

PINTO HORSE ASSOCIATION OF AMERICA, INC.

EXEMPT ORGANIZATION RETURN

DECEMBER 31, 2022

PUBLIC INSPECTION COPY

Form **8879-TE****IRS e-file Signature Authorization
for a Tax Exempt Entity**

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

For calendar year 2022, or fiscal year beginning _____, 2022, and ending _____, 20 _____

Do not send to the IRS. Keep for your records.
Go to www.irs.gov/Form8879TE for the latest information.**2022**

Name of filer

PINTO HORSE ASSOCIATION OF AMERICA, INC.

EIN or SSN

23-7047066

Name and title of officer or person subject to tax

Darrell L. Bilke Exec Vice Pres/COO**Part I Type of Return and Return Information**

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

1a Form 990 check here	<input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	<u>3,375,049.</u>
2a Form 990-EZ check here	<input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b	
3a Form 1120-POL check here	<input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b	
4a Form 990-PF check here	<input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part V, line 5)	4b	
5a Form 8868 check here	<input type="checkbox"/>	b Balance due (Form 8868, line 3c)	5b	
6a Form 990-T check here	<input type="checkbox"/>	b Total tax (Form 990-T, Part III, line 4)	6b	
7a Form 4720 check here	<input type="checkbox"/>	b Total tax (Form 4720, Part III, line 1)	7b	
8a Form 5227 check here	<input type="checkbox"/>	b FMV of assets at end of tax year (Form 5227, Item D)	8b	
9a Form 5330 check here	<input type="checkbox"/>	b Tax due (Form 5330, Part II, line 19)	9b	
10a Form 8038-CP check here	<input type="checkbox"/>	b Amount of credit payment requested (Form 8038-CP, Part III, line 22)	10b	

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that ☒ I am an officer of the above entity or ☐ I am a person subject to tax with respect to (name of entity) _____, (EIN) _____

and that I have examined a copy of the 2022 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

☒ I authorize Suzanne M Crews, PC to enter my PIN 01715 as my signature
ERO firm name Enter five numbers, but do not enter all zeros

on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

☐ As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax

X Darrell L. Bilke

Date

X 11-14-23**Part III Certification and Authentication**

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

73044889554

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2022 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature

Suzanne M Crews, CPA

Date

11-09-2023

ERO Must Retain This Form – See Instructions
Do Not Submit This Form to the IRS Unless Requested To Do So

Return of Organization Exempt From Income Tax

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

Department of the Treasury
Internal Revenue ServiceDo not enter social security numbers on this form as it may be made public.
Go to www.irs.gov/Form990 for instructions and the latest information.

2022

Open to Public
Inspection

A For the 2022 calendar year, or tax year beginning , 2022, and ending , 20	
B Check if applicable: <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	C PINTO HORSE ASSOCIATION OF AMERICA, INC. 7330 NW 23RD STREET BETHANY, OK 73008 F Name and address of principal officer: Darrell L. Bilke Same As C Above I Tax-exempt status: <input type="checkbox"/> 501(c)(3) <input checked="" type="checkbox"/> 501(c) (5) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527 J Website: www.pinto.org K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other L Year of formation: 1956 M State of legal domicile: OK
D Employer identification number 23-7047066 E Telephone number 405-491-0111 G Gross receipts \$ 3,375,049. H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "No," attach a list. See instructions. H(c) Group exemption number	

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <u>See Schedule O</u>			
Revenue	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.			
	3 Number of voting members of the governing body (Part VI, line 1a).....	3	44	
	4 Number of independent voting members of the governing body (Part VI, line 1b).....	4	44	
	5 Total number of individuals employed in calendar year 2022 (Part V, line 2a).....	5	14	
	6 Total number of volunteers (estimate if necessary).....	6	150	
	7a Total unrelated business revenue from Part VIII, column (C), line 12.....	7a	290.	
	7b Net unrelated business taxable income from Form 990-T, Part I, line 11.....	7b	0.	
	Expenses	8 Contributions and grants (Part VIII, line 1h).....	Prior Year	Current Year
		9 Program service revenue (Part VIII, line 2g).....	472,675.	423,245.
		10 Investment income (Part VIII, column (A), lines 3, 4, and 7d).....	2,816,586.	2,854,384.
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e).....		46,414.	41,812.	
12 Total revenue — add lines 8 through 11 (must equal Part VIII, column (A), line 12).....		97,435.	55,608.	
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3).....		3,433,110.	3,375,049.	
14 Benefits paid to or for members (Part IX, column (A), line 4).....		700.	5,700.	
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10).....		474,511.	570,424.	
16a Professional fundraising fees (Part IX, column (A), line 11e).....				
b Total fundraising expenses (Part IX, column (D), line 25).....				
Net Assets or Fund Balances	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e).....	2,087,325.	2,442,936.	
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25).....	2,562,536.	3,019,060.	
	19 Revenue less expenses. Subtract line 18 from line 12.....	870,574.	355,989.	
	20 Total assets (Part X, line 16).....	Beginning of Current Year	End of Year	
Net Assets or Fund Balances	21 Total liabilities (Part X, line 26).....	2,820,535.	3,049,246.	
	22 Net assets or fund balances. Subtract line 21 from line 20.....	15,560.	38,275.	
		2,804,975.	3,010,971.	

Part II Signature Block

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: <u><i>Darrell L. Bilke</i></u>	Date: <u>11-14-23</u>	
	Darrell L. Bilke Type or print name and title Exec Vice Pres/COO		
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date
	SUZANNE M CREWS	<u><i>Suzanne M Crews, CPA</i></u>	<u>11-09-2023</u>
	Firm's name	Suzanne M Crews, PC	Check <input type="checkbox"/> 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

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III. ☒ X

1 Briefly describe the organization's mission:

See Schedule O2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ including grants of \$) (Revenue \$)

WORLD SHOW: Providing a showplace for exhibition and promotion of the breed. For
member horses.CLASS ENTRIES: 8,503 EXHIBITORS: 2,463 HORSES: 1,434

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)

COLOR BREED CONGRESS: To exhibit and promote the Pinto horse and other color breeds.
For member horses of participating associations.CLASS ENTRIES: 4,102 EXHIBITORS: 1,118 HORSES: 628

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

REGISTRATIONS AND TRANSFERS: Registry provides breeding and ownership records for
member horses. Helps promote quality of the breed.MEMBERS SERVED: 7,359 plus 1,447 Youth membersREGISTRATIONS: 161,048 TRANSFERS: 1,0414d Other program services (Describe on Schedule O.) See Schedule O

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A		X
2 Is the organization required to complete Schedule B, Schedule of Contributors? See instructions		X
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		X
4 Section 501(c)(3) organizations. 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		
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	X	
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV		X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V		X
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	X	
b Did the organization report an amount for investments — other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII		X
c Did the organization report an amount for investments — program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII		X
d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX		X
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X		X
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X		X
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII		X
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		X
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II		X

Part IV Checklist of Required Schedules (continued)

	Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III.		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J.	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If a "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a.		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I.		
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I.		
26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II.		X
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III.		X
28 Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV.		X
b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV.		X
c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV.		X
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M.		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M.		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I.		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II.		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I.		X
34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1.	X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b If "Yes" to line 35a, 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," complete Schedule R, Part V, line 2.		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2.		
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI.		X
38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O.	X	

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V. ☐

	Yes	No
1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable.		
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable.		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

	Yes	No
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return. 2a 14		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b X	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X
b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule Q	3b	
4a 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)?	4a	X
b If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	X
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c	
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a	X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
7 Organizations that may receive deductible contributions under section 170(c).		
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	
d If "Yes," indicate the number of Forms 8282 filed during the year. 7d		
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8	
9 Sponsoring organizations maintaining donor advised funds.		
a Did the sponsoring organization make any taxable distributions under section 4966?	9a	
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	
10 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on Part VIII, line 12. 10a		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b		
11 Section 501(c)(12) organizations. Enter:		
a Gross income from members or shareholders 11a		
b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b		
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year. 12b		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.		
a Is the organization licensed to issue qualified health plans in more than one state?	13a	
Note: See the instructions for additional information the organization must report on Schedule O.		
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b		
c Enter the amount of reserves on hand. 13c		
14a Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b	
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	15	X
If "Yes," see the instructions and file Form 4720, Schedule N.		
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16	X
If "Yes," complete Form 4720, Schedule O.		
17 Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953?	17	
If "Yes," complete Form 6069.		

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.Check if Schedule O contains a response or note to any line in this Part VI ☒**Section A. Governing Body and Management**

	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.	44	
b Enter the number of voting members included on line 1a, above, who are independent	44	
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?	3	X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5	X
6 Did the organization have members or stockholders? See Schedule O	6	X
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? See Schedule O	7a	X
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? See Sch O	7b	X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body?	8a	X
b Each committee with authority to act on behalf of the governing body?	8b	X
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O See Schedule O	9	X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

	Yes	No
10a Did the organization have local chapters, branches, or affiliates?	10a	X
b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	X
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X
b Describe on Schedule O the process, if any, used by the organization to review this Form 990. See Schedule O		
12a Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done. See Schedule O	12c	X
13 Did the organization have a written whistleblower policy?	13	X
14 Did the organization have a written document retention and destruction policy?	14	X
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a The organization's CEO, Executive Director, or top management official. See Schedule O	15a	X
b Other officers or key employees of the organization. See Schedule O	15b	X
If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.		
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	X
b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b	

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed OK

18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

☒ Own website ☐ Another's website ☒ Upon request ☐ Other (explain on Schedule O)

19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. See Schedule O

20 State the name, address, and telephone number of the person who possesses the organization's books and records.
Darrell L. Bilke 7330 NW 23rd Street Bethany OK 73008 405-491-0111

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck if Schedule O contains a response or note to any line in this Part VII. ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above.

☐ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) Darrell L. Bilke Exec.VP/COO	40 0	X		X				173,516.	0.	0.
(2) Kameron Duncanson President	4 0	X		X				0.	0.	0.
(3) Nell Tekampe President-Elect	4 0	X		X				0.	0.	0.
(4) Annette Pitcher Executive Com.	4 0	X						0.	0.	0.
(5) Kathy Thomas Exec Committee	4 0	X						0.	0.	0.
(6) Don McGee Exec Committee	4 0	X						0.	0.	0.
(7) Kevin Woodford Immed Past Pres	4 0	X						0.	0.	0.
(8) Jennifer Cignoni Director - AZ	1 0	X						0.	0.	0.
(9) Kelley Reames Director - AR	1 0	X						0.	0.	0.
(10) Laura Fowler Director - CA	1 0	X						0.	0.	0.
(11) Walter de laBrosse Director - CA	1 0	X						0.	0.	0.
(12) Sarah Ladd Director - CT	1 0	X						0.	0.	0.
(13) Amanda Palmer Director - FL	1 0	X						0.	0.	0.
(14) Mike Adams Director - IL	1 0	X						0.	0.	0.

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) Wyneta Duncan Director - IN	1 0	X						0.	0.	0.
(16) William Sparr Director - IA	1 0	X						0.	0.	0.
(17) Chris Mensch Director - KS	1 0	X						0.	0.	0.
(18) Woodie Marshall Director - KY	1 0	X						0.	0.	0.
(19) Tracey Imbaro Director - MA	1 0	X						0.	0.	0.
(20) Mary Osborn Director - MI	1 0	X						0.	0.	0.
(21) Jamie Stohlman Director - MI	1 0	X						0.	0.	0.
(22) Shelly Sellers Director - MN	1 0	X						0.	0.	0.
(23) Karen Clark Director - MN	1 0	X						0.	0.	0.
(24) Helen Fleming-Bryson Director - MS	1 0	X						0.	0.	0.
(25) Bonnie Carr Director - MO	1 0	X						0.	0.	0.
1b Subtotal								173,516.	0.	0.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								173,516.	0.	0.
2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 1										

3 Did the organization list any **former** officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual

	Yes	No
3		X

4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual

4	X	
----------	---	--

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

5		X
----------	--	---

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **0**

2022Department of the Treasury
Internal Revenue Service

Name of the Organization

Employer identification number

PINTO HORSE ASSOCIATION OF AMERICA, INC.

23-7047066

Part VII Continuation: Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) Dr. Kim Voller Director - MT	1 0	X						0.	0.	0.
(2) Kari Reeg Directo - NE	1 0	X						0.	0.	0.
(3) Terri Wirthlin Director - NV	1 0	X						0.	0.	0.
(4) Ann DiGiovanni Director -NH	1 0	X						0.	0.	0.
(5) Priscilla Nisiewicz Director - NY	1 0	X						0.	0.	0.
(6) Karin Smith Alt Dir - NY	1 0	X						0.	0.	0.
(7) Chaun Merkens Alt Dir - NC	1 0	X						0.	0.	0.
(8) Lisa Jostad Director - ND	1 0	X						0.	0.	0.
(9) Kaylee Clagett Director - OH	1 0	X						0.	0.	0.
(10) Kristin Stolee Director - OK	1 0	X						0.	0.	0.
(11) Jeff Ray Director - OK	1 0	X						0.	0.	0.
(12) Tina Bell Director - OR	1 0	X						0.	0.	0.
(13) Anne Moneith Director - OR	1 0	X						0.	0.	0.
(14) Carmen Lay Director- TN	1 0	X						0.	0.	0.
(15) Caitlyn Raysser Director - TX	1 0	X						0.	0.	0.
(16) Erin L Boyd Director - TX	1 0	X						0.	0.	0.
(17) Jessica Davidson Director - WA	1 0	X						0.	0.	0.
(18) Joni Osborn Director - WA	1 0	X						0.	0.	0.
(19) Kathy Findley Director - WI	1 0	X						0.	0.	0.
(20) Marianne Warland Director - BC	1 0	X						0.	0.	0.
(21) Carolyn Washburn Director - ON	1 0	X						0.	0.	0.

