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

OMB No 1545-0052

Department of the Treasury Internal Revenue Service

► Do not enter Social Security numbers on this form as it may be made public.
► Information about Form 990-PF and its separate instructions is at www.irs.gov/form990pf.

2013

			tax year beginniı	ng	, 2013	, and ending		,	
Name of MOUN		tion N TOP FOUN	DATION				Α	Employer identification nu 35-2462050	mber
Number :	and stre	et (or PO box numbe AY FOX DR	er if mail is not delivered	d to street a	oddress)	Room/suite	В	Telephone number (see the (405) 844-99	•
			, and ZIP or foreign pos	stal code		<u> </u>	1		
EDMO	ND				OK	73003	່ໄ ເ	If exemption application is	pending, check here . X
G Ch	eck al	ll that apply:	Initial return		Initial Return of a form	ner public charity	D	1 Foreign organizations, che	eck here ▶ □
			Final return	ļ	Amended return				L
			Address chan		Name change	<u></u> ,	4	2 Foreign organizations mee here and attach computati	
H (type of organiza			(c)(3) exempt private for		1_	•	
		rket value of all asse	nonexempt charit			rivate foundation	E	If private foundation status under section 507(b)(1)(A)	was terminated
		art II, column (c), line		ACC	ounting method: XC	ash Accrual	1_		
▶ 5	3	19	,432.	(Part I.	column (d) must be on o	ash basis.	F	If the foundation is in a 60- under section 507(b)(1)(B)	
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W-21	E	xpenses (The	total of amounts	ın	(a) Revenue and expenses per books	(b) Net investmer income	π	(c) Adjusted net income	(d) Disbursements for charitable
	CC Se	olumns (b), (c), a ardy equal the am	nd (d) may not ne nounts in column :	eces-	, ,				purposes
	(s	ee instructions))		(4)					(cash basis only)
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	4		rest from securities.				0.	 -	
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	1	Net rental income or (loss)					-	The second secon	
R			sale of assets not on lir	ne 10					
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Ē	7		ome (from Part IV, line 2						
N U	8	Income modific	capital gain						
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	1	Less Cost of goods sold)
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	11	Other income (a	attach schedule)						
	12	Tetal Add lines	s 1 through 11		0.000				
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Ž.	26	Total expenses	s a <mark>nd disburse</mark> m d 25 · · · · ·	ents.	10 100		\Box		
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0		Excess of reve	nue over expen	ses					
		and disbursem	nents		-1,468.				
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DA 4 -			e (if negative, enter -0-			7 / 14 / 14 / 14 / 14 / 14 / 14 / 14 / 1			
DAA F	ur ra	PEIWOLK KEGUC	tion Act Notice,	see inst	ructions.		TEFA	0301 10/18/13	Form 990-PF (2013)

Cash - non-interest-bearing 20,900 19,432 19,432	Par	7 III	Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only	Beginning of year	End of	year
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28 Paid-In or capital surplus, or land, building, and equipment fund	EL	27	· -			
RS 30 Total net assets or fund balances (see instructions)	SN	28	Paid-In or capital surplus, or land, building, and equipment fund		··· <u>-</u>	
Total liabilities and net assets/fund balances (see instructions)	O E	29	Retained earnings, accumulated income, endowment, or other funds	20,900.	19,432.	
31 Total liabilities and net assets/fund balances (see instructions)	RS	30	Total net assets or fund balances (see instructions)			
Pare III Analysis of Changes in Net Assets or Fund Balances 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)		31				
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). 2 Enter amount from Part I, line 27a	ନ୍ଧୀ	EIIIE A		es		
end-of-year figure reported on prior year's return)					ith	·
2 Enter amount from Part I, line 27a	-	end-c	of-year figure reported on prior year's return)		1	20,900.
3 Other Increases not included in line 2 (itemize)	2	Enter	r amount from Part I, line 27a		2	
19,432.	3	Other	increases not included in line 2 (itemize) ▶		3	
P. Descreed and to-divided in the 20th and 2	4	Add I	lines 1, 2, and 3 · · · · · · · · · · · · · · · · · ·		4	19,432.
6 Total net assets or fund balances at end of year (line 4 minus line 5) — Part II, column (b), line 30 6 19, 432.	5	Decre	ases not included in line 2 (itemize) ▶		5	•
	6	Total	net assets or fund balances at end of year (line 4 minus line 5) - Pa	art II, column (b), line 30	6	19,432.

