

PINTO HORSE ASSOCIATION OF AMERICA, INC.

EXEMPT ORGANIZATION RETURN

DECEMBER 31, 2016

PUBLIC INSPECTION COPY

Return of Organization Exempt From Income Tax

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

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

2016

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the 2016 calendar year, or tax year beginning, 2016, and ending

<p>B Check if applicable:</p> <p><input type="checkbox"/> Address change</p> <p><input type="checkbox"/> Name change</p> <p><input type="checkbox"/> Initial return</p> <p><input type="checkbox"/> Final return/terminated</p> <p><input type="checkbox"/> Amended return</p> <p><input type="checkbox"/> Application pending</p>	<p>C</p> <p>PINTO HORSE ASSOCIATION OF AMERICA, INC. 7330 NW 23RD STREET BETHANY, OK 73008</p> <p>F Name and address of principal officer: Darrell L. Bilke Same As C Above</p>	<p>D Employer identification number 23-7047066</p> <p>E Telephone number 405-491-0111</p> <p>G Gross receipts \$ 2,580,039.</p> <p>H(a) Is this a group return for subordinates? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p> <p>H(b) Are all subordinates included? Yes <input type="checkbox"/> No <input type="checkbox"/> If 'No,' attach a list. (see instructions)</p> <p>H(c) Group exemption number ▶</p>
<p>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</p>		
<p>J Website: ▶ www.pinto.org</p>		
<p>K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶</p>		
<p>L Year of formation: 1956</p>		<p>M State of legal domicile: OK</p>

Part I Summary

1	Briefly describe the organization's mission or most significant activities: <u>See Schedule O</u>	
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).....	50
4	Number of independent voting members of the governing body (Part VI, line 1b).....	50
5	Total number of individuals employed in calendar year 2016 (Part V, line 2a).....	11
6	Total number of volunteers (estimate if necessary).....	150
7a	Total unrelated business revenue from Part VIII, column (C), line 12.....	3,215.
7b	Net unrelated business taxable income from Form 990-T, line 34.....	-18,654.
8	Contributions and grants (Part VIII, line 1h).....	315,583.
9	Program service revenue (Part VIII, line 2g).....	2,208,618.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d).....	-13,654.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e).....	87,977.
12	Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12).....	2,598,524.
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3).....	10,408.
14	Benefits paid to or for members (Part IX, column (A), line 4).....	13,523.
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10).....	486,572.
16a	Professional fundraising fees (Part IX, column (A), line 11e).....	530,925.
b	Total fundraising expenses (Part IX, column (D), line 25) ▶	
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e).....	2,132,107.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25).....	2,629,087.
19	Revenue less expenses. Subtract line 18 from line 12.....	-30,563.
20	Total assets (Part X, line 16).....	1,914,408.
21	Total liabilities (Part X, line 26).....	6,728.
22	Net assets or fund balances. Subtract line 21 from line 20.....	1,874,492.
		4,665.
		1,907,680.
		1,869,827.

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	<p>▶ <u>Darrell L. Bilke</u> Signature of officer</p>	<p>▶ <u>11-14-17</u> Date</p>
	<p>▶ <u>Darrell L. Bilke</u> Type or print name and title</p> <p style="text-align: right;">Exec Vice Pres/COO</p>	
Paid Preparer Use Only	<p>Print/Type preparer's name: <u>SUZANNE M CREWS</u></p> <p>Firm's name: ▶ <u>SUZANNE M CREWS, PC</u></p> <p>Firm's address: ▶ <u>7300 Northwest 23rd Street, Ste 400 Bethany, OK 73008</u></p>	<p>Preparer's signature: <u>Suzanne M Crews, CPA</u></p> <p>Date: <u>11-5-17</u></p> <p>Check <input type="checkbox"/> if self-employed</p> <p>PTIN: <u>P00049554</u></p> <p>Firm's EIN ▶ <u>73-1432749</u></p> <p>Phone no. <u>405-491-0800</u></p>

May the IRS discuss this return with the preparer shown above? (see instructions)..... Yes No

— COPY —

Part III Statement of Program Service Accomplishments

Check 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 O

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] 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 [X] 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 \$ 1,102,872. including grants of \$) (Revenue \$ 1,305,490.)

