



See a Social Security Number? Say Something!
Report Privacy Problems to <https://public.resource.org/privacy>
Or call the IRS Identity Theft Hotline at 1-800-908-4490




efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493318001296

Form 990



Department of the Treasury
Internal Revenue Service

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/foim990](#)

OMB No 1545-0047

2015

Open to Public Inspection

A For the 2015 calendar year, or tax year beginning 01-01-2015, and ending 12-31-2015

B Check if applicable

☐ Address change

☐ Name change

☐ Initial return

☐ Final return/terminated

☐ Amended return

☐ Application pending

C Name of organization
PINTO HORSE ASSOCIATION OF AMERICA INC

Doing business as

Number and street (or P O box if mail is not delivered to street address)7330 NW 23RD STREET

Room/suite

City or town, state or province, country, and ZIP or foreign postal code
BETHANY, OK 73008

F Name and address of principal officer
DARRELL L BILKE
7330 NW 23RD STREET
BETHANY, OK 73008

H(a) Is this a group return for subordinates?
No

H(b) Are all subordinates included?
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

D Employer identification number
23-7047066

E Telephone number
(405) 491-0111

G Gross receipts \$ 2,598,524

I Tax-exempt status

☐ 501(c)(3)

☒ 501(c) (5) ◀ (insert no)

☐ 4947(a)(1) or

☐ 527

J Website: ▶ WWW.PINTO.ORG

K Form of organization

☒ Corporation

☐ Trust

☐ Association

☐ Other ▶

L Year of formation 1956

M State of legal domicile OK

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities
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

2 Check this box ☐ 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	31
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	31
5	Total number of individuals employed in calendar year 2015 (Part V, line 2a)	5	9
6	Total number of volunteers (estimate if necessary)	6	
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	3,915
b	Net unrelated business taxable income from Form 990-T, line 34	7b	-17,128

Revenue

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	290,845	315,583
9	Program service revenue (Part VIII, line 2g)	2,088,855	2,208,618
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	33,166	-13,654
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	47,093	87,977
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,459,959	2,598,524

Expenses

13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	2,500	10,408
14	Benefits paid to or for members (Part IX, column (A), line 4)		0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	428,977	486,572
16a	Professional fundraising fees (Part IX, column (A), line 11e)		0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶0		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	2,001,678	2,132,107
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	2,433,155	2,629,087
19	Revenue less expenses Subtract line 18 from line 12	26,804	-30,563

Net Assets or Fund Balances

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	1,950,253	1,914,408
21	Total liabilities (Part X, line 26)	2,135	6,728
22	Net assets or fund balances Subtract line 21 from line 20	1,948,118	1,907,680

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

DARRELL L BILKE EXEC VP/COO

Type or print name and title

2016-11-12

Date

Paid Preparer Use Only

Print/Type preparer's name
SUZANNE M CREWS

Preparer's signature
SUZANNE M CREWS

Date
2016-11-12

Check ☐ if self-employed

PTIN
P00049554

Firm's name ▶ SUZANNE M CREWS PC

Firm's EIN ▶ 73-1432749

Firm's address ▶ 7300 NW 23RD ST STE 400

Phone no (405) 491-0800

BETHANY, OK 73008

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes

☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form 990(2015)

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III ☒

1 Briefly describe the organization's 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

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 ☒ 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 \$ 1,089,167 including grants of \$) (Revenue \$ 1,365,412)
WORLD SHOW PROVIDING A SHOWPLACE FOR EXHIBITION AND PROMOTION OF THE BREED FOR MEMBER HORSES CLASS ENTRIES 7,516 EXHIBITORS 1,904

4b (Code) (Expenses \$ 375,953 including grants of \$) (Revenue \$ 474,549)
COLOR BREED CONGRESS TO EXHIBIT AND PROMOTE THE PINTO HORSE AND OTHER COLOR BREEDS FOR MEMBER HORSES OF PARTICIPATING ASSOCIATIONS CLASS ENTRIES 3442 EXHIBITORS 980 43 STATES REPRESENTED AND 2 COUNTRIES

4c (Code) (Expenses \$ 160,797 including grants of \$) (Revenue \$ 213,838)
REGISTRATIONS AND TRANSFERS REGISTRY PROVIDES BREEDING AND OWNERSHIP RECORDS FOR MEMBER HORSES HELPS PROMOTE QUALITY OF THE BREED MEMBERS SERVED 7,416 PLUS 1,682 YOUTH MEMBERS REGISTRATIONS 147,788 PLUS 1,409 TRANSFERS
See Additional Data

