

PINTO HERITAGE FOUNDATION, INC.

EXEMPT ORGANIZATION RETURN

DECEMBER 31, 2014

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)

OMB No. 1545-1150

2014

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.
▶ Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

A For the 2014 calendar year, or tax year beginning _____, and ending _____

<p>B Check if applicable:</p> <p>Address change <input type="checkbox"/></p> <p>Name change <input type="checkbox"/></p> <p>Initial return <input type="checkbox"/></p> <p>Final return/terminated <input type="checkbox"/></p> <p>Amended return <input type="checkbox"/></p> <p>Application pending <input type="checkbox"/></p>	<p>C Name of organization PINTO HERITAGE FOUNDATION, INC.</p> <p>Number and street (or P.O. box, if mail is not delivered to street address) Room/suite 7330 NW 23RD STREET</p> <p>City or town, state or province, country, and ZIP or foreign postal code BETHANY OK 73008</p>	<p>D Employer identification number 20-3968600</p> <p>E Telephone number 405-491-0111</p> <p>F Group Exemption Number ▶</p>
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G Accounting Method: Cash Accrual Other (specify) ▶ _____

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

I Website: ▶ **N/A**

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

K Form of organization: Corporation Trust Association Other _____

L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ **35,885**

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

	Description	Code	Amount
Revenue	1 Contributions, gifts, grants, and similar amounts received	1	29,065
	2 Program service revenue including government fees and contracts	2	
	3 Membership dues and assessments	3	
	4 Investment income	4	6,820
	5a Gross amount from sale of assets other than inventory	5a	
	b Less: cost or other basis and sales expenses	5b	
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6 Gaming and fundraising events		
	a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
	b Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	
	c Less: direct expenses from gaming and fundraising events	6c	
	d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	
	7a Gross sales of inventory, less returns and allowances	7a	
	b Less: cost of goods sold	7b	
	c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	
	8 Other revenue (describe in Schedule O)	8	
	9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	35,885
Expenses	10 Grants and similar amounts paid (list in Schedule O)	10	6,670
	11 Benefits paid to or for members	11	
	12 Salaries, other compensation, and employee benefits	12	
	13 Professional fees and other payments to independent contractors	13	1,140
	14 Occupancy, rent, utilities, and maintenance	14	6,000
	15 Printing, publications, postage, and shipping	15	
	16 Other expenses (describe in Schedule O)	16	4,688
	17 Total expenses. Add lines 10 through 16	17	18,498
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	17,387
	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	182,031
	20 Other changes in net assets or fund balances (explain in Schedule O)	20	1,363
	21 Net assets or fund balances at end of year. Combine lines 18 through 20	21	200,781

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990-EZ** (2014)

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	181,516	22	200,472
23 Land and buildings	0	23	
24 Other assets (describe in Schedule O)	515	24	309
25 Total assets	182,031	25	200,781
26 Total liabilities (describe in Schedule O)	0	26	0
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	182,031	27	200,781

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 See Schedule O			
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	28a		6,000
29 See Schedule O			
(Grants \$ 5,500) If this amount includes foreign grants, check here <input type="checkbox"/>	29a		5,500
30			
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	30a		
31 Other program services (describe in Schedule O)			
(Grants \$ 1,170) If this amount includes foreign grants, check here <input type="checkbox"/>	31a		1,170
32 Total program service expenses (add lines 28a through 31a)	32		12,670

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-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
Gerald Milburn President	4.00	0	0	0
Joe Grissom Vice President	4.00	0	0	0
Darrell L Bilke Secretary/Treas	4.00	0	0	0
Dorothy Fread Asstnt Secty/Treas	4.00	0	0	0
Mahlon Bauman Director	1.00	0	0	0
Ernestine Owings Director	1.00	0	0	0
Robbieann Lawrence Director	1.00	0	0	0
Ann M. DiGiovanni Director	1.00	0	0	0
Dr. Michele Lamantia Director	1.00	0	0	0
Barbara Newland-Hulsey Director	1.00	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