	990-PF (2013) MOUNTAIN		<u></u>		35-24	162050	Page 3
Pa		Losses for Tax on Investmer the kind(s) of property sold (e.g., real		(b) How acqu	red (C)Da	te acquired	(d) Date sold
	2-story brick warehous	se; or common stock, 200 shares MLC	Company)	P — Purchas	e (month.	day, year)	(month, day, year)
1:	 a						
	b						
	3		_				
	d			-		· -	
	9						
	(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basi plus expense of sale) Gain or olus (f) mi	
	3						
	b					_	-
	3						
	<u> </u>						
	•						
		ing gain in column (h) and owned by th			(1)	Gains (Co	lumn (h)
	(i) Fair Market Value as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of column (over column (j), if any), but not less om column (h))
	<u> </u>	1					
	<u> </u>	<u> </u>					
	<u> </u>						
			<u>-</u> -				
2	Capital gain net income or (net	capital loss).	enter in Part I, line 7 er -0- in Part I, line 7		2		
3	Net short-term capital gain or (I	oss) as defined in sections 1222(5) and	너 (6):				•
	If gain, also enter in Part I, line	8, column (c) (see instructions). If (loss	s), enter -0-				
	in Part I, line 8		<u></u>		3		
୍ରାଧନ	Qualification Unde	er Section 4940(e) for Reduce	d Tax on Net Investm	ent Inco	me		
(For	optional use by domestic private	foundations subject to the section 494	0(a) tax on net investment in	come.)			
If se	ction 4940(d)(2) applies, leave th	us nart hlank					
		•					
		tion 4942 tax on the distributable amou		riod?		Yes	X No
If 'Ye		fy under section 4940(e). Do not compl					
1		n each column for each year; see the in	structions before making any	entnes.			
	(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of nonchantable-use asse	ts (Di column (b)	(d) stribution divided b	ratio y column (c))
	2012	0.		0.			0.000000
	2011	†					0.00000
	2010						<u> </u>
	2009		· · · · · ·				
	2008						
			·				
2	Total of line 1, column (d)				2		0.000000
3	. ,	e 5-year base period — divide the total of the has been in existence if less than 5 ye		· · · · · —	3		0.000000
4		lable-use assets for 2013 from Part X, I					
~	Enter the fiet value of horichani	IADIO-436 ASSELS IUI ZU IS IIUIII FAR X, I	IIIE 3 · · · · · · · · · · · · · · · · · ·	 	4		15,859.
5	Multiply line 4 by line 3			L	5		0.
6	Enter 1% of net investment inco	ome (1% of Part I, line 27b)		L	6		0.
7	Add lines 5 and 6				7		0.
8	Enter qualifying distributions fro	om Part XII, line 4			8		10,400.
	If line 8 is equal to or greater the Part VI instructions.	an line 7, check the box in Part VI, line	1b, and complete that part u	sing a 1% t	ax rate. Se	e the	
BAA						Form	n 990-PF (2013)

