

COPY

OMB No. 1545-1150

Short Form Return of Organization Exempt From Income Tax

2007

Form 990-EZ

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Department of the Treasury Internal Revenue Service

Sponsoring organizations, and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$100,000 and total assets less than \$250,000 at the end of the year may use this form. The organization may have to use a copy of this return to satisfy state reporting requirements.

Open to Public Inspection

A For the 2007 calendar year, or tax year beginning and ending
B Check if applicable: Address change, Name change, Initial return, Termination, Amended return, Application pending
C Name of organization: PINTO HERITAGE FOUNDATION, INC.
D Employer identification number: 20-3968600
E Telephone number: 405-491-0111
F Group Exemption Number
G Accounting method: X Cash
H Check if the organization is not required to attach Schedule B
I Website: www.pintoheritage.org
J Organization type: X 501(c)(3)
K Check if the organization is not a section 509(a)(3) supporting organization
L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$100,000 or more, file Form 990 instead of Form 990-EZ \$ 47,930.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances
Table with columns for Revenue, Expenses, and Net Assets. Rows include: 1 Contributions, gifts, grants, and similar amounts received (42,994); 2 Program service revenue; 3 Membership dues; 4 Investment income; 5a-5c Asset sales; 6 Special events; 7a-7c Inventory sales; 8 Other revenue (SAVINGS INTEREST, 1,935); 9 Total revenue (46,729); 10-17 Expenses (Total 10,100); 18 Excess or deficit (36,629); 19-21 Net Assets (Total 77,303).

Part II Balance Sheets - If Total assets on line 25, column (B) are \$250,000 or more, file Form 990 instead of Form 990-EZ.
Table with columns for (A) Beginning of year and (B) End of year. Rows include: 22 Cash, savings, and investments (40,674 to 77,303); 23 Land and buildings; 24 Other assets; 25 Total assets (40,674 to 77,303); 26 Total liabilities; 27 Net assets or fund balances (40,674 to 77,303).

<b>Part III Statement of Program Service Accomplishments</b> (See page 60 of the instructions.)	<b>Expenses</b> (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; optional for others.)
What is the organization's primary exempt purpose? <u>See Statement 4</u>	
Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title.	
28 <u>PINTO HERITAGE ROOM MUSEUM: MUSEUM ESTABLISHED, NO EXPENSES PAID UNTIL 2006. SPECIAL ONE TIME DONATION RECEIVED/PLEDGED FOR THIS PURPOSE.</u> (Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	28a 6,000.
29 <u>YOUTH AND ADULT AMATEUR EDUCATION SCHOLARSHIPS PHIL SANDUSKY, ORREN MIXER, COY CHEROKEE FUNDS BEGAN AWARDS IN 2006.</u> (Grants \$ 3,000.) If this amount includes foreign grants, check here <input type="checkbox"/>	29a
30 _____ _____	
(Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	30a
31 Other program services (attach schedule) _____ (Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	31a
32 Total program service expenses. Add lines 28a through 31a _____	32 6,000.

<b>Part IV List of Officers, Directors, Trustees, and Key Employees</b> (List each one even if not compensated. See page 61 of the instructions.)				
(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
<u>See Statement 5</u>				

<b>Part V Other Information</b> (Note the statement requirement in General Instruction V.)	Yes	No
33 Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change ...	33	X
34 Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes ...	34	X
35 If the organization had income from business activities, such as those reported on lines 2, 6, and 7 (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.		
a Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements? .....	35a	X
b If "Yes," has it filed a tax return on Form 990-T for this year? .....	35b	N/A
36 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement. ....	36	X
37a Enter amount of political expenditures, direct or indirect, as described in the instructions. .... <input type="checkbox"/> 37a 0.		
b Did the organization file Form 1120-POL for this year? .....	37b	X
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return? .....	38a	X
b If "Yes," attach the schedule specified in the line 38 instructions and enter the amount involved .....	38b	N/A
39 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on line 9 .....	39a	N/A
b Gross receipts, included on line 9, for public use of club facilities .....	39b	N/A

**Part V Other Information** (Note the statement requirement in General Instruction V.) (Continued)

- 40a** 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:  
 section 4911 0.; section 4912 0.; section 4955 0.
- b** 501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach an explanation
- |     | Yes | No |
|-----|-----|----|
| 40b |     | X  |
- c** Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 0.
- d** Enter amount of tax on line 40c reimbursed by the organization 0.
- e** All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?
- |     | Yes | No |
|-----|-----|----|
| 40e |     | X  |
- 41** List the states with which a copy of this return is filed. OK
- 42a** The books are in care of DARRELL BILKE Telephone no. 405-491-0111  
 Located at 7330 N W 23RD ST., BETHANY, OK ZIP + 4 73008
- b** 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)?
- |     | Yes | No |
|-----|-----|----|
| 42b |     | X  |
- If "Yes," enter the name of the foreign country: \_\_\_\_\_  
 See the instructions for exceptions and filing requirements for Form TD F 90-22.1.
- c** At any time during the calendar year, did the organization maintain an office outside of the U.S.?
- |     | Yes | No |
|-----|-----|----|
| 42c |     | X  |
- If "Yes," enter the name of the foreign country: \_\_\_\_\_
- 43** Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here   
 and enter the amount of tax-exempt interest received or accrued during the tax year 43 N/A

**Please 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 officer) is based on all information of which preparer has any knowledge.

Darrell G. Bilke Signature of officer Date 10-13-08

Secretary / Treasurer Type or print name and title

**Paid Preparer's Use Only**

Preparer's signature Suzanne M. Crews, CPA Date 10-10-08 Check if self-employed  Preparer's SSN or PTIN \_\_\_\_\_

Firm's name (or yours if self-employed), address, and ZIP + 4 SUZANNE M. CREWS, PC  
7300 N. W. 23rd St., Ste. 400  
Bethany, OK 73008

EIN \_\_\_\_\_  
 Phone no. 405-491-0800