33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O
34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)
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)?
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
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
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
37a Enter amount of political expenditures, direct or indirect, as described in the instructions
37b Did the organization file Form 1120-POL for this year?
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?
38b If "Yes," complete Schedule L, Part II and enter the total amount involved
39 Section 501(c)(7) organizations. Enter:
39a Initiation fees and capital contributions included on line 9
39b Gross receipts, included on line 9, for public use of club facilities
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911; section 4912; section 4955
40b 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
40c 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
40d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization
40e 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
41 List the states with which a copy of this return is filed
42a The organization's books are in care of Darrell L Bilke Telephone no. 405-491-0111
7330 NW 23rd St Located at Bethany ZIP + 4 73008
42b 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)? 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).
42c At any time during the calendar year, did the organization maintain an office outside the U.S.? If "Yes," enter the name of the foreign country:
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ
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
44c Did the organization receive any payments for indoor tanning services during the year?
44d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?
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)

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I

	Yes	No
46		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

	Yes	No
47		X

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

	Yes	No
48		X

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

	Yes	No
49a	X	

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

	Yes	No
49b		X

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

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

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

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

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

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

52 Did the organization complete Schedule A? Note. All section 501(c)(3) organizations must attach a completed Schedule A

Yes No

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

Sign Here: *Darrell L. Bilke* Signature of officer, Date: 11-10-15, Title: Secty-Treas

Paid Preparer Use Only: Suzanne M Crews, CPA, Print/Type preparer's name: Suzanne M Crews, Preparer's signature: *Suzanne M Crews, CPA*, Date: 11-4-15, Check if self-employed, PTIN: P00049554, Firm's name: Suzanne M Crews PC, Firm's EIN: 73-1432749, Firm's address: 7300 NW 23rd St Ste 400, Bethany, OK 73008, Phone no.: 405-491-0800

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



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, 2014, or other taxable year beginning: <input type="text"/> 2014 <input type="text"/> ending: <input type="text"/> <input type="text"/>	AMENDED RETURN! If this is an Amended Return place an 'X' here <input type="checkbox"/>

Name of Organization PINTO HERITAGE FOUNDATION, INC.	
Address (number and street) 7330 NW 23RD STREET	
City, State or Province, Country and ZIP or Foreign Postal Code BETHANY, OK 73008	
Federal Employer Identification Number 20-3968600	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)

	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		
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)	1	0 00
2. Other net income - enclose schedule	2	0 00
3. Oklahoma taxable income (total of lines 1 and 2)	3	0 00

TAX COMPUTATION		
4. Tax at 6% of line 3. If Trust - See Rate Schedule on page 2 and place an 'X' here:..... <input type="checkbox"/>	4	00
5. Amount paid on 2014 estimate	5	00
6. Oklahoma withholding (enclose Form 1099, Form 500A, Form 500B or other withholding statement).....	6	00
7. Amount paid with original return and amount paid after it was filed (amended return only)	7	00
8. Any refunds or overpayment applied (amended return only).....	8	() 00
9. Total of lines 5 through 8	9	00
10. Overpayment (if line 9 is larger than line 4 enter amount overpaid)	10	00
11. Amount of line 10 to be credited to 2015 estimated tax (original return only)	11	00

Line 12 instructions provide 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 the instructions to 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.

12. Donations from your refund..... <input type="checkbox"/> \$2 <input type="checkbox"/> \$5 <input type="checkbox"/> \$ _____	12	00
13. Add lines 11 and 12 and enter amount	13	00
14. Amount to be refunded to you (line 10 minus line 13) Refund	14	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:

15. Tax Due (if line 4 is larger than line 9 enter tax due)	15	00
16. Donation: Public School Classroom Support Fund..... <input type="checkbox"/> \$2 <input type="checkbox"/> \$5 <input type="checkbox"/> \$ _____ (For information regarding this fund, see page 3, #10)	16	00
17. For delinquent payment, add penalty of 5% \$ _____ plus interest at 1 1/4% per month..... \$ _____	17	00
18. Underpayment of estimated tax interest..... Annualized <input type="checkbox"/>	18	00
19. Total tax, donation, penalty and interest due - Add lines 15-18; pay in full with return. Balance Due	19	00

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 <i>Darrell L. Bilke</i>	Date 11-10-15	Check this box if the Oklahoma Tax Commission may discuss this return with your tax preparer. <input checked="" type="checkbox"/>	Signature of Preparer <i>Stephanie M. Crews, CPA</i>	Date 11-4-15
Print Name DARRELL L. BILKE	Title SECRETARY-TREASURER		Preparer's Address 7300 NW 23RD STREET, SUITE 400 BETHANY, OK 73008	Phone Number: 405-491-0800