Department of the Treasury Internal Revenue Service

EXTENDED TO NOVEMBER 15, 29
Return of Private Foundation

or Section 4947(a)(1) Trust Treated as Private Foundation

▶ Do not enter social security numbers on this form as it may be made public.

▶ Go to www.irs.gov/Form990PF for instructions and the latest information

Open to Public Inspection

F	or c	calendar year 2018 or tax year beginning		, and ending		
	Nar	me of foundation			A Employer identification	n number
	Д	LLLINGHAM FOUNDATION			73-6108937	7
	Nun	mber and street (or P O box number if mail is not delivered to street a	ddress)	Room/suite	B Telephone number	······································
	Р	O BOX 1669			(580)233-2	2000
	 Citv	y or town, state or province, country, and ZIP or foreign po-	stal code		If exemption application is pending, check here	
	-	NID, OK 73702-1669				`.
G		Check all that apply Initial return	Initial return of a fo	rmer nublic charity	D 1 Foreign organization	s check here
•		Final return	Amended return	The poone on any	, to to the state of the state	0, 0.,00
		Address change	Name change		2 Foreign organizations me check here and attach or	eeting the 85% test,
_		Check type of organization: X Section 501(c)(3) exe		511	1	
n l	U		other taxable private founda	UY	E If private foundation sta	
_!		1111			under section 507(b)(1	
'		air market value of all assets at end of year J Accounting		Accrual	F If the foundation is in a	
			er (specify)	. \	under section 507(b)(1	)(B), check here
г			i			(4)
L	Pa	Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not	(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net	(d) Disbursements for charitable purposes
_		necessarily equal the amounts in column (a) )				(cash basis only)
Λ		1 Contributions, gifts, grants, etc , received	25,000.		N/A	<u> </u>
9		2 Check If the foundation is not required to attach Sch B				
1		3 Interest on savings and temporary cash investments	20.	20.		STATEMENT 1
U		4 Dividends and interest from securities	6,463.	6,463.		STATEMENT 2
ÿ	1	5a Gross rents				
		b Net rental income or (loss)				
	6)	6a Net gain or (loss) from sale of assets not on line 10	30,953.			
	ž	b Gross sales price for all assets on line 8a 111,179.				
20	Revenue	7 Capital gain net income (from Part IV, line 2)		30,953.		EIVED 18
2020	ď	8 Net short-term capital gain		<del> </del>	I KEU	18
		9 Income modifications			1	2 2019 19
2 0		Gross sales less returns and allowances			181 NOV	22 2010 18
		b Less Cost of goods sold			131	
JAN		c Gross profit or (loss)			1	DEN, UT
_		11 Other income			1 00	71
$\Box$		12 Total Add lines 1 through 11	62,436.	37,436.		
SCANNED		13 Compensation of officers, directors, trustees, etc	0.	0.		0.
Z		14 Other employee salaries and wages		· · ·		
8		15 Pension plans, employee benefits				
Š	es					
	Expenses	b Accounting fees				
	ğ	c Other professional fees STMT 3	2,685.	2,685.		0.
			2,003.	2,003.		
	žį	18 Taxes				
	and Administrative	19 Depreciation and depletion				
	Ē	19 Depreciation and depletion				
	þ	20 Occupancy				
	ÞΡ	21 Travel, conferences, and meetings				
	a	22 Printing and publications			-	
	ing	23 Other expenses		<del></del>	<u> </u>	
	Operating	24 Total operating and administrative	0 605	0 605		
	) pe	expenses Add lines 13 through 23	2,685.	2,685.	ļ	0.
	J	25 Contributions, giπs, grants paid	14,000.			14,000.
		26 Total expenses and disbursements				
_		Add lines 24 and 25	<u> 16,685.</u>	<u>2,685.</u>		14,000.
		27 Subtract line 26 from line 12:				
		Excess of revenue over expenses and disbursements	45,751.			
		b Net investment income (if negative, enter -0-)		34,751.		
		c Adjusted net income (if negative, enter -0-)			N/A	
8	235	501 12-11-18 LHA For Paperwork Reduction Act Notice	, see instructions			Form <b>990-PF</b> (2018)



1 Total net assets or fund balances at beginning of year - Part II, column (a), line 30		
(must agree with end-of-year figure reported on prior year's return)	1	329,327.
2 Enter amount from Part I, line 27a	2	45,751.
3 Other increases not included in line 2 (itemize) ▶	3	0.
4 Add lines 1, 2, and 3	4	375,078.
5 Decreases not included in line 2 (itemize)	5	0.
6. Total net assets or fund balances at end of year (line 4 minus line 5) - Part II. column (b), line 30		375.078.

Form 990-PF (2018)

