PINTO HORSE ASSOCIATION OF AMERICA, INC.

EXEMPT ORGANIZATION RETURN

DECEMBER 31, 2006

PUBLIC INSPECTION COPY

Form **990**

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

► The organization may have to use a copy of this return to satisfy state reporting requirements.

Open to Public Inspection

A	For the 2	2006 calendar year, or tax year beginning	and (ending				T. Paris		
В	Check if applicable	use IRS					nployer identification number			
	Address	s label or PINTO HORSE ASSOCIAT:	ON OF AMERICA,	INC.	The state of the	23-7047066				
	Name						Telephone number			
	Initial	Specific 7330 N. W. 23RD STREI				405-4	91-0111			
	Final	Instruction City or town ctate or country and ZID . A					od: X Cash	Accrual		
	Amende					Other (specify)				
	Applica	• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts	H and I ar	e not applicab	le to secti	ion 527 organiza	ations.		
		must attach a completed Schedule A (Form 99	0 or 990-EZ).	H(a) Is th	is a group return	for affiliate	es? Yes	X No		
G	Website:	►WWW.PINTO.ORG		H(b) If "Ye	es," enter numbe	r of affiliate	s N/A			
		tion type (check only one) ► X 501(c) (5) ◀ (insert	no.) 4947(a)(1) or 52	7 H(c) Area	all affiliates inclu	ded? N	/A Yes	No		
K	Check he	ere if the organization is not a 509(a)(3) support	ing organization and its gross	H(d) le th	o," attach a list.) is a separate reti	irn filed by	an or-			
		are normally not more than \$25,000. A return is not requi		ganiz	zation covered b	y a group r	uling? Yes	X No		
	chooses	to file a return, be sure to file a complete return.		I Grou	p Exemption Nu	mber >	N/A			
				M Chec	k X if the	organizati	on is not required	d to attach		
L	Gross red	ceipts: Add lines 6b, 8b, 9b, and 10b to line 12	2,065,151.	Sch.	B (Form 990, 99	90-EZ, or 9	90-PF).			
P	art I	Revenue, Expenses, and Changes in I		ances				1334		
	1	Contributions, gifts, grants, and similar amounts received	d:							
	a	Contributions to donor advised funds	1a							
	b	Direct public support (not included on line 1a)	1b							
	C	Indirect public support (not included on line 1a)								
	d	Government contributions (grants) (not included on line	1a) 1d							
	е	Total (add lines 1a through 1d) (cash \$	noncash \$)	1e		0.		
	2	Program service revenue including government fees and contracts (from Part VII, line 93)					1,747,	912.		
	3	Membership dues and assessments						851.		
	4	Interest on savings and temporary cash investments	4		294.					
	5	Dividends and interest from securities	5							
	6 a	Gross rents								
	b	Less: rental expenses								
	C	Net rental income or (loss). Subtract line 6b from line 6a				6c				
Revenue	7	Other investment income (describe)	7				
eve	8 a	Gross amount from sales of assets other	(A) Securities	(1	3) Other					
B		than inventory	8a							
	b	Less: cost or other basis and sales expenses	8b							
	C	Gain or (loss) (attach schedule)	8c							
	d	Net gain or (loss). Combine line 8c, columns (A) and (B				8d				
	9	Special events and activities (attach schedule). If any an								
	a	Gross revenue (not including \$ of c	ontributions reported on line 1b) 9a							
	b	Less: direct expenses other than fundraising expenses	96							
	C	Net income or (loss) from special events. Subtract line 9	b from line 9a			90				
	10 a	Gross sales of inventory, less returns and allowances	10a		1,094					
	b	Less: cost of goods sold			503					
	C	Gross profit or (loss) from sales of inventory (attach sch	edule). Subtract line 10b from lin	e 10a	STMT 1	10c		591.		
	11	Other revenue (from Part VII, line 103)				11				
_	12	Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10					2,064,	648.		
10	13	Program services (from line 44, column (B))				13				
Expenses	14	Management and general (from line 44, column (C))								
pen	15	Fundraising (from line 44, column (D))								
EX	16	Payments to affiliates (attach schedule)								
	17	Total expenses. Add lines 16 and 44, column (A)					1,702,			
,	18	Excess or (deficit) for the year. Subtract line 17 from line	12		*******	18		735.		
Net	19	Net assets or fund balances at beginning of year (from I	balances at beginning of year (from line 73, column (A))					963.		
Z	20	Other changes in net assets or fund balances (attach ex			0.					
	21	Net assets or fund balances at end of year. Combine line				21		698.		
623	001 18-07	LHA For Privacy Act and Paperwork Reduction Act N	otice, see the separate instruction	ns.			Form 9	90 (2006)		