WORLD SHOW: Providing a showplace for exhibition and promotion of the breed. For member horses. CLASS ENTRIES: 7,419 EXHIBITORS: 2,244

4b (Code:) (Expenses \$ 392,889. including grants of \$) (Revenue \$ 469,085.)

COLOR BREED CONGRESS: To exhibit and promote the Pinto horse and other color breeds. For member horses of participating associations.

CLASS ENTRIES: 3,934 EXHIBITORS: 1,312

43 states represented and 2 countries

4c (Code:) (Expenses \$ 127,367. including grants of \$) (Revenue \$ 151,988.)

See Schedule O

4d Other program services (Describe in Schedule O.) See Schedule O

(Expenses \$ 113,353. including grants of \$) (Revenue \$ 227,782.)

4e Total program service expenses 1,736,481.

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)? <i>If 'Yes,' complete Schedule A</i>		X
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (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? <i>If 'Yes,' complete Schedule C, Part I</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? <i>If 'Yes,' complete Schedule C, Part II</i>		
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? <i>If 'Yes,' complete Schedule C, Part III</i>		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? <i>If 'Yes,' complete Schedule D, Part I</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? <i>If 'Yes,' complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If 'Yes,' complete Schedule D, Part III</i>	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? <i>If 'Yes,' complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If 'Yes,' complete Schedule D, Part V</i>		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? <i>If 'Yes,' complete Schedule D, Part VI</i>	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? <i>If 'Yes,' complete Schedule D, Part VII</i>		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? <i>If 'Yes,' complete Schedule D, Part VIII</i>		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? <i>If 'Yes,' complete Schedule D, Part IX</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If 'Yes,' complete Schedule D, Part X</i>		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)? <i>If 'Yes,' complete Schedule D, Part X</i>		X
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If 'Yes,' complete Schedule D, Parts XI and XII</i>		X
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If 'Yes,' complete Schedule E</i>		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? <i>If 'Yes,' complete Schedule F, Parts I and IV</i>		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? <i>If 'Yes,' complete Schedule F, Parts II and IV</i>		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? <i>If 'Yes,' complete Schedule F, Parts III and IV</i>		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? <i>If 'Yes,' complete Schedule G, Part I</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? <i>If 'Yes,' complete Schedule G, Part II</i>		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If 'Yes,' complete Schedule G, Part III</i>		X

Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? <i>If 'Yes,' complete Schedule H.</i>		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? <i>If 'Yes,' complete Schedule I, Parts I and II.</i>		X
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? <i>If 'Yes,' complete Schedule I, Parts I and III.</i>		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? <i>If 'Yes,' complete Schedule J.</i>		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? <i>If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,' go to line 25a.</i>		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? <i>If 'Yes,' complete Schedule L, Part I.</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? <i>If 'Yes,' complete Schedule L, Part I.</i>		
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If 'Yes,' complete Schedule L, Part II.</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If 'Yes,' complete Schedule L, Part III.</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If 'Yes,' complete Schedule L, Part IV.</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If 'Yes,' complete Schedule L, Part IV.</i>		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If 'Yes,' complete Schedule L, Part IV.</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If 'Yes,' complete Schedule M.</i>		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If 'Yes,' complete Schedule M.</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If 'Yes,' complete Schedule N, Part I.</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If 'Yes,' complete Schedule N, Part II.</i>		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? <i>If 'Yes,' complete Schedule R, Part I.</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If 'Yes,' complete Schedule R, Part II, III, or IV, and Part V, line 1.</i>		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)? <i>If 'Yes,' complete Schedule R, Part V, line 2.</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If 'Yes,' complete Schedule R, Part V, line 2.</i>		
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? <i>If 'Yes,' complete Schedule R, Part VI.</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	X	

BAA

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V.