4d Other program services (Describe in Schedule O)
(Expenses \$ 88,607 including grants of \$) (Revenue \$ 135,178)

4e Total program service expenses ► 1,714,524

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	1	No
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	No
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	3	No
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	4	
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	5	No
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	6	No
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	7	No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	Yes
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	9	No
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	No
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	11a	Yes
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	11b	No
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	11c	No
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	11d	No
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	No
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	11f	No
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	No
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	12b	No
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	No
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	No
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	14b	No
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	15	No
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	16	No
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)	17	No
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	18	No
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	19	No
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	No
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	

Part IV Checklist of Required Schedules (continued)

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>	21		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? <i>If "Yes," complete Schedule I, Parts I and III</i>	22		No
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>	23	Yes	
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>	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
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?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
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>	25a		
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>	25b		
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>	26		No
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>	27		No
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>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b		No
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>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29		No
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>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
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>	32		No
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>	33		No
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>	34		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
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>	35b		
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>	36		
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>	37		No
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	38	Yes	

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
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	1a	133	
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	1b	0	
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		
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	9	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O.	3b	Yes	
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		No
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		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
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		No
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		No
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		No
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		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
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		
9a	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? Note. See the instructions for additional information the organization must report on Schedule O.	13a		
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		No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b		

Part VI Governance, Management, and Disclosure

For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 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
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 in Schedule O	31	
1b	Enter the number of voting members included in line 1a, above, who are independent	31	
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?		No
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?		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		No
6	Did the organization have members or stockholders?	Yes	
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?	Yes	
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
8a	The governing body?	Yes	
8b	Each committee with authority to act on behalf of the governing body?	Yes	
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	Yes	

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?	Yes	
10b	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?	Yes	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?		No
11b	Describe in Schedule O the process, if any, used by the organization to review this Form 990		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	Yes	
12b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	Yes	
12c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	Yes	
13	Did the organization have a written whistleblower policy?		No
14	Did the organization have a written document retention and destruction policy?	Yes	
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?		
15a	The organization's CEO, Executive Director, or top management official	Yes	
15b	Other officers or key employees of the organization	Yes	
	If "Yes" to line 15a or 15b, describe the process in 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?		No
16b	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?		

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 Form 1023 (or 1024 if applicable), 990, and 990-T (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

20 State the name, address, and telephone number of the person who possesses the organization's books and records
 PINTO HORSE ASSOC OF AMERICA INC 7330 NW 23RD STREET BETHANY, OK 73008 (405) 491-0111

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

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 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, or 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

[illegible]

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 or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3		No
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	Yes	
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		No

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)	(B)	(C)
Name and business address	Description of services	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 ►		

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	1a	Federated campaigns . . .	1a					
	b	Membership dues	1b	308,845				
	c	Fundraising events	1c					
	d	Related organizations	1d					
	e	Government grants (contributions)	1e	6,738				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f					
	g	Noncash contributions included in lines 1a-1f \$						
	h	Total. Add lines 1a-1f			315,583			
Program Service Revenue	2a	WORLD SHOW	Business Code	713990	1,365,412	1,365,412		
	b	COLOR BREED CONGRESS		900099	474,549	474,549		
	c	REGISTRATIONS & TRANSFERS		713990	213,838	213,838		
	d	SHOW APPROVAL & FEES		713990	121,358	121,358		
	e	ROYALTIES		900099	12,701	12,701		
	f	All other program service revenue			20,760	16,845	3,915	
	g	Total. Add lines 2a-2f			2,208,618			
	Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)			-13,654	-13,654	
4		Income from investment of tax-exempt bond proceeds . . .						
5		Royalties						
6a		Gross rents	(i) Real	(ii) Personal				
		b	Less rental expenses					
		c	Rental income or (loss)					
		d	Net rental income or (loss)					
7a		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)					
8a		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 . . .					
9a		Gross income from gaming activities See Part IV, line 19	a					
		b	Less direct expenses	b				
		c	Net income or (loss) from gaming activities					
10a		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						
11a		CORPORATE SPONSORSHIP			72,000	72,000		
b	PREMISES COST SHARING			8,400	8,400			
c	FORM 8471 REFUND			6,777	6,777			
d	All other revenue			800	800			
e	Total. Add lines 11a-11d			87,977				
12	Total revenue. See Instructions			2,598,524	2,279,026	3,915		

