

**PINTO HERITAGE FOUNDATION, INC.**

**EXEMPT ORGANIZATION RETURN**

**DECEMBER 31, 2021**

**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)

**2021**

▶ 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.

Open to Public Inspection

Department of the Treasury  
 Internal Revenue Service

**A** For the **2021** calendar year, or tax year beginning , **2021**, and ending ,

|  |   |   |
|--|---|---|
| <b>B</b> Check if applicable:<br><input type="checkbox"/> Address change<br><input type="checkbox"/> Name change<br><input type="checkbox"/> Initial return<br><input type="checkbox"/> Final return/terminated<br><input type="checkbox"/> Amended return<br><input type="checkbox"/> Application pending | <b>C</b><br>PINTO HERITAGE FOUNDATION, INC.<br>7330 NW 23RD STREET<br>BETHANY, OK 73008 | <b>D</b> Employer identification number<br>20-3968600 |
|  |   | <b>E</b> Telephone number<br>405-491-0111             |
|  |   | <b>F</b> Group Exemption Number                       |

**G** Accounting Method:  Cash  Accrual Other (specify) ▶ \_\_\_\_\_

**H** Check  if the organization is not required to attach Schedule B (Form 990).

**I** Website: ▶ [www.pintoheritage.org](http://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)) are \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ **45,436.**

**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

|            |  |           |          |
|------------|--|-----------|----------|
|            | <b>1</b> Contributions, gifts, grants, and similar amounts received  | <b>1</b>  | 33,489.  |
|            | <b>2</b> Program service revenue including government fees and contracts   | <b>2</b>  |          |
|            | <b>3</b> Membership dues and assessments   | <b>3</b>  |          |
|            | <b>4</b> Investment income   | <b>4</b>  | 11,947.  |
|            | <b>5a</b> Gross amount from sale of assets other than inventory  | <b>5a</b> |          |
|            | <b>5b</b> Less: cost or other basis and sales expenses   | <b>5b</b> |          |
|            | <b>5c</b> Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a)  | <b>5c</b> |          |
|            | <b>6</b> Gaming and fundraising events:  |           |          |
|            | <b>6a</b> Gross income from gaming (attach Schedule G if greater than \$15,000)  | <b>6a</b> |          |
|            | <b>6b</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) | <b>6b</b> |          |
|            | <b>6c</b> Less: direct expenses from gaming and fundraising events   | <b>6c</b> |          |
|            | <b>6d</b> Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)   | <b>6d</b> |          |
|            | <b>7a</b> Gross sales of inventory, less returns and allowances  | <b>7a</b> |          |
|            | <b>7b</b> Less: cost of goods sold   | <b>7b</b> |          |
|            | <b>7c</b> Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a)   | <b>7c</b> |          |
|            | <b>8</b> Other revenue (describe in Schedule O)  | <b>8</b>  |          |
|            | <b>9 Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8  | <b>9</b>  | 45,436.  |
| Expenses   | <b>10</b> Grants and similar amounts paid (list in Schedule O)   | <b>10</b> | 5,000.   |
|            | <b>11</b> Benefits paid to or for members  | <b>11</b> |          |
|            | <b>12</b> Salaries, other compensation, and employee benefits  | <b>12</b> |          |
|            | <b>13</b> Professional fees and other payments to independent contractors  | <b>13</b> | 1,915.   |
|            | <b>14</b> Occupancy, rent, utilities, and maintenance  | <b>14</b> | 8,400.   |
|            | <b>15</b> Printing, publications, postage, and shipping  | <b>15</b> |          |
|            | <b>16</b> Other expenses (describe in Schedule O) See Schedule O   | <b>16</b> | 1,504.   |
|            | <b>17 Total expenses.</b> Add lines 10 through 16  | <b>17</b> | 16,819.  |
|            | <b>18</b> Excess or (deficit) for the year (subtract line 17 from line 9)  | <b>18</b> | 28,617.  |
| Net Assets | <b>19</b> 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)   | <b>19</b> | 373,939. |
|            | <b>20</b> Other changes in net assets or fund balances (explain in Schedule O) See Schedule O  | <b>20</b> | 9,732.   |
|            | <b>21</b> Net assets or fund balances at end of year. Combine lines 18 through 20  | <b>21</b> | 412,288. |