		Yes	No
1 a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable. 1 a 169		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable. 1 b 0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 1 c X	X	
2 a	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. 2 a 11		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2 b X Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	X	
3 a	Did the organization have unrelated business gross income of \$1,000 or more during the year? 3 a X	X	
b	If 'Yes,' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation in Schedule O. 3 b X	X	
4 a	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)? 4 a		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).		
5 a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5 a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5 b		X
c	If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T? 5 c		
6 a	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? 6 a		X
b	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6 b		
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? 7 a		
b	If 'Yes,' did the organization notify the donor of the value of the goods or services provided? 7 b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 7 c		
d	If 'Yes,' indicate the number of Forms 8282 filed during the year. 7 d		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7 e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7 f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7 g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7 h		
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? 9 a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9 b		
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12. 10 a		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10 b		
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders 11 a		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11 b		
12 a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12 a		
b	If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year. 12 b		
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? 13 a 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 13 b		
c	Enter the amount of reserves on hand 13 c		
14 a	Did the organization receive any payments for indoor tanning services during the tax year? 14 a		X
b	If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O. 14 b		

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 in 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
1 a	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 in Schedule O.		
	1 a	50	
b	Enter the number of voting members included in line 1a, above, who are independent.		
	1 b	50	
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?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders? See Schedule O	X	
7 a	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	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	X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	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 in Schedule O. See Schedule O	X	

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

	Yes	No
10 a	X	
b	X	
11 a		X
b		
12 a	X	
b	X	
c	X	
13		X
14	X	
15		
a	X	
b	X	
16 a		X
b		

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 (or 1024 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 in Schedule O)
- 19 Describe in 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 Contractors

Check if Schedule O contains a response or note to any line in this Part VII. X

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1 a 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 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 and/or Box 7 of Form 1099-MISC) 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.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(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				130,788.	0.	4,377.
(2) Sue Ellen Parker President	4 0	X		X				0.	0.	0.
(3) Roger Altman President Elect	4 0	X		X				0.	0.	0.
(4) Kathleen Gallagher Exec Committee	2 0	X						0.	0.	0.
(5) Karen Craighead Exec Committee	2 0	X						0.	0.	0.
(6) Jenny LaGrange Exec Committee	2 0	X						0.	0.	0.
(7) Wendy Davidson Imm Past Pres	4 0	X		X				0.	0.	0.
(8) Dale Smith Director - AZ	1 0	X						0.	0.	0.
(9) Laura Fowler Director - CA	1 0	X						0.	0.	0.
(10) Walter de la Brosse Director - CA	1 0	X						0.	0.	0.
(11) Brianna Saucier Director - CT	1 0	X						0.	0.	0.
(12) Amanda Palmer Director - FL	1 0	X						0.	0.	0.
(13) Corky Fairchild Director - GA	1 0	X						0.	0.	0.
(14) Annette Pitcher Director - IN	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)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(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) Nell Tekampe Director - IL	1 0	X						0.	0.	0.
(16) Kevin Woodford Director - IA	1 0	X						0.	0.	0.
(17) Stacie Lundquist 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) Gabrielle Deters-Snider Director - MI	1 0	X						0.	0.	0.
(22) Kameron Duncanson Director - MN	1 0	X						0.	0.	0.
(23) Tanner Bauman Director - MN	1 0	X						0.	0.	0.
(24) Kari Reeg Director - NE	1 0	X						0.	0.	0.
(25) Terri Wirthlin Director - NV	1 0	X						0.	0.	0.
1 b Sub-total								130,788.	0.	4,377.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								130,788.	0.	4,377.

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**

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If 'Yes,' complete Schedule J for such individual</i>	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? <i>If 'Yes,' complete Schedule J for such individual</i>	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? <i>If 'Yes,' complete Schedule J for such person</i>	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**

Department of the Treasury
Internal Revenue Service

Name of the Organization: **PINTO HORSE ASSOCIATION OF AMERICA, INC.**
Employer identification number: **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 (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(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			
Ann DiGiovanni Director - NH	1 0	X						0.	0.	0.
Kathy McCullough Director - NY	1 0	X						0.	0.	0.
Lisa Jostad Director - ND	1 0	X						0.	0.	0.
John Kile Director - OH	1 0	X						0.	0.	0.
Pat Walliser Director - OK	1 0	X						0.	0.	0.
Terri Branham Director - OR	1 0	X						0.	0.	0.
Tina Bell Director - OR	1 0	X						0.	0.	0.
Marti Grimes Director - TX	1 0	X						0.	0.	0.
Kathy Thomas Director - WA	1 0	X						0.	0.	0.
Joni Osborn Director - WA	1 0	X						0.	0.	0.
Amy Mayer Director - WI	1 0	X						0.	0.	0.
Marianne Warland Director - BC	1 0	X						0.	0.	0.
Carolyn Washburn Director - ON	1 0	X						0.	0.	0.
Jean Andrews Past President	1 0	X						0.	0.	0.
Mahlon Bauman Past President	1 0	X						0.	0.	0.
Nancy Bredemeier Past President	1 0	X						0.	0.	0.
Carl Cousins Past President	1 0	X						0.	0.	0.
Don Greenlee Past President	1 0	X						0.	0.	0.
Joe Grissom Past President	1 0	X						0.	0.	0.
Barbara Hulsey Past President	1 0	X						0.	0.	0.
Jim Isley Past President	1 0	X						0.	0.	0.