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	10,408			
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	135,356			
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	305,326			
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	12,303			
9	Other employee benefits				
10	Payroll taxes	33,587			
11	Fees for services (non-employees)				
a	Management				
b	Legal	6,106			
c	Accounting	12,815			
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	61,500			
13	Office expenses	124,710			
14	Information technology	79,705			
15	Royalties				
16	Occupancy	50,861			
17	Travel	68,327			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	1,532,684			
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	37,389			
23	Insurance	56,130			
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	BSC & CREDIT CARD FEES	36,772			
b	DUES & PUBLICATIONS	13,597			
c	REPAIRS & MAINTENANCE	13,587			
d	MARKETING	11,280			
e	All other expenses	26,644			
25	Total functional expenses. Add lines 1 through 24e	2,629,087	0	0	0
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)		(B)
					Beginning of year		End of year
Assets	1	Cash—non-interest-bearing			100,837	1	86,896
	2	Savings and temporary cash investments			633,706	2	660,830
	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				7	492
	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	1,118,941			
	b	Less: accumulated depreciation	10b	526,033	627,646	10c	592,908
	11	Investments—publicly traded securities			573,064	11	558,282
	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 34)			1,950,253	16	1,914,408
Liabilities	17	Accounts payable and accrued expenses			2,135	17	6,728
	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 current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrelated third parties				23	
	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			2,135	26	6,728
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			1,948,118	27	1,907,680
	28	Temporarily restricted net assets				28	
	29	Permanently restricted net assets				29	
	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				30	
	31	Paid-in or capital surplus, or land, building or equipment fund				31	
	32	Retained earnings, endowment, accumulated income, or other funds				32	
	33	Total net assets or fund balances			1,948,118	33	1,907,680
	34	Total liabilities and net assets/fund balances			1,950,253	34	1,914,408

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	2,598,524
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,629,087
3	Revenue less expenses Subtract line 2 from line 1	3	-30,563
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . .	4	1,948,118
5	Net unrealized gains (losses) on investments	5	
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	-9,875
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	1,907,680

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		
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	Yes	
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	Yes	
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	Yes	
3a	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?	Yes	
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	Yes	

Additional Data

Software ID:

Software Version:

EIN: 23-7047066

Name: PINTO HORSE ASSOCIATION OF
AMERICA INC

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

(Code) (Expenses \$	88,607	including grants of \$) (Revenue \$	135,178)
-------	----------------	--------	------------------------	---------------	-----------