Fa	privaled Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 — see			s)	
1 a	Exempt operating foundations described in section 4940(d)(2), check here I and enter 'N/A' on line 1				
	Date of ruling or determination letter (attach copy of letter if necessary — see instrs)				
ŀ	Domestic foundations that meet the section 4940(e) requirements in Part V,	1			0.
	check here . F X and enter 1% of Part I, line 27b	,			
	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of Part I, line 12, column (b)			S. A. 3	A STATE OF THE STATE OF
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	2			0.
3	Add lines 1 and 2 · · · · · · · · · · · · · · · · · ·				0.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	4			0.
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0	5			0.
6	Credits/Payments				
ä	2013 estimated tax pmts and 2012 overpayment credited to 2013	. }			
t	Exempt foreign organizations — tax withheld at source				
	Tax paid with application for extension of time to file (Form 8868) 6 c	·			. 7
•	Backup withholding erroneously withheld		21.		
7	Total credits and payments. Add lines 6a through 6d	7			0.
8	Enter any penalty for underpayment of estimated tax. Check here If Form 2220 is attached	8			
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9			0.
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10			0.
11	Enter the amount of line 10 to be: Credited to 2014 estimated tax	11			
Par	NULA Statements Regarding Activities				
1 a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it				Yes No
	participate or intervene in any political campaign?		• • •	1 a	X
t	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see the instructions for definition)?			1 b	x
	If the answer is 'Yes' to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities				
c	Did the foundation file Form 1120-POL for this year?		[1 c	Х
c	I Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year				ثرس
	(1) On the foundation ▶ \$ (2) On foundation managers ▶ \$				
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers ► \$				
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?		[2	Х
	If 'Yes,' attach a detailed description of the activities.		Ī		
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
4 a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?		L	4 a	X
	olf 'Yes,' has it filed a tax return on Form 990-T for this year?			4 b	MA
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?				
_	If Yes,' attach the statement required by General Instruction T.				
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either				
_	By language in the governing instrument, or				
	• By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict				
7	with the state law remain in the governing instrument?		L	6	X
7	Did the foundation have at least \$5,000 in assets at any time during the year? If 'Yes,' complete Part II, column (c), and Part XV			7	Х
o a	Enter the states to which the foundation reports or with which it is registered (see instructions)		-		
_	OK - Oklahoma		- 1		
Ь	If the answer is Yes' to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? If 'No,' attach explanation			8 b	Х
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j) for calendar year 2013 or the taxable year beginning in 2013 (see instructions for Part XIV)? If 'Yes,' complete Part X	(5) 7V .		9	X
10	Did any persons become substantial contributors during the tax year? If 'Yes,' attach a schedule listing their names and addresses	<u></u> .	<u></u> .	10	x
BAA				m 990	-PF (2013)

Pai	Statements Regarding Activities (continued)			
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		[13	Х
14	Website address	(405)	844-	9995
15	Located at 1900 GRAY FOX DRIVE EDMOND OK ZIP + 4 7300 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 — Check here			
16		· ····································		Yes No
	bank, securities, or other financial account in a foreign country?		16	X
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1. If 'Yes,' enter the name of the foreign country			
Pa	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 2	a During the year did the foundation (either directly or indirectly)	ļ		
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?	XNo		
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?	ΧNο	-	_
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? Yes	X No		
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? Yes	X No		
		Alto	-	
	(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)?	⊠No		i j
	(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.)	XNo		
١	b If any answer is 'Yes' to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?	<u></u>	1 b	NA
	Organizations relying on a current notice regarding disaster assistance check here			1
(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 2013?		1 c	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)).			
•	a At the end of tax year 2013, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2013?	χNο		
	If Yes,' list the years 20 , 20 , 20			
I	b Are there any years listed in 2a for which the foundation is not 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.)		2 b	N/A
(If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here 20 , 20 , 20			
3 a	a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?	X No		
t	of if 'Yes,' did it have excess business holdings in 2013 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 2013.)		2 h	N/A
Α.	a Did the foundation invest during the year any amount in a manner that would jeopardize its		3 b	<u>~/A</u>
46	chantable purposes?		4 a	X
ŀ	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 2013?		4 b	X
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RaraVIHB Statements Regarding Activit	ies for Which Forn	1 4720 May Be Req	uired (continued)	
5 a During the year did the foundation pay or incur a(1) Carry on propaganda, or otherwise attempt to	~	ection 4945(e))?	Yes	No
(2) Influence the outcome of any specific public on, directly or indirectly, any voter registratio	n drive?	· · · · · · · · · · · · · · · · · · ·	L L	√ No
(3) Provide a grant to an individual for travel, stu	idy, or other similar purpo	oses?	· · · · · TYes	√ No
(4) Provide a grant to an organization other than in section 509(a)(1), (2), or (3), or section 49	n a chantable, etc, organi 40(d)(2)? (see instruction	zation described	Yes [>	₹ No
(5) Provide for any purpose other than religious educational purposes, or for the prevention	, charitable, scientific, lite of cruelty to children or a	erary, or nimals?	Yes [√ No
b If any answer is 'Yes' to 5a(1)-(5), did any of the described in Regulations section 53 4945 or in a (see instructions)?	current notice regarding	disaster assistance	<u>.</u>	5b NA
Organizations relying on a current notice regard	ng disaster assistance ch	neck here	▶ [
c If the answer is 'Yes' to question 5a(4), does the tax because it maintained expenditure responsibility 'Yes,' attach the statement required by Regula			. Ν/A Yes [No
6 a Did the foundation, during the year, receive any	funds, directly or indirect	v. to pay premiums		
on a personal benefit contract?				No 6b x
If 'Yes' to 6b, file Form 8870	ns, directly of indirectly, c	on a personal benefit con	uact,	6 b X
7 a At any time during the tax year, was the foundati	on a party to a prohibited	tax shelter transaction?	Yes	∢ No
b If 'Yes,' did the foundation receive any proceeds				
Information About Officers, D and Contractors	irectors, Trustees,	roundation Manag	gers, Hignly Pald	Employees,
1 List all officers, directors, trustees, foundation	n managers and their c	ompensation (see inst	ructions).	
(a) Name and address	(b) Title, and average hours per week devoted to position	(c)Compensation (If not paid, enter -0-)	(d)Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
MARK A. SHEETS				
1900 GRAY FOX DR EDMOND OK 73003	DIRECTOR 0.50	0.	0.	0.
SARAH J. SHEETS	0.30	<u>. </u>		1
1900 GRAY FOX DR EDMOND OK 73003	DIRECTOR 0.50	0.	0.	0.
				1
2 Compensation of five highest-paid employee	s (other than those inc	luded on line 1 – see ir	nstructions). If none, e	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				
Total number of other employees paid over \$50,000 . BAA	TEEA0306 07			None Form 990-PF (2013)
	- · * ··			

