

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



Schedule B (Form 990, 990-EZ,

or 990-PF)

Schedule of Contributors

OMB No. 1545-0047

Attach to Form 990, Form 990-EZ, or Form 990-PF. ▶ Information about Schedule 8 (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990.

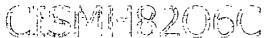
Department of the Treasury Internal Revenue Service Name of the organization **Employer identification number** Lemon Family Foundation 73-1516391 Organization type (check one): Filers of: Section: Form 990 or 990-EZ 501(c)() (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation ☐ 527 political organization Form 990-PF 501(c)(3) exempt private foundation 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, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. Special Rules For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 331/3 % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution 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 a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III. ☐ For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor. during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not total to 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. Do not complete any of the parts unless the General Rule

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not 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 does not meet the filling requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

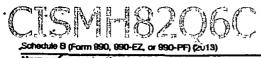
applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or

more during the year

Schedule 8 (Form 990, 990-EZ, or 990-PF) (2013)

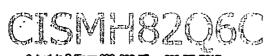


Schedule B (Form 990, 990-EZ, or 990-PF) (2013) Name of organization **Employer Identification number** Lemon Family Foundation 73-1516391 Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. Part I **(b)** (c) (d) (a) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution \square Person 1_____ Larry H. Lemon **Payroll** 25,000 00 Noncash 11300 Running Deer Court (Complete Part II for noncash contributions.) Edmond, Oklahoma 73013-8344 (d) (b) (c) (a) **Total contributions** Type of contribution Name, address, and ZIP + 4 No. Person Payroll Noncash (Complete Part II for noncash contributions.) (b) (c) (d) (a) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person Payroli Noncash (Complete Part II for noncash contributions.) (d) (c) (a) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** Person **Payroll** Noncash (Complete Part II for noncesh contributions.) (a) No. (d) (b) (c) Type of contribution Total contributions Name, address, and ZIP + 4 Person **Payroll** Noncash (Complete Part II for noncash contributions.) (g) (a) (b) (c) Name, address, and ZIP + 4 **Total contributions** Type of contribution Νo. Person Payroll Noncash (Complete Part II for noncash contributions.)



Name of organization Employer identification number Lemon Family Foundation 73-1516391

Part II	Noncash Property (see Instructions). Use duplicate copies of Part II if additional space is needed.					
(a) No. from Part I	(b) Description of noncesh 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 Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received			
		\$				



	Form 990, 990-EZ, or 990-PF) (2013)				Page 4		
Name of or	rganization		Employer identification number				
	mily Foundation				73-1516391		
Part III	Exclusively religious, charitable, etc., Individual contributions to section 501(c)(7), (8), or (10) organizations that total more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.)						
	Use duplicate copies of Part III if ac	dditional space is nee	ded.				
(a) No. from Part I					escription of how gift is held		
-	(e) Transfer of gift						
-	Transferee's name, address, and ZIP + 4			nship of tra	nsferor to transferee		
(a) No. from Part i	(b) Purpose of gift	(c) Use	(c) Use of gift		(d) Description of how gift is held		
Parti							
	***************************************			***************************************			
-	(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) D		Description of how gift is held		

		***************************************			······································		
	(e) Transfer of gift						
}	Transferee's name, address, and ZIP + 4 Relation		nship of transferor to transferee				
			**************************************		\		
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Des	cription of how gift is held		
		(e) Transf	er of aift				
	Transferee's name, address, and ZiP + 4 Relationship of transferor to transferee						

CISMH82CGC

0425876270 June 26, 2014 LTR 2697C 0 R 73-1516391 201312 44 00029233

LEMON FAMILY FOUNDATION 11300 RUNNING DEER CT. EDMOND OK 73013



026341

DECLARATION

Under penalties of perjury, I declare that I have examined the return identified in this letter, including any accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct and complete. I understand that this declaration will become a permanent part of that return.

Signature of Officer or Trustee

7-22-14

Date

MANAGEL

T1+10

Title