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

Open to Public

Department of the Treasury

Inter	nal Revenue Sen	ice ne	organization may have	to use a copy of this retu	urn to satisty	state re	porting requireme	ents	Inspectio	<u> </u>
Α	For the 2005	calend <u>ar year,</u>	or tax year beginning		, 2005, and	ending				
В	Check if applicat						D Empl	oyer ident	lification Number	
	Address cha	Ptease use age IRS label	Dillon Intern	ational Inc.			20	-0565	165	
	Name chang	or print or type.	Endowment Tru				E Telep			
	Initial return	See specific		t_Street #200						
	Final return	instruc- tions	Tulsa, OK 741	.05			F Acco	unting od:	Cash X	Accrual
	Amended re							oa: Other (spe	<u> </u>	Accinal
	H		501(-)(2)	4047(-\flace)		11 . 0				
	Application	ending • Secτi chari	itable trusts must attac	ions and 4947(a)(1) none: th a completed Schedule	xempι Α	l	re not applicable to se		_	X No
			m 990 or 990-EZ).			1	this a group return fo		Yes Yes	₩ No
G	Web site: ►	N/A				1 1.1	'Yes ' enter number of			□
	Organization	hmo			-	1 ''	Are all affiliates include		Yes	∐ No
•	(check only		- X 501(c) 3 -	(insert no.) 4947(a)(1)	or 527	I .	If 'No attach a list Se		-	
K	Check here	if the orga	inization's gross receig	its are normally not more	than		s this a separate return			ਹ
	\$25,000 The	organization n	need not file a return wi	ith the IRS, but if the org	anızatıon		rganization covered by			X No
	chooses to f		sure to file a complete	return Some states requ	uire a		Sroup Exemption			
							Check ► X if the			
			o, 8b, 9b, and 10b to lin				attach Schedule B (I	rorm 990,	. 39U-EZ, 01 990-PF)
Pa	rt I Rev	enue, Expe	nses, and Change	es in Net Assets or	Fund Bala	nces (See Instructions)			
	1 Contrib	utions, gifts, gr	ants, and similar amou	unts received	ı					
	a Direct	public support			1.	а	4,884.			
	b Indired	t public support	i		1	b				
		ment contributi	ons (grants)		1	c		1		
	d Total (ad la throu	d lines h lc) (cash \$	4,884.	noncash \$				1 d	4,	884.
<u></u>	2 Progra	m service rever	nue including governm	ent fees and contracts (fr	om Part VII,	line 93)		2		
<u>4</u> 000	3 Memb	rship dues and	l assessments	_				3		
9	4 Interes	t on savings an	nd temporary cash inve	stments				4		
3 0	5 Dividei	ids and interest	t from securities	RECEN	VED	7 1.		5	5,	344.
~	6a Gross	ents				#			·	
	b Less i	ental expenses		M Aur a	l'és	Ы				
	c Net rea	ital income or (loss) (subtract line 6b	from line 6a) AUG 2 1	2006 1 01			6c		
REVENUE	7 Other	nvestment inco	me (describe	> 	၂တ္ဟု)	7	_	·
J È	9. 0			L DGM SALIN	trepr &		(B) Other			·
Ė	than ir	ventory	ales of assets other		8	а				
ξË	b Less	ost or other ba	isis and sales expense	s	8	Ь		j		
		loss) (attach sched	•		8	c				
	d Net ga	n or (loss) (cor	nbine line 8c, columns	(A) and (B))				84	1.	169.
	9	` , `	•	le) If any amount is from	gaming, che	eck here	▶□			
		revenue (not in	• .	of contrib	-		لــا			
		d on line 1a)			9	al				
			other than fundraising	expenses	9	$\overline{}$				
				btract line 9b from line 9a				9c		
			ory, less returns and al			a				
		ost of goods so	-	10 11 d 11 d 12 d	10		·-··			
		-		edule) (subtract line 10b from l		<u></u>		10 c		
			Part VII, line 103)	councy (300 macr mile 100 month	ine roay			11		
			es 1d, 2, 3, 4, 5, 6c, 7	. 8d. 9c. 10c. and 11\				12	11	397.
			m line 44, column (B))					13		552.
E			eral (from line 44, colu					14		397.
P F	_	=		(0))				15		55,.
Ň		Ŧ .	44, column (D))					16		
EXPENSES			(attach schedule)	n (Δ))				17	12	949.
			ines 16 and 44, column					-		
Ą			the year (subtract line		- (4))			18		<u>552.</u>
N S E F				year (from line 73, colum	ın (A))			19	215,	576.
ŢŢ		~	assets or fund balance	· · · · · · · · · · · · · · · · · · ·	4 00)			20	01.0	024
	ZI Net as	sets or fund ba	ances at end of year (combine lines 18, 19, and	a 20)			21	213,	024.