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

**Part II Balance Sheets** (see the instructions for Part II)

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

|  | (A) Beginning of year | (B) End of year |
|--|-----------------------|-----------------|
| 22 Cash, savings, and investments  | 373,939.              | 412,288.        |
| 23 Land and buildings  |                       |                 |
| 24 Other assets (describe in Schedule O)                                       |                       |                 |
| 25 Total assets  | 373,939.              | 412,288.        |
| 26 Total liabilities (describe in Schedule O)                                  | 0.                    | 0.              |
| 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) | 373,939.              | 412,288.        |

**Part III 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 III.

What is the organization's primary exempt purpose? See Schedule O  
 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

**Expenses**  
 (Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)

|  |      |        |
|--|------|--------|
| 28 <u>See Schedule O</u>   |      |        |
| (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>       | 28 a | 8,400. |
| 29 <u>See Schedule O</u>   |      |        |
| (Grants \$ 5,000.) If this amount includes foreign grants, check here <input type="checkbox"/> | 29 a |        |
| 30 <u>See Schedule O</u>   |      |        |
| (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>       | 30 a |        |
| 31 Other program services (describe in Schedule O) <u>See Schedule O</u>                       |      |        |
| (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>       | 31 a |        |
| 32 Total program service expenses (add lines 28a through 31a)                                  | 32   | 8,400. |

**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.

| (a) Name and title                  | (b) Average hours per week devoted to position | (c) Reportable compensation (Forms W-2/1099-MIS/1099-NEC) (if not paid, enter -0-) | (d) Health benefits, contributions to employee benefit plans, and deferred compensation | (e) Estimated amount of other compensation |
|-------------------------------------|--|--|---|--|
| Joe Grissom<br>President            | 4  | 0.   | 0.  | 0.   |
| Annie DiGiovanni<br>Vice President  | 4  | 0.   | 0.  | 0.   |
| Darrell L. Bilke<br>Secretary-Treas | 4  | 0.   | 0.  | 0.   |
| Don McGee<br>Director               | 1  | 0.   | 0.  | 0.   |
| Barbara Newland-Hulsey<br>Director  | 1  | 0.   | 0.  | 0.   |
| Robert Polley<br>Director           | 1  | 0.   | 0.  | 0.   |
| Tammy Higgins<br>Director           | 1  | 0.   | 0.  | 0.   |
| Dr. Michele Lamantia<br>Director    | 1  | 0.   | 0.  | 0.   |
| G. Woodruff Marshall<br>Director    | 1  | 0.   | 0.  | 0.   |
| Dorothy Fread<br>Asst. Sec-Treas    | 4  | 0.   | 0.  | 0.   |
|                                     |  |  |   |  |
|                                     |  |  |   |  |
|                                     |  |  |   |  |
|                                     |  |  |   |  |

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

Table with 3 columns: Question, Yes, No. Rows include 33-41 regarding IRS reporting, political expenditures, loans, and tax shelter transactions.

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 3 columns: Question, Yes, No. Rows include 42b-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. and enter the amount of tax-exempt interest received or accrued during the tax year.

Table with 3 columns: Question, Yes, No. Rows include 44a-44d regarding donor advised funds and 45a-45b regarding 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. 46  Yes  No

**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. 47  Yes  No

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E. 48  Yes  No

49a Did the organization make any transfers to an exempt non-charitable related organization? 49a  Yes  No

49b If 'Yes,' was the related organization a section 527 organization? 49b  Yes  No

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/1099-NEC) | (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: 11-4-22  
 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: 11-1-2022  
 Firm's name: Suzanne M Crews, PC Check  if self-employed PTIN: P00049554  
 Firm's address: 7300 NW 23rd St, Ste 205  
Bethany, OK 73008 Firm's EIN: 73-1432749  
 Phone no. 405-491-0800

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

BAA



**SCHEDULE A  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2021**

**Open to Public  
Inspection**

Name of the organization

PINTO HERITAGE FOUNDATION, INC.