PINTO HORSE MAGAZINE/NEWSLETTER PRINTING AND CIRCULATION OF MAGAZINE TO PROMOTE ALL PINTO HORSES PROVIDES NEWS OF EVENTS AND SHOW RESULTS, EDUCATIONAL MATERIAL, ELECTION RESULTS AND INFORMATION ON PROGRAMS OFFERED CONVERTED FROM BIMONTHLY SUBSCRIPTION MAGAZINE TO QUARTERLY NEWSLETTERS DISTRIBUTED TO ALL MEMBERS WITHOUT SUBSCRIPTION OR ADDED COST ONE ISSUE OF MAGAZINE IS PRINTED FOLLOWING THE WORLD SHOW TO PROVIDE RESULTS OF THE SHOW AND PHOTOS THIS IS DISTRIBUTED TO EXHIBITORS AND PARTICIPANTS IN THE SHOW AN ONLINE MAGAZINE HAS BEEN IMPLEMENTED AND IS ISSUED 3 TIMES PER YEAR 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 VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(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			
WENDY DAVIDSON PRESIDENT	4 00	X		X				0	0	0
SUE ELLEN PARKER PRESIDENT-EL	4 00	X		X				0	0	0
ROGER ALTMAN EXECUTIVE CO	2 00	X						0	0	0
KATHLEEN GALLAGHER EXECUTIVE CO	2 00	X						0	0	0
KAREN CRAIGHEAD EXECUTIVE CO	2 00	X						0	0	0
GARY STREATOR IMMEDIATE PA	4 00	X		X				0	0	0
DARRELL L BILKE EXEC VP/COO	40 00	X		X				135,356	0	23,404
DALE SMITH DIRECTOR ARI	1 00	X						0	0	0
LAURA FOWLER DIRECTOR CAL	1 00	X						0	0	0
ANN CUMMINGS DIRECTOR CON	1 00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(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			
JENNIFER LAGRANGE DIRECTOR FLO	1 00	X						0	0	0
CORKY FAIRCHILD DIRECTOR GEO	1 00	X						0	0	0
DALE TIMMERMAN DIRECTOR ILL	1 00	X						0	0	0
ANNETTE PITCHER DIRECTOR IND	1 00	X						0	0	0
KEVIN WOODFORD DIRECTOR IOW	1 00	X						0	0	0
WOODY MARSHALL DIRECTOR KEN	1 00	X						0	0	0
KAREN BENSON DIRECTOR MAS	1 00	X						0	0	0
MARY OSBORN DIRECTOR MIC	1 00	X						0	0	0
KAMERON DUNCANSON DIRECTOR MIN	1 00	X						0	0	0
GLENDA MASTELLAR DIRECTOR NEB	1 00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(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			
TERRI WIRTHLIN DIRECTOR NEV	1 00	X						0	0	0
ANN DIGIOVANNI DIRECTOR N H	1 00	X						0	0	0
KATHY MCCULLOUGH DIRECTOR NEW	1 00	X						0	0	0
JOHN KILE DIRECTOR OHI	1 00	X						0	0	0
PAT WALLISER DIRECTOR OKL	1 00	X						0	0	0
TERRY HEIMERMAN DIRECTOR OKL	1 00	X						0	0	0
TERRI BRANHAM DIRECTOR ORE	1 00	X						0	0	0
TINA BELL DIRECTOR ORE	1 00	X						0	0	0
MARTI GRIMES DIRECTOR TEX	1 00	X						0	0	0
JAMES CAMPBELL DIRECTOR WAS	1 00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(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			
KATHY THOMAS DIRECTOR WAS	1 00	X						0	0	0
AMY MAYER DIRECTOR WIS	1 00	X						0	0	0
CAROLYN WASHBURN DIRECTOR ONT	1 00	X						0	0	0
JEAN ANDREWS PAST PRESIDE	1 00	X						0	0	0
MAHLON BAUMAN PAST PRESIDE	1 00	X						0	0	0
NANCY BREDEMEIER PAST PRESIDE	1 00	X						0	0	0
CARL COUSINS PAST PRESIDE	1 00	X						0	0	0
DON GREENLEE PAST PRESIDE	1 00	X						0	0	0
JOE GRISSOM PAST PRESIDE	1 00	X						0	0	0
BARBARA HULSEY PAST PRESIDE	1 00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(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			
JIM ISLEY PAST PRESIDE	1 00	X						0	0	0
GEORGE MARTIN PAST PRESIDE	1 00	X						0	0	0
GERALD MILBURN PAST PRESIDE	1 00	X						0	0	0
CHRIS THEILER PAST PRESIDE	1 00	X						0	0	0

Name of the organization PINTO HORSE ASSOCIATION OF AMERICA INC	Employer identification number 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 (e g , recreation or education) <input type="checkbox"/> Protection of natural habitat <input type="checkbox"/> Preservation of open space <input type="checkbox"/> Preservation of an historically important land area <input type="checkbox"/> Preservation of a certified historic structure
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
a	Total number of conservation easements
b	Total acreage restricted by conservation easements
c	Number of conservation easements on a certified historic structure included in (a)
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register
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?
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)?
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.

1a	If the organization elected, as permitted under SFAS 116 (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 SFAS 116 (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 SFAS 116 (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 are a significant use of its collection items (check all that apply)

a☒ Public exhibition

d☐ Loan or exchange programs

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

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.

1a

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
d	Additions during the year
e	Distributions during the year
f	Ending balance

2a

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 in Part XIII

☐

Part V

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

	(a)Current year	(b)Prior year	b (c)Two years back	(d)Three years back	(e)Four years back
1a	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

Temporarily restricted endowment

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

3a

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

	Yes	No
(i) unrelated organizations	3a(i)	
(ii) related organizations	3a(ii)	
b	3b	

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

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' to 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
1a Land		50,000		50,000
b Buildings		712,459	210,873	501,586
c Leasehold improvements				
d Equipment		356,482	315,160	41,322
e Other				
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))				592,908

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

Return Reference	Explanation

Part XIII **Supplemental Information** *(continued)*

Return Reference	Explanation

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.
▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
PINTO HORSE ASSOCIATION OF AMERICA INC

