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Form 990-PF

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

OMB No 1545-0052

Department of the Treasury

► 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.

2015

Departme Internal R	nt of th evenue	e Treasury Service	► Information about Fo					s.gov/form990		ා (ප්Publie in	pectio
For cal	enda	r year 2015, or ta	ax year beginning		, 2015	and ending			1=3; =	- A	· · · · · · · · · · · · · · · · · · ·
Name of f							/	A Employer Idea		mber	
Number a	nd stre	N TOP FOUND et (or P.O box number	DATION If mail is not delivered to street	address)		Room/sulte		35-246 3 Telephone nur		uctions)	
		AY FOX DR							<u>844-999</u>	•	
-		e or province, country, a	and ZIP or foreign postal code		OK	72002	- 1	C If exemption a	application is	pending, check her	re. ► [
EDMOND OK 73003 G Check all that apply Initial return Initial return of a former public cha									-	L.	
G 5	Jon a	· unac apply	Final return	_	ded return	r public criainty		D 1 Foreign organ	iizations, che	ck here	· * [
			Address change	Name	change			2 Foreign organ	nizations mee	ting the 85% test, c	:heck r
H Che		pe of organization			empt private for	Indation		nere and alla	an computation	on	٠- ا
			nonexempt charitable tru	ıst	Other taxable p		n I			was terminated , check here	. Γ
		t value of all assets at II, column (c), line 16		counting r		ash ∐Accri	1		,,,,,,		٠, ٢
► s		•	1 L	Other (spe	city) d) must be on c	ach hasis T				month termination , check here	▶ [
	谿 A	nalysis of Re		1	·		4				
1924-1-7-03			total of amounts in d (d) may not neces-		evenue and ses per books	(b) Net invest income		(c) Adjust		(d) Disbursei for charita	
	cc sa	olumns (b), (c), and ordy equal the amo	d (d) may not neces- ounts in column (a)		·					purpose	
	(s	eé instructions).)								(cash basis	Offig)
	1		, etc, received (attach schedule) .							100000	
	2	Ck ► if the foun	idation is not required to attach Sch B	RECEIVE ST						100 m	
	3	•	mporary cash investments				C).			
	4 5.		n securities								12. (1)
		Net rental income	· • • • • • • • • • • • • • • • • • • •				AND SEC. S				
R	6 6	or (loss) Net gain or (loss) from sale	e of assets not on line 10		and the state of t						
Ë		Gross sales price for a assets on line 6a	all	DEST							
Ě	7	Capital gain net incom	ne (from Part IV, line 2)					Marin Royal			333
N U	8	Net short-term capital income modifications	gain				4,000	24		Maria de Maria	
Ĕ	10 a	C 1							7 10 10 10 10 10 10 10 10 10 10 10 10 10		
	١.	allowances	·				يَّ إِنْ أَنْ				
		Less Cost of goods sold									
		Gross profit or (loss) (attack					7			STATE OF STATE	
	11	Other income (attach	scriedule;								
	12	Total Add lines 1 th	rough 11		14,155.	·- 	0).			
	13		ers, directors, trustees, etc	<u></u>							COMPLETE BELL
	14		aries and wages								
	15		yee benefits								
A D	lua	Accounting fees (attach	n sch) RECEIVE								
M	C	Other prof fees (attac	h'sch)	70						· · · ·	
O I P S	17	Interest	21 · NOV 2:8 201	121							
E T R R	18	Taxes (attach schedule)(se	ee instrs)	17							
A A	19	Depreciation (attach) schedule) and depletic	on OCOS								
2 -	20	Occupancy	ODEN								
GE	21	Travel, conferences, a	•								
A E N X D P	22 23	Printing and publication Other expenses (attack)									
E		See Line 23 Stm	·		911.						
SES	24	Total operating and									
š	25	expenses. Add lines 1 Contributions, gifts, grants	•		911.				in the second second		150
	26	Total expenses and	•	<u> </u>	9,150.			PROPERTY OF STREET		9	,150
		•			10,061.					9	,150
	27	Subtract line 26 from I		- C-15							
	a	Excess of revenue or and disbursements	•		4,094.						
	þ	Net investment incor	me (if negative, enter -0-)				0	. 244		AND EAST	
	c	Adjusted net Income	(if negative, enter -0-)			the section of					