Form 990 (2005) Dillon International Inc. 20-0565165

Part II Statement of Functional Expenses All organizations must complete column (A) Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others

Do not include amounts reported on line		(A) Total	(B) Program	(C) Management	(D) Fundamen
6b, 8b, 9b, 10b, or 16 of Part I	1 1	(7) 10(4)	services	and general	(D) Fundraising
22 Grants and allocations (att sch)					
(cash \$ non-cash \$)					
·				1	
If this amount includes foreign grants, check here	22	11,552.	11,552.		
23 Specific assistance to individuals (att sch)	23		11,002.		
24 Benefits paid to or for members (att sch)	24			1	
25 Compensation of officers, directors, etc	25	0.	0.	0.	0.
26 Other salaries and wages	26				
27 Pension plan contributions	27				
28 Other employee benefits	28				
29 Payroll taxes	29				
30 Professional fundraising fees	30				
31 Accounting fees	31				
32 Legal fees	32				
33 Supplies	33				
34 Telephone	34				
35 Postage and shipping	35				
36 Occupancy	36				
37 Equipment rental and maintenance	37				
38 Printing and publications	38				
39 Travel	39				
40 Conferences, conventions, and meetings.	40				
41 Interest	41		-		
42 Depreciation, depletion, etc (attach schedule)	42				
43 Other expenses not covered above (itemize)					
a Foreign Income Taxes Par	43 a	16.		16.	
<pre>b Investment Expense</pre>	43 b	2,381.		2,381.	
c	43 c				
d	43 d				·
e	43 e				
f	43 f			i l	7 1
g	43 g				
44 Total functional expenses. Add lines 22 through 43 (Organizations completing columns (B) (D), carry these totals to lines 13 - 15).	44	13,949.	11,552.	2,397.	0.
Joint Costs. Check If you are following			11,002.]	2,331.	0.
Are any joint costs from a combined education	-		citation reported in (R) 9	rooram services?	► Yes X No
If 'Yes,' enter (i) the aggregate amount of thes				nount allocated to Progra	
		Management and gen			amount allocated
to Fundraising \$		3 90//	,	, 2112 (10) (110	
ВАА					Form 990 (2005)

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rorm 990 i	(2005)	DITION	International	inc.

20-0565165

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Part III	Statement of Program Service Accomplishments	
orm 990 is	s available for public inspection and, for some people, serves as the primary or sole source of information about a particular	
araanizatiai	in. How the public perceives an expension in such seces may be determined by the information proceeded and the action. Therefore	_

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 prim All organizations must describe clients served, publications issi zations and 4947(a)(1) nonexe	their exempt numpose achievem	ents in a clear and concise manner Sta that are not measurable (Section 501(c) enter the amount of grants and allocation	te the number of (3) and (4) organ- is to others)	Program Service Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, but optional for others)
a				
(Grants and allocations	· · · · · · · · · · · · · · · · · · ·	If this amount includes foreign grants, o	heck here	
(Grants and allocations		If this amount includes foreign grants, o	heck here	
(Grants and allocations	\$	If this amount includes foreign grants, o	check here	
(Grants and allocations e Other program services	\$) If this amount includes foreign grants, o	check here	
(Grants and allocations		If this amount includes foreign grants, or	check here	
f Total of Program Service	Expenses (should equal line 44	, column (B), Program services)	•	•

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Part IV Balance Sheets (See Instructions)