Form 990 Cont 2022

Continuation Sheet for Form 990

2022

Department of the Treasury
Internal Revenue Service

Name of the Organization

Employer identification number

PINTO HORSE ASSOCIATION OF AMERICA, INC.

23-7047066

Part VII Continuation: Officers, Directors, Trustees, Key Employees, and
Highest Compensated Employees

(A) Name and title	(B) Average hours per week (list any hours for related organiza- tions below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099- MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099- MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) Roger Altman Past President	1 0	X						0.	0.	0.
(2) Jean Andrews Past President	1 0	X						0.	0.	0.
(3) Mahlon Bauman Past President	1 0	X						0.	0.	0.
(4) Nancy Bredemeier Past President	1 0	X						0.	0.	0.
(5) Carl Cousins Past President	1 0	X						0.	0.	0.
(6) Karen Craighead Past President	1 0	X						0.	0.	0.
(7) Wendy Davidson Past President	1 0	X						0.	0.	0.
(8) Kathleen Gallagher Past President	1 0	X						0.	0.	0.
(9) Joe Grissom Past President	1 0	X						0.	0.	0.
(10) Don Greenlee Past President	1 0	X						0.	0.	0.
(11) Barbara Hulsey Past President	1 0	X						0.	0.	0.
(12) Jim Isley Past President	1 0	X						0.	0.	0.
(13) George Martin Past President	1 0	X						0.	0.	0.
(14) Sue Ellen Parker Past President	1 0	X						0.	0.	0.
(15) Gary Streater Past President	1 0	X						0.	0.	0.
(16) Jenny LaGrange Past President	1 0	X						0.	0.	0.
(17) _____	_____ _____									
(18) _____	_____ _____									
(19) _____	_____ _____									
(20) _____	_____ _____									
(21) _____	_____ _____									

Part VIII Statement of RevenueCheck if Schedule O contains a response or note to any line in this Part VIII. ☐

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants, and Other Similar Amounts	1a Federated campaigns.....	1a					
	b Membership dues.....	1b	315,945.				
	c Fundraising events.....	1c					
	d Related organizations.....	1d					
	e Government grants (contributions)....	1e					
	f All other contributions, gifts, grants, and similar amounts not included above....	1f	107,300.				
	g Noncash contributions included in lines 1a-1f.....	1g					
	h Total. Add lines 1a-1f.....		423,245.				
Program Service Revenue	Business Code						
	2a World Show	713990	1,695,875.	1,695,875.			
	b Color Breed Congress	900099	722,228.	722,228.			
	c Registration & Transfers	713990	281,785.	281,785.			
	d Show Approval & Fees	713990	121,361.	121,361.			
	e Other Program Revenue	713990	27,864.	27,574.	290.		
	f All other program service revenue...		5,271.	5,271.			
	g Total. Add lines 2a-2f.....		2,854,384.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts).....		41,812.	41,812.			
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties.....						
	6a Gross rents.....	(i) Real (ii) Personal	6a				
			b Less: rental expenses	6b			
			c Rental income or (loss)	6c			
	d Net rental income or (loss).....						
	7a Gross amount from sales of assets other than inventory	(i) Securities (ii) Other	7a				
			b Less: cost or other basis and sales expenses	7b			
			c Gain or (loss).....	7c			
	d Net gain or (loss).....						
	8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18.....	8a					
			b Less: direct expenses.....	8b			
			c Net income or (loss) from fundraising events.....				
	9a Gross income from gaming activities. See Part IV, line 19.....	9a					
			b Less: direct expenses.....	9b			
c Net income or (loss) from gaming activities.....							
10a Gross sales of inventory, less returns and allowances.....	10a						
		b Less: cost of goods sold....	10b				
		c Net income or (loss) from sales of inventory.....					
Miscellaneous Revenue	Business Code						
	11a Corporate Sponsorship	900099	53,015.	53,015.			
	b Other Revenue	900099	2,593.	2,593.			
	c Premises Cost Sharing	531120					
	d All other revenue.....						
e Total. Add lines 11a-11d.....			55,608.				
12 Total revenue. See instructions.....			3,375,049.	2,951,514.	290.	0.	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX ☐

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.	5,700.			
2 Grants and other assistance to domestic individuals. See Part IV, line 22.				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4 Benefits paid to or for members.				
5 Compensation of current officers, directors, trustees, and key employees.	173,516.			
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).	0.			
7 Other salaries and wages.	345,393.			
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).	12,192.			
9 Other employee benefits.				
10 Payroll taxes.	39,323.			
11 Fees for services (nonemployees):				
a Management.				
b Legal.	1,335.			
c Accounting.	19,596.			
d Lobbying.				
e Professional fundraising services. See Part IV, line 17.				
f Investment management fees.				
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.)	8,100.			
12 Advertising and promotion.	76,783.			
13 Office expenses.	12,963.			
14 Information technology.	80,082.			
15 Royalties.				
16 Occupancy.	58,204.			
17 Travel.	64,328.			
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19 Conferences, conventions, and meetings.	1,932,582.			
20 Interest.	2,100.			
21 Payments to affiliates.				
22 Depreciation, depletion, and amortization.	25,947.			
23 Insurance.	24,337.			
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a BSC & Credit Card Fees	43,909.			
b Postage and Shipping	25,138.			
c Printing and Publications	21,422.			
d Telephone	13,019.			
e All other expenses.	33,091.			
25 Total functional expenses. Add lines 1 through 24e.	3,019,060.			
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X Balance SheetCheck if Schedule O contains a response or note to any line in this Part X. ☐

		(A) Beginning of year		(B) End of year
Assets	1 Cash — non-interest-bearing	311,544.	1	689,769.
	2 Savings and temporary cash investments	1,094,862.	2	1,050,429.
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net		4	
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges		9	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 1,070,985.		
	b Less: accumulated depreciation	10b 593,920.	468,067.	10c 477,065.
	11 Investments — publicly traded securities	931,062.	11	816,983.
	12 Investments — other securities. See Part IV, line 11		12	
	13 Investments — program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	15,000.	15	15,000.
16 Total assets. Add lines 1 through 15 (must equal line 33)	2,820,535.	16	3,049,246.	
Liabilities	17 Accounts payable and accrued expenses	15,560.	17	24,577.
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	13,698.
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	15,560.	26	38,275.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	2,804,975.	27	3,010,971.
	28 Net assets with donor restrictions		28	
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances.	2,804,975.	32	3,010,971.
33 Total liabilities and net assets/fund balances.	2,820,535.	33	3,049,246.	

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response or note to any line in this Part XI ☐

1	Total revenue (must equal Part VIII, column (A), line 12)	1	3,375,049.
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,019,060.
3	Revenue less expenses. Subtract line 2 from line 1	3	355,989.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	2,804,975.
5	Net unrealized gains (losses) on investments	5	-149,993.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	3,010,971.

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII ☐

	Yes	No
1 Accounting method used to prepare the Form 990: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	X	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits.		

BAA

TEEA0112L 09/01/22

Form 990 (2022)

**SCHEDULE D
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2022

**Open to Public
Inspection**

Employer identification number

PINTO HORSE ASSOCIATION OF AMERICA, INC.

23-7047066

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year.....		
2 Aggregate value of contributions to (during year).....		
3 Aggregate value of grants from (during year).....		
4 Aggregate value at end of year.....		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Part II Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

<input type="checkbox"/> Preservation of land for public use (for example, recreation or education)	<input type="checkbox"/> Preservation of a historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements.....	2 a
b Total acreage restricted by conservation easements.....	2 b
c Number of conservation easements on a certified historic structure included in (a).....	2 c
d Number of conservation easements included in (c) acquired after July 25, 2006 and not on a historic structure listed in the National Register.....	2 d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year _____

4 Number of states where property subject to conservation easement is located _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?..... ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?..... ☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1 a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1.....	\$	
(ii) Assets included in Form 990, Part X.....	\$	15,000.

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1.....	\$	
b Assets included in Form 990, Part X.....	\$	

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):

a ☒ Public exhibition

d ☐ Loan or exchange program

b ☐ Scholarly research

e ☐ Other _____

c ☒ Preservation for future generations

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. See Part XIII

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☒ No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1 a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

	Amount
c Beginning balance.....	1 c
d Additions during the year.....	1 d
e Distributions during the year.....	1 e
f Ending balance.....	1 f

2 a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. ☐

Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1 a Beginning of year balance.....					
b Contributions.....					
c Net investment earnings, gains, and losses.....					
d Grants or scholarships.....					
e Other expenditures for facilities and programs.....					
f Administrative expenses.....					
g End of year balance.....					

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

a Board designated or quasi-endowment _____ %

b Permanent endowment _____ %

c Term endowment _____ %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3 a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

(i) Unrelated organizations.....

(ii) Related organizations.....

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?.....

	Yes	No
3a(i)		
3a(ii)		
3b		

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1 a Land.....		50,000.		50,000.
b Buildings.....		715,634.	340,391.	375,243.
c Leasehold improvements.....				
d Equipment.....		10,725.	10,493.	232.
e Other.....		294,626.	243,036.	51,590.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				477,065.

BAA

Schedule D (Form 990) 2022

Part VII Investments – Other Securities.

N/A

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives.....		
(2) Closely held equity interests.....		
(3) Other.....		
(A).....		
(B).....		
(C).....		
(D).....		
(E).....		
(F).....		
(G).....		
(H).....		
(I).....		
Total. (Column (b) must equal Form 990, Part X, column (B) line 12.).....		

Part VIII Investments – Program Related.

N/A

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1).....		
(2).....		
(3).....		
(4).....		
(5).....		
(6).....		
(7).....		
(8).....		
(9).....		
(10).....		
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.).....		

Part IX Other Assets.

N/A

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1).....	
(2).....	
(3).....	
(4).....	
(5).....	
(6).....	
(7).....	
(8).....	
(9).....	
(10).....	
Total. (Column (b) must equal Form 990, Part X, column (B) line 15.).....	

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes.....	
(2).....	
(3).....	
(4).....	
(5).....	
(6).....	
(7).....	
(8).....	
(9).....	
(10).....	
(11).....	
Total. (Column (b) must equal Form 990, Part X, column (B) line 25.).....	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII. ☐

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return. N/A

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
	a Net unrealized gains (losses) on investments	2a		
	b Donated services and use of facilities	2b		
	c Recoveries of prior year grants	2c		
	d Other (Describe in Part XIII.)	2d		
	e Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
	a Investment expenses not included on Form 990, Part VIII, line 7b	4a		
	b Other (Describe in Part XIII.)	4b		
	c Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. N/A

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
	a Donated services and use of facilities	2a		
	b Prior year adjustments	2b		
	c Other losses	2c		
	d Other (Describe in Part XIII.)	2d		
	e Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
	a Investment expenses not included on Form 990, Part VIII, line 7b	4a		
	b Other (Describe in Part XIII.)	4b		
	c Add lines 4a and 4b		4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Part III, Line 4 - Description Of Organization Collections & How Furthers Exempt Purpose

Original Painting of Pinto Horses by Orren Mixer. On display at organization offices. Reproduction of painting used as organization logo.

SCHEDULE J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2022

Open to Public
Inspection

Name of the organization

PINTO HORSE ASSOCIATION OF AMERICA, INC.

Employer identification number

23-7047066

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain.

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|--|---|
| <input type="checkbox"/> Compensation committee | <input checked="" type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

a Receive a severance payment or change-of-control payment?

b Participate in or receive payment from a supplemental nonqualified retirement plan?

c Participate in or receive payment from an equity-based compensation arrangement?

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

a The organization?

b Any related organization?

If "Yes" on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

a The organization?

b Any related organization?

If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III.

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)?

If "Yes," describe in Part III.

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

Yes No

1b

2

4a

4b

4c

5a

5b

6a

6b

7

8

9

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2022

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation				(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	(C) Retirement and other deferred compensation			
Darrell L. Bilke 1 Exec.VP/COO	(i)	157,116.	16,400.	0.	0.	0.	173,516.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
2	(i)							
	(ii)							
3	(i)							
	(ii)							
4	(i)							
	(ii)							
5	(i)							
	(ii)							
6	(i)							
	(ii)							
7	(i)							
	(ii)							
8	(i)							
	(ii)							
9	(i)							
	(ii)							
10	(i)							
	(ii)							
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ

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

Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2022

**Open to Public
Inspection**

PINTO HORSE ASSOCIATION OF AMERICA, INC.

Employer identification number

23-7047066

Form 990, Part I, Line 1 - Organization Mission or Significant Activities

PINTO HORSE NEWSLETTER: Bi-Monthly newsletters distributed to all members without subscription or added cost. Provides news of events and show results. An online magazine has been implemented.

YOUTH CONFERENCE: A special program to provide educational programs and activities to youth members relative to raising and breeding Pinto horses.

CONVENTION: Provides a venue for all officers and directors to conduct annual organization business. Open to all members and guests. Various classes are provided.

JUDGES PROGRAM: Training for judges in standards and judging techniques for the Pinto Horse Breed.