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3	mber of others receiving over \$50,000 for professional services Summary of Direct Charitable Activities Indiaton's four largest direct charitable activities during the tax year Include relevant statistical information such as the number of as and other beneficiaries served, conferences convened, research papers produced, etc NE Summary of Program-Related Investments (see instructions)		
	(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE			
-			
			
Total	number of others receiving over \$50,000 for professional services		None
Parti	Summary of Direct Charitable Activities		
		·····	<u> </u>
List the organiz	oundation's four largest direct charitable activities during the tax year. Include relevant statistical i tions and other beneficiaries served, conferences convened, research papers produced, etc	nformation such as the number of	Expenses
1	IONE		
, -			0.
2			
•			
3			
,			
_			
4			
Paril	Summary of Program-Related Investments (see instruc	ctions)	-
			Amount
	NONE		7
•			
_			0.
2			
All of	er program-related investments. See instructions.		· · · · · · · · · · · · · · · · · · ·
All our	er program-related investments. See instructions,		
•		·	
,			
Total.	Add lines 1 through 3		None

Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see instructions.) Fair market value of assets not used (or held for use) directly in carrying out charitable, etc, purposes 1 a 0. b Average of monthly cash balances 1 b 16,101. 1 c 0. 1 d 16,101. e Reduction claimed for blockage or other factors reported on lines 1a and 1c 2 3 16,101. Cash deemed held for charitable activities. Enter 1-1/2% of line 3 4 242. 5 Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4 . . . 5 15, 859. 6 793. Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here

| and do not complete this part.) 1 793. 2 a Tax on investment income for 2013 from Part VI, line 5 2 a b Income tax for 2013. (This does not include the tax from Part VI.). . 2 c 0. Distributable amount before adjustments. Subtract line 2c from line 1 3 793. Recoveries of amounts treated as qualifying distributions 4 5 793. 6 Distributable amount as adjusted Subtract line 6 from line 5. Enter here and on Part XIII, line 1..... 7 793. Pant XIII Qualifying Distributions (see instructions) Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes a Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26 1 a 10,400. 1 b 0. 2 Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc. purposes 2 Amounts set aside for specific charitable projects that satisfy the a Suitability test (prior IRS approval required)....... 3 a 3 h Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4. 10,400. 4 Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income 5 0. 6 10,400.

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 4940(e) reduction of tax in those years.

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Form 990-PF (2013)

