990EZ](http://www.irs.gov/Form990EZ) for instructions and the latest information

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

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

#### 1. Contributions, gifts, grants, and similar amounts received.

- 29,637.

#### 2. Program service revenue including government fees and contracts.

- 2.

#### 3. Membership dues and assessments.

- 3.

#### 4. Investment income.

- 6,148.

#### 5. Gross amount from sale of assets other than inventory.

- 5a.

#### 6. Gross income from fundraising events.

- 6a.

- contributions.

#### 7. Gross sales of inventory, less returns and allowances.

- 7a.

#### 8. Other revenue (describe in Schedule O).

- 8.

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

- 35,785.


- 10.

#### 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.

#### 14. Occupancy, rent, utilities, and maintenance.

- 14.

#### 15. Printing, publications, postage, and shipping.

- 15.

#### 16. Other expenses (describe in Schedule O).

- See Schedule O.

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

- 17.

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

- 20,886.

#### 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).

- 219,838.

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

- See Schedule O.

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

- 253,781.

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

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**Form 990-EZ (2017)**
**Part I** Balance Sheets (see the instructions for Part II)

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

<table>
<thead>
<tr>
<th></th>
<th>(A) Beginning of year</th>
<th>(B) End of year</th>
</tr>
</thead>
<tbody>
<tr>
<td>22</td>
<td>219,838</td>
<td>253,781</td>
</tr>
<tr>
<td>23</td>
<td></td>
<td>23</td>
</tr>
<tr>
<td>24</td>
<td></td>
<td>24</td>
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<tr>
<td>25</td>
<td>219,838</td>
<td>253,781</td>
</tr>
<tr>
<td>26</td>
<td></td>
<td>0.26</td>
</tr>
<tr>
<td>27</td>
<td>219,838</td>
<td>253,781</td>
</tr>
</tbody>
</table>

**Part II** Statement of Program Service Accomplishments (see the instructions for Part III)

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

<table>
<thead>
<tr>
<th>Expenses</th>
<th>(Required for section 501 (c)(3) and 501(c)(4) organizations; optional for others.)</th>
</tr>
</thead>
<tbody>
<tr>
<td>28 See Schedule O</td>
<td>8,400.</td>
</tr>
<tr>
<td>(Grants $ ) If this amount includes foreign grants, check here.</td>
<td>28a</td>
</tr>
<tr>
<td>29 See Schedule O</td>
<td>5,000.</td>
</tr>
<tr>
<td>(Grants $ ) If this amount includes foreign grants, check here.</td>
<td>29a</td>
</tr>
<tr>
<td>30 ALL OTHER ACCOMPLISHMENTS: Special purpose funds set up to support community need.</td>
<td>29a</td>
</tr>
<tr>
<td>2016 Donations will be passed through in total for the Cancer Society.</td>
<td>30a</td>
</tr>
<tr>
<td>(Grants $ ) If this amount includes foreign grants, check here.</td>
<td>30a</td>
</tr>
<tr>
<td>31 Other program services (describe in Schedule O).</td>
<td>13,400.</td>
</tr>
<tr>
<td>(Grants $ ) If this amount includes foreign grants, check here.</td>
<td>31a</td>
</tr>
<tr>
<td>32 Total program service expenses (add lines 28a through 31a).</td>
<td></td>
</tr>
</tbody>
</table>

**Part IV** List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated – see the instructions for Part IV)

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

- **Joe Grissom**
  - President
  - Average hours per week devoted to position: 4
  - Reportable compensation (Form W-2/1099-MISC)(if not paid, enter 0): 0
  - Health benefits, contributions to employee benefit plans, and deferred compensation: 0
- **Annie DiGiovanni**
  - Vice President
  - Average hours per week devoted to position: 4
  - Reportable compensation (Form W-2/1099-MISC)(if not paid, enter 0): 0
  - Health benefits, contributions to employee benefit plans, and deferred compensation: 0
- **Darrell L. Bilke**
  - Secretary-Treas
  - Average hours per week devoted to position: 4
  - Reportable compensation (Form W-2/1099-MISC)(if not paid, enter 0): 0
  - Health benefits, contributions to employee benefit plans, and deferred compensation: 0
- **Mahlon Bauman**
  - Director
  - Average hours per week devoted to position: 1
  - Reportable compensation (Form W-2/1099-MISC)(if not paid, enter 0): 0
  - Health benefits, contributions to employee benefit plans, and deferred compensation: 0
- **Barbara Newland-Hulsey**
  - Director
  - Average hours per week devoted to position: 1
  - Reportable compensation (Form W-2/1099-MISC)(if not paid, enter 0): 0
  - Health benefits, contributions to employee benefit plans, and deferred compensation: 0
- **Ernestine Owings**
  - Director
  - Average hours per week devoted to position: 1
  - Reportable compensation (Form W-2/1099-MISC)(if not paid, enter 0): 0
  - Health benefits, contributions to employee benefit plans, and deferred compensation: 0
- **Bobbeaen Lawrence**
  - Director
  - Average hours per week devoted to position: 1
  - Reportable compensation (Form W-2/1099-MISC)(if not paid, enter 0): 0
  - Health benefits, contributions to employee benefit plans, and deferred compensation: 0
- **Dr. Michele Lamantia**
  - Director
  - Average hours per week devoted to position: 1
  - Reportable compensation (Form W-2/1099-MISC)(if not paid, enter 0): 0
  - Health benefits, contributions to employee benefit plans, and deferred compensation: 0
- **G. Woodruff Marshall**
  - Director
  - Average hours per week devoted to position: 1
  - Reportable compensation (Form W-2/1099-MISC)(if not paid, enter 0): 0
  - Health benefits, contributions to employee benefit plans, and deferred compensation: 0

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**20-3968600**

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### Part V: Other Information

**33** Did the organization engage in any significant activity not previously reported to the IRS?
- **Yes**
- **No**

**34** Were any significant changes made to the organizing or governing documents? If "Yes," attach a copy of the amended documents:
- **Yes**
- **No**

**35**a 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)?
- **Yes**
- **No**

**35b** If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O.
- **Yes**
- **No**

**35c** 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.
- **Yes**
- **No**

**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.
- **Yes**
- **No**

**37**a Enter amount of political expenditures, direct or indirect, as described in the instructions.
- **Yes**
- **No**

**37b** Did the organization file Form 1120-POL for this year?
- **Yes**
- **No**

**38**a 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?
- **Yes**
- **No**

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

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

**41** List the states with which a copy of this return is filed
- **Yes**
- **No**

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

**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.
- **Yes**
- **No**

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**44**a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ.
- **Yes**
- **No**

**44b** Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ.
- **Yes**
- **No**

**44c** Did the organization receive any payments for indoor tanning services during the year?
- **Yes**
- **No**

**44d** If "Yes" to line 44c, has the organization filed a Form 720 to report these payments?
- **Yes**
- **No**

**45**a Did the organization have a controlled entity within the meaning of section 512(b)(13)?
- **Yes**
- **No**

**45b** 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).
- **Yes**
- **No**
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.

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.

49a 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>
</tr>
</thead>
<tbody>
<tr>
<td>None</td>
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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>
</tr>
</thead>
<tbody>
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<td>None</td>
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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.

Signed Here

By Darrell L. Bilke

Secretary/Treas

Paid Preparer Use Only

Print/Type preparer's name

Preparer's Signature

Date

Check □ if self-employed

PTIN

Firm's Name

Firm's address

Firm's EIN

Phone no.

May the IRS discuss this return with the preparer shown above? See instructions.

Form 990-EZ (2017)