Department of the Treasury
Internal Revenue Service

Name of the Organization **PINTO HORSE ASSOCIATION OF AMERICA, INC.** Employer identification number **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 (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(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			
George Martin ----- Past President	1 ----- 0	X						0.	0.	0.
Gerald Milburn ----- Past President	1 ----- 0	X						0.	0.	0.
Gary Streater ----- Past President	1 ----- 0	X						0.	0.	0.
Chris Theiler ----- Past President	1 ----- 0	X						0.	0.	0.
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Part VIII Statement of Revenue

Check 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	1 a Federated campaigns.....	1 a					
	b Membership dues.....	1 b	295,959.				
	c Fundraising events.....	1 c					
	d Related organizations.....	1 d					
	e Government grants (contributions)....	1 e	7,002.				
	f All other contributions, gifts, grants, and similar amounts not included above....	1 f					
	g Noncash contributions included in lines 1a-1f: \$						
	h Total. Add lines 1a-1f..... ▶		302,961.				
Program Service Revenue			Business Code				
	2 a <u>World Show</u>	713990	1,305,490.	1,305,490.			
	b <u>Color Breed Congress</u>	900099	469,085.	469,085.			
	c <u>Registration & Transfers</u>	713990	227,782.	227,782.			
	d <u>Show Approval & Fees</u>	713990	127,608.	127,608.			
	e <u>Other Program Revenue</u>	713990	24,380.	21,165.	3,215.		
	f All other program service revenue....	WKS	14,867.	14,867.			
	g Total. Add lines 2a-2f..... ▶		2,169,212.				
Other Revenue	3 Investment income (including dividends, interest and other similar amounts)..... ▶		19,667.	19,667.			
	4 Income from investment of tax-exempt bond proceeds. ▶						
	5 Royalties..... ▶						
	6 a Gross rents.....	(i) Real	(ii) Personal				
		b Less: rental expenses					
		c Rental income or (loss)...					
		d Net rental income or (loss)..... ▶					
	7 a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		b Less: cost or other basis and sales expenses.....					
		c Gain or (loss).....					
		d Net gain or (loss)..... ▶					
	8 a Gross income from fundraising events (not including . \$ _____ of contributions reported on line 1c). See Part IV, line 18.....	a					
		b Less: direct expenses.....	b				
		c Net income or (loss) from fundraising events..... ▶					
	9 a Gross income from gaming activities. See Part IV, line 19.....	a					
b Less: direct expenses.....		b					
c Net income or (loss) from gaming activities..... ▶							
10 a Gross sales of inventory, less returns and allowances.....	a						
	b Less: cost of goods sold.....	b					
	c Net income or (loss) from sales of inventory..... ▶						
Miscellaneous Revenue		Business Code					
11 a <u>Corporate Sponsorship</u>	900099	79,147.	79,147.				
b <u>Premises Cost Sharing</u>	531120	8,400.	8,400.				
c <u>Other Revenue</u>	900099	652.	652.				
d All other revenue.....							
e Total. Add lines 11a-11d..... ▶		88,199.					
12 Total revenue. See instructions..... ▶		2,580,039.	2,273,863.	3,215.	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.....	13,523.			
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.....	148,782.			
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.....	337,042.			
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).....	9,339.			
9 Other employee benefits.....				
10 Payroll taxes.....	35,762.			
11 Fees for services (non-employees):				
a Management.....				
b Legal.....	6,905.			
c Accounting.....	12,980.			
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.) . . .				
12 Advertising and promotion.....	52,192.			
13 Office expenses.....	23,275.			
14 Information technology.....	79,970.			
15 Royalties.....				
16 Occupancy.....	39,624.			
17 Travel.....	67,053.			
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.....				
19 Conferences, conventions, and meetings. . .	1,565,956.			
20 Interest.....				
21 Payments to affiliates.....				
22 Depreciation, depletion, and amortization . . .	35,668.			
23 Insurance.....	39,016.			
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.).....				
a <u>Printing and Publications</u>	49,329.			
b <u>BSC & Credit Card Fees</u>	41,681.			
c <u>Postage and Shipping</u>	32,049.			
d <u>Telephone</u>	14,606.			
e All other expenses.....	34,120.			
25 Total functional expenses. Add lines 1 through 24e . . .	2,638,872.			
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 Sheet