Employer identification number
23-7047066

Part I

Questions Regarding Compensation

	Yes	No
<div>1a</div> <div>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.</div> <div><div><input type="checkbox"/> First-class or charter travel</div><div><input type="checkbox"/> Housing allowance or residence for personal use</div><div><input type="checkbox"/> Travel for companions</div><div><input type="checkbox"/> Payments for business use of personal residence</div><div><input type="checkbox"/> Tax indemnification and gross-up payments</div><div><input type="checkbox"/> Health or social club dues or initiation fees</div><div><input type="checkbox"/> Discretionary spending account</div><div><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</div></div>		
<div>b</div> <div>If any of the boxes in 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.</div>	1b	
<div>2</div> <div>Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?</div>	2	
<div>3</div> <div>Indicate which, if any, of the following the filing 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.</div> <div><div><input type="checkbox"/> Compensation committee</div><div><input type="checkbox"/> Written employment contract</div><div><input type="checkbox"/> Independent compensation consultant</div><div><input type="checkbox"/> Compensation survey or study</div><div><input type="checkbox"/> Form 990 of other organizations</div><div><input type="checkbox"/> Approval by the board or compensation committee</div></div>		
<div>4</div> <div>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:</div>		
<div>a</div> <div>Receive a severance payment or change-of-control payment?</div>	4a	No
<div>b</div> <div>Participate in, or receive payment from, a supplemental nonqualified retirement plan?</div>	4b	No
<div>c</div> <div>Participate in, or receive payment from, an equity-based compensation arrangement?</div>	4c	No
<div></div> <div>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</div>		
<div></div> <div>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</div>		
<div>5</div> <div>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:</div>		
<div>a</div> <div>The organization?</div>	5a	
<div>b</div> <div>Any related organization?</div>	5b	
<div></div> <div>If "Yes," on line 5a or 5b, describe in Part III.</div>		
<div>6</div> <div>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:</div>		
<div>a</div> <div>The organization?</div>	6a	
<div>b</div> <div>Any related organization?</div>	6b	
<div></div> <div>If "Yes," on line 6a or 6b, describe in Part III.</div>		
<div>7</div> <div>For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III.</div>	7	
<div>8</div> <div>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.</div>	8	
<div>9</div> <div>If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</div>	9	

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 are not 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 compensation			(C) Retirement and other deferred 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				
1 DARRELL L BILKE EXEC VP/COO	(i)	135,356 -----	-----	-----	23,404 -----	-----	158,760 -----	-----
	(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.

Return Reference	Explanation
------------------	-------------

**SCHEDULE O
(Form 990 or
990-EZ)**Department of the
Treasury
Internal Revenue
Service**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 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at
www.irs.gov/form990.

OMB No 1545-0047

2015**Open to Public
Inspection**Name of the organization
PINTO HORSE ASSOCIATION OF
AMERICA INC**Employer identification number**

23-7047066

Return Reference**Explanation**FORM 990 -
ORGANIZATION'S
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

Return Reference	Explanation
FORM 990, PAGE 2, PART III, LINE 3	PINTO PAYS PROGRAM WAS DISCONTINUED WITH FINAL PAY OUT IN 2014 MEMBERSHIP SUPPORT FOR PROGRAM DETERIORATED

Return Reference	Explanation
FORM 990, PAGE 2, PART III, LINE 4D	<p>PINTO HORSE MAGAZINE/NEWSLETTER PRINTING AND CIRCULATION OF MAGAZINE TO PROMOTE ALL PINTO HORSES PROVIDES NEWS OF EVENTS AND SHOW RESULTS, EDUCATIONAL MATERIAL, ELECTION RESULTS AND INFORMATION ON PROGRAMS OFFERED CONVERTED FROM BIMONTHLY SUBSCRIPTION MAGAZINE TO QUARTERLY NEWSLETTERS DISTRIBUTED TO ALL MEMBERS WITHOUT SUBSCRIPTION OR ADDED COST ONE ISSUE OF MAGAZINE IS PRINTED FOLLOWING THE WORLD SHOW TO PROVIDE RESULTS OF THE SHOW AND PHOTOS THIS IS DISTRIBUTED TO EXHIBITORS AND PARTICIPANTS IN THE SHOW AN ONLINE MAGAZINE HAS BEEN IMPLEMENTED AND IS ISSUED 3 TIMES PER YEAR 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</p>

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 6	THE 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

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 7A	THE MEMBERS ELECT OFFICERS AND DIRECTORS

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 7B	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