Employer identification number

20-3968600

**Part I Reason for Public Charity Status.** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2  A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990).)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9  An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: \_\_\_\_\_
- 10  An organization that normally receives (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
  - a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
  - b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
  - c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
  - d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
  - f Enter the number of supported organizations: \_\_\_\_\_
  - g Provide the following information about the supported organization(s).

| (i) Name of supported organization | (ii) EIN | (iii) Type of organization (described on lines 1-10 above (see instructions)) | (iv) Is the organization listed in your governing document? |    | (v) Amount of monetary support (see instructions) | (vi) Amount of other support (see instructions) |
|------------------------------------|----------|---|---|----|---|---|
|                                    |          |   | Yes   | No |   |   |
| (A)                                |          |   |   |    |   |   |
| (B)                                |          |   |   |    |   |   |
| (C)                                |          |   |   |    |   |   |
| (D)                                |          |   |   |    |   |   |
| (E)                                |          |   |   |    |   |   |
| <b>Total</b>                       |          |   |   |    |   |   |

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

| Calendar year (or fiscal year beginning in) ▶   | (a) 2017 | (b) 2018 | (c) 2019 | (d) 2020 | (e) 2021 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.') . . . . .  | 29,637.  | 51,976.  | 37,054.  | 36,252.  | 33,488.  | 188,407.  |
| 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . . . .  |          |          |          |          |          | 0.        |
| 3 The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .   |          |          |          |          |          | 0.        |
| 4 <b>Total.</b> Add lines 1 through 3. . . . .  | 29,637.  | 51,976.  | 37,054.  | 36,252.  | 33,488.  | 188,407.  |
| 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) . . . . . |          |          |          |          |          | 0.        |
| 6 <b>Public support.</b> Subtract line 5 from line 4. . . . .   |          |          |          |          |          | 188,407.  |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in) ▶   | (a) 2017 | (b) 2018 | (c) 2019 | (d) 2020 | (e) 2021 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| 7 Amounts from line 4. . . . .  | 29,637.  | 51,976.  | 37,054.  | 36,252.  | 33,488.  | 188,407.  |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources. . . . .  | 6,148.   | 8,846.   | 7,482.   | 7,176.   | 11,948.  | 41,600.   |
| 9 Net income from unrelated business activities, whether or not the business is regularly carried on. . . . .   |          |          |          |          |          | 0.        |
| 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .  |          |          |          |          |          | 0.        |
| 11 <b>Total support.</b> Add lines 7 through 10. . . . .  |          |          |          |          |          | 230,007.  |
| 12 Gross receipts from related activities, etc. (see instructions). . . . .   |          |          |          |          | 12       | 0.        |
| 13 <b>First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here.</b> . . . . . ▶ <input type="checkbox"/> |          |          |          |          |          |           |

**Section C. Computation of Public Support Percentage**

|  |    |         |
|--|----|---------|
| 14 Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f)). . . . .  | 14 | 81.91 % |
| 15 Public support percentage from 2020 Schedule A, Part II, line 14. . . . .   | 15 | 83.94 % |
| 16a <b>33-1/3% support test—2021.</b> If the organization did not check the box on line 13, and line 14 is 33-1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization. . . . . ▶ <input checked="" type="checkbox"/>  |    |         |
| b <b>33-1/3% support test—2020.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization. . . . . ▶ <input type="checkbox"/>  |    |         |
| 17a <b>10%-facts-and-circumstances test—2021.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization. . . . . ▶ <input type="checkbox"/>    |    |         |
| b <b>10%-facts-and-circumstances test—2020.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization. . . . . ▶ <input type="checkbox"/> |    |         |
| 18 <b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions. . . . . ▶ <input type="checkbox"/>   |    |         |

**Part III Support Schedule for Organizations Described in Section 509(a)(2)**

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

| Calendar year (or fiscal year beginning in) ▶   | (a) 2017 | (b) 2018 | (c) 2019 | (d) 2020 | (e) 2021 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| <b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants'.)   |          |          |          |          |          |           |
| <b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose |          |          |          |          |          |           |
| <b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513.  |          |          |          |          |          |           |
| <b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.   |          |          |          |          |          |           |
| <b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge  |          |          |          |          |          |           |
| <b>6 Total.</b> Add lines 1 through 5.  |          |          |          |          |          |           |
| <b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons  |          |          |          |          |          |           |
| <b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year           |          |          |          |          |          |           |
| <b>c</b> Add lines 7a and 7b  |          |          |          |          |          |           |
| <b>8 Public support.</b> (Subtract line 7c from line 6.)  |          |          |          |          |          |           |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in) ▶  | (a) 2017 | (b) 2018 | (c) 2019 | (d) 2020 | (e) 2021 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| <b>9</b> Amounts from line 6.  |          |          |          |          |          |           |
| <b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources |          |          |          |          |          |           |
| <b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975                           |          |          |          |          |          |           |
| <b>c</b> Add lines 10a and 10b   |          |          |          |          |          |           |
| <b>11</b> Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on.     |          |          |          |          |          |           |
| <b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)                                  |          |          |          |          |          |           |
| <b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)   |          |          |          |          |          |           |