Par XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2012	(c) 2012	(d) 2013
1 Distributable amount for 2013 from Part XI, line 7				793.
2 Undistributed income, if any, as of the end of 2013	em melo memo meno en la meso de la comita de Maria	tant in a constant of the same reserved. B	is not in love the notes and S	
a Enter amount for 2012 only		<u>.</u>	86.	
b Total for prior years 20 , 20 , 20				
3 Excess distributions carryover, if any, to 2013	····			
a From 2008 () <u>.</u>			,
b From 2009 () <u>.</u>			
) <u>.</u>			
).	i.	· · · · · · · · · · · · · · · · · · ·	
<u> </u>).	** *		
f Total of lines 3a through e	· · <u> </u>	·		
4 Qualifying distributions for 2013 from Part		1		
XII, line 4: \$ 10,400.			<i>i</i>	
a Applied to 2012, but not more than line 2a .				arr e weers
b Applied to undistributed income of prior years (Election required — see instructions)		.!	volument of the second	
c Treated as distributions out of corpus (Election required — see instructions)		"		1
d Applied to 2013 distributable amount	يرا والمناسب مستعمل والمستورة	1	r Francisco de la granda	86.
e Remaining amount distributed out of corpus	+0,514.	<u></u>	; ; ;;	· · · · · · · · · · · · · · · · · · ·
5 Excess distributions carryover applied to 2013 (If an amount appears in column (d), the same amount must be shown in column (a).)		a dividual sun de tradición arte te	e Harrier en	
6 Enter the net total of each column as indicated below:		#: - - ! ! !	; i i i	
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	10,314.		; 	
b Pnor years' undistributed income. Subtract line 4b from line 2b		0.		in the second of the second of the
c Enter the amount of pnor years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed.				
d Subtract line 6c from line 6b. Taxable amount — see instructions		0.		
e Undistributed income for 2012 Subtract line 4a from line 2a Taxable amount — see instructions	• • • • • • • • • • • • • • • • • • • •		86.	
f Undistributed income for 2013. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2014				707.
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (see instructions)				
8 Excess distributions carryover from 2008 not applied on line 5 or line 7 (see instructions).	· · 0.			· · · · · · · · · · · · · · · · · · ·
9 Excess distributions carryover to 2014. Subtract lines 7 and 8 from line 6a	10,314.			
10 Analysis of line 9:		:		
) . ·			
) <u>.</u>			
) <u>. </u>			
) <u>.</u>			
e Excess from 2013 10, 314			: <u> </u>	
BAA				Form 990-PF (2013)

Part XIV Private Operating Foundat		rtions and Part	VII-A guestion 9	35-2462050	
1 a If the foundation has received a ruling or determined is effective for 2013, enter the date of the ruling the ruling of the ruling the ruling is effective for 2013, enter the date of the ruling the ruling is effective.	ermination letter that	it is a private opera	ting foundation, and		N/A
b Check box to indicate whether the foundation	=			4942(j)(3) or	4942(J)(5)
2 a Enter the lesser of the adjusted net	Tax year	ig roundation dodor	Pnor 3 years	1 40420/07 01	10.120/(0/
income from Part I or the minimum investment return from Part X for each year listed	(a) 2013	(b) 2012	(c) 2011	(d) 2010	(e) Total
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					
3 Complete 3a, b, or c for the alternative test relied upon:					
a 'Assets' alternative test - enter:					
(1) Value of all assets					·
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
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) 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 section 4942(j)(3)(B)(iii)					
(3) Largest amount of support from an exempt organization	-				
(4) Gross investment income					
Supplementary Information assets at any time during th	(Complete this e year — see in:	part only if the structions.)	foundation had	d \$5,000 or more	in
1 Information Regarding Foundation Manag					
a List any managers of the foundation who have close of any tax year (but only if they have co	e contributed more to	han 2% of the total \$5,000) (See secti	contributions receive	ed by the foundation be	efore the
MARK & SARAH SHEETS		+-,+). (o., (a)(=)-)		
b List any managers of the foundation who own a partnership or other entity) of which the fou	n 10% or more of the	stock of a corporat	tion (or an equally lar	ge portion of the owne	ership of
N/A		g conormicou			
2 Information Regarding Contribution, Gran	t Gift Loan Schol	archin etc Bross-	·me'		
Check here X if the foundation only ma requests for funds. If the foundation makes g complete items 2a, b, c, and d.	kes contributions to	preselected charital	ble organizations and	d does not accept unsons under other conditi	olicited ions,
a The name, address, and telephone number of	or e-mail of the perso	n to whom applicat	ions should be addre	essed	
N/A					
b The form in which applications should be sub	mitted and information	on and materials th	ey should include:		
N/A					
c Any submission deadlines:					
N/A					
d Any restrictions or limitations on awards, suc	h as by geographical	areas, charitable fi	ields, kınds of institut	ions, or other factors.	
N/A					
·······					·

Form 990-PF (2013) MOUNTAIN TOP FOUNDATION

Part Supplementary Information (continued)