Note		here required, attached schedules and amounts within plumn should be for end-of-year amounts only	the description	(A) Beginning of year		(B) End of year
ŀ	4	Cash - non-interest-bearing		3,355.	45	32,657.
	40	Savings and temporary cash investments			46	
	47	a Accounts receivable	47 a		1	
		b Less allowance for doubtful accounts	47 b		47 c	
	41	a Pledges receivable	48 a	i	1 1	
		b Less. allowance for doubtful accounts	48 ь		48c	
	4	Grants receivable			49	
ASSETS	5	Receivables from officers, directors, trustees, and ke employees (attach schedule)	ey		50	
Ĕ	5	a Other notes & loans receivable (attach sch)	51 a			
s		b Less allowance for doubtful accounts	51 b		51 c	
	5	2 Inventories for sale or use			52	
	5	Prepaid expenses and deferred charges			53	
	5	Investments – securities (attach schedule)	► Cost FMV		54	
1	5	a Investments – land, buildings, & equipment basis	55 a			
		b Less: accumulated depreciation				
		(attach schedule).	55 b		55 c	
	5	Investments - other (attach schedule)		212,221.	56	180,367.
Ì	5	a Land, buildings, and equipment basis	57 a		1 1	
		b Less accumulated depreciation				
		(attach schedule)	57 b		57 c	
	5	Other assets (describe -)		58	
_+	5		gh 58	215,576.	59	213,024.
	6				60	
 	6	. ,			61	
LIABILITIES	6.			· · · · · · · · · · · · · · · · · · ·	62	
뷥		B Loans from officers, directors, trustees, and key employees (attach	schedule)	·····	63	
+	6	a Tax-exempt bond liabilities (attach schedule)			64a	
Ė		b Mortgages and other notes payable (attach schedule)			64Ь	
S		Other liabilities (describe)		65	
-+		5 Total liabilities. Add lines 60 through 65		0.	66	0.
	Org		nd complete lines 67			
Ĕ	_	through 69 and lines 73 and 74		015 576		010 004
Ą	_	7 Unrestricted		215,576.	67	213,024.
ANNELS	6	. , , , , , , , , , , , , , , , , , , ,			68	
	6	· · · · · · · · · · · · · · · · · · ·	1		69	
Ř	Urg	anizations that do not follow SFAS 117, check here	and complete lines			
	_	70 through 74.			70	
OZC.	_	Capital stock, trust principal, or current funds	anneat time!		70	
	7				71 72	
田々しることしい	7	Retained earnings, endowment, accumulated income	e, or other lunds i		14	
ğ	7	Total net assets or fund balances (add lines 67 through		215 576	72	212 024
\$	٠,	72; column (A) must equal line 19, column (B) must		215,576. 215,576.	73	213,024.
		4 Total liabilities and net assets/fund balances. Add lin	nes ob and /3	213,576.	/4	213,024.

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Form **990** (2005)

For	rm 990 (2005) Dillon Internatio	onal Inc.		20-0	565165	Page 5
	art IV-A Reconciliation of Revenu		Statements with			
	instructions.)	•		•	,	
	`					
a	Total revenue, gains, and other support p	er audited financial statemer	nts		а	9,016.
b	Amounts included on line a but not on Pa	art I, line 12				
	1Net unrealized gains on investments		Ь1		}	
	2Donated services and use of facilities		b2			
	3Recoveries of prior year grants		b3			
	4Other (specify)				i	
			64		ł	
	Add lines b1 through b4		·		ь	
c	Subtract line b from line a			F	c	9,016.
ď	Amounts included on Part I, line 12, but r	not on line as		F	-	5,010.
u	1 Investment expenses not included on Par		41	2,381.		
	204		" -	2,301.		
	20ther (specify)			1	-	
			d2		.]	2 201
	Add lines d1 and d2			.	_d	2,381.
e Lo	Total revenue (Part I, line 12) Add lines		1011		e	11,397.
	art IV-B Reconciliation of Expens	es per Audited Financi	al Statements with	1 Expenses per	Return	
а	Total expenses and losses per audited fir			<u> </u>	_a	<u>13,949.</u>
b	Amounts included on line a but not on Pa	art I, line 17	1 1		1	
	1Donated services and use of facilities		b1		- 1	
	2 Prior year adjustments reported on Part	I, line 20	_b2			
	3Losses reported on Part I, line 20		b 3			
	4Other (specify)					
			b4		1	
	Add lines b1 through b4				b	
c	Subtract line b from line a			Ţ	С	13,949.
d	Amounts included on Part I, line 17, but i	not on line a:		Ţ		
	1 Investment expenses not included on Pa		d1		1	
	2Other (specify)					
			d2			
	Add lines d1 and d2				d	
	Total expenses (Part I, line 17) Add line	s c and d		▶		13,949.
ā	art V-A Current Officers, Director		mpleyees and		64	
<u>. </u>	or key employee at any time dur	ing the year even if they were	e not compensated) (S	ee the instructions)	i onicer, d	mector, musiee,
		(B) Title and average hours	(C) Compensation	(D) Contributions t	0 (E) Expense
	(A) Name and address	per week devoted) (if not paid,	employee benefit	i lacco	ount and other
	(A) Name and address	to position	enter -0-)	plans and deferred compensation plan		allowances
				compensation plan	13	
			,	1	<u>, </u>	0
<u>Se</u>	ee Statement 1		0.	<u> </u>	0.	0.
			<u> </u>			
				ĺ		
						