Form 990, Part III, Line 1 - Organization Mission

To improve, promote and enhance the Pinto horse, pony, and miniature. To collect, record and preserve Pinto pedigrees and Pinto competition records. To represent the multifaceted world of Pinto ownership, breeding, competition and pleasure. To provide beneficial services that support and encourage Pinto ownership and participation. To educate by providing materials, programs and services that allow Pinto to be a resource organization in the equine industry. To promote the continued growth of the Pinto Horse Association of America through good horsemanship and good sportsmanship.

Form 990, Part III, Line 4d - Other Program Services Description

SHOW APPROVAL: Supervision of sanctioned events and record keeping for awards programs and achievement recognition.

Name of the organization

PINTO HORSE ASSOCIATION OF AMERICA, INC.

Employer identification number

23-7047066

Form 990, Part III, Line 4d - Other Program Services Description

Number of Shows: 576 Horses: 2,329 Entries: 5,373

PINTO HORSE NEWSLETTER: Quarterly newsletters distributed to all members without subscription or added cost. Provides news of events and show results. An online magazine has been implemented.

YOUTH CONFERENCE: A special program to provide educational programs and activities to youth members relative to raising and breeding Pinto horses.

CONVENTION: Provides a venue for all officers and directors to conduct annual organization business. Open to all members and guests. Various classes are provided.

JUDGES PROGRAM: Training for judges in standards and judging techniques for the Pinto Horse Breed.

Form 990, Part VI, Line 6 - Explanation of Classes of Members or Shareholder

Organization has members who pay a membership fee to belong. Members receive the right to show their horses and/or register their horses and to participate in other programs and services provided.

Form 990, Part VI, Line 7a - How Members or Shareholders Elect Governing Body

The members elect officers and directors.

Name of the organization

Employer identification number

PINTO HORSE ASSOCIATION OF AMERICA, INC.

23-7047066

Form 990, Part VI, Line 7b - Decisions of Governing Body Approval by Members or Shareholders

Members vote on all key issues. Executive Committee approves all but minor administrative issues. Significant items are subject to approval by the full Board of Directors.

Form 990, Part VI, Line 9 - Officer, Director, Trustee, Key Employee Mailing Address

Kameron Duncanson

56265 124th Street

Mapleton, MN 56065-4560

President

Nell Tekampe

2604 280th Ave.

Salem, WI 53168

President-Elect

Annette Pitcher

9593 Shelbyville Rd

Indianapolis, IN 46252

Executive Committee

Kathy Thomas

14106 NE 119th St.

Brush Prairie, WA 98606

Executive Committee

Name of the organization

PINTO HORSE ASSOCIATION OF AMERICA, INC.

Employer identification number

23-7047066

Form 990, Part VI, Line 9 - Officer, Director, Trustee, Key Employee Mailing Address (continued)

Don McGee

454694 Highway 64

Vian, OK 74962

Executive Committee

Kevin Woodford

117th Alvers St.

Holstein, IA 51025

Immediate Past President

Jennifer Cignoni

29713 N 143rd Place

Scottsdale, AZ 85262

Director - AZ

Kelley Reames

498 Johnson Cemetery Rd.

Paris, AR 72855

Director - AR

Laura Fowler

10757 Estrella Ave.

Apple Valley, CA 92308

Director-CA

Name of the organization

PINTO HORSE ASSOCIATION OF AMERICA, INC.

Employer identification number

23-7047066

Form 990, Part VI, Line 9 - Officer, Director, Trustee, Key Employee Mailing Address (continued)

Walter de laBrosse

4040 Verdant #1

Los Angeles, CA 90039

Director-CA

Sarah Ladd

7 Pleasant View

Ledyard, CT 06339

Director - CT

Amanda Palmer

5808 E. Quicksilver Court

Floral City, FL 34436

Director-FL

Mike Adams

6312 Gaule Rd.

Rochester, IL 62563

Director-IL

Wyneta Duncan

2785 E. 350 S.

Greenfield, IN 46140

Director - IN

William Sparr

Name of the organization

PINTO HORSE ASSOCIATION OF AMERICA, INC.

Employer identification number

23-7047066

Form 990, Part VI, Line 9 - Officer, Director, Trustee, Key Employee Mailing Address (continued)

2013 Kossuth Ave.

Anthon, IA 51004

Director - IA

Chris Mensch

12550 246th St

Lawrence, KS 66044

Director-KS

Woodie Marshall

398 Loop Dr.

Mt. Washington, KY 40047

Director-KY

Tracey Imbaro

85 Morse St.

Foxboro, MA 02035

Director-MA

Mary Osborn

7289 S. McClelland Rd.

Ashley, MI 48806

Director-MI

Jamie Stohlman

Name of the organization

PINTO HORSE ASSOCIATION OF AMERICA, INC.

Employer identification number

23-7047066

Form 990, Part VI, Line 9 - Officer, Director, Trustee, Key Employee Mailing Address (continued)

98 W Hunters Creek Road

Lapeer, MI 48446

Director-MI

Shelley Sellers

9177 Gowan Avenue NW

Maple Lake, MN 55358

Director-MN

Karen Clark

586 32nd Street SE

Buffalo, MN 55313

Director-MN

Helen Fleming-Bryson

804 Oak Grove

Tupelo, MS 38804

Director - MS

Bonnie Carr

7050 State Road J

Fulton, MO 65251

Director-MO

Dr Kim Voller

PO Box 39

Name of the organization

PINTO HORSE ASSOCIATION OF AMERICA, INC.

Employer identification number

23-7047066

Form 990, Part VI, Line 9 - Officer, Director, Trustee, Key Employee Mailing Address (continued)

Emily, MT 56447

Director-MT

Kari Reeg

PO Box 262

Genoa, NE 68640

Director-NE

Terri Wirthlin

7729 Rio Vista St.

Las Vegas, NV 89131

Director-NV

Ann DiGiovanni

24 Lane Rd.

Derry NH 03038-4194

Director-NH

Priscilla Nisiewicz

5795 Noel Road

Cicero, NY 13039

Director - NY

Karin Smith

513 Charles St

Chittenango, NY 13037

Name of the organization

Employer identification number

PINTO HORSE ASSOCIATION OF AMERICA, INC.

23-7047066

Form 990, Part VI, Line 9 - Officer, Director, Trustee, Key Employee Mailing Address (continued)

Alt. Director - NY

Chaun Merkens

PO Box 92

Kindred, ND 58051

Alt. Director - ND

Lisa Jostad

4956 164th Ave SE

Kindred, ND 58051

Director-ND

Kaylee Clagett

1205 Greenbush Rd.

Willard, OH 44890

Director-OH

Kristin Stolee

4511 SW Damon Valley Rd.

Wilburton, OK 74578

Director-OK

Jeff Ray

18401 E 86th St N

Name of the organization

Employer identification number

PINTO HORSE ASSOCIATION OF AMERICA, INC.

23-7047066

Form 990, Part VI, Line 9 - Officer, Director, Trustee, Key Employee Mailing Address (continued)

Owasso, OK 74055

Director - OK

Tina Bell

PO Box 618

Molalla, OR 97038

Director-OR

Anne Moneith

13190 Finlay Rd NE

Silverton, OR 97381

Director - OR

Carmen Lay

436 Bragg Ave.

Smyrna, TN 37167

Director-TN

Caitlyn Raysser

9209 County Rd 519

Alvarado, TX 76009

Director - TX

Erin L Boyd

18172 Brookfield Dr

Justin, TX 75247

Name of the organization

Employer identification number

PINTO HORSE ASSOCIATION OF AMERICA, INC.

23-7047066

Form 990, Part VI, Line 9 - Officer, Director, Trustee, Key Employee Mailing Address (continued)

Director - TX

Jessica Davidson

12930 Lost Lake Rd

Snohomish, WA 98296

Director - WA

Joni Osborn

36405 160th St. SE

Sultan, WA 98294

Director-WA

Kathy Findley

21134 West 7 Mile Road

Franksville, WI 53126

Director-WI

Marianne Warland

PO Box 18003

Delta, British Columbia V4L2M4

Canada

Director-BC

Carolyn Washburn

14092 Trafalgar Rd. N

Georgetown, Ontario L7G 4S4

Name of the organization

Employer identification number

PINTO HORSE ASSOCIATION OF AMERICA, INC.

23-7047066

Form 990, Part VI, Line 9 - Officer, Director, Trustee, Key Employee Mailing Address (continued)

Canada

Director-ON

Roger Altman

PO Box 37

Eaton Rapids, MI 48827

Past President

Jean Andrews

1940 County Rd. Q

Fremont, NE 68025

Past President

Mahlon Bauman

978 40th St. SE

Buffalo, MN 55313-5300

Past President

Nancy Bredemeier

4764 Fairgrounds Rd.

Atwater, OH 44201

Past President

Carl Cousins

10171 Milliman Rd.

Millington, MI 48746

Name of the organization

Employer identification number

PINTO HORSE ASSOCIATION OF AMERICA, INC.

23-7047066

Form 990, Part VI, Line 9 - Officer, Director, Trustee, Key Employee Mailing Address (continued)

Past President

Karen Craighead

5098 CR 115

Fulton, MO 65251

Past President

Wendy Davidson

21404 161st Ave.

Monroe, WA 98272

Past President

Kathleen Gallagher

24 Lane Rd.

Derry NH 03038-4194

Past President

Joe Grissom

1056 S. Clay Street

Frankfort, IN 46041

Past President

Don Greenlee

59 W. 400 N

Urbana, IN 46990

Past President

Name of the organization

Employer identification number

PINTO HORSE ASSOCIATION OF AMERICA, INC.

23-7047066

Form 990, Part VI, Line 9 - Officer, Director, Trustee, Key Employee Mailing Address (continued)

Barbara Hulsey

4208 NE 142nd Court

Edmond, OK 73013

Past President

Jim Isley

105 Driftwood Rd.

Reidsville, NC 27320

Past President

George Martin

510 Clearview St.

Franklin, KY 42134-2037

Past President

Sue Ellen Parker

20629 Hill Rd.

Saegertown, PA 16433

Past President

Gary Streater

2380 Taylor Blair Rd.

West Jefferson, OH 43162

Past President

Name of the organization

PINTO HORSE ASSOCIATION OF AMERICA, INC.

Employer identification number

23-7047066

Form 990, Part VI, Line 9 - Officer, Director, Trustee, Key Employee Mailing Address (continued)

Jenny LaGrange

23303 Llewellyn Rd

Christmas, FL 32709

Past President

Form 990, Part VI, Line 11b - Form 990 Review Process

Organization's Executive VP/COO together with the Controller review the returns with preparer prior to signature and filing.

Form 990, Part VI, Line 12c - Explanation of Monitoring and Enforcement of Conflicts

Possible conflict of interest issues are discussed at regular Executive Committee meetings. All officers, directors and employees are covered. Pros and cons are discussed and voted on. This is usually done before possible conflict occurs. If determined that a conflict may occur or exist, the activity is not allowed in a continuing relationship with the organization.

Form 990, Part VI, Line 15a - Compensation Review & Approval Process - CEO & Top Management

Compensation guidelines are determined at the Executive Committee level for all employees including the Executive VP/COO. The process is normally done annually at the time the budget for the next year is presented. The Executive VP/COO participates in the process for all paid staff members except himself. Economic conditions together with survey of salary levels paid by similar organizations are considered. The Executive Committee votes on the final decision. Minutes are taken, as with all meetings.

Form 990, Part VI, Line 15b - Compensation Review & Approval Process - Officers & Key Employees

Compensation guidelines are determined at the Executive Committee level for all employees including the Executive VP/COO. The process is normally done annually at the time the budget for the next year is presented. The Executive VP/COO

Name of the organization

PINTO HORSE ASSOCIATION OF AMERICA, INC.

Employer identification number

23-7047066

Form 990, Part VI, Line 15b - Compensation Review & Approval Process - Officers & Key Employees (continued)

participates in the process for all paid staff members except himself. Economic conditions together with survey of salary levels paid by similar organizations are considered. The Executive Committee votes on the final decision. Minutes are taken, as with all meetings.

Form 990, Part VI, Line 19 - Other Organization Documents Publicly Available

All governing documents, Conflict of Interest Policy, and Financial Statements are available at the organization's offices on request. Most are also available for download on the organization's website. A printed rulebook is also available for purchase.

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization

Related Organizations and Unrelated Partnerships
Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2022

**Open to Public
Inspection**

Employer identification number

23-7047066

PINTO HORSE ASSOCIATION OF AMERICA, INC.

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) _____					

(2) _____					

(3) _____					

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Sec 512(b)(13) controlled entity?	
						Yes	No
(1) _____							

(2) _____							

(3) _____							

(4) _____							

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Dispropor- tionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) _____ _____ _____												
(2) _____ _____ _____												
(3) _____ _____ _____												

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Sec 512(b)(13) controlled entity?	
								Yes	No
(1) PINTO HERITAGE FOUNDATION, INC 7330 NW 23RD STREET BETHANY, OK 73008 20-3966800	SCHOLARSHIP FUNDS	OK	N/A	C	N/A	N/A	N/A		X
(2) _____ _____ _____									
(3) _____ _____ _____									

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.**Note:** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity.....	1 a	X
b Gift, grant, or capital contribution to related organization(s).....	1 b	X
c Gift, grant, or capital contribution from related organization(s).....	1 c	X
d Loans or loan guarantees to or for related organization(s).....	1 d	X
e Loans or loan guarantees by related organization(s).....	1 e	X
f Dividends from related organization(s).....	1 f	X
g Sale of assets to related organization(s).....	1 g	X
h Purchase of assets from related organization(s).....	1 h	X
i Exchange of assets with related organization(s).....	1 i	X
j Lease of facilities, equipment, or other assets to related organization(s).....	1 j	X
k Lease of facilities, equipment, or other assets from related organization(s).....	1 k	X
l Performance of services or membership or fundraising solicitations for related organization(s).....	1 l	X
m Performance of services or membership or fundraising solicitations by related organization(s).....	1 m	X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s).....	1 n	X
o Sharing of paid employees with related organization(s).....	1 o	X
p Reimbursement paid to related organization(s) for expenses.....	1 p	X
q Reimbursement paid by related organization(s) for expenses.....	1 q	X
r Other transfer of cash or property to related organization(s).....	1 r	X
s Other transfer of cash or property from related organization(s).....	1 s	X

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			

Part VI **Unrelated Organizations Taxable as a Partnership.** Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unre- lated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Dispropor- tionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	
(1) _____ _____ _____													
(2) _____ _____ _____													
(3) _____ _____ _____													
(4) _____ _____ _____													
(5) _____ _____ _____													
(6) _____ _____ _____													
(7) _____ _____ _____													
(8) _____ _____ _____													

Part VII **Supplemental Information**Provide additional information for responses to questions on Schedule R. See instructions.