3 Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	status of foundation manager or			J Status OI	Purpose of grant or contribution	Amount
Name and address (home or	busines	ss)	substantial contributor	recipient	Contribution	
a Paid during the year						
GILBERT E. GUYMER			NO DIRECT		BENEVOLENT	
362 COUNTY ROAD 4401			RELATIONSHIP		ASSISTANCE FOR	
JACKSONVILLE	TX	75766		NONE	GRANDCHILDREN	2,500.
GARY & ANGELA PIERCEY			NO DIRECT		ASSISTANCE WITH	
7524 NW 133RD ST			RELATIONSHIP	1	TERMINALLY ILL	
OKLAHOMA CITY	OK	73142	1	NONE	CHILD	500.
MARY OGILVIE			NO DIRECT		BENEVOLENT	
1520 NW 47TH STREET			RELATIONSHIP		ASSISTANCE FOR	
OKLAHOMA CITY	OK	73118		NONE	CARR FAMILY	250
LIFECHURCH			i		TORNADO RELIEF	
4600 EAST 2ND STREET					EFFORT	
EDMOND	OK	73034		NONE	i	2,000.
OKC TAKE STEPS FOR CR	OHNS.		}		FUNDRAISER FOR	
3041 W WILSHIRE BLVD					RESEARCH	
OKLAHOMA CITY	OK	73116		NONE	[1,000.
JDRF					FUNDRAISER FOR	
920 MAIN STREET, STE					RESEARCH	
KANSAS CITY	MO	64105		NONE		1,000.
EMHS SWINE WEEK					LIMBS FOR LIFE	
1000 E 15TH STREET		=			FUNDRAISER	
EDMOND	OK	73013		NONE		250.
OSF - OAKDALE SCHOOL					SCHOOL	
10901 N SOONER RD	01/	72012		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	FUNDRAISER	
EDMOND FERO	OK	73013		NONE	monus no aunt man	100.
GROUND ZERO 4600 INDEPENDENCE RD					TORNADO SHELTER	
PERRY	OK	73077		NONE	FOR FAMILY	2 000
FERRI	OK	13011		NONE	IN NEED	2,800.
b Approved for future payment	• • • •		· · · · · · · · · · · · · · · · · · ·	<u></u>	3a	10,400
2 ripproved for fature paymont						
]	
				<u></u>		
Total					► 3b	

er gross	s amounts unless otherwise indicated.	Unrelated b	usiness income	Excluded by	section 512, 513, or 5	14 (e)
Progr	ram service revenue:	(a) Business code	(b) Amount	(c) Exclu- sion code	(d) Amount	Related or exemption function income (See instructions
a						
d				-		
e						
f						
g Fees	and contracts from government agencies					
	bership dues and assessments		•			
	st on savings and temporary cash investments					_
	ends and interest from securities ental income or (loss) from real estate:		The Committee of the Co			
	financed property		علىدالأفخالة لعقيم بدح بالمحساء			
	ebt-financed property	 -				
	ntal income or (loss) from personal property					-
	r investment income	 				
Gain o	or (loss) from sales of assets other than inventory					
	ncome or (loss) from special events					
Gross	s profit or (loss) from sales of inventory					
	revenue.		45.5		Paris da la	
a						
b				-	 -	
^		1 1				
с 						
c d e						
e	otal Add columns (b), (d), and (e)					
e Subto	otal Add columns (b), (d), and (e)				13	
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e Subto Total e works	. Add line 12, columns (b), (d), and (e) heet in line 13 instructions to verify calculations		·			
Subto Total e works	Add line 12, columns (b), (d), and (e) heet in line 13 instructions to verify calculations Relationship of Activities to the		hment of Exer	npt Purpos	ses N/A	
e Subto Total e works	. Add line 12, columns (b), (d), and (e) heet in line 13 instructions to verify calculations	Accomplis	hment of Exer	npt Purpos	ses N/A	o the
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Form 990-PF (2013) MOUNTAIN TOP FOUNDATION 35-2462050 Part XVIII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