)		1	
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_						
_						
])	1	
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Form 990 (2005) Dillon International	nc.		20-05651	65	_ P	age 6
Part V-A Current Officers, Directors, Tru	stees, and Key E	mployees (continued,)		Yes	No
75a Enter the total number of officers, directors, and trustees pe	rmitted to vote on organizati	on business as board meetings	▶ 8	[
listed in Schedule A, Part I, or highest compen A, Part II A or II B, related to each other through	Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees 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 explains the relationship(s)					
c Do any officers, directors, trustees, or key employees listed in form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to this organization through common supervision or common control?						Х
Note. Related organizations include section 509				75 c		لستتسا
If 'Yes,' attach a statement that identifies the in other organization(s), and describes the comperelated organization	idividuals, explains the	relationship between th		ch		
d Does the organization have a written conflict of	interest policy?			75 d	Х	
Part V-B Former Officers, Directors, Tru Benefits (If any former officer, directo during the year, list that person below a the instructions)	or, trustee, or key emp and enter the amount o	loyee received compens f compensation or other	ation or other benefits (de benefits in the appropriat	escribed b te column	elow) See	
(A) Name and address	(B) Loans and Advances	(C) Compensation	(D) Contributions to employee benefit plans and deferred compensation plans	(E) Ex account a allow		her
				·	-	_
				. <u>.</u>		_
						_
Part VI Other Information (See the instruc	tions)				Yes	No
76 Did the organization engage in any activity not attach a detailed description of each activity	previously reported to	the IRS? If 'Yes,'		76		Х
77 Were any changes made in the organizing or g If 'Yes,' attach a conformed copy of the chang	es	·		77		Х
78a Did the organization have unrelated business of b If 'Yes,' has it filed a tax return on Form 990-T	for this year?		r covered by this return?	78a 78b	N,	X A
79 Was there a liquidation, dissolution, terminatio year? If 'Yes,' attach a statement	n, or substantial contra	action during the		79		Х
80 a Is the organization related (other than by assomembership, governing bodies, trustees, officeb If 'Yes,' enter the name of the organization ►	ers, etc, to any other e	xempt or nonexempt org	ganization? 	80 a		Х
81 a Enter direct and indirect political expenditures	(See line 81 instruction	<u></u>	xempt or nonexem	0.	<u> </u>	-
b Did the organization file Form 1120-POL for thi	s year /			81 b	990	(2005)

	990 (2005) Dillon International Inc.	<u> </u>	5165	P	age 7
Pa	rt VI Other Information (continued)			Yes	No
82 :	Did the organization receive donated services or the use of materials, equipment, or facilities at r substantially less than fair rental value?	no charge or at	82 a		X
1	off '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)	26	N/A		
83	Did the organization comply with the public inspection requirements for returns and exemption ap		83a	Х	
ł	Did the organization comply with the disclosure requirements relating to quid pro quo contribution	ns ⁹	83b	X	
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?		84 a		X
ŀ	If 'Yes,' did the organization include with every solicitation an express statement that such contrit not tax deductible?	butions or gifts were	84ь	N.	′A
85	501(c)(4), (5), or (6) organizations a Were substantially all dues nondeductible by members?		85 a	N.	/A
i	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		85 b	N,	/A
	If 'Yes' was answered to either $85a$ or $85b$, do not complete $85c$ through $85h$ below unless the or waiver for proxy tax owed for the prior year	rganization received a	а		-
	Dues, assessments, and similar amounts from members 85	5c	N/A		
	Section 162(e) lobbying and political expenditures.	5d	N/A		
	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	ō e	N/A		
1	Taxable amount of lobbying and political expenditures (line 85d less 85e)	5f	N/A		
9	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?		85 g	N,	/A
l	olf section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable dues allocable to nondeductible lobbying and political expenditures for the following tax year?	estimate of	85 h	N,	/A
86	501(c)(7) organizations Enter a Initiation fees and capital contributions included on				
	line 12 86	5a	N/A		
١	Gross receipts, included on line 12, for public use of club facilities	6b	N/A		
87	501(c)(12) organizations Enter a Gross income from members or shareholders	7а	N/A		
	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	7Ь	N/A		
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corpor an entity disregarded as separate from the organization under Regulations sections 301 7701. If 'Yes,' complete Part IX	oration or partnership 2 and 301 7701-3?	o, 88		Х
89	1501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under				
	section 4911 ► 0. , section 4912 ► 0. , section 4955	5▶	0.		
	501(c)(3) and $501(c)(4)$ organizations. Did the organization engage in any section 4958 excess be during the year or did it become aware of an excess benefit transaction from a prior year? If 'Yes explaining each transaction	enefit transaction s,' attach a statemen	t 89 b		Х
(Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958	•			0.
	Enter Amount of tax on line 89c, above, reimbursed by the organization	▶_			0.
90	List the states with which a copy of this return is filed None				
	Number of employees employed in the pay period that includes March 12, 2005 (See instructions		90Ь		0
91	The books are in care of Located at S227 East 31st Street Tulsa, OK,	er ► ZIP + 4 ► 7	4105		. .
,	At any time during the calendar year, did the organization have an interest in or a signature or o			Yes	No
	financial account in a foreign country (such as a bank account, securities account, or other finan-	cial account) ²	91 b		Х
	If 'Yes,' enter the name of the foreign country				
	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Fore Financial Statements				l v
	At any time during the calendar year, did the organization maintain an office outside of the Unite	a States/	91 c	L	X
00	If 'Yes,' enter the name of the foreign country			7.	_
32	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 — Check here	e ► 92	N/.	Ŋ	N/A
BAA	and enter the amount of tax exempt interest received or accrued during the tax year	- 32	Fore	n 990 (
D/V			FOR	1 330 ((2003)