**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 for the latest information.**

OMB No. 1545-0047

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.

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.

**Type or
print**

File by the
due date for
filing your
return. See
instructions.

Name of exempt organization or other filer, see instructions.

Taxpayer identification number (TIN)

PINTO HORSE ASSOCIATION OF AMERICA, INC.**23-7047066**

Number, street, and room or suite number. If a P.O. box, see instructions.

7330 NW 23RD STREET

City, town or post office, state, and ZIP code. For a foreign address, see instructions.

BETHANY, OK 73008Enter 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 7330 NW 23rd Street Bethany OK 73008

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, 20 23, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- ☒ calendar year 20 22 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

3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
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.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	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.

BAA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form **8868** (Rev. 1-2022)

PINTO HORSE ASSOCIATION OF AMERICA, INC.

23-7047066

Contributions, Gifts, and Grants
Other contributions, gifts, grants, etc.

Tulsa Chamber of Commerce, Tulsa, OK.....	\$	107,300.
Total	\$	<u>107,300.</u>

Stmt. of Functional Expenses (990)
Grants & other assistance to gov. & orgs. in U.S. [O]

Bethany Freedom Fest.....	\$	200.
Bethany Improvement Foundation.....		500.
NEO A&M Equine Judging Team.....		2,500.
AHC Foundation.....		2,500.
Total	\$	<u>5,700.</u>

PINTO HORSE ASSOCIATION OF AMERICA, INC.

23-7047066

Program Service Revenue
Related or exempt function income
Other Program Revenue

Convention Income.....	\$	14,175.
Judges Program.....		11,919.
SOAR Program.....		-35.
Refunds and Adjustments.....		-475.
PtHA Color Breed Futurity.....		1,990.
Total	\$	<u>27,574.</u>

Stmt. of Functional Expenses (990)
Information technology

Internet Access & Service.....	\$	9,596.
Computer Supplies.....		736.
Outside IT Services.....		78,500.
Outside IT Services in Conferences, conventions, shows.....		-8,750.
Total	\$	<u>80,082.</u>

Stmt. of Functional Expenses (990)
Conferences, conventions, etc

Board Meeting & Convention.....	\$	28,230.
Judges Committee.....		12,553.
Field Representative.....		5,200.
Awards Program.....		42,512.
Color Breed Congress.....		610,152.
World Show.....		1,233,380.
NPLC.....		555.
Total	\$	<u>1,932,582.</u>

PINTO HORSE ASSOCIATION OF AMERICA, INC.

23-7047066

Form 990, Part VIII, Line 2f
Other Program Service Revenue

Description	Bus. Code	Total Revenue	Related or Exempt Func tion Revenue	Unrelated Business Revenue	Revenue Excluded From Tax
Royalties	900099	\$ 5,271.	\$ 5,271.		
Totals		\$ 5,271.	\$ 5,271.	\$ 0.	\$ 0.

Form 990, Part IX, Line 11g
Other Fees For Services

	(A) Total	(B) Program Services	(C) Management & General	(D) Fund- raising
Employee Recruitment Fee	8,100.			
Total	\$ 8,100.	\$ 0.	\$ 0.	\$ 0.

Form 990, Part IX, Line 24e
Other Expenses

	(A) Total	(B) Program Services	(C) Management & General	(D) Fundraising
Dues & Publications	4,685.			
Equipment Rental	6,771.			
Licenses & Permits	87.			
Meetings & Overtime Meals	5,771.			
Personal Property Taxes	513.			
Repairs & Maintenance	6,710.			
Returned Checks	2,553.			
Rounding	1.			
Storage Rental	6,000.			
Total	\$ 33,091.	\$ 0.	\$ 0.	\$ 0.

Net Operating Loss Deduction
Form 990-T, Part I, Line 6

Loss Year Ending	Original Loss	Loss Previously Used	Loss Available
12/31/17	\$ 17,199.	\$ 0.	\$ 17,199.
Net Operating Loss Available			\$ 17,199.
Taxable Income			\$ 0.
Net Operating Loss Deduction (Limited to Taxable Income)			\$ 0.

PINTO HORSE ASSOCIATION OF AMERICA, INC.
Lead Schedule by G/L Asset Account
For the 12 Months Ended 12/31/22

Asset Description	Date Acquired	Cost	Sold?	Tax System	Method	Life	Con- vention	Bus %	Sec. 179 Deduction	Spec. Depr. Allowance	Depreciable Basis	Prior Depreciation	Current Depreciation	Accumulated Depreciation
1240 Fixed Assets:Land														
Bethany Land	07/29/03	50,000.00	N	Other	LAND	00/00	None	100.00	0.00	0.00	50,000.00	0.00	0.00	0.00
Subtotal for 1240		50,000.00							0.00	0.00	50,000.00	0.00	0.00	0.00
1250 Fixed Assets:Building & Improvements														
Bethany Building	08/01/04	574,940.00	N	MACRS	ST LINE	40/00	A/D	100.00	0.00	0.00	574,940.00	250,358.09	14,373.50	264,731.59
Building Extras	06/01/05	8,786.00	N	MACRS	ST LINE	40/00	H/Y	100.00	0.00	0.00	8,786.00	3,643.18	219.65	3,862.83
Bethany Building-New Roof	08/27/07	55,640.00	N	MACRS	ST LINE	40/00	H/Y	100.00	0.00	0.00	55,640.00	19,957.99	1,391.00	21,348.99
Bethany Bldg Walls-Perf & Reg	10/24/07	6,051.00	N	MACRS	ST LINE	40/00	H/Y	100.00	0.00	0.00	6,051.00	2,146.52	151.28	2,297.80
Bethany Bldg New Roof Addtl	11/15/07	13,500.00	N	MACRS	ST LINE	40/00	H/Y	100.00	0.00	0.00	13,500.00	4,768.46	337.50	5,105.96
2 20x8 Storage Units	03/14/08	8,012.00	N	MACRS	ST LINE	10/00	H/Y	100.00	0.00	0.00	8,012.00	8,012.00	0.00	8,012.00
HVAC Unit-Archive Dept.	06/30/08	4,900.00	N	MACRS	ST LINE	07/00	H/Y	100.00	0.00	0.00	4,900.00	4,900.00	0.00	4,900.00
Bethany Bldg East Door Portico	10/01/08	3,500.00	N	MACRS	ST LINE	40/00	H/Y	100.00	0.00	0.00	3,500.00	1,159.49	87.50	1,246.99
40' Storage Unit	10/21/09	6,191.00	N	MACRS	ST LINE	10/00	A/D	100.00	0.00	0.00	6,191.00	6,191.00	0.00	6,191.00
West HVAC-Meeting Rm, Storag	11/30/09	5,100.00	N	MACRS	ST LINE	07/00	H/Y	100.00	0.00	0.00	5,100.00	5,100.00	0.00	5,100.00
HVAC-Performance Dept.	02/02/10	5,300.00	N	MACRS	ST LINE	40/00	H/Y	100.00	0.00	0.00	5,300.00	1,578.38	132.50	1,710.88
2 20' Storage Modules-Tulsa	10/18/10	8,639.00	N	MACRS	ST LINE	10/00	H/Y	100.00	0.00	0.00	8,639.00	8,384.56	0.00	8,384.56
HVAC Kit Unit	02/14/12	5,300.00	N	MACRS	ST LINE	07/00	H/Y	100.00	0.00	0.00	5,300.00	5,300.00	0.00	5,300.00
Front Window Tint	08/06/12	6,600.00	N	MACRS	ST LINE	40/00	H/Y	100.00	0.00	0.00	6,600.00	1,551.72	165.00	1,716.72
Hot Water Tank	09/15/20	1,600.00	N	MACRS	ST LINE	10/00	A/D	100.00	0.00	0.00	1,600.00	207.21	160.00	367.21
Outdoor Lighting	03/23/21	2,509.55	N	MACRS	ST LINE	39/00	A/D	100.00	0.00	0.00	2,509.55	50.07	64.35	114.42
Subtotal for 1250		716,568.55							0.00	0.00	716,568.55	323,308.67	17,082.28	340,390.95
1300 Fixed Assets:Office Furniture & Equipment														
12 ft. Aluminum Ladder	01/01/94	50.00	N	MACRS	ST LINE	05/00	A/D	100.00	0.00	0.00	50.00	50.00	0.00	50.00
Shelf Wall	01/01/93	29.00	N	MACRS	ST LINE	05/00	A/D	100.00	0.00	0.00	29.00	29.00	0.00	29.00
2 Metal 4 Drawer Files	01/01/93	180.00	N	MACRS	ST LINE	05/00	A/D	100.00	0.00	0.00	180.00	180.00	0.00	180.00
Wall Cabinet	01/01/94	129.00	N	MACRS	ST LINE	07/00	A/D	100.00	0.00	0.00	129.00	129.00	0.00	129.00
Vacuum Cleaner	09/28/01	200.00	N	MACRS	ST LINE	05/00	A/D	100.00	0.00	0.00	200.00	200.00	0.00	200.00
Printer	04/27/10	3,609.00	N	MACRS	ST LINE	05/00	A/D	100.00	0.00	0.00	3,609.00	3,609.00	0.00	3,609.00
Desk-Kim's Office	08/08/04	542.00	N	MACRS	ST LINE	07/00	A/D	100.00	0.00	0.00	542.00	542.00	0.00	542.00
Used Literature Rack	09/10/04	92.00	N	MACRS	ST LINE	07/00	A/D	100.00	0.00	0.00	92.00	92.00	0.00	92.00
Computer Room Cabinet	09/30/04	542.00	N	MACRS	ST LINE	07/00	A/D	100.00	0.00	0.00	542.00	542.00	0.00	542.00
Board Room Table	10/07/04	3,957.00	N	MACRS	ST LINE	07/00	A/D	100.00	0.00	0.00	3,957.00	3,957.00	0.00	3,957.00
Bookcases	10/21/04	2,494.00	N	MACRS	ST LINE	07/00	A/D	100.00	0.00	0.00	2,494.00	2,494.00	0.00	2,494.00

PINTO HORSE ASSOCIATION OF AMERICA, INC.
Lead Schedule by G/L Asset Account
For the 12 Months Ended 12/31/22