Page 2

Par	EU (Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions)	Beginning of year		oi year
				(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest-bearing		30,601	. 30,601.
	2	Savings and temporary cash investments			
	3	Accounts receivable			
	ľ	Less: allowance for doubtful accounts			
	4	Pledges receivable			
		Less: allowance for doubtful accounts			
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions)			
	7	Other notes and loans receivable (attach sch)		BALL STATE OF THE STATE OF	
A		Less: allowance for doubtful accounts			
S	8	Inventories for sale or use			
A S S E T	9	Prepaid expenses and deferred charges			
S	10 8	a Investments — U.S. and state government obligations (attach schedule)			-
	Ι.	b Investments — corporate stock (attach schedule)			
	1				
	1	c Investments — corporate bonds (attach schedule)			
	11	Investments — land, buildings, and equipment: basis			
		Less accumulated depreciation (attach schedule)			
	12	Investments - mortgage loans			
	13	Investments - other (attach schedule)			T
	14	Land, buildings, and equipment: basis			
		Less accumulated depreciation (attach schedule)			
	15 16	Other assets (describe			
	10	Total assets (to be completed by all filers — see the instructions Also, see page 1, item !)	26,507	. 30,601	. 30,601.
Ŀ	17	Accounts payable and accrued expenses			
A	18	Grants payable			
B	19	Deferred revenue			
ŀ	20	Loans from officers, directors, trustees, & other disqualified persons			
ī	21	Mortgages and other notes payable (attach schedule)			
Ţ	22	Other liabilities (describe	, 		
Ė					
<u>s</u>	23	Total liabilities (add lines 17 through 22)			
		Foundations that follow SFAS 117, check here and complete lines 24 through 26 and lines 30 and 31.	-		
ΝF	24	Unrestricted		<u> </u>	
E U T N	25	Temporarily restricted			
D	26	Permanently restricted			
A B S A E L T A		Foundations that do not follow SFAS 117, check here and complete lines 27 through 31.	×		
ĔĹ	27	Capital stock, trust principal, or current funds			
SN	28	Paid-in or capital surplus, or land, bldg , and equipment fund $\ \cdot \ \cdot \ \cdot \ \cdot$			
O E	29	Retained earnings, accumulated income, endowment, or other funds	26,507	30,601	
RS	30	Total net assets or fund balances (see instructions)	26,507	. 30,601	
	31	Total liabilities and net assets/fund balances	26 507	20 601	
DX	Mana!	(see instructions)		30,601	· Residence of the second seco
		Analysis of Changes in Net Assets or Fund Ba		т	
1	end-	I net assets or fund balances at beginning of year — Part II, col of-year figure reported on prior year's return).		1	26,507.
2	Ente	r amount from Part I, line 27a		2	4,094.
3	Other	increases not included in line 2 (itemize)		3	
4	Add	lines 1, 2, and 3		4	30,601.
5		asses not included in line 2 (itemize)		5	
6	Total	net assets or fund balances at end of year (line 4 minus line 5) – Part II, column (b), line 3	0 6	30,601.
	_				E 400 DE (00.48)