Part II Statement of Functional Expenses

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 50 and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22a Grants paid from donor advised funds					
(attach schedule)					
(cash \$ 0 • noncash \$ 0 •				The Bride	
If this amount includes foreign grants, check here	22a				
22b Other grants and allocations (attach schedule				STATEMENT 3	
(cash \$ 1,350 • noncash \$ 0.	9				
If this amount includes foreign grants, check here	22b	1,350.			
23 Specific assistance to individuals (attach				THE RESERVE	
schedule)	23				
24 Benefits paid to or for members (attach					
schedule)	24				
25a Compensation of current officers, directors, key					
employees, etc. listed in Part V-A	25a	74,885.			
b Compensation of former officers, directors, key					
employees, etc. listed in Part V-B	25b	0.			
c Compensation and other distributions, not included					
above, to disqualified persons (as defined under					
section 4958(f)(1)) and persons described in					
section 4958(c)(3)(B)	25c				
26 Salaries and wages of employees not					
included on lines 25a, b, and c	26	243,165.			
27 Pension plan contributions not included on					
lines 25a, b, and c	27	6,447.			
28 Employee benefits not included on lines					
25a · 27	28			P. C. Barrier	
29 Payroll taxes	29	25,596.			
30 Professional fundraising fees	30	10,617.			
31 Accounting fees	31	6,330.			
32 Legal fees	32				
33 Supplies	33	59,369.			
34 Telephone	34	19,102.			
35 Postage and shipping	35	33,945.			
36 Occupancy	36	52,835.			
37 Equipment rental and maintenance	37	13,111.			
38 Printing and publications	38	23,943.			
39 Travel	39	31,663.			
40 Conferences, conventions, and meetings	40	783,527.			
41 Interest	41				
42 Depreciation, depletion, etc. (attach schedule)	42	37,145.			
43 Other expenses not covered above (itemize):					
a	43a				
b	43b				
C	43c				
d	43d				
e	43e				
f	43f				
g SEE STATEMENT 2	43g	279,883.			
44 Total functional expenses. Add lines 22a through				FI STANLEY COM	
43g. (Organizations completing columns (B)-(D),					
carry these totals to lines 13-15)	44	1,702,913.			
Joint Costs. Check ▶ ☐ if you are following	SOPS	98-2.			
Are any joint costs from a combined educational campa	ign and				Yes X No
If "Yes," enter (i) the aggregate amount of these joint co				ed to Program services \$	N/A ;
(iii) the amount allocated to Management and general \$		N/A ; and (i	v) the amount allocate	ed to Fundraising \$	N/A
623011					Form 990 (200

_				-
Р	-	~	-	-
_	ы	u	ы	•

Form 990 (2006)

PINTO HORSE ASSOCIATION OF AMERICA, INC.

23-7047066

Part III Statement of Program Service Accomplishments (See the instructions.)