Check 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	86,896.	1	166,492.
	2	Savings and temporary cash investments	660,830.	2	527,506.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		6	
	7	Notes and loans receivable, net	492.	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 1,129,825.		
	b	Less: accumulated depreciation	10b 561,700.		
	11	Investments – publicly traded securities	592,908.	10c	568,125.
	12	Investments – other securities. See Part IV, line 11	558,282.	11	597,369.
	13	Investments – program-related. See Part IV, line 11		12	
	14	Intangible assets		13	
	15	Other assets. See Part IV, line 11	15,000.	14	
16	Total assets. Add lines 1 through 15 (must equal line 34)	1,914,408.	15	15,000.	
Liabilities	17	Accounts payable and accrued expenses	6,728.	16	1,874,492.
	18	Grants payable		17	4,665.
	19	Deferred revenue		18	
	20	Tax-exempt bond liabilities		19	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		20	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		21	
	23	Secured mortgages and notes payable to unrelated third parties		22	
	24	Unsecured notes and loans payable to unrelated third parties		23	
	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		24	
	26	Total liabilities. Add lines 17 through 25	6,728.	25	
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27	Unrestricted net assets	1,907,680.	26	4,665.
	28	Temporarily restricted net assets		27	1,869,827.
	29	Permanently restricted net assets		28	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds		29	
	31	Paid-in or capital surplus, or land, building, or equipment fund		30	
	32	Retained earnings, endowment, accumulated income, or other funds		31	
33	Total net assets or fund balances.	1,907,680.	32		
34	Total liabilities and net assets/fund balances.	1,914,408.	33	1,869,827.	
			34	1,874,492.	

BAA

Form 990 (2016)

Part XI Reconciliation of Net Assets

Check 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	2,580,039.
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,638,872.
3	Revenue less expenses. Subtract line 2 from line 1	3	-58,833.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,907,680.
5	Net unrealized gains (losses) on investments	5	20,980.
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 in Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	1,869,827.

Part XII Financial Statements and Reporting

Check 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 in Schedule O.		
2 a	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	
2 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	
2 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 in Schedule O.	X	
3 a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
3 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 in Schedule O and describe any steps taken to undergo such audits.		

BAA

Form **990-T**

Exempt Organization Business Income Tax Return
(and proxy tax under section 6033(e))

OMB No. 1545-0687

2016

For calendar year 2016 or other tax year beginning _____, 2016, and ending _____, _____

▶ **Information about Form 990-T and its instructions is available at www.irs.gov/form990t.**
▶ **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

Department of the Treasury
Internal Revenue Service

A <input type="checkbox"/> Check box if address changed	Print or Type	PINTO HORSE ASSOCIATION OF AMERICA, INC. 7330 NW 23RD STREET BETHANY, OK 73008	<input type="checkbox"/> Check box if name changed and see instructions.	D Employer identification number (Employees' trust, see instructions.) 23-7047066
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)			E Unrelated business activity codes (See instructions.) 511120	

C Book value of all assets at end of year 1,874,492.	F 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
--	--	--

H Describe the organization's primary unrelated business activity.
▶ **Advertising sales in magazine/newsletter**

I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? . . . ▶ Yes No
If 'Yes,' enter the name and identifying number of the parent corporation . . . ▶

J The books are in care of ▶ **Darrell L. Bilke** Telephone number ▶ **405-491-0111**