**14 First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**.

**Section C. Computation of Public Support Percentage**

|  |           |   |
|--|-----------|---|
| <b>15</b> Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f)). | <b>15</b> | % |
| <b>16</b> Public support percentage from 2020 Schedule A, Part III, line 15.                       | <b>16</b> | % |

**Section D. Computation of Investment Income Percentage**

|   |           |   |
|---|-----------|---|
| <b>17</b> Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f)). | <b>17</b> | % |
| <b>18</b> Investment income percentage from 2020 Schedule A, Part III, line 17.                         | <b>18</b> | % |

**19a 33-1/3% support tests—2021.** If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization.

**b 33-1/3% support tests—2020.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization.

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions.



**Part IV Supporting Organizations**

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

|   | Yes | No |
|---|-----|----|
| 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If 'No,' describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>  |     |    |
| 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If 'Yes,' explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>   |     |    |
| 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If 'Yes,' answer lines 3b and 3c below.</i>   |     |    |
| b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If 'Yes,' describe in Part VI when and how the organization made the determination.</i>   |     |    |
| c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If 'Yes,' explain in Part VI what controls the organization put in place to ensure such use.</i>  |     |    |
| 4a Was any supported organization not organized in the United States ('foreign supported organization')? <i>If 'Yes' and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>   |     |    |
| b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If 'Yes,' describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>  |     |    |
| c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If 'Yes,' explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>   |     |    |
| 5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If 'Yes,' answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i> |     |    |
| b <b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?  |     |    |
| c <b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?   |     |    |
| 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If 'Yes,' provide detail in Part VI.</i>  |     |    |
| 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If 'Yes,' complete Part I of Schedule L (Form 990).</i>  |     |    |
| 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If 'Yes,' complete Part I of Schedule L (Form 990).</i>  |     |    |
| 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If 'Yes,' provide detail in Part VI.</i>   |     |    |
| b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If 'Yes,' provide detail in Part VI.</i>  |     |    |
| c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If 'Yes,' provide detail in Part VI.</i>   |     |    |
| 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If 'Yes,' answer line 10b below.</i>  |     |    |
| b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>   |     |    |

**Part IV Supporting Organizations** (continued)

- 11 Has the organization accepted a gift or contribution from any of the following persons?
- a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?
  - b A family member of a person described on line 11a above?
  - c A 35% controlled entity of a person described on line 11a or 11b above? *If 'Yes' to line 11a, 11b, or 11c, provide detail in Part VI.*

|     | Yes | No |
|-----|-----|----|
| 11a |     |    |
| 11b |     |    |
| 11c |     |    |

**Section B. Type I Supporting Organizations**

- 1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? *If 'No,' describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.*
- 2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? *If 'Yes,' explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.*

|   | Yes | No |
|---|-----|----|
| 1 |     |    |
| 2 |     |    |

**Section C. Type II Supporting Organizations**

- 1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? *If 'No,' describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).*

|   | Yes | No |
|---|-----|----|
| 1 |     |    |

**Section D. All Type III Supporting Organizations**

- 1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?
- 2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? *If 'No,' explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).*
- 3 By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? *If 'Yes,' describe in Part VI the role the organization's supported organizations played in this regard.*

|   | Yes | No |
|---|-----|----|
| 1 |     |    |
| 2 |     |    |
| 3 |     |    |

**Section E. Type III Functionally Integrated Supporting Organizations**

- 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).
  - a  The organization satisfied the Activities Test. Complete line 2 below.
  - b  The organization is the parent of each of its supported organizations. Complete line 3 below.
  - c  The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).