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

What is the organization's primary exempt purpose? PROMOTE RECOGNITION AND EXCELLENCE OF PINTO HORSE BREEDS							
All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)							
a	REGISTRY TO PROMOTE ALL PINTO HORSES MEMBERS SERVED: 10,778						
b	(Grants and allocations \$) If this amount includes foreign grants, check here ▶ □ PRINTING & CIRCULATION OF MAGAZINE TO PROMOTE ALL PINTO HORSES SUBSCRIBERS: 2,607						
c	(Grants and allocations \$) If this amount includes foreign grants, check here ► WORLD SHOW TO PROVIDE A SHOW PLACE FOR EXHIBITION AND PROMOTION OF THE BREED - FOR MEMBER HORSES ENTRIES: 6,454						
d	(Grants and allocations \$) If this amount includes foreign grants, check here ► □ CONGRESS FUTURITY TO EXHIBIT AND PROMOTE THE PINTO HORSE BREED ENTRIES: 1,201						
-	(Grants and allocations \$) If this amount includes foreign grants, check here ▶ □						
-	Other program services (attach schedule) (Grants and allocations \$) If this amount includes foreign grants, check here						
f	Total of Program Service Expenses (should equal line 44, column (B), Program services)						

Form 990 (2006)

Part IV Balance Sheets (See the instructions.) (B) End of year Note: Where required, attached schedules and amounts within the description column Beginning of year should be for end-of-year amounts only. 36,688. 18,855. 45 Cash - non-interest-bearing 45 314,576. 46 654,603. Savings and temporary cash investments 47 a Accounts receivable 47a b Less: allowance for doubtful accounts 47b 47c 48 a Pledges receivable 48a b Less: allowance for doubtful accounts 48b 48c Grants receivable 49 50 a Receivables from current and former officers, directors, trustees, and 50a b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 50b 51 a Other notes and loans receivable 51a b Less: allowance for doubtful accounts 51b 51c 52 Inventories for sale or use 52 53 Prepaid expenses and deferred charges 53 54a b Investments - other securities ▶ ☐ Cost ☐ FMV 54b 55 a Investments - land, buildings, and equipment: basis ______55a b Less: accumulated depreciation 55b 55c 56 56 Investments - other 828,186. 57 a Land, buildings, and equipment: basis 57a 699,476. 57c 698,314. 129,872. b Less: accumulated depreciation STMT 4 57b Other assets, including program-related investments 15,000. 15,000. 58 (describe ► ARTWORK Total assets (must equal line 74). Add lines 45 through 58 1,065,740. 59 1,386,772. 6,197. 151. 60 Accounts payable and accrued expenses 61 61 Grants payable 62 62 Deferred revenue Loans from officers, directors, trustees, and key employees 63 64a 64 a Tax-exempt bond liabilities 437,580. 402,923. b Mortgages and other notes payable 64b 65 Other liabilities (describe 443,777. 403.074. 66 Total liabilities. Add lines 60 through 65 Organizations that follow SFAS 117, check here and complete lines 67 through 69 and lines 73 and 74. Balances Unrestricted 67 67 68 Temporarily restricted Permanently restricted 69 Fund Organizations that do not follow SFAS 117, check here X and complete lines 70 through 74. o Capital stock, trust principal, or current funds 0. 70 70 Assets 0. Paid-in or capital surplus, or land, building, and equipment fund 71 71 621,963. 72 983,698. 72 Retained earnings, endowment, accumulated income, or other funds Net 73 Total net assets or fund balances. Add lines 67 through 69 or lines 70 through 72. 983,698. (Column (A) must equal line 19 and column (B) must equal line 21) 621,963. 73 74 Total liabilities and net assets/fund balances. Add lines 66 and 73 ,065,740. 74 386,772.