**Net Assets or Fund Balances** 

c d e (e) Gross sales price (f) Depreciation allowed (g) Cost or other basis plus expense of sale (e) plus (f) minus (g))  a 3,274.	Part I	/ Capital Gains a	and Losses for Tax on Ir	nvestment	Income							
Description   P   VARIOUS   12/10/18		(a) List and describe the kind(s) of property sold (for example, real estate,  2-story brick warehouse, or common stock, 200 shs MLC Co )  (b) How acquired P - Purchase D - Donation						Date acq (mo , day,	uired yr )			
(e) Gross sales price (f) Depreciation allowed (railowable) (la) Cost or other basis (h) Gain or (loss) (re plus (f) minus (g))  a 3,274. 4,8991,625 b 107,905. 75,327. 32,578 d d C C C C C C C C C C C C C C C C C	1a SCI	HEDULE ATTAC	HED	•			P	V	ARIOU	JS	01/29/18	
Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69   Cost or Other basis (re) plus (f) minus (g))	b SCI	HEDULE ATTAC	HED				P	V	ARIOU	JS	12/10/18	
(e) Gross sales price (f) Depreciation allowed (g) Cost or other base plus expense of sale (h) Gam or (loss)  a 3, 274.	С		··			ļ						
(e) Gross sales price (f) Depreciation allowed (g) Cost or other bases plus expense of sale (h) Gain or (floss) (e) plus (f) minus (g))  a 3,274.  b 107,905.  C 75,327.  32,578  d  e Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 (ii) FMV as of 12/31/69 (ii) Adjusted basis (k) Excess of col (i) (c) FMV as of 12/31/69 (ii) FMV as of 12/31/69 (ii) FMV as of 12/31/69 (ii) Adjusted basis (k) Excess of col (i) (column (ii) and owned by the foundation on 12/31/69 (ii) FMV as of 12/31/69 (iii) Adjusted basis (k) Excess of col (i) (column (iii) and owned by the foundation on 12/31/69 (iii) FMV as of 12/31/69 (iii) Adjusted basis (k) Excess of col (i) (column (iii) and owned by the foundation on 12/31/69  a -1,625  b 32,578  c d d d d e C Capital gain net income or (net capital loss) (iii) Gains (Col (h) gain minus col (h), in any	_ <b>d</b>		· · · · · · · · · · · · · · · · ·									
((c) plus (f) minus (g))  a	<u>e</u>	·	<u> </u>	<del></del>		L.,					<del></del> -	
Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69  (i) Adjusted basis (k) Excess of col (i) col (k), but not less than -0-) or Losses (from col (h))  a	(or allowable) plus expense of sale						(			g))		
Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69  (i) Adjusted basis (k) Excess of col (i) col (k), but not less than -0-) or Losses (from col (h))  a	_a											
Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69  (i) FMV as of 12/31/69  (ij) Adjusted basis (k) Excess of col. (i), if any col. (ii), but not less than -0-) or Losses (from col. (iii), if any c	b 107,905. 75,327.									32,578.		
Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69  (i) FMV as of 12/31/69  (ii) Adjusted basis as of 12/31/69  (iii) Adjusted basis as of 12/31/69  (iv) FMV as of 12/31/69  (iv) Adjusted basis as of 12/31/69  (iv) FMV as of 12/31/69  (iv) FMV as of 12/31/69  (iv) FMV as of 12/31/69  (iv) Adjusted basis as of 12/31/69  (iv) FMV			<del></del>									
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(i) FMV as of 12/31/69 (ii) Adjusted basis as of 12/31/69 (iii) Adjusted basis as of 12/31/69 (iv) FMV		late palu for aposto abouun	a age in column (h) and award by	the foundation	02 12/21/60			<i></i>	Navas (Oa)	(1-)		
(i) FMV as of 12/31/69 (ii) FMV as of 12/31/69 (iii) FMV as of 12/31/69							col (l	k), but not l	(n) gain less thar	minus 1 -0-) <b>or</b>		
a	(i) <sup>(</sup>	FMV as of 12/31/69				-		(	Losses (fro	m col (	h))	
Capital gain net income or (net capital loss)  If gain, also enter in Part I, line 7 If (loss), enter -0 - in Part I, line 7 If (loss), enter -0 - in Part I, line 7 If (loss), enter -0 - in Part I, line 7 If (loss), enter -0 - in Part I, line 8, column (c) If gain, also enter in Part I, line 8, column (c) If gain, also enter in Part I, line 8, column (c) If gain, also enter in Part I, line 8, column (c) If gain, also enter in Part I, line 8, column (c) If gain, also enter in Part I, line 8, column (c) If gain, also enter in Part I, line 8, column (c) If gain, also enter in Part I, line 8, column (c) If gain, also enter in Part I, line 8, column (c) If gain, also enter in Part I, line 8, column (c) If gain, also enter in Part I, line 7 If gain and set in Part I, line 7 If gain and set in Part I, line 7 If gain and set i					(,),	-+					_1 625	
Capital gain net income or (net capital loss)  If gain, also enter in Part I, line 7 If (loss), enter -0 - in Part I, line 7 If (loss), enter -0 - in Part I, line 7 If (loss), enter -0 - in Part I, line 7 If (loss), enter -0 - in Part I, line 8, column (c) If gain, also enter in Part I, line 8, column (c) If gain, also enter in Part I, line 8, column (c) If gain, also enter in Part I, line 8, column (c) If gain, also enter in Part I, line 8, column (c) If gain, also enter in Part I, line 8, column (c) If gain, also enter in Part I, line 8, column (c) If gain, also enter in Part I, line 8, column (c) If gain, also enter in Part I, line 8, column (c) If gain, also enter in Part I, line 8, column (c) If gain, also enter in Part I, line 7 If gain and set in Part I, line 7 If gain and set in Part I, line 7 If gain and set i						-+					32 578	
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Capital gain net income or (net capital loss)   (If gain, also enter in Part I, line 7   If (loss), enter -0- in Part I, line 7   If (loss), enter -0- in Part I, line 7   If (loss), enter -0- in Part I, line 7   If (loss), enter -0- in Part I, line 8, column (c)   If gain, also enter in Part I, line 8, column (c)   If (loss), enter -0- in Part I, line 8, column (c)   If (loss), enter -0- in Part I, line 8, column (c)   If (loss), enter -0- in Part I, line 8   Part V   Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income												
2 Capital gain net income or (net capital loss)  If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7 If gain, also enter in Part I, line 7 If gain, also enter in Part I, line 8  Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income  (For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income  (For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income  If section 4940(d)(2) applies, leave this part blank  Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period?  If Yes, the foundation doesn't qualify under section 4940(e). Do not complete this part  Enter the appropriate amount in each column for each year, see the instructions before making any entries  (a)  Base period years  Catendar year (or tax year beginning in)  Adjusted qualifying distributions  Adjusted qualifying distributions  2017  41,000.  547,380.  07490  2016  33,822.  504,650.  06702  2015  27,239.  482,869.  05641  2014  41,288.  504,650.  08181  2013  45,708.  436,318.  10475   Total of line 1, column (d)  3 Average distribution ratio for the 5-year base period - divide the total on line 2 by 5.0, or by the number of years the foundation has been in existence if less than 5 years												
3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6) If gain, also enter in Part I, line 8, column (c) If (loss), enter -0- in Part I, line 8, column (c) If (loss), enter -0- in Part I, line 8, column (c) If (loss), enter -0- in Part I, line 8, column (c) If (loss), enter -0- in Part I, line 8, column (c) If (loss), enter -0- in Part I, line 8, column (c) If (loss), enter -0- in Part I, line 8, column (c) If (loss), enter -0- in Part I, line 8, column (c) If (loss), enter -0- in Part I, line 8, column (c) If (loss), enter -0- in Part I, line 8, column (c) If (loss), enter -0- in Part I, line 8, column (c) If (loss), enter -0- in Part I, line 8, column (c) If (loss), enter -0- in Part I, line 8, column (c) If (loss), enter -0- in Part I, line 8, column (c) If (loss), enter -0- in Part I, line 8, column (c) If (loss), enter -0- in Part I, line 8, column (c) If (loss), enter -0- in Part I, line 8, column (c) If (loss), enter -0- in Part I, line 8, column (c) If (loss), enter -0- in Part I, line 8, column (c) If (loss), enter In Part I, line 8, column (c) If (loss), e		l	C If now also anto	u na Dankil Jina	7	$\neg$					•	
3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6) If gain, also enter in Part I, line 8, column (c) If (loss), enter -0- in Part I, line 8, column (c) If (loss), enter -0- in Part I, line 8, column (c) If (loss), enter -0- in Part I, line 8, column (c) If (loss), enter -0- in Part I, line 8, column (c) If (loss), enter -0- in Part I, line 8, column (c) If (loss), enter -0- in Part I, line 8, column (c) If (loss), enter -0- in Part I, line 8, column (c) If (loss), enter -0- in Part I, line 8, column (c) If (loss), enter -0- in Part I, line 8, column (c) If (loss), enter -0- in Part I, line 8, column (c) If (loss), enter -0- in Part I, line 8, column (c) If (loss), enter -0- in Part I, line 8, column (c) If (loss), enter -0- in Part I, line 8, column (c) If (loss), enter -0- in Part I, line 8, column (c) If (loss), enter -0- in Part I, line 8, column (c) If (loss), enter -0- in Part I, line 8, column (c) If (loss), enter -0- in Part I, line 8, column (c) If (loss), enter -0- in Part I, line 8, column (c) If (loss), enter In Part I, line 8, column (c) If (loss), e	2 Capital	gain net income or (net ca	nital loss)   If (loss) enter -0	r in Part I, line	<i>1</i> 7	<b> </b>	2				30.953.	