Asset Description	Date Acquired	Cost	Sold?	Tax System	Method	Life	Con- vention	Bus %	Sec. 179 Deduction	Spec. Depr. Allowance	Depreciable Basis	Prior Depreciation	Current Depreciation	Accumulated Depreciation
1300 Fixed Assets:Office Furniture & Equipment														
Heritage Furniture	10/22/04	2,223.00	N	MACRS	ST LINE	07/00	A/D	100.00	0.00	0.00	2,223.00	2,223.00	0.00	2,223.00
Reception	10/28/04	1,060.00	N	MACRS	ST LINE	07/00	A/D	100.00	0.00	0.00	1,060.00	1,060.00	0.00	1,060.00
Board Leather Chairs	11/02/04	720.00	N	MACRS	ST LINE	07/00	A/D	100.00	0.00	0.00	720.00	720.00	0.00	720.00
Table, 6 Chairs	11/04/04	3,120.00	N	MACRS	ST LINE	07/00	A/D	100.00	0.00	0.00	3,120.00	3,120.00	0.00	3,120.00
Couch, Lamp	11/05/04	1,216.00	N	MACRS	ST LINE	07/00	A/D	100.00	0.00	0.00	1,216.00	1,216.00	0.00	1,216.00
2 Credenzas, 1 Desk	12/08/04	1,355.00	N	MACRS	ST LINE	07/00	A/D	100.00	0.00	0.00	1,355.00	1,355.00	0.00	1,355.00
Telephone	09/03/04	10,700.00	N	MACRS	ST LINE	05/00	A/D	100.00	0.00	0.00	10,700.00	10,700.00	0.00	10,700.00
Phone & Internet Installation	08/06/04	3,352.00	N	MACRS	ST LINE	05/00	A/D	100.00	0.00	0.00	3,352.00	3,352.00	0.00	3,352.00
Magazine Camera	11/08/05	2,836.00	N	MACRS	ST LINE	05/00	A/D	100.00	0.00	0.00	2,836.00	2,836.00	0.00	2,836.00
2 File Cabinets	04/21/05	195.00	N	MACRS	ST LINE	07/00	A/D	100.00	0.00	0.00	195.00	195.00	0.00	195.00
Gestetner Copier	05/24/05	3,472.00	N	MACRS	ST LINE	05/00	A/D	100.00	0.00	0.00	3,472.00	3,472.00	0.00	3,472.00
3 Desks, 7 Chairs	08/08/05	3,737.00	N	MACRS	ST LINE	07/00	A/D	100.00	0.00	0.00	3,737.00	3,737.00	0.00	3,737.00
7 File Cabinets	08/10/05	1,892.00	N	MACRS	ST LINE	07/00	A/D	100.00	0.00	0.00	1,892.00	1,892.00	0.00	1,892.00
4 Drawer Lateral File Cabinet	11/02/05	1,555.00	N	MACRS	ST LINE	07/00	A/D	100.00	0.00	0.00	1,555.00	1,555.00	0.00	1,555.00
Server Rack	08/22/06	624.00	N	MACRS	ST LINE	05/00	A/D	100.00	0.00	0.00	624.00	624.00	0.00	624.00
5 Drawer File Cabinet	09/12/06	141.00	N	MACRS	ST LINE	07/00	A/D	100.00	0.00	0.00	141.00	141.00	0.00	141.00
File Server	10/16/06	2,862.00	N	MACRS	ST LINE	05/00	A/D	100.00	0.00	0.00	2,862.00	2,862.00	0.00	2,862.00
Server & Min	10/18/06	3,515.00	N	MACRS	ST LINE	05/00	A/D	100.00	0.00	0.00	3,515.00	3,515.00	0.00	3,515.00
3 File Cabinets	01/17/06	444.00	N	MACRS	ST LINE	07/00	A/D	100.00	0.00	0.00	444.00	444.00	0.00	444.00
Camera	02/27/06	541.00	N	MACRS	ST LINE	05/00	A/D	100.00	0.00	0.00	541.00	541.00	0.00	541.00
10 Office Chairs	03/30/06	401.00	N	MACRS	ST LINE	07/00	A/D	100.00	0.00	0.00	401.00	401.00	0.00	401.00
3 Scanners	08/22/06	1,050.00	N	MACRS	ST LINE	05/00	A/D	100.00	0.00	0.00	1,050.00	1,050.00	0.00	1,050.00
500GB Drive	08/22/06	1,408.00	N	MACRS	ST LINE	05/00	A/D	100.00	0.00	0.00	1,408.00	1,408.00	0.00	1,408.00
File Cabinets, Chair	09/22/06	4,143.00	N	MACRS	ST LINE	07/00	A/D	100.00	0.00	0.00	4,143.00	4,143.00	0.00	4,143.00
File Cabinet	09/22/06	897.00	N	MACRS	ST LINE	07/00	A/D	100.00	0.00	0.00	897.00	897.00	0.00	897.00
3 L-Desks, Registration	09/22/06	1,150.00	N	MACRS	ST LINE	07/00	A/D	100.00	0.00	0.00	1,150.00	1,150.00	0.00	1,150.00
4 Desks, Perf Dept	09/27/06	2,247.00	N	MACRS	ST LINE	07/00	A/D	100.00	0.00	0.00	2,247.00	2,247.00	0.00	2,247.00
Desk, File Cabinet	10/18/06	2,300.00	N	MACRS	ST LINE	07/00	A/D	100.00	0.00	0.00	2,300.00	2,300.00	0.00	2,300.00
Stows Desk, Chair	11/15/06	1,716.00	N	MACRS	ST LINE	07/00	A/D	100.00	0.00	0.00	1,716.00	1,716.00	0.00	1,716.00
Sofa, Chair, Table, 4 Chairs	12/29/06	4,963.00	N	MACRS	ST LINE	07/00	A/D	100.00	0.00	0.00	4,963.00	4,963.00	0.00	4,963.00
Oven & Refrigerator	12/30/06	2,125.00	N	MACRS	ST LINE	05/00	A/D	100.00	0.00	0.00	2,125.00	2,125.00	0.00	2,125.00
2 Sets-End Tables	01/06/07	917.00	N	MACRS	ST LINE	07/00	A/D	100.00	0.00	0.00	917.00	917.00	0.00	917.00

PINTO HORSE ASSOCIATION OF AMERICA, INC.
Lead Schedule by G/L Asset Account
For the 12 Months Ended 12/31/22

Asset Description	Date Acquired	Cost	Sold?	Tax System	Method	Life	Con- vention	Bus %	Sec. 179 Deduction	Spec. Depr. Allowance	Depreciable Basis	Prior Depreciation	Current Depreciation	Accumulated Depreciation
1300 Fixed Assets:Office Furniture & Equipment														
Computer	02/27/07	1,357.00	N	MACRS	ST LINE	05/00	A/D	100.00	0.00	0.00	1,357.00	1,357.00	0.00	1,357.00
Desk, 2 File Cabinets, 2 Hutch	03/28/07	1,063.00	N	MACRS	ST LINE	07/00	A/D	100.00	0.00	0.00	1,063.00	1,063.00	0.00	1,063.00
BAC Furniture	03/29/07	655.00	N	MACRS	ST LINE	07/00	A/D	100.00	0.00	0.00	655.00	655.00	0.00	655.00
4 IP Phones	03/29/07	1,813.00	N	MACRS	ST LINE	05/00	A/D	100.00	0.00	0.00	1,813.00	1,813.00	0.00	1,813.00
Furniture Sams	03/29/07	1,649.00	N	MACRS	ST LINE	07/00	A/D	100.00	0.00	0.00	1,649.00	1,649.00	0.00	1,649.00
1 Desk, 2 Hutches	05/17/07	889.00	N	MACRS	ST LINE	07/00	A/D	100.00	0.00	0.00	889.00	889.00	0.00	889.00
5 Drawer Lateral File	07/08/07	461.00	N	MACRS	ST LINE	07/00	A/D	100.00	0.00	0.00	461.00	461.00	0.00	461.00
3 Projection Stand	07/09/07	437.00	N	MACRS	ST LINE	07/00	A/D	100.00	0.00	0.00	437.00	437.00	0.00	437.00
2 Hutch, Perf Dept	09/07/07	390.00	N	MACRS	ST LINE	07/00	A/D	100.00	0.00	0.00	390.00	390.00	0.00	390.00
Bookcase. Storage Cabinet	10/03/07	411.00	N	MACRS	ST LINE	07/00	A/D	100.00	0.00	0.00	411.00	411.00	0.00	411.00
Laptop for DF	11/03/07	1,191.00	N	MACRS	ST LINE	05/00	A/D	100.00	0.00	0.00	1,191.00	1,191.00	0.00	1,191.00
2 HP Scanners	11/16/07	1,310.00	N	MACRS	ST LINE	05/00	A/D	100.00	0.00	0.00	1,310.00	1,310.00	0.00	1,310.00
Laptop - Dorothy	04/30/08	1,900.00	N	MACRS	ST LINE	05/00	A/D	100.00	0.00	0.00	1,900.00	1,900.00	0.00	1,900.00
Laptop - Kim	04/30/08	1,398.00	N	MACRS	ST LINE	05/00	A/D	100.00	0.00	0.00	1,398.00	1,398.00	0.00	1,398.00
Computer DF - CC	06/30/08	1,148.00	N	MACRS	ST LINE	05/00	A/D	100.00	0.00	0.00	1,148.00	1,148.00	0.00	1,148.00
Computers DB - CC	06/30/08	4,406.00	N	MACRS	ST LINE	05/00	A/D	100.00	0.00	0.00	4,406.00	4,406.00	0.00	4,406.00
3 MAC Computers	07/17/08	5,431.00	N	MACRS	ST LINE	05/00	A/D	100.00	0.00	0.00	5,431.00	5,431.00	0.00	5,431.00
Camera	07/17/08	3,695.00	N	MACRS	ST LINE	05/00	A/D	100.00	0.00	0.00	3,695.00	3,695.00	0.00	3,695.00
Computer	08/25/08	1,044.00	N	MACRS	ST LINE	05/00	A/D	100.00	0.00	0.00	1,044.00	1,044.00	0.00	1,044.00
4 Drawer Lateral File, Credenza	12/08/08	756.00	N	MACRS	ST LINE	07/00	A/D	100.00	0.00	0.00	756.00	756.00	0.00	756.00
9 Desk Chairs	12/29/08	1,513.00	N	MACRS	ST LINE	05/00	A/D	100.00	0.00	0.00	1,513.00	1,513.00	0.00	1,513.00
2 Cannon Multifunction Printers	08/27/09	325.00	N	MACRS	ST LINE	05/00	A/D	100.00	0.00	0.00	325.00	325.00	0.00	325.00
Desk Chair	09/29/09	217.00	N	MACRS	ST LINE	07/00	A/D	100.00	0.00	0.00	217.00	217.00	0.00	217.00
File Servers	10/20/09	9,512.00	N	MACRS	ST LINE	05/00	A/D	100.00	0.00	0.00	9,512.00	9,512.00	0.00	9,512.00
File Server	10/20/09	2,461.00	N	MACRS	ST LINE	05/00	A/D	100.00	0.00	0.00	2,461.00	2,461.00	0.00	2,461.00
21" Monitor	10/29/09	180.00	N	MACRS	ST LINE	05/00	A/D	100.00	0.00	0.00	180.00	180.00	0.00	180.00
23 Shelving Units	10/30/09	1,929.00	N	MACRS	ST LINE	07/00	A/D	100.00	0.00	0.00	1,929.00	1,929.00	0.00	1,929.00
Conference Table & Chairs	11/30/09	3,153.00	N	MACRS	ST LINE	07/00	A/D	100.00	0.00	0.00	3,153.00	3,153.00	0.00	3,153.00
Canon Printer	04/27/10	141.00	N	MACRS	ST LINE	05/00	A/D	100.00	0.00	0.00	141.00	141.00	0.00	141.00
Canon 4350 Printers (8)	05/25/10	1,399.00	N	MACRS	ST LINE	05/00	A/D	100.00	0.00	0.00	1,399.00	1,399.00	0.00	1,399.00
IPad - Darrell	05/25/10	657.00	N	MACRS	ST LINE	05/00	A/D	100.00	0.00	0.00	657.00	657.00	0.00	657.00
Lateral File	08/31/10	487.00	N	MACRS	ST LINE	07/00	A/D	100.00	0.00	0.00	487.00	487.00	0.00	487.00

PINTO HORSE ASSOCIATION OF AMERICA, INC.
Lead Schedule by G/L Asset Account
For the 12 Months Ended 12/31/22

Asset Description	Date Acquired	Cost	Sold?	Tax System	Method	Life	Con- vention	Bus %	Sec. 179 Deduction	Spec. Depr. Allowance	Depreciable Basis	Prior Depreciation	Current Depreciation	Accumulated Depreciation
1300 Fixed Assets:Office Furniture & Equipment														
Desk - Kim H	09/28/10	1,750.00	N	MACRS	ST LINE	07/00	A/D	100.00	0.00	0.00	1,750.00	1,750.00	0.00	1,750.00
Dishwasher & Disposal	09/28/10	466.00	N	MACRS	ST LINE	05/00	A/D	100.00	0.00	0.00	466.00	466.00	0.00	466.00
2 Gas Grill	10/13/10	864.00	N	MACRS	ST LINE	05/00	A/D	100.00	0.00	0.00	864.00	864.00	0.00	864.00
File Server (WsCong)	10/18/10	749.00	N	MACRS	ST LINE	05/00	A/D	100.00	0.00	0.00	749.00	749.00	0.00	749.00
2 iPads	10/18/10	898.00	N	MACRS	ST LINE	05/00	A/D	100.00	0.00	0.00	898.00	898.00	0.00	898.00
Monitors (2) 19"	10/28/10	240.00	N	MACRS	ST LINE	05/00	A/D	100.00	0.00	0.00	240.00	240.00	0.00	240.00
Popcorn Machine	11/15/10	824.00	N	MACRS	ST LINE	05/00	A/D	100.00	0.00	0.00	824.00	824.00	0.00	824.00
Computer	01/20/11	1,253.00	N	MACRS	ST LINE	05/00	A/D	100.00	0.00	0.00	1,253.00	1,253.00	0.00	1,253.00
Shredder	01/29/11	250.00	N	MACRS	ST LINE	05/00	A/D	100.00	0.00	0.00	250.00	250.00	0.00	250.00
Canon 4350 Printer	01/29/11	140.00	N	MACRS	ST LINE	05/00	A/D	100.00	0.00	0.00	140.00	140.00	0.00	140.00
Hutch	02/23/11	542.00	N	MACRS	ST LINE	07/00	A/D	100.00	0.00	0.00	542.00	542.00	0.00	542.00
Executive Chair DB	02/23/11	975.00	N	MACRS	ST LINE	07/00	A/D	100.00	0.00	0.00	975.00	975.00	0.00	975.00
6 Side Chairs	02/23/11	845.00	N	Other	200% DB	07/00	A/D	100.00	0.00	0.00	845.00	845.00	0.00	845.00
2 Side Chairs	02/23/11	282.00	N	MACRS	ST LINE	07/00	A/D	100.00	0.00	0.00	282.00	282.00	0.00	282.00
55" TV Meeting Room	02/23/11	1,084.00	N	MACRS	ST LINE	05/00	A/D	100.00	0.00	0.00	1,084.00	1,084.00	0.00	1,084.00
IPad - Matt	02/23/11	657.00	N	MACRS	ST LINE	05/00	A/D	100.00	0.00	0.00	657.00	657.00	0.00	657.00
Canon 4350 Printer	02/23/11	152.00	N	MACRS	ST LINE	05/00	A/D	100.00	0.00	0.00	152.00	152.00	0.00	152.00
Hutch - Tracie	03/25/11	650.00	N	MACRS	ST LINE	07/00	A/D	100.00	0.00	0.00	650.00	650.00	0.00	650.00
Canon 4350 Printer	03/29/11	115.00	N	MACRS	ST LINE	05/00	A/D	100.00	0.00	0.00	115.00	115.00	0.00	115.00
2 Laptops	06/23/11	2,472.00	N	MACRS	ST LINE	05/00	A/D	100.00	0.00	0.00	2,472.00	2,472.00	0.00	2,472.00
2 TV's 24"	06/23/11	650.00	N	MACRS	ST LINE	05/00	A/D	100.00	0.00	0.00	650.00	650.00	0.00	650.00
4 VCR, 2 DVD	06/23/11	1,387.00	N	MACRS	ST LINE	05/00	A/D	100.00	0.00	0.00	1,387.00	1,387.00	0.00	1,387.00
2 Laptops	06/23/11	4,471.00	N	MACRS	ST LINE	05/00	A/D	100.00	0.00	0.00	4,471.00	4,471.00	0.00	4,471.00
Microwave	06/23/11	108.00	N	MACRS	ST LINE	05/00	A/D	100.00	0.00	0.00	108.00	108.00	0.00	108.00
Show Timer	11/22/11	548.00	N	MACRS	ST LINE	05/00	A/D	100.00	0.00	0.00	548.00	548.00	0.00	548.00
iPod	11/22/11	141.00	N	MACRS	ST LINE	05/00	A/D	100.00	0.00	0.00	141.00	141.00	0.00	141.00
Pitney Bowes Folding Machine	02/29/12	3,755.00	N	MACRS	ST LINE	07/00	A/D	100.00	0.00	0.00	3,755.00	3,755.00	0.00	3,755.00
Comm Coffee Machine	06/28/12	374.00	N	MACRS	ST LINE	07/00	A/D	100.00	0.00	0.00	374.00	374.00	0.00	374.00
Laptop - Matt	07/12/12	1,628.00	N	MACRS	ST LINE	05/00	A/D	100.00	0.00	0.00	1,628.00	1,628.00	0.00	1,628.00
Wall Panels	09/10/12	3,828.00	N	MACRS	ST LINE	07/00	A/D	100.00	0.00	0.00	3,828.00	3,828.00	0.00	3,828.00
IPad Mini - Darrell	02/26/13	620.73	N	MACRS	ST LINE	05/00	A/D	100.00	0.00	0.00	620.73	620.73	0.00	620.73
IPad - KH	03/19/13	606.52	N	MACRS	ST LINE	05/00	A/D	100.00	0.00	0.00	606.52	606.52	0.00	606.52