	990 (2006)	ficers, Directors, Tru		ON OF AMERICA		23-7047	000	Yes	Page 6
_								162	INC
5 a		of officers, directors, and tru				57			100
b		ors, trustees, or key employe							
	listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If "Yes," attach a statement that identifies								
	the individuals and expl	lates the saletters blade					75b	132	X
							750		Λ
C		rs, trustees, or key employe					18		
		art I, or highest compensate compensation from any oth							
		nstructions for the definition		ization "			75c		X
	If "Yes," attach a stater	ment that includes the inform	nation described i					1 7	
d	Does the organization h	nave a written conflict of inte	erest policy?				75d		X
Pa	t V-B Former Off	icers, Directors, Trus	stees, and Ke	y Employees That F	Received Com	pensation			
		any former officer, director,							
	the year, list th	nat person below and enter	the amount of cor	mpensation or other benef	(C) Compensation				_
	(A) Name and address		(B) Loans and Advances	(if not paid,	employee benef	it o	E) Expe	
		NOI	NE		enter -0-)	compensation pla	ns othe	er allow	vance
-							-		
							1		
			X8/19/2017		10000				
							-		
					100				
_							-		
					HO THE SHAPE				
Pa	t VI Other Inform	nation (See the instruction	s.)					Yes	No
6		ike a change in its activities		nducting activities? If "Ye	s," attach a detaile	d			
	statement of each chan						76		X
7	Were any changes mad	e in the organizing or govern					77		X
	If "Yes," attach a confor	rmed copy of the changes.							
8 a	Did the organization have	ve unrelated business gross	income of \$1,000	or more during the year	covered by this ret	urn?	78a		X
b		x return on Form 990-T for				N/A	78b		
9		dissolution, termination, or	substantial contra	action during the year? If	"Yes," attach a sta		79		X
0 a	The second secon	ed (other than by association		And the second s	and the second s				
		bodies, trustees, officers, e		exempt or nonexempt orga	anization?		80a		X
b	If "Yes," enter the name	e of the organization	N/A						
		M		and check whether it is	exempt or	nonexempt	THE STREET		
	Entar direct or indirect r	political expenditures. (See I	ine 81 instructions	S.)	81a	0.			
11 a		Form 1120-POL for this ye		,			81b		X

_	rt VI Other Information (continued)		Yes	No			
32 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially						
	less than fair rental value?	82a		X			
b	If "Yes," you may indicate the value of these items here. Do not include this						
	amount as revenue in Part I or as an expense in Part II.						
	(See instructions in Part III.) 82b N/A	-	77				
	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X				
	Did the organization comply with the disclosure requirements relating to quid pro quo contributions? N/A	83b		**			
	Did the organization solicit any contributions or gifts that were not tax deductible?	84a		X			
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not						
	tax deductible? N/A	84b	**				
35	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?	85a	X	**			
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	85b		X			
	If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a	186					
	waiver for proxy tax owed for the prior year.						
C	Dues, assessments, and similar amounts from members 85c N/A						
d	Section 162(e) lobbying and political expenditures 85d N/A						
е	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices 85e N/A						
f	Taxable amount of lobbying and political expenditures (line 85d less 85e) 85f N/A			++			
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f? N/A	85g					
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f						
	to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the						
	following tax year? N/A	85h					
36	501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on						
	line 12 86a N/A						
b	Gross receipts, included on line 12, for public use of club facilities 86b N/A						
37	501(c)(12) organizations. Enter: a Gross income from members or shareholders N/A						
b	Gross income from other sources. (Do not net amounts due or paid to other sources						
	against amounts due or received from them.) 87b N/A	-					
88 a	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership,						
	or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3?						
	If "Yes," complete Part IX						
b	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of						
	section 512(b)(13)? If "Yes," complete Part XI	88b		X			
39 a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under:						
	section 4911 ► N/A ; section 4912 ► N/A ; section 4955 ► N/A						
b	501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit						
	transaction during the year or did it become aware of an excess benefit transaction from a prior year?						
	If "Yes," attach a statement explaining each transaction N/A	89b					
C	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under	1984					
	sections 4912, 4955, and 4958	180					
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization						
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?	89e		X			
f	All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?	89f		X			
g	For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization,						
	or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	89g		X			
90 a	List the states with which a copy of this return is filed ►OK						
b	Number of employees employed in the pay period that includes March 12, 2006			13			
1 a							
	Located at ► 7330 N W 23RD STREET, BETHANY, OK ZIP+4 ►	300					
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over		Yes				
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	91b		X			
	If "Yes," enter the name of the foreign country ▶ N/A	EV.					
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank						
	coo the mendent of checking and and graduation of the mendent of t						