If gain, also enter in Part I, line 8, column (c) If (loss), enter -0- in Part I, line 8  Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income  (For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income)  If section 4940(d)(2) applies, leave this part blank  Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period?  If "Yes," the foundation doesn't qualify under section 4940(e). Do not complete this part  1 Enter the appropriate amount in each column for each year, see the instructions before making any entries  (a) Calendar year (or tax year beginning in)  Adjusted qualifying distributions  Adjusted qualifying distributions  Net value of noncharitable-use assets  (b) Adjusted qualifying distributions  Net value of noncharitable-use assets  (c) (b) divided by col (c))  2017  41,000.  547,380.  06702  2016  33,822.  504,650.  06702  2015  27,239.  482,869.  05641  2014  41,288.  504,650.  08181  2013  45,708.  436,318.  10475  2 Total of line 1, column (d)  3 Average distribution ratio for the 5-year base period - divide the total on line 2 by 5.0, or by the number of years the foundation has been in existence if less than 5 years	ŕ		•		,	7						
If (loss), enter -0- in Part I, line 8   3   N/A     Part V   Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income				na (6)		٦l	}					
Part V   Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income			column (c)			<b>P</b>	3			N/A		
Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period?    Yes   X No   1		Qualification U	nder Section 4940(e) for	Reduced	Tax on Net	Inv	estmen	t Inco	me			
Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period?  If "Yes," the foundation doesn't qualify under section 4940(e). Do not complete this part  1 Enter the appropriate amount in each column for each year, see the instructions before making any entries  (a) Base period years Calendar year (or tax year beginning in)  Adjusted qualifying distributions  2017  41,000. 547,380. 2016  33,822. 504,650. 2015  27,239. 482,869. 2014  41,288. 504,650. 2013  41,288. 504,650. 2013  45,708.  2 Total of line 1, column (d) 3 Average distribution ratio for the 5-year base period - divide the total on line 2 by 5.0, or by the number of years the foundation has been in existence if less than 5 years	(For option	nal use by domestic private	foundations subject to the section	4940(a) tax on	net investment in	ncome	)					
Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period?  If "Yes," the foundation doesn't qualify under section 4940(e). Do not complete this part  1 Enter the appropriate amount in each column for each year, see the instructions before making any entries  (a) Base period years Calendar year (or tax year beginning in)  Adjusted qualifying distributions  2017  41,000. 547,380. 2016  33,822. 504,650. 2015  27,239. 482,869. 2014  41,288. 504,650. 2013  41,288. 504,650. 2013  45,708.  2 Total of line 1, column (d) 3 Average distribution ratio for the 5-year base period - divide the total on line 2 by 5.0, or by the number of years the foundation has been in existence if less than 5 years		40.40(4)(0) 1 1 15	us and blook									
If "Yes," the foundation doesn't qualify under section 4940(e). Do not complete this part    Enter the appropriate amount in each column for each year, see the instructions before making any entries    Calendar year (or tax year beginning in)   Adjusted qualifying distributions   Net value of noncharitable-use assets   Color (b) divided by col (c)	If section 4	4940(d)(2) applies, leave tr	nis part diank									
Enter the appropriate amount in each column for each year, see the instructions before making any entries   Calendar year (or tax year beginning in)   Adjusted qualifying distributions   Net value of noncharitable-use assets   Col (b) divided by col (c)	Was the fo	oundation liable for the sect	ion 4942 tax on the distributable an	nount of any ye	ear in the base per	rıod?					Yes X No	
Base period years   Calendar year (or tax year beginning in)   Adjusted qualifying distributions   Net value of noncharitable-use assets   Col. (b) divided by col. (c)	If "Yes," th	e foundation doesn't qualif	y under section 4940(e). Do not cor	mplete this part								
Calendar year (or tax year beginning in)         Adjusted qualifying distributions         Net value of noncharitable-use assets         (col (b) divided by col (c))           2017         41,000.         547,380.         .07490           2016         33,822.         504,650.         .06702           2015         27,239.         482,869.         .05641           2014         41,288.         504,650.         .08181           2013         45,708.         436,318.         .10475           2 Total of line 1, column (d)           2 Average distribution ratio for the 5-year base period - divide the total on line 2 by 5.0, or by the number of years the foundation has been in existence if less than 5 years         2 .38490	1 Enter 1	<del> </del>	each column for each year, see the i	nstructions bet	fore making any e	ntries						
Calendar year (or tax year beginning in)         Adjusted qualifying distributions         Net value of noncharitable-use assets         (col (b) divided by col (c))           2017         41,000.         547,380.         .07490           2016         33,822.         504,650.         .06702           2015         27,239.         482,869.         .05641           2014         41,288.         504,650.         .08181           2013         45,708.         436,318.         .10475           2 Total of line 1, column (d)           2 Average distribution ratio for the 5-year base period - divide the total on line 2 by 5.0, or by the number of years the foundation has been in existence if less than 5 years         2 .38490		(a) Base period years								Distrib	(d) ution ratio	
2016   33,822.   504,650.   .06702	Calenda	ar year (or tax year beginnir	19 111/		Net value of no	nchar				l (b) div	ided by col (c))	
2015   27,239.   482,869.   .05641		2017										
2014 41,288. 504,65008181 2013 45,708. 436,31810475  2 Total of line 1, column (d) 3 Average distribution ratio for the 5-year base period - divide the total on line 2 by 5.0, or by the number of years the foundation has been in existence if less than 5 years  3 .07698		2016										
2013 45,708. 436,31810475  2 Total of line 1, column (d)  3 Average distribution ratio for the 5-year base period - divide the total on line 2 by 5.0, or by the number of years the foundation has been in existence if less than 5 years  3 .07698		2015										
2 Total of line 1, column (d) 2 Average distribution ratio for the 5-year base period - divide the total on line 2 by 5.0, or by the number of years the foundation has been in existence if less than 5 years  3 .07698		2014										
Average distribution ratio for the 5-year base period - divide the total on line 2 by 5.0, or by the number of years the foundation has been in existence if less than 5 years  3 .07698		2013	4	5,708.			436,	<u>318.</u>	<del>                                     </del>		.104758	
Average distribution ratio for the 5-year base period - divide the total on line 2 by 5.0, or by the number of years the foundation has been in existence if less than 5 years  3 .07698											204005	
the foundation has been in existence if less than 5 years  3 .07698									2		.384907	
	-			on line 2 by 5.0	O, or by the numb	er of y	ears/				076001	
4 Enter the net value of noncharitable-use assets for 2018 from Part X, line 5	the fou	indation has been in exister	nce if less than 5 years						3		.0/6981	
4 Enter the net value of noncharitable-use assets for 2018 from Part X, line 5	_										E70 070	
I I	4 Enter t	he net value of noncharitab	le-use assets for 2018 from Part X,	line 5					4		5/0,8/0.	
12.046									_		42 046	
5 Multiply line 4 by line 3 5 43,946	5 Multipl	ly line 4 by line 3							5		43,946.	
240											240	
6 Enter 1% of net investment income (1% of Part I, line 27b)	6 Enter 1	1% of net investment incom	ne (1% of Part I, line 27b)						6		348.	
		<b>.</b>							_		44 204	
7 Add lines 5 and 6 7 44, 294	7 Add lin	ies 5 and 6							1		44,294.	
8 Enter qualifying distributions from Part XII, line 4	8 Enter qualifying distributions from Part XII, line 4					14,000.						
If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate See the Part VI instructions.	If line 8	B is equal to or greater than	•	e 1b, and comp	lete that part usin	ng a 19	% tax rate		•		<u> </u>	