2 Activities Test. Answer lines 2a and 2b below.

- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If 'Yes,' then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.*
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If 'Yes,' explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*

|    | Yes | No |
|----|-----|----|
| 2a |     |    |
| 2b |     |    |

3 Parent of Supported Organizations. Answer lines 3a and 3b below.

- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If 'Yes' or 'No,' provide details in Part VI.*
- b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If 'Yes,' describe in Part VI the role played by the organization in this regard.*

|    |  |  |
|----|--|--|
| 3a |  |  |
| 3b |  |  |

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

1  Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

| Section A – Adjusted Net Income |  | (A) Prior Year | (B) Current Year (optional) |
|---------------------------------|--|----------------|-----------------------------|
| 1                               | Net short-term capital gain  |                |                             |
| 2                               | Recoveries of prior-year distributions   |                |                             |
| 3                               | Other gross income (see instructions)  |                |                             |
| 4                               | Add lines 1 through 3.   |                |                             |
| 5                               | Depreciation and depletion   |                |                             |
| 6                               | Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) |                |                             |
| 7                               | Other expenses (see instructions)  |                |                             |
| 8                               | <b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)  |                |                             |

| Section B – Minimum Asset Amount |   | (A) Prior Year | (B) Current Year (optional) |
|----------------------------------|---|----------------|-----------------------------|
| 1                                | Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): |                |                             |
| a                                | Average monthly value of securities   |                |                             |
| b                                | Average monthly cash balances   |                |                             |
| c                                | Fair market value of other non-exempt-use assets  |                |                             |
| d                                | <b>Total</b> (add lines 1a, 1b, and 1c)   |                |                             |
| e                                | <b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI):   |                |                             |
| 2                                | Acquisition indebtedness applicable to non-exempt-use assets  |                |                             |
| 3                                | Subtract line 2 from line 1d.   |                |                             |
| 4                                | Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).                                  |                |                             |
| 5                                | Net value of non-exempt-use assets (subtract line 4 from line 3)  |                |                             |
| 6                                | Multiply line 5 by 0.035.   |                |                             |
| 7                                | Recoveries of prior-year distributions  |                |                             |
| 8                                | <b>Minimum Asset Amount</b> (add line 7 to line 6)  |                |                             |

| Section C – Distributable Amount |   |  | Current Year |
|----------------------------------|---|--|--------------|
| 1                                | Adjusted net income for prior year (from Section A, line 8, column A)   |  |              |
| 2                                | Enter 0.85 of line 1.   |  |              |
| 3                                | Minimum asset amount for prior year (from Section B, line 8, column A)  |  |              |
| 4                                | Enter greater of line 2 or line 3.  |  |              |
| 5                                | Income tax imposed in prior year  |  |              |
| 6                                | <b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).   |  |              |
| 7                                | <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions). |  |              |

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**Part V** Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

| Section D – Distributions |  | Current Year |
|---------------------------|--|--------------|
| 1                         | Amounts paid to supported organizations to accomplish exempt purposes  | 1            |
| 2                         | Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity      | 2            |
| 3                         | Administrative expenses paid to accomplish exempt purposes of supported organizations  | 3            |
| 4                         | Amounts paid to acquire exempt-use assets  | 4            |
| 5                         | Qualified set-aside amounts (prior IRS approval required – provide details in Part VI)   | 5            |
| 6                         | Other distributions (describe in Part VI). See instructions.   | 6            |
| 7                         | <b>Total annual distributions.</b> Add lines 1 through 6.  | 7            |
| 8                         | Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. | 8            |
| 9                         | Distributable amount for 2021 from Section C, line 6   | 9            |
| 10                        | Line 8 amount divided by line 9 amount   | 10           |

| Section E – Distribution Allocations (see instructions) | (i)<br>Excess<br>Distributions  | (ii)<br>Underdistributions<br>Pre-2021 | (iii)<br>Distributable<br>Amount for 2021 |
|---|---|--|---|
| 1   | Distributable amount for 2021 from Section C, line 6  |  |   |
| 2   | Underdistributions, if any, for years prior to 2021 (reasonable cause required – explain in Part VI). See instructions.   |  |   |
| 3   | Excess distributions carryover, if any, to 2021   |  |   |
| a   | From 2016   |  |   |
| b   | From 2017   |  |   |
| c   | From 2018   |  |   |
| d   | From 2019   |  |   |
| e   | From 2020   |  |   |
| f   | <b>Total</b> of lines 3a through 3e   |  |   |
| g   | Applied to underdistributions of prior years  |  |   |
| h   | Applied to 2021 distributable amount  |  |   |
| i   | Carryover from 2016 not applied (see instructions)  |  |   |
| j   | Remainder. Subtract lines 3g, 3h, and 3i from line 3f.  |  |   |
| 4   | Distributions for 2021 from Section D, line 7: \$   |  |   |
| a   | Applied to underdistributions of prior years  |  |   |
| b   | Applied to 2021 distributable amount  |  |   |
| c   | Remainder. Subtract lines 4a and 4b from line 4.  |  |   |
| 5   | Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions. |  |   |
| 6   | Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.                        |  |   |
| 7   | <b>Excess distributions carryover to 2022.</b> Add lines 3j and 4c.   |  |   |
| 8   | Breakdown of line 7:  |  |   |
| a   | Excess from 2017  |  |   |
| b   | Excess from 2018  |  |   |
| c   | Excess from 2019  |  |   |
| d   | Excess from 2020  |  |   |
| e   | Excess from 2021  |  |   |