Part I	Unrelated Trade or Business Income	(A) Income	(B) Expenses	(C) Net
1 a	Gross receipts or sales . . .			
b	Less returns and allowances . . . c Balance ▶	1 c		
2	Cost of goods sold (Schedule A, line 7)	2		
3	Gross profit. Subtract line 2 from line 1c	3		
4 a	Capital gain net income (attach Schedule D)	4 a		
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4 b		
c	Capital loss deduction for trusts	4 c		
5	Income (loss) from partnerships and S corporations (attach statement)	5		
6	Rent income (Schedule C)	6		
7	Unrelated debt-financed income (Schedule E)	7		
8	Interest, annuities, royalties, and rents from controlled organizations (Schedule F)	8		
9	Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)	9		
10	Exploited exempt activity income (Schedule I)	10		
11	Advertising income (Schedule J)	11	3,215.	21,869.
12	Other income (See instructions; attach schedule)	12		
13	Total. Combine lines 3 through 12	13	3,215.	21,869.

Part II	Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Except for contributions, deductions must be directly connected with the unrelated business income.)		
14	Compensation of officers, directors, and trustees (Schedule K)	14	
15	Salaries and wages	15	
16	Repairs and maintenance	16	
17	Bad debts	17	
18	Interest (attach schedule)	18	
19	Taxes and licenses	19	
20	Charitable contributions (See instructions for limitation rules)	20	
21	Depreciation (attach Form 4562)	21	
22	Less depreciation claimed on Schedule A and elsewhere on return	22a	
23	Depletion	23	
24	Contributions to deferred compensation plans	24	
25	Employee benefit programs	25	
26	Excess exempt expenses (Schedule I)	26	
27	Excess readership costs (Schedule J)	27	
28	Other deductions (attach schedule)	28	
29	Total deductions. Add lines 14 through 28	29	
30	Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13	30	-18,654.
31	Net operating loss deduction (limited to the amount on line 30)	31	
32	Unrelated business taxable income before specific deduction. Subtract line 31 from line 30	32	-18,654.
33	Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions)	33	
34	Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32	34	-18,654.

Part III Tax Computation

35 Organizations Taxable as Corporations. See instructions for tax computation. Controlled group members (sections 1561 and 1563) check here <input type="checkbox"/> See instructions and: a Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order): (1) \$ _____ (2) \$ _____ (3) \$ _____ b Enter organization's share of: (1) Additional 5% tax (not more than \$11,750) \$ _____ (2) Additional 3% tax (not more than \$100,000) \$ _____ c Income tax on the amount on line 34 ▶ 35 c 0.	
36 Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 34 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041)..... ▶ 36	
37 Proxy tax. See instructions ▶ 37	
38 Alternative minimum tax. 38	
39 Tax on Non-Compliant Facility Income. See instructions. 39	
40 Total. Add lines 37, 38 and 39 to line 35c or 36, whichever applies. 40 0.	

Part IV Tax and Payments

41 a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)...	41 a	
b Other credits (see instructions).....	41 b	
c General business credit. Attach Form 3800 (see instructions).....	41 c	
d Credit for prior year minimum tax (attach Form 8801 or 8827).....	41 d	
e Total credits. Add lines 41a through 41d	41 e	0.
42 Subtract line 41e from line 40.	42	0.
43 Other taxes. 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 schedule)	43	
44 Total tax. Add lines 42 and 43	44	0.
45 a Payments: A 2015 overpayment credited to 2016	45 a	
b 2016 estimated tax payments	45 b	
c Tax deposited with Form 8868.	45 c	
d Foreign organizations: Tax paid or withheld at source (see instructions).....	45 d	
e Backup withholding (see instructions).....	45 e	
f Credit for small employer health insurance premiums (Attach Form 8941).....	45 f	
g Other credits and payments: <input type="checkbox"/> Form 2439 _____ <input type="checkbox"/> Form 4136 _____ <input type="checkbox"/> Other _____ Total ... ▶ 45 g	45 g	
46 Total payments. Add lines 45a through 45g	46	0.
47 Estimated tax penalty (see instructions). Check if Form 2220 is attached. ▶ <input type="checkbox"/> 47	47	
48 Tax due. If line 46 is less than the total of lines 44 and 47, enter amount owed. ▶ 48	48	
49 Overpayment. If line 46 is larger than the total of lines 44 and 47, enter amount overpaid. ▶ 49	49	
50 Enter the amount of line 49 you want: Credited to 2017 estimated tax ▶ _____ Refunded ▶ 50	50	

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

51 At any time during the 2016 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
52 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
53 Enter the amount of tax-exempt interest received or accrued during the tax year ▶ \$ 0.		

