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

Department of the Treasury Internal Revenue Service

Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF.

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

OMB No. 1545-0047

	of the organization	lotcher A	Sem-letin	1,5	26 -3842925			
	zation type (check		7					
Filers of:		Section:	Section:					
Form 990 or 990-EZ		501(c)() (enter number) organization						
		4947(a)(1)	nonexempt charitabl	le trust not treated as	a private foundation			
		527 politica	al organization					
Form 990-PF		☑ 501(c)(3) ea	501(c)(3) exempt private foundation					
		4947(a)(1)	nonexempt charitabl	le trust treated as a pr	nvate foundation			
		☐ 501(c)(3) ta	xable private founds	ation	•			
Note: C instruct Genera	ions.)(7), (8), or (10) org	anization can check	boxes for both the G	eneral Rule and a Special Rule. See			
Genera	• • • • •	#Wo = Fo 000	000 F7 ++ 000 DE 4		ha voor goetelbrelane tetalisus \$5.000			
L	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 331/3 % 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) filling 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, 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							
90-EZ,	or 990-PF), but it m	nust answer "No"	on Part IV, line 2, of i	its Form 990; or chec	es doesn't file Schedule B (Form 990, k the box on line H of its Form 990-EZ or on edule B (Form 990, 990-EZ, or 990-PF).			

For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF. Cat. No. 30813X Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

	I (Form 990, 990-EZ, or 980-PF) (2016)		Page
Name of	Simon Kletchen Foundation	Employer identification number 26-38402925	
Part I	Contributors (See instructions). Use duplicate copies		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	John M. Campbell dr. 2531 S. Berry From Road Norman Uk 73072		Person Payroli Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroli 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
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)