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Schedule A (Form 990) 2021

**Part VI**

**Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)



CLIENT 1810

**SUZANNE M CREWS, PC  
7300 NW 23RD ST, STE 205  
BETHANY, OK 73008  
405-491-0800**

May 17, 2022

PINTO HERITAGE FOUNDATION, INC.  
7330 NW 23RD STREET  
BETHANY, OK 73008

FEDERAL ID: 20-3968600

Dear Client:

Your 2021 Federal Form 8868 Application for Automatic Extension was acknowledged as accepted by the Internal Revenue Service on May 14, 2022. No tax is payable with the filing of your extension.

Please be sure to call if you have any questions.

Sincerely,

SUZANNE M CREWS

# Application for Automatic Extension of Time To File an Exempt Organization Return

► **File a separate application for each return.**  
► **Go to [www.irs.gov/Form8868](http://www.irs.gov/Form8868) for the latest information.**

**Electronic filing (e-file).** You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits](http://www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits).

## Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

|  |  |                                      |
|--|--|--------------------------------------|
| <b>Type or print</b>   | Name of exempt organization or other filer, see instructions.                            | Taxpayer identification number (TIN) |
|  | PINTO HERITAGE FOUNDATION, INC.  | 20-3968600                           |
|  | Number, street, and room or suite number. If a P.O. box, see instructions.               |                                      |
| File by the due date for filing your return. See instructions. | 7330 NW 23RD STREET  |                                      |
|  | City, town or post office, state, and ZIP code. For a foreign address, see instructions. |                                      |
|  | BETHANY, OK 73008  |                                      |

Enter the Return Code for the return that this application is for (file a separate application for each return) ..... **01**

| Application Is For                          | Return Code | Application Is For                | Return Code |
|---|-------------|-----------------------------------|-------------|
| Form 990 or Form 990-EZ                     | 01          | Form 1041-A                       | 08          |
| Form 4720 (individual)                      | 03          | Form 4720 (other than individual) | 09          |
| Form 990-PF                                 | 04          | Form 5227                         | 10          |
| Form 990-T (section 401(a) or 408(a) trust) | 05          | Form 6069                         | 11          |
| Form 990-T (trust other than above)         | 06          | Form 8870                         | 12          |
| Form 990-T (corporation)                    | 07          |                                   |             |

• The books are in the care of ► Darrell L. Bilke \_\_\_\_\_

Telephone No. ► 405-491-0111 \_\_\_\_\_ Fax No. ► 405-787-0773 \_\_\_\_\_

- If the organization does not have an office or place of business in the United States, check this box. .... ►
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box ..... ► . If it is for part of the group, check this box ... ►  and attach a list with the names and TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until 11/15 \_\_\_\_, 2022 \_\_, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- calendar year 2021 or
- tax year beginning \_\_\_\_\_, 20\_\_\_\_, and ending \_\_\_\_\_, 20\_\_\_\_\_.

2 If the tax year entered in line 1 is for less than 12 months, check reason:  Initial return  Final return  Change in accounting period

|  |            |    |    |
|--|------------|----|----|
| <b>3 a</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions .....  | <b>3 a</b> | \$ | 0. |
| <b>b</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit ..... | <b>3 b</b> | \$ | 0. |
| <b>c Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.....               | <b>3 c</b> | \$ | 0. |

**Caution:** If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

**SCHEDULE O**  
**(Form 990)**

**Supplemental Information to Form 990 or 990-EZ**

OMB No. 1545-0047

Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.