Form		HORSE .	ASSOCIA	ATION OF AME	ERIC	A, INC. 2		Page 8
	At any time during the calendar year				the Un	nited States?	910	X
	If "Yes," enter the name of the foreig			N/A	haala ha			
	Section 4947(a)(1) nonexempt charite							
	and enter the amount of tax-exempt tVII Analysis of Income-P					▶ 92	N/Z	1
				ed business income	Exclud	ed by section 512, 513, or 51	4	
indic	: Enter gross amounts unless otherwa	rise	(A)	(B)	(C)	(D)	(E)	
			Business	Amount	Exclu- sion	Amount	Related or e	
	Program service revenue:	MORED	code		code		Tunicuon in	COMO
a	REGISTRATION & TRA	NSFER					226	5,870.
D	FEES SHOW RELATED							382.
	MAGAZINE SUBSCRIPT	TONG						1,699.
	OTHER PROGRAMS	TONS						,961.
							1.	0,901.
	Medicare/Medicaid payments Tees and contracts from government					TO THE RESERVE		
	Membership dues and assessments						296	5,851.
	nterest on savings and temporary cash in							,294.
	Dividends and interest from securities						-	1454.
	Net rental income or (loss) from real e							
	debt-financed property							
	not debt-financed property							
	Net rental income or (loss) from perso							
	Other investment income							
	Gain or (loss) from sales of assets							
	other than inventory							
	Net income or (loss) from special ever							
	Gross profit or (loss) from sales of inve		453220	591.				
	Other revenue:	cincity	100000	3311				
a	other revenue.							
h								
0							110000000000000000000000000000000000000	
d								
e								
104 5	Subtotal (add columns (B), (D), and (E	3)		591.			0. 2,064	1,057.
	Total (add line 104, columns (B), (D),							,648.
Note:	Line 105 plus line 1e, Part I, should e	equal the amou	int on line 12	P, Part I.				
	t VIII Relationship of Activity				t Pur	poses (See the instri	uctions.)	
Line								n's
93A	REGISTRY TO PROM	OTE PIN	TO HORS	SES				
93B					;			
93C						HORSE BREED		
								: TE
Par	IX Information Regarding	g Taxable S	Subsidiari	es and Disregard	ed En	tities (See the instru	ctions.)	
Man	(A)	(B)		(C)		(D)	(E)	
ivar	ne, address, and EIN of corporation, partnership, or disregarded entity	Percentage of wnership interes	t	Nature of activities		Total income	End-of-y assets	ear
			%	ALMERICA DE CUI				
	N/A		%					
			%					
			%			in the feet of the same		
Par	t X Information Regarding	g Transfers	Associat	ted with Personal	Bene	fit Contracts (See	the instructions.)	N. S. C.
3.00	Did the organization, during the year, rece Did the organization, during the year, pay						Yes Yes	X No
Not	e: If "Yes" to (b), file Form 8870 and I	Form 4720 (see	e instructions	s).		Total DELICE ST		
FIE			711		171-16		Form S	990 (2006)

Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?

Under penalties of per pry, 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.

Please
Sign
Here

Preparer's

Preparer's

Signature of officer

Preparer's SSN or PTIN (See Gen. Inst. X)

Paid

Preparer's

Signature Surganum M. Crews CPA

11-14-07

Preparer's SSN or PTIN (See Gen. Inst. X)

Use Only
Use Only
Use Only
Use Only
Use Only
Use Only
Signature F

Firm's name (or yours if self-employed), address, and

SUZANNE M. CREWS, PC 4101 PERIMETER CTR DR, STE 120 OKLAHOMA CITY, OK 73112-2309

Phone no. ► 405-943-2266

EIN >