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.

▶ X *Lanette B. Bell* Signature of officer X *11-14-17* Date ▶ Exec Vice Pres/COO Title May the IRS discuss this return with the preparer shown below (see instructions)? Yes No

Paid Preparer Use Only

Print/Type preparer's name: SUZANNE M CREWS Preparer's signature: *Suzanne M Crews, CPA* Date: *11-5-17* Check if self-employed PTIN: P00049554

Firm's name ▶ SUZANNE M CREWS, PC Firm's EIN ▶ 73-1432749

Firm's address ▶ 7300 Northwest 23rd Street, Ste 400 Bethany, OK 73008 Phone no. 405-491-0800

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Schedule A – Cost of Goods Sold. Enter method of inventory valuation ▶

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

Schedule C – Rent Income (From Real Property and Personal Property Leased With Real Property) (see instructions)

1 Description of property		
(1)		
(2)		
(3)		
(4)		
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)	3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(1)		
(2)		
(3)		
(4)		
Total	Total	
(c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A)..... ▶		(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)..... ▶

Schedule E – Unrelated Debt-Financed Income (see instructions)

1 Description of debt-financed property		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 sch)	(b) Other deductions (attach schedule)
(1)				
(2)				
(3)				
(4)				
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5 Average adjusted basis of or allocable to debt-financed property (attach schedule)	6 Column 4 divided by column 5	7 Gross income reportable (column 2 x column 6)	8 Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)		%		
(2)		%		
(3)		%		
(4)		%		
Totals ▶			Enter here and on page 1, Part I, line 7, column (A).	Enter here and on page 1, Part I, line 7, column (B).
Total dividends-received deductions included in column 8..... ▶				

Schedule F – Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)

1 Name of controlled organization	2 Employer identification number	Exempt Controlled Organizations				6 Deductions directly connected with income in column 5
		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		
(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 page 1, Part I, line 8, column (A).	Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B).		
Totals						

Schedule G – 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 schedule)	4 Set-asides (attach schedule)	5 Total deductions and set-asides (column 3 plus column 4)
(1)				
(2)				
(3)				
(4)				
		Enter here and on page 1, Part I, line 9, column (A).		Enter here and on page 1, Part I, line 9, column (B).
Totals				

Schedule I – Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

1 Description of exploited activity	2 Gross unrelated business income from trade or business	3 Expenses directly connected with production of unrelated business income	4 Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute columns 5 through 7.	5 Gross income from activity that is not unrelated business income	6 Expenses attributable to column 5	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
		Enter here and on page 1, Part I, line 10, column (A).	Enter here and on page 1, Part I, line 10, column (B).			Enter here and on page 1, Part II, line 26.
Totals						

Schedule J – Advertising Income (See instructions)

Part I Income From Periodicals Reported on a Consolidated Basis

1 Name of periodical	2 Gross advertising income	3 Direct advertising costs	4 Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5 Circulation income	6 Readership costs	7 Excess readership costs (col. 6 minus col. 5, but not more than col. 4).
(1) Pinto Horse Magazine/Newsletter						
(2)	3,215.	21,869.				
(3)						
(4)						
Totals (carry to Part II, line (5)). . . . ▶						
	3,215.	21,869.	-18,654.			

Part II **Income From Periodicals Reported on a Separate Basis** (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1 Name of periodical	2 Gross advertising income	3 Direct advertising costs	4 Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5 Circulation income	6 Readership costs	7 Excess readership costs (col. 6 minus col. 5, but not more than col. 4).
(1)						
(2)						
(3)						
(4)						
Totals from Part I ▶	3,215.	21,869.				
Totals, Part II (lines 1-5) ▶	3,215.	21,869.				Enter here and on page 1, Part II, line 27.