Part VII	Analysis of Income-Producin					r
Note: Ente	r gross amounts unless		d business income		ection 512, 513, or 514	(E)
otherwise i		(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	Related or exempt function income
93 Pro	gram service revenue					
					<u> </u>	
b		<u> </u>				
						
e	·					
	dicare/Medicaid payments				-	
	& contracts from government agencies	-				
94 Mer	mbership dues and assessments					
95 Inter	rest on savings & temporary cash invmnts					
	idends & interest from securities					5,344.
	rental income or (loss) from real estate					
	ot-financed property debt-financed property					
	rental income or (loss) from pers prop					
	ner investment income	·				······································
100 Gai	n or (loss) from sales of assets					· · · · · · · · · · · · · · · · · · ·
	er than inventory					1,169.
	income or (loss) from special events ss profit or (loss) from sales of inventory					<u> </u>
	ner revenue a				<u> </u>	
Ь						
c	· · · · · · · · · · · · · · · · · · ·			 		
d						
e						
	total (add columns (8), (D), and (E))				L	6,513. 6,513.
	t al (add line 104, columns (B), (D), 105 <u>plus line</u> 1d, P <u>ar</u> t I, should equ		on line 12 Part I			6,313.
	Relationship of Activities			Evernt Purno	SPS (See the instruction	nc)
Line No.	Explain how each activity for which					
▼	of the organization's exempt purp	oses (other th	an by providing funds	s for such purpose	s)	accomplishment
N/A			*			
Part IX	Information Regarding Ta			regarded Entit	es (See the instruction	ns)
	(A)	(B)		(C)	(D)	(E)
	address, and EIN of corporation,	Percentag		of activities	Total	End-of-year
	tnership, or disregarded entity	ownership ii		<u> </u>	income	assets
N/A			90			
			%			<u> </u>
_			%			·······
Part X	Information Regarding Tr	ansfers As		rsonal Renefit	Contracts (See the	instructions)
	e organization, during the year, receive any fi			Table Delicit	Juliant?	Vac VNa
	he organization, during the year, pa					
	If 'Yes' to (b), file Form 8870 and Fo					
	Under penalties of perjury, I declare that I h true correct, and complete Declaration of p					
	true correct, and complete Declaration of p	oreparer (other tha	officer) is bas			
Please	Signature of officer		Clle			
Sign Here	Signature of officer	Λ .	11:11			
	Type or print name and title	<u> </u>	<u> Ui li</u>			
						
Paid	Preparer's signature	liamos				
Pre-		Compare	DIIC			
parer's Use	waver if salf		PLLC			
Only	employed), address, and ZIP + 4 5110 S. Yal Tulsa, OK 7		.00			
BAA	ZIP+4 Tulsa, OK 7	4133				

SCHEDULE A (Form 990 or 990-EZ)

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n), or 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information — (See separate instructions.)

2005

OMB No 1545-0047

Department of the Treasury Internal Revenue Service ► MUST be completed by the above organizations and attached to their Form 990 or 990-EZ.