PINTO HORSE ASSOCIATION OF AMERICA, INC.
Lead Schedule by G/L Asset Account
For the 12 Months Ended 12/31/22

Asset Description	Date Acquired	Cost	Sold?	Tax System	Method	Life	Con- vention	Bus %	Sec. 179 Deduction	Spec. Depr. Allowance	Depreciable Basis	Prior Depreciation	Current Depreciation	Accumulated Depreciation
1300 Fixed Assets:Office Furniture & Equipment														
IPad - DF	03/19/13	606.52	N	MACRS	ST LINE	05/00	A/D	100.00	0.00	0.00	606.52	606.52	0.00	606.52
Desk Computer	03/19/13	1,290.07	N	MACRS	ST LINE	05/00	A/D	100.00	0.00	0.00	1,290.07	1,290.07	0.00	1,290.07
Desk Computer	03/19/13	1,290.07	N	MACRS	ST LINE	05/00	A/D	100.00	0.00	0.00	1,290.07	1,290.07	0.00	1,290.07
Desk Computer	03/19/13	1,290.06	N	MACRS	ST LINE	05/00	A/D	100.00	0.00	0.00	1,290.06	1,290.06	0.00	1,290.06
HP LV2311 Monitor	03/26/13	137.74	N	MACRS	ST LINE	05/00	A/D	100.00	0.00	0.00	137.74	137.74	0.00	137.74
IPad Mini - M Stockman	04/23/13	606.52	N	MACRS	ST LINE	05/00	A/D	100.00	0.00	0.00	606.52	606.52	0.00	606.52
6 Refurbished MAC Minis - WS	04/23/13	3,313.59	N	MACRS	ST LINE	05/00	A/D	100.00	0.00	0.00	3,313.59	3,313.59	0.00	3,313.59
4D Software Upgrade	04/23/13	7,434.70	N	MACRS	ST LINE	05/00	A/D	100.00	0.00	0.00	7,434.70	7,434.70	0.00	7,434.70
Wall Panel, S Wall, PHF Room	05/10/13	1,475.52	N	MACRS	ST LINE	07/00	A/D	100.00	0.00	0.00	1,475.52	1,444.62	0.00	1,444.62
Ricoh Copier C3502	05/22/13	14,511.88	N	MACRS	ST LINE	05/00	A/D	100.00	0.00	0.00	14,511.88	14,511.88	0.00	14,511.88
Samsung 21" Monitor	06/27/13	151.89	N	MACRS	ST LINE	05/00	A/D	100.00	0.00	0.00	151.89	151.89	0.00	151.89
Samsung 23.6" Monitor	06/27/13	157.49	N	MACRS	ST LINE	05/00	A/D	100.00	0.00	0.00	157.49	157.49	0.00	157.49
Samsung 23.6" Monitor	06/27/13	157.49	N	MACRS	ST LINE	05/00	A/D	100.00	0.00	0.00	157.49	157.49	0.00	157.49
Samsung 23.6" Monitor	06/27/13	157.49	N	MACRS	ST LINE	05/00	A/D	100.00	0.00	0.00	157.49	157.49	0.00	157.49
Samsung 21.5" Monitor	06/27/13	146.99	N	MACRS	ST LINE	05/00	A/D	100.00	0.00	0.00	146.99	146.99	0.00	146.99
Printer Canon MF 4880	06/27/13	195.29	N	MACRS	ST LINE	05/00	A/D	100.00	0.00	0.00	195.29	195.29	0.00	195.29
Printer Canon MF 4880	06/27/13	191.29	N	MACRS	ST LINE	05/00	A/D	100.00	0.00	0.00	191.29	191.29	0.00	191.29
Printer Canon MF 4880	06/27/13	195.29	N	MACRS	ST LINE	05/00	A/D	100.00	0.00	0.00	195.29	195.29	0.00	195.29
Samsung 26" TV	06/27/13	303.44	N	MACRS	ST LINE	05/00	A/D	100.00	0.00	0.00	303.44	303.44	0.00	303.44
Toshiba 26" TV	06/27/13	270.93	N	MACRS	ST LINE	05/00	A/D	100.00	0.00	0.00	270.93	270.93	0.00	270.93
Toshiba 26" TV	06/27/13	270.93	N	MACRS	ST LINE	05/00	A/D	100.00	0.00	0.00	270.93	270.93	0.00	270.93
22" Monitor	09/30/13	141.07	N	MACRS	ST LINE	05/00	A/D	100.00	0.00	0.00	141.07	141.07	0.00	141.07
Corporate Embosser	01/27/14	813.00	N	MACRS	ST LINE	05/00	A/D	100.00	0.00	0.00	813.00	813.00	0.00	813.00
14 Chairs	04/04/14	3,037.85	N	MACRS	ST LINE	07/00	A/D	100.00	0.00	0.00	3,037.85	3,037.85	0.00	3,037.85
Network PA-200	02/25/15	2,007.25	N	MACRS	ST LINE	05/00	A/D	100.00	0.00	0.00	2,007.25	2,007.25	0.00	2,007.25
Network PA-200 Spare	02/25/15	922.25	N	MACRS	ST LINE	10/00	A/D	100.00	0.00	0.00	922.25	631.71	92.23	723.94
Drive 960GB RAM	03/18/15	887.59	N	MACRS	ST LINE	10/00	A/D	100.00	0.00	0.00	887.59	602.84	88.76	691.60
XServer Apple 32GB RAM	03/18/15	540.79	N	MACRS	ST LINE	10/00	A/D	100.00	0.00	0.00	540.79	367.30	54.08	421.38
iPhone - Darrell	06/06/15	905.67	N	MACRS	ST LINE	10/00	A/D	100.00	0.00	0.00	905.67	592.80	90.57	683.37
G Drive	09/24/15	585.74	N	MACRS	ST LINE	10/00	A/D	100.00	0.00	0.00	585.74	367.31	58.57	425.88
Canon Vixia Camcorder	09/24/15	1,260.82	N	MACRS	ST LINE	10/00	A/D	100.00	0.00	0.00	1,260.82	790.68	126.08	916.76
Mini MAC Computer	09/24/15	1,805.19	N	MACRS	ST LINE	10/00	A/D	100.00	0.00	0.00	1,805.19	1,132.08	180.52	1,312.60

PINTO HORSE ASSOCIATION OF AMERICA, INC.
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For the 12 Months Ended 12/31/22

Asset Description	Date Acquired	Cost	Sold?	Tax System	Method	Life	Con- vention	Bus %	Sec. 179 Deduction	Spec. Depr. Allowance	Depreciable Basis	Prior Depreciation	Current Depreciation	Accumulated Depreciation
1300 Fixed Assets:Office Furniture & Equipment														
Mini MAC Computer	09/24/15	1,805.19	N	MACRS	ST LINE	10/00	A/D	100.00	0.00	0.00	1,805.19	1,132.08	180.52	1,312.60
Mini MAC Computer	09/24/15	1,809.19	N	MACRS	ST LINE	10/00	A/D	100.00	0.00	0.00	1,809.19	1,134.59	180.92	1,315.51
Camcorder	02/23/16	1,299.00	N	MACRS	ST LINE	05/00	A/D	100.00	0.00	0.00	1,299.00	1,299.00	0.00	1,299.00
Camcorder	02/23/16	1,299.00	N	MACRS	ST LINE	05/00	A/D	100.00	0.00	0.00	1,299.00	1,299.00	0.00	1,299.00
Laptop - Rachel	04/21/16	2,950.12	N	MACRS	ST LINE	05/00	A/D	100.00	0.00	0.00	2,950.12	2,950.12	0.00	2,950.12
Desktop Computer - DF	10/18/16	2,277.42	N	MACRS	ST LINE	05/00	A/D	100.00	0.00	0.00	2,277.42	2,277.42	0.00	2,277.42
Computer - Kim	02/21/17	2,114.67	N	MACRS	ST LINE	10/00	A/D	100.00	0.00	0.00	2,114.67	1,027.80	211.47	1,239.27
American Telecom Telephone Sy	04/04/14	5,427.91	N	MACRS	ST LINE	10/00	A/D	100.00	0.00	0.00	5,427.91	4,070.93	542.79	4,613.72
3 MacBook Air 11"	11/26/18	1,757.94	N	MACRS	ST LINE	07/00	A/D	100.00	0.00	0.00	1,757.94	778.16	251.13	1,029.29
Office Furniture	06/01/10	393.69	N	MACRS	ST LINE	07/00	A/D	100.00	0.00	0.00	393.69	393.69	0.00	393.69
15" Mac Pro Laptop - AH	05/21/19	2,711.42	N	MACRS	ST LINE	10/00	A/D	100.00	0.00	0.00	2,711.42	709.42	271.14	980.56
13" Mac Pro Laptop - EW	05/21/19	1,410.49	N	MACRS	ST LINE	10/00	A/D	100.00	0.00	0.00	1,410.49	369.05	141.05	510.10
IPad Pro 12.9" - DB	05/21/19	1,527.68	N	MACRS	ST LINE	10/00	A/D	100.00	0.00	0.00	1,527.68	399.71	152.77	552.48
10 Walkie/Talkies	07/29/19	596.84	N	MACRS	ST LINE	05/00	A/D	100.00	0.00	0.00	596.84	289.76	119.37	409.13
Apple MAC Mini - IT Dept	11/20/19	1,734.84	N	MACRS	ST LINE	10/00	A/D	100.00	0.00	0.00	1,734.84	366.92	173.48	540.40
Apple iPad Pro 11"	12/17/19	861.47	N	MACRS	ST LINE	10/00	A/D	100.00	0.00	0.00	861.47	175.84	86.15	261.99
Palo Alto PA220 Network & 5 Ye	01/07/20	4,824.04	N	MACRS	ST LINE	05/00	A/D	100.00	0.00	0.00	4,824.04	1,913.80	964.81	2,878.61
Refrigerator	01/28/20	629.25	N	MACRS	ST LINE	10/00	A/D	100.00	0.00	0.00	629.25	121.21	62.93	184.14
Barracuda Security Equipment	03/24/20	1,104.00	N	MACRS	ST LINE	10/00	A/D	100.00	0.00	0.00	1,104.00	195.76	110.40	306.16
Camcorder Video Camera	12/01/20	1,192.61	N	MACRS	ST LINE	05/00	A/D	100.00	0.00	0.00	1,192.61	258.72	238.52	497.24
IPhone - DB	12/23/20	1,263.35	N	MACRS	ST LINE	05/00	A/D	100.00	0.00	0.00	1,263.35	258.88	252.67	511.55
48 Port Pro Switch Gen 2	03/29/21	1,994.29	N	MACRS	ST LINE	10/00	A/D	100.00	0.00	0.00	1,994.29	151.89	199.43	351.32
APC Smart UPS W/Smart Connec	03/29/21	1,740.78	N	MACRS	ST LINE	10/00	A/D	100.00	0.00	0.00	1,740.78	132.59	174.08	306.67
Canon VIXIA G50 Camcorder	05/10/22	1,192.42	N	MACRS	ST LINE	05/00	A/D	100.00	0.00	0.00	1,192.42	0.00	154.20	154.20
2 Apple IMAC Computers	05/18/22	855.36	N	MACRS	ST LINE	05/00	A/D	100.00	0.00	0.00	855.36	0.00	106.86	106.86
Dishwasher	05/18/22	670.25	N	MACRS	ST LINE	05/00	A/D	100.00	0.00	0.00	670.25	0.00	83.74	83.74
6 Office Chairs	07/08/22	781.97	N	MACRS	ST LINE	07/00	A/D	100.00	0.00	0.00	781.97	0.00	54.17	54.17
2 Storage Cabinets	08/25/22	585.88	N	MACRS	ST LINE	07/00	A/D	100.00	0.00	0.00	585.88	0.00	29.58	29.58
Storage Shelving	09/06/22	1,737.83	N	MACRS	ST LINE	07/00	A/D	100.00	0.00	0.00	1,737.83	0.00	79.58	79.58
2 Storage Cabinets	09/27/22	585.88	N	MACRS	ST LINE	07/00	A/D	100.00	0.00	0.00	585.88	0.00	22.01	22.01
Chair	09/27/22	299.99	N	MACRS	ST LINE	07/00	A/D	100.00	0.00	0.00	299.99	0.00	11.27	11.27
2 Rolling Files	09/27/22	279.98	N	MACRS	ST LINE	07/00	A/D	100.00	0.00	0.00	279.98	0.00	10.52	10.52