orm 990-PI	(2018) DILLINGHAM FOUNDATION  Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4	73-	6108	937		Page 4
Part VI		340	266 II	เอเก็น	cuol	13)
	operating foundations described in section 4940(d)(2), check here   and enter "N/A" on line 1					
	ruling or determination letter: (attach copy of letter if necessary-see instructions)					م ز
	tic foundations that meet the section 4940(e) requirements in Part V, check here  and enter 1%	1			0	<u>95.</u>
	I, line 27b					
	or domestic foundations enter 2% of line 27b Exempt foreign organizations, enter 4% of Part I, line 12, col (b)			•	-	<u>.</u>
	der section 511 (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-)	2				<u>0.</u>
	es 1 and 2	3				95.
	A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-)	4				0.
	sed on investment income Subtract line 4 from line 3. If zero or less, enter -0-	5			<u> </u>	<u>95.</u>
	/Payments'					
	stimated tax payments and 2017 overpayment credited to 2018  6a 737.	-				
	foreign organizations - tax withheld at source 6b 0.	-				
	d with application for extension of time to file (Form 8868)  6c 0.					,
<b>d</b> Backup	withholding erroneously withheld 6d 0.				_	'
	edits and payments Add lines 6a through 6d	7			<u>7</u>	<u>37.</u>
8 Enter a	ny <b>penalty</b> for underpayment of estimated tax. Check here if Form 2220 is attached	. 8				0.
9 Tax du	e If the total of lines 5 and 8 is more than line 7, enter amount owed	9				
10 Overpa	yment If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10				42.
	ne amount of line 10 to be Credited to 2019 estimated tax  42. Refunded	11				<u>0.</u>
	A Statements Regarding Activities		<sub>1</sub>			
<b>1a</b> During	the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene	: In			Yes	No
	itical campaign?			1a		<u>X</u>
	pend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the defin	ution		1b		X
If the a	nswer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or					
distribi	ited by the foundation in connection with the activities					
c Did the	foundation file Form 1120-POL for this year?			10		_X_
	ne amount (if any) of tax on political expenditures (section 4955) imposed during the year:					
(1) Or	the foundation. $\blacktriangleright$ \$ (2) On foundation managers $\blacktriangleright$ \$					
e Enter t	ne reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation			1		
manag	ers ▶ \$O.			- 1		
2 Has th	foundation engaged in any activities that have not previously been reported to the IRS?			2		X
If "Yes,	attach a detailed description of the activities			- 1		
3 Has the	foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation,	or				
bylaws	or other similar instruments? If "Yes," attach a conformed copy of the changes			3		X
4a Did the	foundation have unrelated business gross income of \$1,000 or more during the year?		[	4a		Х
b If "Yes,	has it filed a tax return on Form 990-T for this year?	N	/A [	4b		
	ere a liquidation, termination, dissolution, or substantial contraction during the year?			5		X
If "Yes,	attach the statement required by General Instruction T					,
	requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:					4
	nguage in the governing instrument, or					•
	ate legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state	e law				
•	in the governing instrument?			6	X	~ .
	foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV		Ì	7	X	
. 5.0 1110						
8a Enter t OK	ne states to which the foundation reports or with which it is registered. See instructions.		<del></del>			
	nswer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)					
	state as required by General Instruction G? If "No," attach explanation			8b	X	•
	oundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calc	ndar	ŀ			<u> </u>
	ourloantion claiming status as a private operating fourloantion within the meaning of section 4342(j)(3) of 4342(j)(3) for care in the sax year beginning in 2018? See the instructions for Part XIV. If "Yes," complete Part XIV	,,,,,,,,,,		9 -	-	х .
-	Persons become substantial contributors during the tax year? If "yes" attach a schedule listing their names and addresses		ļ	10		x