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 9	<p>WENDY DAVIDSON 21404 161ST AVE, SE MONROE, WA 98272 SUE ELLEN PARKER 20629 HILL RD SAEGERTOWN, PA 16433 ROGER ALTMAN PO BOX 37 EATON RAPIDS, MI 48827 KATHLEEN GALLAGHER 24 LANE RD DERRY, NH 03038 KAREN CRAIGHEAD 5098 CR115 FULLTON, MO 65251 GARY STREATOR 2360 TAYLOR-BLAIR RD W JEFFERSON, OH 43162 DALE SMITH 14895 N BRENDA RD PRESCOTT, AZ 86305 LAURA FOWLER 10757 ESTRELLA AVE APPLE VALLEY, CA 92308 ANN CUMMINGS 32 WALNUT RD EAST LYME, CT 06333 JENNIFER LAGRANGE 1500 INDEPENDENCE AVE OVIEDO, FL 32765 CORKY FAIRCHILD PO BOX 333 ZEBULON, GA 30295 DALE TIMMERMAN 2114 N CHAPEL HILL RD MCHENRY, IL 60051 ANNETTE PITCHER 9593 SHELBYVILLE RD INDIANAPOLIS, IN 46259 KEVIN WOODFORD 25075 481ST AVE GARRETSON, SD 57030 WOODY MARSHALL 398 GRAND LOOP DR MT WASHINGTON, KY 40047 KAREN BENSON MA 01581 MARY OSBORN 7289 S MCCELLELAND RD ASHLEY, MI 48806 KAMERON DUNCANSON 56265 124TH STREET MAPLETON, MN 56065-4560 GLENDA MASTELLAR 315 E LINDEN FREMONT, NE 68025 TERRI WIRTHLIN 5405 SINGING HILLS DRIVE LAS VEGAS, NV 89130 ANN DIGIOVANNI 24 LANE RD DERRY, NH 03038 KATHY MCCULLOUGH 3860 E GENESEE ST RD AUBURN, NY 13021 JOHN KILE 400 WEST MAIN ST W JEFFERSON, OH 43162 PAT WALLISER 9801 FOREACRE DR SAPULPA, OK 74066 TERRY HEIMERMAN 9401 S 4110 RD OOLOGAH, OK 74053 TERRI BRANHAM 7704 MONUMENT DR GRANTS PASS, OR 97526 TINA BELL PO BOX 618 MOLALLA, OR 97038 MARTI GRIMES PO BOX 245 PETROLIA, TX 76377 JAMES CAMPBELL 5025 PALERMO DR SW OLYMPIA, WA 98512 KATHY THOMAS 14106 NE 119TH ST BRUSH PRAIRIE, WA 98606 AMY MAYER W 5595 HWY 21 EAST NECEDAH, WI 54646 CAROLYN WASHBURN RR1, GEORGETOWN ONTARIO, CA L7G 4S4 JEAN ANDREWS 1940 COUNTRY RD Q FREMONT, NE 68025 MAHLON BAUMAN 978 40TH STREET SE BUFFALO, MN 55313 NANCY BREDEMEIER 4764 FAIRGROUNDS RD ATWATER, OH 44201-9382 CARL COUSINS 10171 MILLIMAN MILLINGTON, MI 48746 DON GREENLEE 59 W 400 N URBANA, IN 46990 JOE GRISSOM 1056 S CLAY ST FRANKFORT, IN 46041 BARBARA HULSEY 1920 DEASON DR EDMOND, OK 73013 JIM ISLEY 105 DRIFTWOOD REIDSVILLE, NC 27320 GEORGE MARTIN 155 BEAR SWAMP RD EAST HAMPTON, CT 06424 GERALD MILBURN 730 NAPOL AVE EDMOND, OK 73034 CHRIS THEILER 11301 OAKLAND AVE NE ALBUQUERQUE, NM 87122</p>

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 11B	ORGANIZATION'S EXECUTIVE VICE PRESIDENT/COO TOGETHER WITH THE CONTROLLER REVIEW THE RETURN WITH PREPARER PRIOR TO SIGNATURE AND FILING

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 12C	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

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 15A	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 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.

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 15B	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 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.

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 19	ALL GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE AVAILABLE AT ORGANIZATION'S OFFICES ON REQUEST MOST ARE ALSO AVAILABLE FOR DOWNLOAD ON THE ORGANIZATION'S WEBSITE A PRINTED RULEBOOK IS ALSO AVAILABLE FOR PURCHASE

Return Reference	Explanation
FORM 990, PART XI, LINE 9	PRIOR PERIOD DEPRECIATION ADJUST -9,875 TOTAL -9,875