Par	tily Capital Gains and I	Losses for Tax on Investmer	nt Income				
12-2-2-2	(a) List and describe 2-story brick warehouse	(b) How acc P — Purch D — Dona	ase	(C) Date acquired (mo , day, yr)	(d) Date sold (mo , day, yr)		
1 a							
b	· · · · · · · · · · · · · · · · · · ·						
d							·
е							
	(e) Gross sales price	es price (f) Depreciation allowed (g) Cost or other basis plus expense of sale					(loss) nus (g)
а	1						
b						·····	
	:						
d	<u> </u>						
е							
		ng gain in column (h) and owned by th				(I) Gains (Col	(h)
	(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col. (j), if any		th.	ain minus col. (k), b an -0-) or Losses (fr	ut not less om col (h))
а							
b)						
	:						
d	<u> </u>						
е						, · · · · · · · · · · · · · · · · · · ·	
2	Capital gain net income or (net o	capital loss) If gain, also If (loss), ente	enter in Part I, line 7 er -0- in Part I, line 7		2		
3	Net short-term capital gain or (lo	ess) as defined in sections 1222(5) and	d (6):				
	If gain, also enter in Part I, line 8	3, column (c) (see instructions) If (loss	s), enter -0-		3		
Das		r Section 4940(e) for Reduce		cont inc			
		foundations subject to the section 494			01110	<u>'</u>	•
	ction 4940(d)(2) applies, leave this	·	,	,			
14/	4h - 6-, dation liable 6 4h 4i	on 4942 tax on the distributable amou	mt of our coop in the base of	a win ai O		□vaa	[v] No
			• • • • • • • • • • • • • • • • • • • •	eriou?	• •	· · · · L	X No
1		y under section 4940(e). Do not comp					
		each column for each year; see the ir		iy entities.		(d)	
	(a) Base period years Calendar year (or tax year beginning in)	Adjusted qualifying distributions	(c) Net value of noncharitable-use ass	ets	(col.	Distribution (b) divided by co	
	2014	4,050.	1	7,970.			0.225376
	2013	10,400.		5,859.			0.655779
	2012	0.		0.			0.000000
	2011	<u> </u>					0.00000
	2010					····	
2	Total of line 1, column (d)				2		0.881155
	Average distribution ratio for the	5-year base period — divide the total has been in existence if less than 5 years.	on line 2 by 5, or by the		3		
	number of years the foundation	nas been in existence il less triali s ye	7a13	• • • • •	-	-	0.293718
4	Enter the net value of noncharita	able-use assets for 2015 from Part X,	line 5		4		28,829.
5	Multiply line 4 by line 3		5		8,468.		
6	Enter 1% of net investment inco	me (1% of Part I, line 27b)			6		0.
7	Add lines 5 and 6		7 8,468				
8	Enter qualifying distributions from	m Part XII, line 4			8		9,150.
	If line 8 is equal to or greater that Part VI instructions.	in line 7, check the box in Part VI, line	1b, and complete that part	using a 1%	tax	rate. See the	

Par	Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see	instr	uctions)
1 a	Exempt operating foundations described in section 4940(d)(2), check here and enter 'N/A' on line 1		
	Date of ruling or determination letter (attach copy of letter if necessary – see Instrs)		
b	Domestic foundations that meet the section 4940(e) requirements in Part V,	1	0.
	check here . X and enter 1% of Part I, line 27b		
c	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of Part I, line 12, col (b)		
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)		0.
3	Add lines 1 and 2	3	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:	7	3
а	2015 estimated tax pmts and 2014 overpayment credited to 2015	j. 4.	
	Exempt foreign organizations — tax withheld at source 6 b		
	Tax paid with application for extension of time to file (Form 8868)	4	
	Backup withholding erroneously withheld	ş. °	215 32 33 33
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 2016 estimated tax Refunded	11	
	WILAN Statements Regarding Activities		·
			Yes No
1 a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?		
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes		41
	(see Instructions for the definition)?	• •	1b 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.		
	Did the foundation file Form 1120-POL for this year?	• •	1c X
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: (1) On the foundation • \$ (2) On foundation managers • \$		
	(1) On the foundation * \$ (2) On foundation managers * \$ 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 X
_	If 'Yes,' attach a detailed description of the activities		
_	·		
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?		4a X
	If 'Yes,' has it filed a tax return on Form 990-T for this year?		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?		5 X
	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		4
	By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict		
	with the state law remain in the governing instrument?		
7	Did the foundation have at least \$5,000 in assets at any time during the year? If 'Yes,' complete Part II, col (c), and Part XV	• •	· · · · 7 X
8 a	Enter the states to which the foundation reports or with which it is registered (see instructions)		
	OK - Oklahoma		
b	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		8b X
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(for calendar year 2015 or the taxable year beginning in 2015 (see instructions for Part XIV)? If 'Yes,' complete Part	j)(5) X/V	9 X
10	Did any persons become substantial contributors during the tax year? If 'Yes,' attach a schedule listing their names		
	and addresses	• • •	Form 990-PF (2015
BAA			rom 990-Pr (2015