Dillon International	Inc.		Employer identification	number
Endowment Trust			20-0565165	
Part I Compensation of the Five High	hest Paid Employees Oth	ner Than Officer	s, Directors, ai	nd Trustees
(See instructions List each one If there	e are 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 and other allowances
None				
Total number of other employees paid over \$50,000 Part II — A Compensation of the Five High	0			
Part II — A Compensation of the Five High (See instructions List each one (wheth	hest Paid Independent C er individuals or firms) If there	ontractors for P are none, enter 'Nor	rofessional Se	rvices
(a) Name and address of each independent contract	ctor paid more than \$50,000	(b) Type	of service	(c) Compensation
None				
Total number of others receiving over \$50,000 for professional services	0	<u> 1</u>		
Part II — B Compensation of the Five Higl	hest Paid Independent C	ontractors for C	Other Services	
(List each contractor who performed se enter 'None ' See instructions)	rvices other than professional s	ervices, whether ind	ividuals or firms If	there are none,
(a) Name and address of each independent contract	ctor paid more than \$50,000	(b) Type (of service	(c) Compensation
None				
Total number of other contractors receiving byer \$50,000 for other services	0			

BAA

Schedule A (Form 990 or 990-EZ) 2005 Dillon International Inc. 20-0565165 Page 3 Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12) Use cash method of accounting. Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting Calendar year (or fiscal year (a) 2004 **(b)** 2003 beginning in) Total Gifts, grants, and contributions received (Do not include 15 unusual grants See line 28) 200,000. 200,000. Membership fees received Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc, purpose 0. Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975 15,576. 15,576. Net income from unrelated business activities not included in line 18 0. Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf 0. The value of services or facilities furnished to the organization by a governmental unit without charge Do not include the value of services or facilities generally furnished to the public without charge 0. Other income Attach a schedule Do not include gain or (loss) from sale of čapital assets 23 Total of lines 15 through 22 215,576. 215,576 24 Line 23 minus line 17 215.576 25 Enter 1% of line 23 2,156. Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24 26 a b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2001 through 2004 exceeded the amount shown in line 26a Do not file this list with your return. Enter the total of all these excess amounts 26 b c Total support for section 509(a)(1) test. Enter line 24, column (e) 26 c d Add Amounts from column (e) for lines 26 d e Public support (line 26c minus line 26d total) 26 e f Public support percentage (line 26e (numerator) divided by line 26c (denominator)) 26 f 27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a 'disqualified person,' prepare a list for your records to show the name of, and total amounts received in each year from, each 'disqualified person' **Do not file this list with your return.** Enter the sum of such amounts for each year **b**For any amount included in line 17 that was received from each person (other than 'disqualified persons'), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000 (Include in the list organizations described in lines 5 through 11b, as well as individuals) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year 0. (2002) c Add: Amounts from column (e) for lines 15 20 200,000. 27 c d Add Line 27a total and line 27b total 27 d e Public support (line 27c total minus line 27d total) 27 e 200,000. f Total support for section 509(a)(2) test Enter amount from line 23, column (e) 215,576

Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2001 through 2004, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. **Do not file this list with your return.** Do not include these grants in line 15

g Public support percentage (line 27e (numerator) divided by line 27f (denominator))

h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))

27 g

27 h

92.77

7.23 %

	(To be completed ONLY by schools that checked the box on line 6 in Part IV)	N/A		
	1	., 11	Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	29		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	30		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves?	31		
	If 'Yes,' please describe, if 'No,' please explain (If you need more space, attach a separate statement)			
	Does the organization maintain the following Records indicating the racial composition of the student body, faculty, and administrative staff?	32 a		
	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32 b		
	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32 c		
	d Copies of all material used by the organization or on its behalf to solicit contributions?	32 d		
	If you answered 'No' to any of the above, please explain (If you need more space, attach a separate statement)	! :		
33	Does the organization discriminate by race in any way with respect to			
i	a Students' rights or privileges?	33a		
1	Admissions policies?	33ь		
•	Employment of faculty or administrative staff?	33c		
,	d Scholarships or other financial assistance?	33d		
	Educational policies?	33e		
	f Use of facilities?	33f		
1	g Athletic programs?	33g		
	h Other extracurricular activities?	33h		
	If you answered 'Yes' to any of the above, please explain (If you need more space, attach a separate statement)			
34	a Does the organization receive any financial aid or assistance from a governmental agency?	34 a		
	b Has the organization's right to such aid ever been revoked or suspended? If you answered 'Yes' to either 34a or b, please explain using an attached statement	34 ь		_
35	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev Proc 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If 'No,' attach an explanation.	35		