823531 12-11-18

Form **990-PF** (2018)

Form 990-PF (2018) DILLINGHAM FOUNDATION

Part VII-A | Statements Regarding Activities (continued)

			Yes	No
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of			
	section 512(b)(13)? If "Yes," attach schedule See instructions	11		X
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges?			
	If "Yes," attach statement See instructions	12		X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	X	<u> </u>
	Website address ► N/A			
14	The books are in care of ► BRIAN THOMPSON Telephone no ► 580 – 23		<u>000</u>	
	Located at ► 2402 WEST WILLOW, ENID, OK ZIP+4 ►73	703		$\overline{}$
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here		<b>,</b> ▶	•
	and enter the amount of tax-exempt interest received or accrued during the year	N	/A	
16	At any time during calendar year 2018, did the foundation have an interest in or a signature or other authority over a bank,		Yes	No
	securities, or other financial account in a foreign country?	16		X
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the			}
Pź	foreign country ► art VII-B   Statements Regarding Activities for Which Form 4720 May Be Required			!
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
1:	During the year, did the foundation (either directly or indirectly)			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?  Yes X No	1		
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)			
	a disqualified person?			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?			ļ
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?			
	(5) Transfer any income or assets to a disqualified person (or make any of either available			
	for the benefit or use of a disqualified person)?			
	(6) Agree to pay money or property to a government official? (Exception Check "No"			
	if the foundation agreed to make a grant to or to employ the official for a period after			
	termination of government service, if terminating within 90 days )			
t	If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations	٠.	-	
	section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions  N/A  Organizations relying on a current notice regarding disaster assistance, check here	1b		<del> </del>
	organizations relying on a current notice regarding disaster assistance, check here			
C	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected		- ~	
^	before the first day of the tax year beginning in 2018?  These on failure to distribute process (control 4042) (does not each for years the foundation was a crivate control to distribute process.)	1¢		X
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5)).			
ä	At the end of tax year 2018, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning		-	
	before 2018?			
	If "Yes," list the years $\blacktriangleright$ ,,,,,			
ł	Are there any years listed in 2a for which the foundation is <b>not</b> applying the provisions of section 4942(a)(2) (relating to incorrect			
	valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach		-	-
	statement - see instructions.)  N/A	2b		
(	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here	ļ		ļ
•	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time			
38	during the year?  Wes X No			
	of "Yes," did it have excess business holdings in 2018 as a result of (1) any purchase by the foundation or disqualified persons after			
	May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose			
	of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C,			:
	Form 4720, to determine if the foundation had excess business holdings in 2018.)  N/A	3b	-	·
4:	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		х
	o Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that			
	had not been removed from jeopardy before the first day of the tax year beginning in 2018?	4b		X
		rm <b>99</b> 0	)-PF	(2018)