	the tax year be										
BAA											

4 a Did the foundation invest during the year any amount in a manner that would jeopardize its

b Did the foundation make any investment in a prior year (but after December 31, 1969) that could

Form 990-PF (2015)

3 b

before the first day of

2 Compensation of five highest-paid employed	es (other than those inc	luded on line 1 — see i	instructions). If none, e	nter '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.				None			
BAA TEEA0306 10/13/15							

and Contractors (continued)	
3 Five highest-paid independent contractors for professional services (see instructions). If none, enter 'NONE.'	
(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
PartiX A Summary of Direct Charitable Activities	
List the foundations four largest diseast shortistics during the toy year leading relevant statistical information guals as the number of	
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses
1 NONE	
	0.
2	
3	
4	
"	
Part X-B Summary of Program-Related Investments (see instructions)	
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.	Amount
1 NONE	
	_
	0.
2	
All other program-related investments. See instructions.	
3	
*	
Total. Add lines 1 through 3	None
BAA	Form 990-PF (2015)

Enter 1% of Part I, line 27b (see instructions)

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Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4

Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income.

Form **990-PF** (2015)

3 b

4

5

150

9,150

Part XIII Undistributed Income (see instructions)

	(a)	(b)	(c) 2014	(d) 2015
	Corpus	Years prior to 2014	2014	2015
1 Distributable amount for 2015 from Part XI, line 7				1,441.
2 Undistributed income, if any, as of the end of 2015		` .		
a Enter amount for 2014 only		í i	0.	
b Total for prior years 20 , 20 , 20				
3 Excess distributions carryover, if any, to 2015.			,	
a From 2010	!	,		1
b From 2011 0 .			, ,	
c From 2012 0 .				
d From 2013				
e From 2014	· · · · · · · · · · · · · · · · · · ·	,		
f Total of lines 3a through e	12,758.	7		
4 Qualifying distributions for 2015 from Part				
XII, line 4: \$ 9,150.				in the state of
a Applied to 2014, but not more than line 2a		* - 3	, , , , , , , , , , , , , , , , , , , 	
b Applied to undistributed income of prior years (Election required – see instructions)				
c Treated as distributions out of corpus (Election required – see instructions)				
d Applied to 2015 distributable amount				1,441.
e Remaining amount distributed out of corpus	7,709.			1
5 Excess distributions carryover applied to 2015	ļ.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	, , , ,	, , , , , , , , , , , , , , , , , , , ,	**************************************
(If an amount appears in column (d), the same amount must be shown in column (a).)				
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	20,467.		にっぱ あんぱ	A Comment of the state of the s
b Pnor years' undistributed income. Subtract line 4b from line 2b		0.		
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed				
d Subtract line 6c from line 6b. Taxable amount – see instructions		0.		
e Undistributed income for 2014 Subtract line 4a from line 2a. Taxable amount — see instructions			0.	
f Undistributed income for 2015. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2016	And the second s			0.
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required — see instructions)				
8 Excess distributions carryover from 2010 not applied on line 5 or line 7 (see instructions)	0.			
9 Excess distributions carryover to 2016. Subtract lines 7 and 8 from line 6a	20,467.			
10 Analysis of line 9:			Property of the second of the	
a Excess from 2011 0 .				
b Excess from 2012 0 .	The state of the s			1
c Excess from 2013 10,314.		1. 11. 15 1. 1. 1. 1.		
d Excess from 2014 2,444.			京南 海外游众	1965年,1965年201
e Excess from 2015 7,709.		Bar Store		四年的中国法律。
BAA			•	Form 990-PF (2015)