4 5					• • • • • • • • • • • • • • • • • • • •					Yes	No
d	escribe	organization directly of d in section 501(c) of o political organization	the Code (other								
	_	s from the reporting fo		noncharitable exe	empt organization	of					
(1	I) Cash	1	. <i></i>						. 1 a (1)		Х
(2	2) Othe	er assets							. 1 a (2)		Х
b C	ther tra	nsactions:									
(1	l) Sale	s of assets to a nonch	naritable exem	pt organization.	. .				. 1 b (1)		X
(2	2) Purc	hases of assets from	a noncharitabl	e exempt organiz	ation				. 1 b (2)		Х
(3) Rent	tal of facilities, equipm	nent, or other a	ssets					. 1 b (3)		Х
(4	l) Rein	nbursement arrangem	nents						. 1 b (4)		Х
(5) Loan	ns or loan guarantees					. 		. 1 b (5)		Х
(6) Perfe	ormance of services of	r membership	or fundraising so	licitations			. .	. 1 b (6)	 	Х
		of facilities, equipmen	· ·	-					1 c	\vdash	X
	·				, , , , , , , , , , , , , , , , , , , ,						
th	ie aood	swer to any of the abo s, other assets, or se saction or sharing arra	rvices aiven hy	the reporting fou	ndation If the fo	undation	received less th	an fair market value	value of in		
(a) Line		(b) Amount involved		of noncharitable exen				sfers, transactions, and	sharing arrar	gement	 .s
· /				·	-i	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \				3	
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			<u> </u>	. =							
de	escribed	indation directly or inc d in section 501(c) of	the Code (othe	d with, or related or than section 50	to, one or more t 1(c)(3)) or in sec	ax-exem _l tion 527?	ot organizations		· · Yes	s X	No
U 11		omplete the following		(L) T				10			
	(a)	Name of organization	-	(b) type	of organization		(0) Description of rela	lionsnip		
											
											
		· · · · · · · · · · · · · · · · · · ·						······································			
				· · · · · · · · · · · · · · · · · · ·							
	Under no	analties of perupy I declare t	that I have examine	d this setum, uncluding	non-manular sebed				-1		
	correct, a	enalties of perjury, I declare t and complete Declaration of	preparer (other tha	n taxpayer) is based or	all information of whi	ch preparer	has any knowledge	ist of my knowledge and b	aller, it is true,		
Sign									May the I	RS discu	ıss
lere	•				11-14-14		IRECTOR		preparer (see Instr	shown be	elow
	Signat	ure of officer or trustee			Date	Ti			_ (see ilisii	Yes	No.
		Print/Type preparer's name)	Preparer's s	ignature		Date	Check If	PTIN		لتنب
Paid			_	. _				self-employed			
Prepa	rer	Firm's name	on-P	aid P	repar	er	<u> </u>	Firm's EIN			
Jse O		Firm's address			= -1- ~ -		_				
/36 U	····y							Phone no.			
BAA									Form 990	n_DE /3	2013)
										1 (2	

Schedule.B

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

Schedule of Contributors

OMB No 1545-0047

2013

Department of the Treasury Internal Revenue Service

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

Name of the organization		Employer Identification number		
MOUNTAIN TOP FOUNDATION		35-2462050		
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 priv	rate foundation		
	527 political organization			
Form 990-PF	X 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 Gene	eral Rule or a Special Rule .			
Note. Only a section 501(c)(7), (8), or (10) organi	zation 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				
509(a)(1) and 170(b)(1)(A)(vi) and received fr	m 990 or 990-EZ that met the 33-1/3% support test of the regula om any one contributor, during the year, a contribution of the gre II, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.	tions under sections later of (1) \$5,000 or		
For a section 501(c)(7), (8), or (10) organizational contributions of more than \$1,000 for use the prevention of cruelty to children or animals.	on filing Form 990 or 990-EZ that received from any one contribu e exclusively for religious, charitable, scientific, literary, or educat s. Complete Parts I, II, and III.	utor, during the year, uonal purposes, or		
If this box is checked, enter here the total con purpose. Do not complete any of the parts un	on filing Form 990 or 990-EZ that received from any one contribucharitable, etc. purposes, but these contributions did not total to tributions that were received during the year for an exclusively reless the General Rule applies to this organization because it recommended or more during the year	more than \$1,000. eligious, charitable, etc, eived nonexclusively		
990-PF) but it must answer 'No' on Part IV. line 2	ne General Rule and/or the Special Rules does not file Schedule, of its Form 990, or check the box on line H of its Form 990-EZ ong requirements of Schedule B (Form 990, 990-EZ, or 990-PF).	B (Form 990, 990-EZ, or or on its Form 990-PF,		

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990EZ, or 990-PF.