**2021**

▶ Attach to Form 990 or Form 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

Open to Public  
Inspection

Department of the Treasury  
Internal Revenue Service

Name of the organization

Employer identification number

**PINTO HERITAGE FOUNDATION, INC.**

**20-3968600**

**Form 990-EZ, Part I, Line 16**  
**Other Expenses**

|                               |          |               |
|-------------------------------|----------|---------------|
| Awards.....                   | \$       | 1,475.        |
| Foreign Tax on Dividends..... |          | 29.           |
|                               | Total \$ | <u>1,504.</u> |

**Form 990-EZ, Part I, Line 20**  
**Other Changes In Net Assets Or Fund Balances**

|   |          |               |
|---|----------|---------------|
| Net Unrealized Gains and Losses on Investments..... | \$       | 9,732.        |
|   | Total \$ | <u>9,732.</u> |

**Form 990-EZ, Part III - Organization's Primary Exempt Purpose**

Charitable, educational and scientific purposes primarily to establish and maintain a museum and Heritage Center to preserve the history of the Pinto horse, to provide educational materials in all forms to the general public concerning the Pinto horse and to provide scholarship funds to college and university students interested in animal husbandry and related areas of study.

**Form 990-EZ, Part III, Line 28 - Statement of Program Service Accomplishments**

PINTO HERITAGE ROOM MUSEUM: The museum houses memorabilia and artifacts that date back to before the incorporation of Pinto Horse Association of America, Inc. in 1956 and on to the current day. All categories of the Pinto Hall of Fame, including the first Equine Judges Hall of Fame, can be found here also. The museum is free and open to the public from 8:00 AM to 4:30 PM Monday through Friday.

**Form 990-EZ, Part III, Line 29 - Statement of Program Service Accomplishments**

YOUTH AND ADULT AMATEUR EDUCATION SCHOLARSHIPS: These include the Coy Cherokee Scholarship, the Orren Mixer Scholarship, Youth/Sandusky Scholarships, Color Breed Scholarship, Rick McMasters Memorial Scholarship, C. Kirkbride Memorial Scholarship, Billie Cousins Youth Scholarship, Len & Pauline Bilke Memorial Scholarship, John Abrams Memorial Scholarship, Gerald Milburn Doris Ann Hays

Name of the organization

Employer identification number

PINTO HERITAGE FOUNDATION, INC.

20-3968600

**Form 990-EZ, Part III, Line 29 - Statement of Program Service Accomplishments**

Memorial Scholarship, the Pat Walliser Memorial Scholarship, the Long Ear Scholarship, and the Angela Ray Memorial Scholarship. Facility has been provided for the possible creation of new scholarships in the future as funding becomes available.

Recipients are judged on their academic achievement, an essay, and letters of recommendation.

**Form 990-EZ, Part III, Line 30 - Statement of Program Service Accomplishments**

**SPECIAL PURPOSE ACCOMPLISHMENTS:** Special purpose funds set up to support community need.

These funds are passed through to designated organization in total.

A fund has been set up to provide Therapeutic Riding services.

A fund has been set up to provide temporary assistance for Trainers in Crisis situations.

A fund has been set up to provide a Youth Development Program grant.

**Form 990-EZ, Part III, Line 31  
Statement of Program Service Accomplishments**

| Description  | Grants | Program Service Expenses |
|--|--------|--------------------------|
| THERAPEUTIC RIDING PROGRAM: Program being developed to assist disabled persons in riding for mental and physical health improvement.<br>Includes Foreign Grants: No  |        |                          |
| PROFESSIONAL HORSEMENS' CRISIS FUND: Crisis fund to provide assistance for proven financial need arising from sudden and demonstrable hardship or disaster of a severe and unexpected nature or from serious illness.<br>Includes Foreign Grants: No |        |                          |
| Total  | \$ 0.  | \$ 0.                    |

Name of the organization

Employer identification number

PINTO HERITAGE FOUNDATION, INC.

20-3968600

**Form 990-EZ, Part V - Regarding Transfers Associated with Personal Benefit Contracts**

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?..... No

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?..... No

**Page 1, Line 10, Grants and Similar Amounts Paid**

Class: Educational

Recipient: Ava Sinclair

c/o Delaware State University

Attn: Student Accounts

1200 N. Dupont Hwy.

Dover, DE 19901-2277

Purpose: Educational Scholarship

Relationship: None

Description: Orren Mixer Scholarship

Type: Cash

Amount: \$1000.00

Date: 07/16/21

\*

Class: Educational

Recipient: Brooke Bernt

c/o Davenport University

6191 Kraft Ave SE

Grand Rapids, MI

Purpose: Educational Scholarship



Name of the organization

PINTO HERITAGE FOUNDATION, INC.