Form 990-PF (2015) MOUNTAIN TOP FOUR	NDATION			35-2462050	Page 10
Part XIV Private Operating Foundat	t ions (see instru	ictions and Part \	VII-A, question 9)	N/A
1 a If the foundation has received a ruling or determined is effective for 2015, enter the date of the rule.	ing			· <u>·</u> ······•[
b Check box to indicate whether the foundation	n is a private operati	ing foundation descri	bed in section	4942(J)(3) or	4942(j)(5)
2 a Enter the lesser of the adjusted net	Tax year		Prior 3 years		
income from Part I or the minimum investment return from Part X for each year listed	(a) 2015	(b) 2014	(c) 2013	(d) 2012	(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	ľ			ļ	
(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)		<u> </u>			
(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(lii)					
(3) Largest amount of support from an exempt organization					
(4) Gross investment income		 			
Part XV Supplementary Information	(Complete this	part only if the	foundation had	\$5,000 or more	in
assets at any time during th				•	
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	ve contributed more ontributed more	than 2% of the total of \$5,000). (See section	contributions receive on 507(d)(2).)	d by the foundation b	efore the
MARK & SARAH SHEETS					
b List any managers of the foundation who ow	n 10% or more of th	e stock of a corporati	on (or an equally lar	ge portion of the own	ership of
a partnership or other entity) of which the foun N/A	indation has a 10%	or greater interest.		.	
0.116	. 010				
2 Information Regarding Contribution, Gran Check here	ikes contributions to	preselected charitat	ole organizations and	l does not accept uns ns under other condit	olicited ions,
a The name, address, and telephone number of	or e-mail address of	the person to whom	applications should I	be addressed:	
N/A					
				<u> </u>	
b The form in which applications should be sub	omitted and informat	tion and materials the	ey should include:		
N/A					
c Any submission deadlines:					
N/A					
d Any restrictions or limitations on awards, suc	h as by geographics	al areas charitable fir	elds, kinds of institute	ons, or other factors	
N/A	as ay goograpiilot	ar odo, orientable li	o.oo, aaroo or moutuu	51.0 ₁ 51 54161 140(015	
					
DAA		F10010 10110115		c.	om 000 DE (2015)

Form 990-PF (2015) MOUNTAIN TOP FOUNDATION
PantXXX Supplementary Information (continued)

3 Grants and Contributions Paid During the Year or Approved for Future Payment									
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount					
Name and address (home or business)	substantial contributor	100ipioni							
a Paid during the year									
MEMORIAL ROAD CHURCH OF CHRIST			ĺ						
2221 E. MEMORIAL ROAD									
EDMOND OK 73013	3	NONE	MISSIONS	150.					
AMERICAN HEART ASSOCIATION									
5700 N. PORTLAND AVE, #203									
OKLAHOMA CITY OK 73112	2	NONE	FUNDRAISER	1,000.					
ROCHESTER CHURCH OF CHRIST									
250 W AVON RD.									
ROCHESTER MI 4830	7	NONE	MISSIONS	1,000.					
FRONTLINE CHURCH			•						
PO BOX 2638									
OKLAHOMA CITY OK 7310:		NONE	BENEVOLENCE	5,000.					
CITY RESCUE MISSION			ļ						
800 W CALIFORNIA									
OKLAHOMA CITY OK 7310	5	NONE	BENEVOLENCE	2,000.					
]							
			1						
		1							
			ļ						
			l .						
	<u></u>		<u> </u>						
Total	· · · · · · · · · · · · · · · · · · ·			9,150.					
b Approved for future payment			İ	}					
		1							
			·						
			,						
		ļ							
		į							
			1	}					
	,								
]					
			İ						
Total									