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2013)	Page	1	of	1	of Part
Name of organization	Employe	identifi	cation nu	mber	
MOLINES IN TOD COLINES TON	35_2/	1620	50		

d.
(

(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	MARK & SARAH SHEETS 1900 GRAY FOX DR EDMOND OK 73003	\$ <u>9</u> _00 <u>0</u> .	Person X Payroll Noncash (Complete Part II for noncash contributions)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Oncash Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Oncash Complete Part II for noncash contributions)
BAA	TEEA0702 12/27/13	Schedule B (Form 990), 990-EZ, or 990-PF) (2013)

`	(Rev 1-2014) MOUNTAIN TOP FOUNDAI			33-2462030	Page 2
If you a	re filing for an Additional (Not Automatic) 3-Month E	extension, o	complete only Part II and check this	s box	· · · · · ► X
Note. Only	complete Part II if you have already been granted an	automatic 3	-month extension on a previously fil	ed Form 8868.	
• If you a	re filing for an Automatic 3-Month Extension, compl	lete only Pa	ırt I (on page 1).		
Pentil	Additional (Not Automatic) 3-Month Ex			I (no copies needs	ed)
Lenea.	Additional (Not Automatic) o-month Es	***************************************		identifying number,	
	Name of exempt organization or other filer, see instructions.		Entermers	Employer identification nu	
	Hame of exempt organization of outer men, oce monderens.			Linpoyor lacinamoadori ina	inder (Env) or
Type or					
print	MOUNTAIN TOP FOUNDATION			35-2462050 Social security number (S	SW)
File by the	(Carlott, about and the Carlotte of Carlot			oodal second names (or	J. ()
extended due date for					
filing your return See	1900 GRAY FOX DR				
Instructions	City, town or post office, state, and ZIP code For a foreign address,	see instructions			
	EDMOND	OK 73	3003		
-			() , ()		
Enter the f	Return code for the return that this application is for (fil	e a separat	e application for each return).	′. Ψ	04
Application	on	Return	Application	<u>-</u> <u></u>	Return
ls For		Code	ls For		Code
Form 990	or Form 990-EZ	01			
Form 990-	BL	02	Form 1041-A	<u>ئىقىمى ئى ئى ئۇرۇقىدى دە ئىسىدى بىلى ئىدى ئالىرى ئالىرى ئالىرى ئالىرى ئالىرى ئالىرى ئالىرى ئالىرى ئالىرى ئالىر</u>	08
Form 4720) (individual)	03	Form 4720 (other than individual)		09
Form 990-	PF	04	Form 5227		10
Form 990-	T (section 401(a) or 408(a) trust)	05	Form 6069		11
	T (trust other than above)	06	Form 8870		12
		ـــــــ			
If the cIf this iwhole grown	none No. (405) 844-9995 organization does not have an office or place of busines is for a Group Return, enter the organization's four digup, check this box	ess in the Ui jit Group Ex	nited States, check this box emption Number (GEN)	ا	لسا If this is for the
members	the extension is for.				
4 I rec	uest an additional 3-month extension of time until	Nov_17	, 20 <u>1</u> 4.		
5 For	calendar year 2013 , or other tax year beginning		, 20 , and ending		20
	e tax year entered in line 5 is for less than 12 months, Change in accounting period	check reas	on: Initial return	Final return	
7 Stat	e in detail why you need the extension $\dots \underline{\mathtt{ADDIT}}$	TONAL T	TME IS REQUIRED TO AC	CHMHT.ATE	
	L OF THE INFORMATION NECESSARY				
21.0	T of the information recognity.		A COMPLETE AND MOONE	717-7010777-	
8 a If thi	is application is for Forms 990-BL, 990-PF, 990-T, 473 refundable credits. See instructions	20, or 6069,	enter the tentative tax, less any	8a s	0.
b if thi	is application is for Forms 990-PF, 990-T, 4720, or 60 payments made. Include any prior year overpayment viously with Form 8868	69, enter an	y refundable credits and estimated a credit and any amount paid		0.
c Bala	ance due. Subtract line 8b from line 8a. Include your p PS (Electronic Federal Tax Payment System). See in	payment wit	h this form, if required, by using		0.
			ust be completed for Part II		<u></u>
Under penalti	-		·	•	
correct, and o	les of perjury, I declare that I have examined this form, including accommodate, and that tay authorized to prepare this form.	,	and the state of t	g- and sonot, it is add,	
Signature P	Title >	. []	26510 ENT	Date ►	8-12-14
BAA		FIFZ0502	2 12/31/13		368 (Rev 1-2014)
-			· · -		(