

**PINTO HORSE ASSOCIATION OF AMERICA, INC.**

**EXEMPT ORGANIZATION RETURN**

**DECEMBER 31, 2022**

**PUBLIC INSPECTION COPY**

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

For calendar year 2022, or fiscal year beginning \_\_\_\_\_, 2022, and ending \_\_\_\_\_, 20 \_\_\_\_\_

**2022**

Department of the Treasury  
Internal Revenue Service

**Do not send to the IRS. Keep for your records.  
Go to [www.irs.gov/Form8879TE](http://www.irs.gov/Form8879TE) for the latest information.**

Name of filer

PINTO HORSE ASSOCIATION OF AMERICA, INC.

EIN or SSN

23-7047066

Name and title of officer or person subject to tax

Darrell L. Bilke Exec Vice Pres/COO

**Part I Type of Return and Return Information**

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

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

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

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

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

**PIN: check one box only**

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

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

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

Signature of officer or person subject to tax X Darrell L. Bilke

Date X 11-14-23

**Part III Certification and Authentication**

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

73044889554

Do not enter all zeros

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

ERO's signature Suzanne M Crews, CPA

Date 11-09-2023

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

**Return of Organization Exempt From Income Tax**  
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

**2022**

Department of the Treasury  
Internal Revenue Service

Do not enter social security numbers on this form as it may be made public.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

**Open to Public Inspection**

**A For the 2022 calendar year, or tax year beginning** \_\_\_\_\_, **2022, and ending** \_\_\_\_\_, **20**

**B** Check if applicable:  
 Address change  
 Name change  
 Initial return  
 Final return/terminated  
 Amended return  
 Application pending

**C** PINTO HORSE ASSOCIATION OF AMERICA, INC.  
7330 NW 23RD STREET  
BETHANY, OK 73008

**D** Employer identification number: 23-7047066  
**E** Telephone number: 405-491-0111  
**G** Gross receipts \$ 3,375,049.

**F** Name and address of principal officer: Darrell L. Bilke  
Same As C Above

**H(a)** Is this a group return for subordinates?  Yes  No  
**H(b)** Are all subordinates included?  Yes  No  
 If "No," attach a list. See instructions.

**I** Tax-exempt status:  501(c)(3)  501(c) ( 5 ) (insert no.)  4947(a)(1) or  527

**J** Website: [www.pinto.org](http://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**

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

**Part II Signature Block**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

**Sign Here**  
 Signature of officer: *Darrell L. Bilke* Date: *11-14-23*  
 Darrell L. Bilke Exec Vice Pres/COO  
 Type or print name and title

**Paid Preparer Use Only**  
 Print/Type preparer's name: SUZANNE M CREWS Preparer's signature: *Suzanne M Crews, CPA* Date: *11-09-2023*  
 Firm's name: Suzanne M Crews, PC Check  if self-employed PTIN: P00049554  
 Firm's address: 7300 NW 23rd St, Ste 205 Bethany, OK 73008 Firm's EIN: 73-1432749 Phone no.: 405-491-0800

May the IRS discuss this return with the preparer shown above? See instructions.  Yes  No

Part III Statement of Program Service 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 \$ including grants of \$ ) (Revenue \$ )

WORLD SHOW: Providing a showplace for exhibition and promotion of the breed. For member horses.

CLASS ENTRIES: 8,503 EXHIBITORS: 2,463 HORSES: 1,434

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

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

CLASS ENTRIES: 4,102 EXHIBITORS: 1,118 HORSES: 628

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

REGISTRATIONS AND TRANSFERS: Registry provides breeding and ownership records for member horses. Helps promote quality of the breed.

MEMBERS SERVED: 7,359 plus 1,447 Youth members

REGISTRATIONS: 161,048 TRANSFERS: 1,041

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

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

4e Total program service expenses

**Part IV Checklist of Required Schedules**

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <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 <b>Section 501(c)(3) organizations.</b> 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 donor-restricted endowments or in 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
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

**Part IV Checklist of Required Schedules** (continued)

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

**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.....		
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable.....		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?.....	X	

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

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

**Part VI Governance, Management, and Disclosure.** For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

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

**Section A. Governing Body and Management**

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

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

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

**Section C. Disclosure**

- 17 List the states with which a copy of this Form 990 is required to be filed OK
- 18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website     Another's website     Upon request     Other (explain on Schedule O)
- 19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. See Schedule O
- 20 State the name, address, and telephone number of the person who possesses the organization's books and records.  
Darrell L. Bilke 7330 NW 23rd Street Bethany OK 73008 405-491-0111



**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

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

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

**1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

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

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

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

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

- 3 Did the organization list any **former** officer, director, trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*.....
- 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? *If "Yes," complete Schedule J for such individual*.....
- 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*.....

	Yes	No
3		X
4	X	
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 (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) <u>Dr. Kim Voller</u> Director - MT	1 0	X						0.	0.	0.
(2) <u>Kari Reeg</u> Directo - NE	1 0	X						0.	0.	0.
(3) <u>Terri Wirthlin</u> Director - NV	1 0	X						0.	0.	0.
(4) <u>Ann DiGiovanni</u> Director -NH	1 0	X						0.	0.	0.
(5) <u>Priscilla Nisiewicz</u> Director - NY	1 0	X						0.	0.	0.
(6) <u>Karin Smith</u> Alt Dir - NY	1 0	X						0.	0.	0.
(7) <u>Chaun Merkens</u> Alt Dir - NC	1 0	X						0.	0.	0.
(8) <u>Lisa Jostad</u> Director - ND	1 0	X						0.	0.	0.
(9) <u>Kaylee Clagett</u> Director - OH	1 0	X						0.	0.	0.
(10) <u>Kristin Stolee</u> Director - OK	1 0	X						0.	0.	0.
(11) <u>Jeff Ray</u> Director - OK	1 0	X						0.	0.	0.
(12) <u>Tina Bell</u> Director - OR	1 0	X						0.	0.	0.
(13) <u>Anne Moneith</u> Director - OR	1 0	X						0.	0.	0.
(14) <u>Carmen Lay</u> Director- TN	1 0	X						0.	0.	0.
(15) <u>Caitlyn Raysser</u> Director - TX	1 0	X						0.	0.	0.
(16) <u>Erin L Boyd</u> Director - TX	1 0	X						0.	0.	0.
(17) <u>Jessica Davidson</u> Director - WA	1 0	X						0.	0.	0.
(18) <u>Joni Osborn</u> Director - WA	1 0	X						0.	0.	0.
(19) <u>Kathy Findley</u> Director - WI	1 0	X						0.	0.	0.
(20) <u>Marianne Warland</u> Director - BC	1 0	X						0.	0.	0.
(21) <u>Carolyn Washburn</u> Director - ON	1 0	X						0.	0.	0.

Department of the Treasury  
Internal Revenue Service

Name of the Organization

Employer identification number

PINTO HORSE ASSOCIATION OF AMERICA, INC.

23-7047066

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

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

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