Employer identification number

20-3968600

Relationship: None

Description: Pat Walliser Memorial Scholarship

Type: Cash

Amount: \$500.00

Date: 07/16/21

\*

Class: Educational

Recipient: Kendra Husman

c/o Iowa State University

138 Curts Hall

Ames, IA 50011

Purpose: Educational Scholarship

Relationship: None

Description: Rick McMasters Memorial Scholarship

Type: Cash

Amount: \$500.00

Date: 07/16/21

\*

Class: Educational

Recipient: Taylor McCreedy

c/o Iowa Central Community College

One Triton Circle

Fort Dodge, IA 50501

Name of the organization

PINTO HERITAGE FOUNDATION, INC.

Employer identification number

20-3968600

Purpose: Educational Scholarship

Relationship: None

Description: Len & Pauline Bilke Memorial Scholarship

Type: Cash

Amount: \$500.00

Date: 07/16/21

\*

Class: Educational

Recipient: Rylee King

c/o Texas A & M University

Student Business Services

6001 Tamu

College Station, TX 77843

Purpose: Educational Scholarship

Relationship: None

Description: Gerald Milburn/Doris Hayes Memorial Scholarship

Type: Cash

Amount: \$500.00

Date: 07/16/21

\*

Class: Educational

Recipient: Kristen McPherson

c/o Baylor University

Name of the organization

Employer identification number

PINTO HERITAGE FOUNDATION, INC.

20-3968600

Attn: Cashier's Office

One Bear Place #97048

Waco, TX 76798-7048

Purpose: Educational Scholarship

Relationship: None

Description: Long Ear Scholarship

Type: Cash

Amount: \$500.00

Date: 07/16/21

\*

Class: Educational

Recipient: Taylor Pulscher

c/o South Dakota State University

Financial Aid Office

1451 Stadium Rd.

Brookings, SD 57007

Purpose: Educational Scholarship

Relationship: None

Description: Billie Cousins Memorial Scholarship

Type: Cash

Amount: \$500.00

Date: 08/18/21

\*

Name of the organization

PINTO HERITAGE FOUNDATION, INC.

Employer identification number

20-3968600

Class: Educational

Recipient: Emma Rich

c/o Southern Arkansas University

Office of Financial Aid

100 East University

Magnolia, AR 71753

Purpose: Educational Scholarship

Relationship: None

Description: Cheree Kirkbride Memorial Scholarship

Type: Cash

Amount: \$500.00

Date: 08/18/21

\*

Class: Educational

Recipient: Lydia Wainwright

c/o George Fox University

Financial Aid Department

414 N. Meridian Street #6068

Newberg, OR 97132

Purpose: Educational Scholarship

Relationship: None

Description: John Abrams Memorial Scholarship

Type: Cash

Amount: \$500.00

Date: 08/18/21

# Oklahoma Return of Organization Exempt from Income Tax

Form 512-E  
2021



Section 501(c) of the Internal Revenue Code

**PART 1** For the year January 1 - December 31, 2021, or other taxable year beginning: 2021 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 HERITAGE FOUNDATION, INC. Federal Employer Identification Number: 20-3968600 Date qualified for tax exempt status: 08/03/2005  
Address (number and street): 7330 NW 23RD STREET  
City: BETHANY State or Province: OK Country:            ZIP or Foreign Postal Code: 73008

**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 - provide 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 511-CR)  | 6  | 00 |
| 7 Balance of tax due (line 5 minus line 6, but not less than zero)   | 7  | 00 |
| 8 2021 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 2022 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"/> \$ <u>          </u> | 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) <b>Refund</b>   | 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)   | 18 | 00 |
| 19 Donation: Public School Classroom Support Fund (For information regarding this fund, see page 3, #5) | 19 | 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 <b>Balance Due</b>    | 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: <u>Darrell L. Bilke</u> Date: <u>11-4-22</u> | Check this box if the Oklahoma Tax Commission may discuss this return with your tax preparer. <input checked="" type="checkbox"/> | Signature of Preparer: <u>Suzanne M. Crews, CPA</u> Date: <u>11-1-2022</u> |
| Print Name: <u>DARRELL L. BILKE</u>   |   | Printed Name of Preparer: <u>SUZANNE M. CREWS, PC</u>                      |
| Title: <u>SECTY/TREAS</u> Phone Number: <u>405-491-0111</u>                   | Phone Number: <u>405-491-0800</u> Preparer's PTIN: <u>P00049554</u>   |  |

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