PINTO HORSE ASSOCIATION OF AMERICA, INC.
Lead Schedule by G/L Asset Account
For the 12 Months Ended 12/31/22

Asset Description	Date Acquired	Cost	Sold?	Tax System	Method	Life	Con- vention	Bus %	Sec. 179 Deduction	Spec. Depr. Allowance	Depreciable Basis	Prior Depreciation	Current Depreciation	Accumulated Depreciation
1300 Fixed Assets:Office Furniture & Equipment														
Apple Laptop	12/05/22	1,054.10	N	MACRS	ST LINE	05/00	A/D	100.00	0.00	0.00	1,054.10	0.00	15.59	15.59
IT Unit #221832	12/20/22	4,970.00	N	MACRS	ST LINE	05/00	A/D	100.00	0.00	0.00	4,970.00	0.00	32.68	32.68
APC SMTL 1500RM3UCNC-931	11/10/22	5,946.35	N	MACRS	ST LINE	05/00	A/D	100.00	0.00	0.00	5,946.35	0.00	169.43	169.43
Subtotal for 1300		276,151.86							0.00	0.00	276,151.86	233,718.77	5,774.07	239,492.84
1350 Fixed Assets:Vehicles and Trailers														
Cargo Trailer	05/14/10	3,750.00	N	MACRS	ST LINE	05/00	H/Y	100.00	0.00	0.00	3,750.00	3,750.00	0.00	3,750.00
Whitman Cargo Trailer	04/10/12	3,915.78	N	MACRS	ST LINE	05/00	A/D	100.00	0.00	0.00	3,915.78	3,915.78	0.00	3,915.78
Grill Trailer	07/13/16	3,058.78	N	MACRS	ST LINE	07/00	A/D	100.00	0.00	0.00	3,058.78	2,390.20	436.97	2,827.17
Subtotal for 1350		10,724.56							0.00	0.00	10,724.56	10,055.98	436.97	10,492.95
1450-00 ROU Assets:Finance ROU Assets														
2 Ricoh IM C3500 Copiers	03/04/22	15,985.35	N	Other	ST LINE	05/00	A/D	100.00	0.00	0.00	15,985.35	0.00	2,654.01	2,654.01
Subtotal for 1450-00		15,985.35							0.00	0.00	15,985.35	0.00	2,654.01	2,654.01
Client Subtotal Before Sales		1,069,430.32							0.00	0.00	1,069,430.32	567,083.42	25,947.33	593,030.75
Less Assets Sold		0.00							0.00	0.00	0.00	0.00	0.00	0.00
Total at end of year		1,069,430.32							0.00	0.00	1,069,430.32	567,083.42	25,947.33	593,030.75

2022

Federal Filing Instructions

PINTO HORSE ASSOCIATION OF AMERICA, INC.

23-7047066

ELECTRONICALLY FILED:

Form 990-T - 2022 Exempt Organization Business Income Tax Return

The above tax return will be electronically filed with the Internal Revenue Service upon receipt of a signed Form 8879-TE e-File Signature Authorization.

PAYMENT:

No payment is required.

PINTO HORSE ASSOCIATION OF AMERICA, INC.

23-7047066

	2022	2021	Diff
REVENUE			
Net advertising income.....	290	2,275	-1,985
Total revenue.....	290	2,275	-1,985
DEDUCTIONS			
Excess readership costs.....	290	2,275	-1,985
Total deductions.....	290	2,275	-1,985
TOTAL UNRELATED BUSINESS TAXABLE INCOME			
Specific deduction.....	1,000	1,000	0
Unrelated business taxable income.....	0	0	0
TAX COMPUTATION			
Income tax.....	0	0	0
TAX AND PAYMENTS			
Total tax.....	0	0	0
Total payments and credits.....	0	0	0
REFUND OR AMOUNT DUE			
Tax due.....	0	0	0
Overpayment.....	0	0	0

Form **8879-TE****IRS e-file Signature Authorization
for a Tax Exempt Entity**

OMB No. 1545-0047

For calendar year 2022, or fiscal year beginning _____, 2022, and ending _____, 20____

2022Department of the Treasury
Internal Revenue Service**Do not send to the IRS. Keep for your records.**
Go to www.irs.gov/Form8879TE for the latest information.

Name of filer

PINTO HORSE ASSOCIATION OF AMERICA, INC.

EIN or SSN

23-7047066

Name and title of officer or person subject to tax

Darrell L. Bilke Exec Vice Pres/COO**Part I Type of Return and Return Information**

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

1a Form 990 check here.....	<input type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12).....	1b	
2a Form 990-EZ check here..	<input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9).....	2b	
3a Form 1120-POL check here	<input type="checkbox"/>	b Total tax (Form 1120-POL, line 22).....	3b	
4a Form 990-PF check here..	<input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part V, line 5).....	4b	
5a Form 8868 check here....	<input type="checkbox"/>	b Balance due (Form 8868, line 3c).....	5b	
6a Form 990-T check here...	<input checked="" type="checkbox"/>	b Total tax (Form 990-T, Part III, line 4).....	6b	0.
7a Form 4720 check here....	<input type="checkbox"/>	b Total tax (Form 4720, Part III, line 1).....	7b	
8a Form 5227 check here....	<input type="checkbox"/>	b FMV of assets at end of tax year (Form 5227, Item D).....	8b	
9a Form 5330 check here....	<input type="checkbox"/>	b Tax due (Form 5330, Part II, line 19).....	9b	
10a Form 8038-CP check here.	<input type="checkbox"/>	b Amount of credit payment requested (Form 8038-CP, Part III, line 22)....	10b	

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that ☒ I am an officer of the above entity or ☐ I am a person subject to tax with respect to (name of entity) _____, (EIN) _____, and that I have examined a copy of the 2022 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

☒ I authorize Suzanne M Crews, PC to enter my PIN 01715 as my signature
ERO firm name Enter five numbers, but do not enter all zeros

on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

☐ As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax

Suzanne M Crews, PC

Date

*11-14-23***Part III Certification and Authentication**

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

73044889554**Do not enter all zeros**

I certify that the above numeric entry is my PIN, which is my signature on the 2022 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature

Suzanne M Crews, CPA

Date

11-09-2023

ERO Must Retain This Form — See Instructions
Do Not Submit This Form to the IRS Unless Requested To Do So

Form **990-T****Exempt Organization Business Income Tax Return**
(and proxy tax under section 6033(e))

OMB No. 1545-0047

2022Department of the Treasury
Internal Revenue Service

For calendar year 2022 or other tax year beginning _____, 2022, and ending _____, _____

Go to www.irs.gov/Form990T for instructions and the latest information.

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for
501(c)(3) Organizations Only

A <input type="checkbox"/> Check box if address changed.	Print or Type	<input type="checkbox"/> Check box if name changed and see instructions.)	D Employer identification number
B Exempt under section <input checked="" type="checkbox"/> 501(c)(5) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a) <input type="checkbox"/> 529A		PINTO HORSE ASSOCIATION OF AMERICA, INC. 7330 NW 23RD STREET BETHANY, OK 73008	23-7047066
C Book value of all assets at end of year		3,049,246.	E Group exemption number (see instructions)
G Check organization type		<input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust <input type="checkbox"/> State college/university	F <input type="checkbox"/> Check box if an amended return.
H Check if filing only to		<input type="checkbox"/> Claim credit from Form 8941 <input type="checkbox"/> Claim a refund shown on Form 2439	
I Check if a 501(c)(3) organization filing a consolidated return with a 501(c)(2) titleholding corporation		<input type="checkbox"/>	
J Enter the number of attached Schedules A (Form 990-T)		1	
K During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If "Yes," enter the name and identifying number of the parent corporation			
L The books are in care of		Darrell L. Bilke 7330 NW 23rd Street Bethany OK 73008	Telephone number 405-491-0111

Part I Total Unrelated Business Taxable Income

1	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions).	1	0.
2	Reserved	2	
3	Add lines 1 and 2	3	0.
4	Charitable contributions (see instructions for limitation rules)	4	
5	Total unrelated business taxable income before net operating losses. Subtract line 4 from line 3.	5	0.
6	Deduction for net operating loss. See instructions	6	See St. 1
7	Total of unrelated business taxable income before specific deduction and section 199A deduction. Subtract line 6 from line 5.	7	0.
8	Specific deduction (generally \$1,000, but see instructions for exceptions)	8	1,000.
9	Trusts. Section 199A deduction. See instructions.	9	
10	Total deductions. Add lines 8 and 9	10	1,000.
11	Unrelated business taxable income. Subtract line 10 from line 7. If line 10 is greater than line 7, enter zero.	11	0.

Part II Tax Computation

1	Organizations taxable as corporations. Multiply Part I, line 11 by 21% (0.21).	1	0.
2	Trusts taxable at trust rates. See instructions for tax computation. Income tax on the amount on Part I, line 11 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041)	2	
3	Proxy tax. See instructions	3	
4	Other tax amounts. See instructions	4	
5	Alternative minimum tax (trusts only)	5	
6	Tax on noncompliant facility income. See instructions	6	
7	Total. Add lines 3 through 6 to line 1 or 2, whichever applies	7	0.

BAA For Paperwork Reduction Act Notice, see instructions.

Form 990-T (2022)

Part III Tax and Payments

1a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)...	1a	
b Other credits (see instructions).....	1b	
c General business credit. Attach Form 3800 (see instructions).....	1c	
d Credit for prior year minimum tax (attach Form 8801 or 8827).....	1d	
e Total credits. Add lines 1a through 1d.....	1e	0.
2 Subtract line 1e from Part II, line 7.....	2	0.
3 Other amounts due. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach statement).....	3	
4 Total tax. Add lines 2 and 3 (see instructions). <input type="checkbox"/> Check if includes tax previously deferred under section 1294. Enter tax amount here.....	4	0.
5 Current net 965 tax liability paid from Form 965-A, Part II, column (k).....	5	
6a Payments: A 2021 overpayment credited to 2022.....	6a	
b 2022 estimated tax payments. Check if section 643(g) election applies. <input type="checkbox"/>	6b	
c Tax deposited with Form 8868.....	6c	
d Foreign organizations: Tax paid or withheld at source (see instructions).....	6d	
e Backup withholding (see instructions).....	6e	
f Credit for small employer health insurance premiums (attach Form 8941).....	6f	
g Other credits, adjustments, and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other _____ Total.....	6g	
7 Total payments. Add lines 6a through 6g.....	7	0.
8 Estimated tax penalty (see instructions). Check if Form 2220 is attached. <input type="checkbox"/>	8	
9 Tax due. If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed.....	9	
10 Overpayment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid.....	10	
11 Enter the amount of line 10 you want: Credited to 2023 estimated tax Refunded	11	

Part IV Statements Regarding Certain Activities and Other Information (see instructions)

1 At any time during the 2022 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here	Yes	No
		X
2 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," see instructions for other forms the organization may have to file.		X
3 Enter the amount of tax-exempt interest received or accrued during the tax year..... \$ 0.		
4 Enter available pre-2018 NOL carryovers here \$ 17,199. Do not include any post-2017 NOL carryover shown on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by any deduction reported on Part 1, line 6.		
5 Post-2017 NOL carryovers. Enter the Business Activity Code and available post-2017 NOL carryovers. Don't reduce the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17 for the tax year. See instructions.		
Business Activity Code	Available post-2017 NOL carryover	
511120	\$ 664.	
	\$	
	\$	
	\$	
6a Did the organization change its method of accounting? (see instructions).....		X
b If 6a is "Yes," has the organization described the change on Form 990, 990-EZ, 990-PF, or Form 1128? If "No," explain in Part V.....		

Part V Supplemental Information

Provide the explanation required by Part IV, line 6b. Also, provide any other additional information. See instructions.