1.44				1
2 Compensation of five highest-paid employees (other than those in	ncluded on line 1). If none	, enter "NONE."		
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
NONE				
		_	-	
	_			
	-		1	
	<del>                                     </del>		<del>-</del>	
Total number of other employees paid over \$50,000				(

Form **990-PF** (2018)

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Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)		
3 Five highest-paid independent contractors for professional services. If none, enter "NONE."		
(a) Name and address of each person paid more than \$50,000 (b) Type of service	(c) Co	mpensation
NONE		
T. I. I. aurabas of attack accounts and ECO 000 for exclosured accuracy		0
Total number of others receiving over \$50,000 for professional services  Part IX-A   Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the		
number of organizations and other beneficiaries served, conferences convened, research papers produced, etc	Expens	es
1 DILLINGHAM FOUNDATION DOES NOT ENGAGE IN ANY DIRECT		
CHARITABLE ACTIVITIES	7	
	<u> </u>	0.
2		
	_	
3	_	
	-	
	-	<del>.</del>
4	┥	
	7	
Part IX-B Summary of Program-Related Investments		
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.	Amour	nt
1 DILLINGHAM FOUNDATION HAS NOT MADE ANY PROGRAM RELATED	_	
INVESTMENTS	_	
		0.
2	_	
	4	
All other account valeted in restments. Con instructions	+	
All other program-related investments. See instructions		
3	$\dashv$	
	_	
	7	
Total. Add lines 1 through 3		0.
	Form <b>990</b>	-PF (2018)

Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section

Form 990-PF (2018)

4940(e) reduction of tax in those years

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Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2017	(c) 2017	( <b>d</b> ) 2018
1 Distributable amount for 2018 from Part XI,				27,849.
line 7				27,045.
Undistributed income, if any, as of the end of 2018     a Enter amount for 2017 only			0.	
b Total for prior years:			<b>U•</b>	
t total for prior years.		0.		
3 Excess distributions carryover, if any, to 2018				
a From 2013 24, 341.				
b From 2014 17,320.				
c From 2015 4,656.				
d From 2016 8,994.				
e From 2017 14,049.				
f Total of lines 3a through e	69,360.			
4 Qualifying distributions for 2018 from	<u> </u>			
Part XII, line 4: ►\$ 14,000.				
a Applied to 2017, but not more than line 2a			0.	
<b>b</b> Applied to undistributed income of prior				
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus				
(Election required - see instructions)	0.			
d Applied to 2018 distributable amount				14,000.
e Remaining amount distributed out of corpus	0.			22/000
5 Excess distributions carryover applied to 2018	13,849.			13,849.
(If an amount appears in column (d), the same amount must be shown in column (a) )				
6 Enter the net total of each column as indicated below				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	55,511.			
b Prior years' undistributed income Subtract				
line 4b from line 2b		0.		
c Enter the amount of prior years'				
undistributed income for which a notice of deficiency has been issued, or on which				
the section 4942(a) tax has been previously				
assessed		0.	_	
d Subtract line 6c from line 6b Taxable		_		
amount - see instructions		0.		
e Undistributed income for 2017 Subtract line			•	
4a from line 2a Taxable amount - see instr			0.	
f Undistributed income for 2018. Subtract				
lines 4d and 5 from line 1. This amount must				
be distributed in 2019			<del></del>	0.
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3) (Election	0			
may be required - see instructions)	0.			
8 Excess distributions carryover from 2013	10 400			
not applied on line 5 or line 7	10,492.			
9 Excess distributions carryover to 2019	45,019.			
Subtract lines 7 and 8 from line 6a	45,019.		<u> </u>	
10 Analysis of line 9				
a Excess from 2014 17,320. b Excess from 2015 4,656.				
e Excess from 2018				5 000 PF (2040)

