

PINTO HERITAGE FOUNDATION, INC.

EXEMPT ORGANIZATION RETURN

DECEMBER 31, 2022

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)

2022

Department of the Treasury
 Internal Revenue Service

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

Go to www.irs.gov/Form990EZ for instructions and the latest information.

Open to Public Inspection

A For the 2022 calendar year, or tax year beginning _____, **2022, and ending** _____,

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

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

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. \$ 104,857.

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

Revenue	1 Contributions, gifts, grants, and similar amounts received	1	94,513.
	2 Program service revenue including government fees and contracts	2	
	3 Membership dues and assessments	3	
	4 Investment income	4	10,344.
	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	104,857.	
Expenses	10 Grants and similar amounts paid (list in Schedule O)	10	6,500.
	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	3,585.
	14 Occupancy, rent, utilities, and maintenance	14	
	15 Printing, publications, postage, and shipping	15	
	16 Other expenses (describe in Schedule O) See Schedule O	16	9,347.
17 Total expenses. Add lines 10 through 16	17	19,432.	
Net Assets	18 Excess or (deficit) for the year (subtract line 17 from line 9)	18	85,425.
	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	412,288.
	20 Other changes in net assets or fund balances (explain in Schedule O) See Schedule O	20	-36,155.
	21 Net assets or fund balances at end of year. Combine lines 18 through 20	21	461,558.

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	412,288.	461,558.
23 Land and buildings		
24 Other assets (describe in Schedule O)		
25 Total assets	412,288.	461,558.
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)	412,288.	461,558.

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"/>	28a	6,500.
29 <u>See Schedule O</u>		
(Grants \$) If this amount includes foreign grants, check here. <input type="checkbox"/>	29a	
30 <u>See Schedule O</u>		
(Grants \$) If this amount includes foreign grants, check here. <input type="checkbox"/>	30a	
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"/>	31a	
32 Total program service expenses (add lines 28a through 31a)	32	6,500.

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 President	4	0.	0.	0.
Annie DiGiovanni Vice President	4	0.	0.	0.
Darrell L. Bilke Secretary-Treas	4	0.	0.	0.
Dr. Michele Lamantia Director	1	0.	0.	0.
Jean Andrews Director	1	0.	0.	0.
Robert Polley Director	1	0.	0.	0.
Tammy Higgins Director	1	0.	0.	0.
Mahlon Bauman Director	1	0.	0.	0.
Rebecca Rains Asst. Sec-Treas	4	0.	0.	0.
Dorothy Fread Asst. Sec-Treas	4	0.	0.	0.