Sign Here	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 taxpayer) is based on all information of which preparer has any knowledge.	
	Signature of officer X <i>K. Keith Bilke</i>	Date X 11-14-23
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature
	SUZANNE M CREWS	<i>Suzanne M Crews, CPA</i>
	Firm's name	Suzanne M Crews, PC
	Firm's address	7300 NW 23rd St, Ste 205 Bethany, OK 73008
	Date	Check <input type="checkbox"/> if self-employed
	11-09-2023	PTIN
		P00049554
	Firm's EIN	73-1432749
	Phone no.	405-491-0800

SCHEDULE A
(Form 990-T)

Unrelated Business Taxable Income
From an Unrelated Trade or Business

OMB No. 1545-0047

2022

Department of the Treasury
Internal Revenue Service

Go to www.irs.gov/Form990T for instructions and the latest information.

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for
501(c)(3) Organizations Only

A Name of the organization PINTO HORSE ASSOCIATION OF AMERICA, INC.	B Employer identification number 23-7047066
C Unrelated business activity code (see instructions) 511120	D Sequence: 1 of 1

E Describe the unrelated trade or business Advertising sales in magazine/newsletter

Part I Unrelated Trade or Business Income	(A) Income	(B) Expenses	(C) Net
1a Gross receipts or sales			
b Less returns and allowances c Balance	1c		
2 Cost of goods sold (Part III, line 8)	2		
3 Gross profit. Subtract line 2 from line 1c	3		
4a Capital gain net income (attach Sch D (Form 1041 or Form 1120)). See instructions	4a		
b Net gain (loss) (Form 4797) (attach Form 4797). See instructions	4b		
c Capital loss deduction for trusts	4c		
5 Income (loss) from a partnership or an S corporation (attach statement)	5		
6 Rent income (Part IV)	6		
7 Unrelated debt-financed income (Part V)	7		
8 Interest, annuities, royalties, and rents from a controlled organization (Part VI)	8		
9 Investment income of section 501(c)(7), (9), or (17) organizations (Part VII)	9		
10 Exploited exempt activity income (Part VIII)	10		
11 Advertising income (Part IX)	11		
12 Other income (see instructions; attach statement)	12		
13 Total. Combine lines 3 through 12	13		

Part II Deductions Not Taken Elsewhere See instructions for limitations on deductions. Deductions must be directly connected with the unrelated business income			
1 Compensation of officers, directors, and trustees (Part X)		1	
2 Salaries and wages		2	
3 Repairs and maintenance		3	
4 Bad debts		4	
5 Interest (attach statement). See instructions		5	
6 Taxes and licenses		6	
7 Depreciation (attach Form 4562). See instructions	7		
8 Less depreciation claimed in Part III and elsewhere on return	8a		8b
9 Depletion		9	
10 Contributions to deferred compensation plans		10	
11 Employee benefit programs		11	
12 Excess exempt expenses (Part VIII)		12	
13 Excess readership costs (Part IX)		13	
14 Other deductions (attach statement)		14	
15 Total deductions. Add lines 1 through 14		15	
16 Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C)		16	
17 Deduction for net operating loss. See instructions See Statement 2		17	
18 Unrelated business taxable income. Subtract line 17 from line 16		18	

Part III Cost of Goods Sold

Enter method of inventory valuation

1	Inventory at beginning of year.....	1	
2	Purchases.....	2	
3	Cost of labor.....	3	
4	Additional section 263A costs (attach statement).....	4	
5	Other costs (attach statement).....	5	
6	Total. Add lines 1 through 5.....	6	
7	Inventory at end of year.....	7	
8	Cost of goods sold. Subtract line 7 from line 6. Enter here and in Part I, line 2.....	8	
9	Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Part IV Rent Income (From Real Property and Personal Property Leased with Real Property)

1 Description of property (property street address, city, state, ZIP code). Check if a dual-use. See instructions.

A ☐ _____

B ☐ _____

C ☐ _____

D ☐ _____

	A	B	C	D
2 Rent received or accrued				
a From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%).....				
b From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income).....				
c Total rents received or accrued by property. Add lines 2a and 2b, columns A through D...				
3 Total rents received or accrued. Add line 2c columns A through D. Enter here and on Part I, line 6, column (A)....				
4 Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement).....				
5 Total deductions. Add line 4 columns A through D. Enter here and on Part I, line 6, column (B).....				

Part V Unrelated Debt-Financed Income (see instructions)

1 Description of debt-financed property (street address, city, state, ZIP code). Check if a dual-use. See instructions.

A ☐ _____

B ☐ _____

C ☐ _____

D ☐ _____

	A	B	C	D
2 Gross income from or allocable to debt-financed property.....				
3 Deductions directly connected with or allocable to debt-financed property				
a Straight line depreciation (attach statement)				
b Other deductions (attach statement).....				
c Total deductions (add lines 3a and 3b, columns A through D).....				
4 Amount of average acquisition debt on or allocable to debt-financed property (attach statement).....				
5 Average adjusted basis of or allocable to debt-financed property (attach statement).....				
6 Divide line 4 by line 5.....	%	%	%	%
7 Gross income reportable. Multiply line 2 by line 6.				
8 Total gross income (add line 7, columns A through D). Enter here and on Part I, line 7, column (A).....				
9 Allocable deductions. Multiply line 3c by line 6....				
10 Total allocable deductions. Add line 9, columns A through D. Enter here and on Part I, line 7, column (B).....				
11 Total dividends - received deductions included in line 10.....				

Part VI Interest, Annuities, Royalties, and Rents from Controlled Organizations (see instructions)

1 Name of controlled organization	2 Employer identification number	Exempt Controlled Organizations			
		3 Net unrelated income (loss) (see instructions)	4 Total of specified payments made	5 Part of column 4 that is included in the controlling organization's gross income	6 Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					

Nonexempt Controlled Organizations

7 Taxable income	8 Net unrelated income (loss) (see instructions)	9 Total of specified payments made	10 Part of column 9 that is included in the controlling organization's gross income	11 Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				

Add columns 5 and 10. Enter here and on Part I, line 8, column (A)

Add columns 6 and 11. Enter here and on Part I, line 8, column (B)

Totals

Part VII Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

1 Description of income	2 Amount of income	3 Deductions directly connected (attach statement)	4 Set-asides (attach statement)	5 Total deductions and set-asides (add columns 3 and 4)
(1)				
(2)				
(3)				
(4)				
	Add amounts in column 2. Enter here and on Part I, line 9, column (A)			Add amounts in column 5. Enter here and on Part I, line 9, column (B)

Totals

Part VIII Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

1 Description of exploited activity:	
2 Gross unrelated business income from trade or business. Enter here and on Part I, line 10, col (A)	2
3 Expenses directly connected with production of unrelated business income. Enter here and on Part I, line 10, column (B).	3
4 Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete lines 5 through 7.	4
5 Gross income from activity that is not unrelated business income.	5
6 Expenses attributable to income entered on line 5.	6
7 Excess exempt expenses. Subtract line 5 from line 6, but do not enter more than the amount on line 4. Enter here and on Part II, line 12.	7

BAA

Schedule A (Form 990-T) 2022

Part IX Advertising Income

1 Name(s) of periodical(s). Check box if reporting two or more periodicals on a consolidated basis.

A ☐

B ☐

C ☐

D ☐

Enter amounts for each periodical listed above in the corresponding column.

	A	B	C	D
2 Gross advertising income				
a Add columns A through D. Enter here and on Part I, line 11, column (A).....				
3 Direct advertising costs by periodical				
a Add columns A through D. Enter here and on Part I, line 11, column (B).....				
4 Advertising gain (loss). Subtract line 3 from line 2. For any column in line 4 showing a gain, complete lines 5 through 8. For any column in line 4 showing a loss or zero, do not complete lines 5 through 7, and enter zero on line 8				
5 Readership costs				
6 Circulation income				
7 Excess readership costs. If line 6 is less than line 5, subtract line 6 from line 5. If line 5 is less than line 6, enter zero.				
8 Excess readership costs allowed as a deduction. For each column showing a gain on line 4, enter the lesser of line 4 or line 7.....				
a Add line 8, columns A through D. Enter the greater of the line 8a, columns total or zero here and on Part II, line 13.....				

Part X Compensation of Officers, Directors, and Trustees (see instructions)

1 Name	2 Title	3 Percent of time devoted to business	4 Compensation attributable to unrelated business
		%	
		%	
		%	
		%	

Total. Enter here and on Part II, line 1.....**Part XI Supplemental Information** (see instructions)

**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 for the latest information.**

OMB No. 1545-0047

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.

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.

**Type or
print**

File by the
due date for
filing your
return. See
instructions.

Name of exempt organization or other filer, see instructions.

Taxpayer identification number (TIN)

PINTO HORSE ASSOCIATION OF AMERICA, INC.

23-7047066

Number, street, and room or suite number. If a P.O. box, 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)..... **07**

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 7330 NW 23rd Street Bethany OK 73008

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, 2023, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- ☒ calendar year 2022 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

3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a \$	0.
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.	3b \$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c \$	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.

BAA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form **8868** (Rev. 1-2022)

PINTO HORSE ASSOCIATION OF AMERICA, INC.

23-7047066

Statement 1
Form 990-T, Part I, Line 6
Net Operating Loss Deduction

Pre-2018 NOLs Carried Forward From Prior Year		17,199.
Pre-2018 NOLs Included on Form 990-T, Part I, Line 6	0.	
Total Pre-2018 NOLs Applied		0.
Pre-2018 NOLs Expiring This Tax Year		0.
Pre-2018 NOLs Carried Over to Subsequent Tax Years		17,199.

Statement 2
Schedule A, Part II, Line 17
Net Operating Loss Deduction

Loss Year Ending	Original Loss	Loss Previously Used	Loss Available
12/31/19	\$ 664.	\$ 0.	664.
Net Operating Loss Available.....			\$ 664.
Taxable Income.....			\$ 0.
80% Of Taxable Income.....			\$ 0.
Net Operating Loss Deduction (Limited to Taxable Income).....			\$ 0.

Oklahoma Return of Organization Exempt from Income Tax

Form 512-E
2022



Section 501(c) of the Internal Revenue Code

PART 1

For the year January 1 - December 31, 2022, or other taxable year beginning:

2022

ending:

Name of Organization

Federal Employer Identification Number

Date Qualified for Tax Exempt Status

PINTO HORSE ASSOCIATION OF AMERICA, INC.

23-7047066

1956

Address (Number and street)

7330 NW 23RD STREET

City

State or Province

Country

ZIP or Foreign Postal Code:

BETHANY

OK

UNITED STATES

73008

Place an 'X' if:

(1)

Initial Return

(2)

Final Return

(3)

Amended Return (See Schedule 512E-X on page 2)

PART 2: STATEMENT OF UNRELATED BUSINESS TAXABLE INCOME

(Please read instructions on pages 3-4)

A	Total unrelated trade or business income - applicable Federal Form(s) 990
B	Total unrelated trade or business deductions - applicable Fed. Form(s) 990
C	Unrelated business taxable income - enter here and on line 1 below

Total Federal

Allocable Oklahoma

0

0

0

0

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 4% of line 4. If trust, see rate schedule on page 3 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 OS Sec. 2368(K), add the installment payment here and enter a "3" in the box	5	0	00
6	Less: Other Credits Form (total from Form 511-CR)	6	0	00
7	Balance of tax due (line 5 minus line 6, but not less than zero)	7	0	00
8	2022 Oklahoma estimated tax and extension payments and prior year carryforward	8	0	00
9	Oklahoma withholding (provide Form 1099, Form 500A, Form 500B or other withholding statement)	9	0	00
10	Amount paid with original return and amount paid after it was filed (amended return only)	10	0	00
11	Any refunds or overpayment applied (amended return only)	11	0	00
12	Total of lines 8 through 11	12	0	00
13	Overpayment (if line 12 is larger than line 7 enter amount overpaid)	13	0	00
14	Amount of line 13 to be credited to 2023 estimated tax (original return only)	14	0	00



Oklahoma Return of Organization Exempt from Income Tax

Name of Organization:: PINTO HORSE ASSOCIATION OF AMERICA, INC.	Federal Employer Identification Number: 23-7047066
--	---

Amount from line 14 on page 1

0 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 4 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"/> \$	15	0 00
16	Add lines 14 and 15 and enter amount		16	0 00
17	Amount to be refunded to you (line 13 minus line 16)	Refund	17	0 00

Direct Deposit Note:

All refunds must be by direct deposit. See Direct Deposit Information on page 5 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)	Tax Due	18	0 00
19	Donation: Public School Classroom Support Fund (For information regarding this fund, see page 4, #5)		19	0 00
20	For delinquent payment, add penalty of 5% plus interest at 1.25% per month		20	0 00
21	Underpayment of estimated tax interest	Annualized <input type="checkbox"/>	21	0 00
22	Total tax, penalty and interest due - Add lines 18-21; pay in full with return	Balance Due	22	0 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 Office or Trustee <i>Darrell L. Bilke</i>	Date <i>11-14-23</i>
Printed Name DARRELL L. BILKE	
Title EXEC. VP/COO	Phone Number 405-491-0111

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



Signature of Preparer <i>Suzanne M. Crews, CPA</i>	Date <i>11-09-2023</i>
Printed Name of Preparer SUZANNE M. CREWSC PC	
Phone Number 405-491-0800	Preparer's PTIN P00049554

SCHEDULE 512-E-X: AMENDED RETURN SCHEDULE (See instructions on page 3)

- A** Did you file an amended Federal income tax return? ☐ Yes ☒ No
Provide a copy of the amended Federal return and a copy of "Statement of Adjustment", IRS refund check or deposit slip.
- B** If this return is being filed due to a Federal audit, provide a complete copy of the RAR.
- C** Explanation or reason for amended return (Provide all necessary schedules):