	edule A (Form 990 or 990		International				20-0	0565	165	Page 5
Par	Lobbying Ex (To be complete	(penditures by Ele ed ONLY by an eligible of	cting Public Charion that filed For	ties (See instri orm 5768)	uctions))			N/A	
Chec	k ► a If the organiz	ation belongs to an affil	iated group Check	► b If you	checke			contro	of provision	ns apply
		imits on Lobbying 'expenditures' means a	•	4 \		Affiliate	a) d grou als	р	To be co	b) ompleted electing
		<u> </u>		" 	7				organı	zations
36	Total lobbying expenditu				36					
37 38	Total lobbying expenditu			ng)	37					
39	Total lobbying expenditu Other exempt purpose e	•	')		38			-		
40	Total exempt purpose e	•	9 and 30)		40					
41	Lobbying nontaxable am	•	•		40					 -
7,	If the amount on line 40		lobbying nontaxable an		1 1					
	Not over \$500,000		of the amount on line 4		1 1					
	Over \$500,000 but not over \$1,		000 plus 15% of the excess ov	-	1					
	Over \$1,000,000 but not over \$	•	000 plus 10% of the excess ov	· / 1	41			1		
	Over \$1,500,000 but not over \$		000 plus 5% of the excess ove							
	Over \$17,000,000	\$1,0	00,000							
42	Grassroots nontaxable a	amount (enter 25% of lin	ne 41)		42			}		
43	Subtract line 42 from lin	e 36 Enter -0- if line 42	is more than line 36		43					
44	Subtract line 41 from lin	e 38 Enter -0- if line 41	is more than line 38		44					
	Caution: If there is an a	mount on either line 43	or line 44, you must file	Form 4720						
	(Some organ	nizations that made a se	Averaging Period Lection 501(h) election do	not have to co	mplete	(h) all of the fiv	ve colu	ımns b	elow	
		Se	e the instructions for lin							
			Lobbying Expend		- Tear A	veraging F	rerioa	T		
	Calendar year (or fiscal year beginning in) ≻	(a) 2005	(b) 2004	(c) 2003		-	d) 002		-	e) otal
45	Lobbying nontaxable amount			······						
46	Lobbying ceiling amount (150% of line 45(e))									
47	Total lobbying expenditures									
48	Grassroots non- taxable amount			·····		···				
49	Grassroots ceiling amount (150% of line 48(e))									
50	Grassroots lobbying expenditures									
Par	t VI-B Lobbying A (For reporting o	ctivity by Nonelect only by organizations tha	ing Public Chariti e at did not complete Part)s VI-A) (See inst	ructions)			N/A	
Duri atter	ng the year, did the organ	nization attempt to influe pinion on a legislative ma	ence national, state or lo atter or referendum, thro	ocal legislation, ough the use of	includin	ig any	Yes	No		ount
1	Nolunteers								······································	
1	b Paid staff or manageme	ent (Include compensatio	on in expenses reported	on lines c thro	ugh h.)					
	c Media advertisements									
	d Mailings to members, le	egislators, or the public								
	e Publications, or publish	ed or broadcast stateme	ents				$oxed{oxed}$			
1	f Grants to other organiza	ations for lobbying purpo	oses							
•	g Direct contact with legis	lators, their staffs, gove	rnment officials, or a le	gislative body			L]			
	h Rallies, demonstrations			any other mea	ns		ļ			
i	i Total lobbying expenditi	ures (add lines ${f c}$ through	n h.)				L			
	If 'Yes' to any of the ab	ove, also attach a stater	ment giving a detailed d	escription of the	e lobbyir					
BAA	١					Sch	edule	A (For	m 990 or 9	90-EZ) 2005

	(Form 990 or 990-EZ) 20 Information Regard		lon International Inc. sfers To and Transactions ar	20-0565 nd Relationships With Noncha		_	age 6	
	Exempt Organization	ons (See in	nstructions)					
51 ' Did the	ne reporting organization of Code (other than section	directly or in 501(c)(3) or	directly engage in any of the following	g with any other organization described ng to political organizations?	d in section	501(c)	
a Trans	fers from the reporting or	ganization to	o a noncharitable exempt organizatio	n of		Yes	No	
(i) C					51 a (i)		X	
(ii)O	ther assets				a (ii)		X	
	transactions							
	3		oncharitable exempt organization		b (i)		X	
(ii)Purchases of assets from a noncharitable exempt organization							X	
• •	lental of facilities, equipmi leimbursement arrangeme		assets		b (iii) b (iv)		X	
	oans or Ioan quarantees	21162			b (v)		X	
(vi)Performance of services or membership or fundraising solicitations							X	
			ts, other assets, or paid employees		b (vi)		X	
				umn (b) should always show the fair m organization received less than fair mar ods, other assets, or services received	arket value	of n		
(a) Line no	(b) Amount involved		(c) noncharitable exempt organization	(d) Description of transfers, transactions, and sharing arrangements				
N/A								
		ļ						
		ļ						
								