Schedule K – 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 page 1, Part II, line 14 ▶			



OKLAHOMA RETURN OF ORGANIZATION EXEMPT FROM INCOME TAX

Section 501(c) of the Internal Revenue Code

PART 1	For the year January 1 - December 31, 2016, or other taxable year beginning: <input type="text"/> , 2016 , ending: <input type="text"/> , <input type="text"/>	AMENDED RETURN! If this is an Amended Return place an 'X' here <input type="checkbox"/> See Schedule 512E-X on page 2.

Name of Organization PINTO HORSE ASSOCIATION OF AMERICA, INC.	Federal Employer Identification Number 23-7047066
Address (number and street) 7330 NW 23RD STREET	Date Qualified for Tax Exempt Status 1956
City, State or Province, Country and ZIP or Foreign Postal Code BETHANY, OK 73008	OFFICE USE ONLY

PART 2: STATEMENT OF UNRELATED BUSINESS TAXABLE INCOME (Please read instructions on pages 2-3)

	Total Federal	Allocable Oklahoma
A. Total unrelated trade or business income - applicable Federal Form(s) 990	3215	3215
B. Total unrelated trade or business deductions - applicable Fed. Form(s) 990	21869	21869
C. Unrelated business taxable income - Enter here and on line 1 below	-18654	-18654

INCOME SUBJECT TO TAX			
1. Unrelated business taxable income - from statement above (allocable to Oklahoma)		1	-18654 00
2. Other net income - enclose schedule		2	0 00
3. Oklahoma taxable income (total of lines 1 and 2)		3	0 00

TAX COMPUTATION			
4. Tax at 6% of line 3. If Trust - See Rate Schedule on page 2 and place an 'X' here: <input type="checkbox"/>		4	0 00
5. Less: Other Credits Form (total from Form 511CR)		5	0 00
6. Balance of tax due (line 4 minus line 5, but not less than zero)		6	0 00
7. Amount paid on 2016 estimated tax and amount paid with extension request		7	0 00
8. Oklahoma withholding (enclose Form 1099, Form 500A, Form 500B or other withholding statement)		8	0 00
9. Amount paid with original return and amount paid after it was filed (amended return only)		9	0 00
10. Any refunds or overpayment applied (amended return only)		10	(0) 00
11. Total of lines 7 through 10		11	0 00
12. Overpayment (if line 11 is larger than line 6 enter amount overpaid)		12	0 00
13. Amount of line 12 to be credited to 2017 estimated tax (original return only)		13	0 00

Line 14 provides you the opportunity to make a financial gift from your refund to a variety of Oklahoma organizations. Place the line number of the organization from page 3 of this form in the box below and enter the amount you are donating. If giving to more than one organization, put a "99" in the box and attach a schedule showing how you would like your donation split.

14. Donations from your refund..... <input type="checkbox"/> \$2 <input type="checkbox"/> \$5 <input type="checkbox"/> \$ _____	14	0 00
15. Add lines 13 and 14 and enter amount	15	0 00
16. Amount to be refunded to you (line 12 minus line 15)	16	0 00

Direct Deposit Note: All refunds must be by direct deposit. See Direct Deposit Information on page 3 for details.	Is this refund going to or through an account that is located outside of the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Deposit my refund in my: <input type="checkbox"/> checking account <input type="checkbox"/> savings account
Routing Number: <input type="text"/>	Account Number: <input type="text"/>

17. Tax Due (if line 6 is larger than line 11 enter tax due)	Tax Due	17	00
18. For delinquent payment, add penalty of 5%	\$ _____ plus	18	00
19. Underpayment of estimated tax interest	Annualized <input type="checkbox"/>	19	00
20. Total tax, penalty and interest due - Add lines 17-19; pay in full with return	Balance Due	20	00

PART 3: SIGNATURE AND VERIFICATION

Under penalty of perjury, I declare the information contained in this document, attachments and schedules are true and correct to the best of my knowledge and belief.

Signature of Officer <i>Darrell L. Bilke</i>	Date 11-14-17	Check this box if the Oklahoma Tax Commission may discuss this return with your tax preparer. <input checked="" type="checkbox"/>	Signature of Preparer <i>Suzanne M. Crews, PC</i>	Date 11-5-17
Name DARRELL L. BILKE	Phone Number 405-491-0111		Printed Name of Preparer SUZANNE M. CREWS, PC	Phone Number 405-491-0800