	HAM FOUNDAT			73-610	8937 Page 10
Part XIV Private Operating F	·		II-A, question 9)	N/A	
1 a If the foundation has received a ruling of		· · · · · · · · · · · · · · · · · · ·	}		
foundation, and the ruling is effective for		=	▶		
<b>b</b> Check box to indicate whether the foun		ng foundation described		4942(j)(3) or 494	2(1)(5)
2 a Enter the lesser of the adjusted net	Tax year	(b) 2017	Prior 3 years	T (4) 2015	(a) Total
income from Part I or the minimum	(a) 2018	<b>(b)</b> 2017	(c) 2016	(d) 2015	(e) Total
investment return from Part X for					
each year listed					
<b>b</b> 85% of line 2a					
c Qualifying distributions from Part XII,					
line 4 for each year listed					
d Amounts included in line 2c not					
used directly for active conduct of					
exempt activities					
e Qualifying distributions made directly					
for active conduct of exempt activities					
Subtract line 2d from line 2c			1		
3 Complete 3a, b, or c for the alternative test relied upon:					
a "Assets" alternative test - enter:	_				
(1) Value of all assets			<del>-</del>		
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
<b>b</b> "Endowment" alternative test - enter		-			
2/3 of minimum investment return shown in Part X, line 6 for each year listed					
c "Support" alternative test - enter	1		1		
(1) Total support other than gross					
investment income (interest,					
dividends, rents, payments on					
securities loans (section 512(a)(5)), or royalties)					
(2) Support from general public		· · · · · · · · · · · · · · · · · · ·			
and 5 or more exempt					
organizations as provided in specifion 4942(j)(3)(B)(iii)					
(3) Largest amount of support from			-		
an exempt organization					
(4) Gross investment income				1	
Part XV Supplementary Info	rmation (Comple	te this part only	if the foundation	had \$5,000 or mo	re in assets
at any time during					
1 Information Regarding Foundation	<del></del>	<b>.</b>			
a List any managers of the foundation when	-	than 2% of the total con	tributions received by the	foundation before the close	of any tax
year (but only if they have contributed it			and the transfer of the	Toblication bolore the blood	or any tax
DAN L DILLINGHAM	. , ,				
b List any managers of the foundation wi	no own 10% or more of th	e stock of a corporation	(or an equally large ports	on of the ownership of a par	tnership or
other entity) of which the foundation ha			(or all oqually large ports	on or the entherent are a par	Jp 0.
NONE					
2 Information Regarding Contribute	tion Grant Gift Loan	Scholarship etc. P	rograms:		
Check here  if the foundation			_	not accept unsolicited reque	sts for funds If
the foundation makes gifts, grants, etc					
a The name, address, and telephone nun					
BRIAN THOMPSON, 580-		ic person to whom appli	ications should be address		
2402 WEST WILLOW, EN		3			
b The form in which applications should			should include		
LETTER OF REQUEST L			modia molado.		
	PITTIG COUNT	TICHTIOND			
c Any submission deadlines.					
d Any restrictions or limitations on award	ds, such as by geographic	al areas, charitable fields	s, kinds of institutions, or	other factors	
NONE	, as as as goog.wpinot		,,		
					200 55

Supplementary Information (continued) Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Recipient Purpose of grant or show any relationship to Foundation any foundation manager or substantial contributor Amount status of contribution Name and address (home or business) recipient a Paid during the year N/A PC ACADEMIC SCHOLARSHIPS OKLAHOMA FOUNDATION FOR EXCELLENCE 101 PARK AVENUE, SUITE 420 & AWARDS FOR OKLAHOMA PUBLIC SCHOOLS 5,000, OKLAHOMA CITY, OK 73102 LEADERSHIP OKLAHOMA, INC N/A PC DKLAHOMA COMMUNITY LEADERSHIP PROGRAM 5500 N WESTERN AVE OKLAHOMA CITY, OK 73118 1,500. PC SCHOLARSHIPS FOR ENID HIGHER EDUCATION COUNCIL, INC N/A PO BOX 1243 STUDENTS AT NORTHERN OKLAHOMA COLLEGE, ENID ENID, OK 73702 CAMPUS 2,500. HUNGER RELIEF (FOOD LOAVES & FISHES OF NW OKLAHOMA N/A ÞС RESOURCE CENTER) 701 E MAINE 5,000, ENID, OK 73701 ▶ 3a 14,000. Total b Approved for future payment NONE

**▶** 3b

Total

## Part XVI-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated	Unrelated	business income		oy section 512, 513, or 514	(e)
and grade animating animage anim made including	(a) Business	(b)	(C) Exclu-	(d)	Related or exempt
1 Program service revenue	code	Amount	sion code	Amount	function income
a					
b					
C	<u> </u>				<del>,</del>
d	<u> </u>		1 -		<u> </u>
e	<u> </u>				
f					
g Fees and contracts from government agencies	<u> </u>				
2 Membership dues and assessments	-			_	
3 Interest on savings and temporary cash					
investments			14	20.	
4 Dividends and interest from securities	<b></b>		14	6,463.	
5 Net rental income or (loss) from real estate:	<del></del>				
a Debt-financed property					
b Not debt-financed property				+	
6 Net rental income or (loss) from personal property					
7 Other investment income					
8 Gain or (loss) from sales of assets other					
than inventory					30,953.
9 Net income or (loss) from special events		•			00,200.
10 Gross profit or (loss) from sales of inventory					
11 Other revenue:					
a					
b					
C					
d					
e		····			
12 Subtotal. Add columns (b), (d), and (e)	<u> </u>	(	).	6,483.	
13 Total Add line 12, columns (b), (d), and (e)				13	37,436.
(See worksheet in line 13 instructions to verify calculations )					
Part XVI-B Relationship of Activities to	the Accor	nplishment of	Exempt P	urposes	

Line No	the foundation's exempt purposes (other than by providing funds for such purposes)
	NONE
-	

self- employed P00239811 Firm's EIN ► 73-1463197

Phone no (580)233-1144

PTIN

Check [

Form **990-PF** (2018)

**Paid** 

**Preparer** 

**Use Only** 

Signature of officer or trustee

Print/Type preparer's name

CHERYL BRYAN,

Firm's name ► COLLINS, BUTLER

Firm's address ▶ 901 W MAPLE AVE

CPA

ENID, OK 73701-3899

Date

Preparer's signature

Title

Date

#### Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service Name of the organization

### **Schedule of Contributors**

► Attach to Form 990. Form 990-EZ, or Form 990-PF. ► Go to www.irs.gov/Form990 for the latest information.