								
	····							
	 -	 		· · · · · · · · · · · · · · · · · · ·				
			· · · · · · · · · · · · · · · · · · ·					
					-	_		
								
descr	e organization directly or in ribed in section 501(c) of the state of the section 501(c) of the section following	the Code (of	liated with, or related to, one or more than section 501(c)(3)) or in section	e tax exempt organizations ion 527?	► ☐ Ye	s X	No	
	(a)		(b)	(c) Description of relatio				
	Name of organization	<u> </u>	Type of organization	Description of relatio	nsnip ————			
N/A								
	<u></u> .	<u>-</u>						
			 					
		··	 	 				

2005

Federal Statements

Dillon International Inc. Endowment Trust

20-0565165

Page 1

Statement 1 Form 990, Part V-A List of Officers, Directors, Trustees, and Key Employees

Name and Address	Title and Average Hours Per Week Devoted	Compen- sation	Contri- bution to EBP & DC	
Danielle Batchelor 7413 E. Oxford Ave Tulsa, OK 74137	Executive Direc 0	\$ 0.	\$ 0.	\$ 0.
Deniese M Dillon 3227 E 31st Street Tulsa, OK 74135	Director 0	0.	0.	0.
Jerry D Dillon 1252 Hazel Blvd. Tulsa, OK 74114	Director 0	0.	0.	0.
John Doak 6120 S Yale, Ste 500 Tulsa, OK 74136	Director 0	0.	0.	0.
Warren C. Hultgren 8555 S Lewsi #32 Tulsa, OK 74137	Chairman Emert O	0.	0.	0.
Mary Barnes 2660 S Birmingham Place Tulsa, OK 74114	Director 0	0.	0.	0.
David Wulf 3803 S Delaware Ave Tulsa, OK 74105	Sec/Treas 0	0.	0.	0.
Henry Will 3701 First Place Tower Tulsa, OK 74104	Chairman 0	0.	0.	0.
	Total	\$ 0.	\$ 0.	\$ 0.

Form **8868** (Rev December 2004)

Application for Extension of Time to File an Exempt Organization Return

OMB No 1545 1709

Form 8868 (Rev 12-2004)

Department of the Treasury Internal Revenue Service

File a separate application for each return If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box • If you are filing for an Additional (not automatic) 3-Month Extension, complete only Part II (on page 2 of this form) Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868 Automatic 3-Month Extension of Time — Only submit original (no copies needed) Form 990-T corporations requesting an automatic 6-month extension -- check this box and complete Part I only All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax returns. Partnerships, REMICs and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041 Electronic Filing (e-file). Form 8868 can be filed electronically if you want a 3-month automatic extension of time to file one of the returns noted below (6-months for corporate Form 990-T filers). However, you cannot file it electronically if you want the additional (not automatic) 3-month extension, instead you must submit the fully completed signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs gov/efile Name of Exempt Organization Employer identification number Type or Dillon International Inc. print Endowment Trust 20-0565165 File by the Number, street, and room or suite number. If a P.O. box, see instructions due date for filing your 3227 East 31st Street #200 return See instructions City, town or post office. For a foreign address, see instructions ZIP code Tulsa, OK 74105 Check type of return to be filed (file a separate application for each return) X Form 990 Form 990-T (corporation) Form 4720 Form 990-BL Form 990-T (section 401(a) or 408(a) trust) Form 5227 Form 990-EZ Form 990-T (trust other than above) Form 6069 Form 990-PF Form 1041-A Form 8870 The books are in the care of Telephone No. ▶ FAX No ► If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box \blacktriangleright . If it is for part of the group, check this box \blacktriangleright and attach a list with the names and EINs of all members the extension will cover 1 I request an automatic 3-month (6-months for a Form 990-T corporation) extension of time until 8/15 , 20 06 , to file the exempt organization return for the organization named above. The extension is for the organization's return for: calendar year 20 05 or tax year beginning _____, 20 ___, and ending _____ Change in accounting period 2 If this tax year is for less than 12 months, check reason. Initial return 3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit c Balance Due. Subtract line 3b from line 3a Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions

BAA For Privacy Act and Paperwork Reduction Act Notice, see instructions.