Employer identification number

OMB No 1545-0047

DILLINGHAM FOUNDATION 73-6108937 Organization type (check one) Filers of: Section: Form 990 or 990-EZ 501(c)( ) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization X 501(c)(3) exempt private foundation Form 990-PF 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule See instructions **General Rule** For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions Special Rules For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000, or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1 Complete Parts I and II For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to

certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

Name of organization

Employer identification number

### DILLINGHAM FOUNDATION

73-6108937

Part I	Contributors (see instructions) Use duplicate copies of Part I if	f additional space is needed	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	PETER DILLINGHAM  PO BOX 1669  ENID, OK 73702	\$ 25,000.	Person X Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
·	c	\$	Person Payroll Omnocash Complete Part II for noncash contributions )
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)

Name of organization

Employer identification number

# DILLINGHAM FOUNDATION

73-6108937

Part II N	Ioncash Property (see instructions) Use duplicate copies of Pa	art II if additional space is needed	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-			
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
_			
_		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
_			
		\$	990, 990-EZ, or 990-PF)

Name of or	ganization		Employer identification number			
DILLIN	NGHAM FOUNDATION		73-6108937			
Part III		through (e) and the following line en naritable, etc , contributions of \$1,000 or	section 501(c)(7), (8), or (10) that total more than \$1,000 for the ye			
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
Part I	(b) La pose of gift	(c) ose of gift	(a) Description of now girt is field			
		(e) Transfer of gif				
	Transferee's name, address, an	d ZIP + 4	Relationship of transferor to transferee			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
	(e) Transfer of gift  Transferee's name, address, and ZIP + 4  Relationship of transferor to transferee					
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
		(e) Transfer of gif				
	Transferee's name, address, an	d ZIP + 4	Relationship of transferor to transferee			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
—   		(e) Transfer of gif				
-	Transferee's name, address, an		Relationship of transferor to transferee			

FORM 990-PF INTERE	ST ON SAVI	NGS AND TEN	IPORARY	CASH II	NVESTMENTS	STATEMENT	1	
SOURCE	REVI	(A) REVENUE N PER BOOKS 20.		(B) VVESTMENT VCOME	(C) ADJUSTED NET INCOME			
INTEREST INCOME				20.				
TOTAL TO PART I, LI				20.				
FORM 990-PF	DIVIDEND	S AND INTER	REST FR	OM SECU	RITIES	STATEMENT	2	
SOURCE	GROSS AMOUNT	CAPITAI GAINS DIVIDENI	R	(A) EVENUE CR BOOKS	(B) NET INVES MENT INCO		- ADJUSTED	
DIVIDENDS & INTEREST	6,463	•	0.	6,463	. 6,46	53.		
TO PART I, LINE 4	6,463	•	0.	6,463	6,46	53.		
FORM 990-PF	0	THER PROFES	SSIONAL	FEES		STATEMENT	3	
DESCRIPTION		(A) EXPENSES PER BOOKS	NET I	B) NVEST- INCOME	(C) ADJUSTEI NET INCON			
PROFESSIONAL FEES	_	2,685	,	2,685.			0.	
TO FORM 990-PF, PG	1, LN 16C	2,685	·	2,685.			0.	
FORM 990-PF	****	CORPORA	re stoc	ĽK	***************************************	STATEMENT	4	
DESCRIPTION				вос	OK VALUE	FAIR MARKE	T	
CORPORATE STOCK				<del></del>	318,270.	488,8	<u>45.</u>	
TOTAL TO FORM 990-PF, PART II, LINE 10B					318,270. 488			

FORM 990-PF	OTHER INVESTMENTS		STAT	EMENT 5	
DESCRIPTION	VALUATION METHOD	BOOK VALUI		FAIR MARKET VALUE 7,880.	
ART WORK	COST	7,8	80.		
TOTAL TO FORM 990-PF, PART	II, LINE 13	7,88	80.		
	- LIST OF OFFICERS, ES AND FOUNDATION MAN		STAT	EMENT 6	
NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB		
DAN L DILLINGHAM P.O. BOX 1669 ENID, OK 73702-1669	TRUSTEE 0.00	0.	0.	0.	
LESLIE D BALLEW P.O. BOX 1669 ENID, OK 73702-1669	TRUSTEE 0.00	0.	0.	0.	
LORI EVANS P.O. BOX 1669 ENID, OK 73702-1669	TRUSTEE 0.00	0.	0.	0.	
DANA HUTTON P.O. BOX 1669 ENID, OK 73702-1669	TRUSTEE 0.00	0.	0.	0.	
PETER DILLINGHAM P.O. BOX 1669 ENID, OK 73702-1669	TRUSTEE 0.00	0.	0.	0.	
TOTALS INCLUDED ON 990-PF,	PAGE 6, PART VIII	0.	0.	0.	