art XVI-A Analysis of Income-Producing Activities									
Enter gross amounts unless otherwise indicated.	(a)	ed business income (b)	(c) Exclu-	d by section 512, 513, or 514	(e) Related or exempt function income				
1 Program service revenue.	Business code	Amount	sion code	Amount	(See instructions)				
ab	_								
C .	+								
d	 		<u> </u>	-					
е				_					
f									
g Fees and contracts from government agencies									
2 Membership dues and assessments									
3 Interest on savings and temporary cash investments \dots									
4 Dividends and interest from securities			ļ						
5 Net rental income or (loss) from real estate.	1. W. J. A. W.	海野河流域繁殖域	基次汇	建筑 和14年15年15日	AT EN AMERICA				
a Debt-financed property			ļ						
b Not debt-financed property			<u> </u>						
6 Net rental income or (loss) from personal property			<u> </u>						
7 Other investment income			 -	, <u>,,,,,</u>					
8 Gain or (loss) from sales of assets other than inventory									
9 Net income or (loss) from special events			 						
10 Gross profit or (loss) from sales of inventory	420000000000000000000000000000000000000	Start Street and Confession	NA. #2925.0	Control of the Control of the Control	Bistore and the Color of Marine Street Color of the Color				
11 Other revenue a	企业 。1842年18年2	AND DESIGNATION OF THE PARTY OF	Sand Electric	· · · · · · · · · · · · · · · · · · ·	1014 1844 State 144-11				
b	-		 						
c	 								
d	 		 						
e									
Subtotal. Add columns (b), (d), and (e) · · · · ·	学课的 的"公		Car. Mil						
13 Total. Add line 12, columns (b), (d), and (e)				13	l				
See worksheet in line 13 instructions to verify calculation	s.)								
Part XVI-By Relationship of Activities to th	e Accomp	lishment of Exem	pt Pur	oses	NIA				
Line No. Explain below how each activity for which incaccomplishment of the foundation's exempt	come is report	ted in column (e) of Part er than by providing fund	XVI-A co	ontributed importantly to ch purposes). (See instri	the				
_ 	<u> </u>				_ 				
									
	- -								
		· · · · · · · · · · · · · · · · · · ·							
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	_								
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				·					

PartXVIII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

de	d the organization described in section 5	01(c) of the Code (oth	gage in any of the following with a er than section 501(c)(3) organiza	ny other organization tions) or in section 527,	Yes No
			noncharitable exempt organizatio	n of	
		_			1 a (1) X
	ther transactions:				
_		a nanaharitahla ayan	npt organization		
•	•		•		
-	•		ole exempt organization		
(3	•		assets		————
(4	•	-	• • • • • • • • • • • • • • • • • • • •		
•			· · · · · · · · · · · · · · · · · · ·		
			o or fundraising solicitations		
c Si	naring of facilities, ed	quipment, mailing lists	, other assets, or paid employees		1c X
th	e goods, other asset ny transaction or sha	s, or services given b ring arrangement, sh	omplete the following schedule. Co y the reporting foundation of the fo ow in column (d) the value of the g of noncharitable exempt organization	oundation received less than fa loods, other assets, or services	ır market value ın
(a) Line	10 (D) Amount in	olveu (C) Name	or nonchantable exempt organization	(d) Description of transfers,	transactions, and snanng arrangements
				 	
					
				T	
				T	
					
-					
				 	
				 	
de	escribed in section 50 Yes,' complete the f	01(c) of the Code (oth ollowing schedule.	ed with, or related to, one or more er than section 501(c)(3)) or in se	tax-exempt organizations ction 527?	Yes XNo
	(a) Name of orga	anization	(b) Type of organization	(c) Des	scription of relationship
		· · · · · · · · · · · · · · · · · · ·			
Sign Here	Under penalties of perjury, correct, and complete Dec	I declare that I have examin claration of preparer (other th	ed this return, including accompanying sched an taxpayer) is based on all information of wi	nich preparer has any knowledge	May the IRS discuss this return with the
	<u></u>	77 5	11-15-16		preparer shown below (see instructions)?
	Signature of officer or tro		Date	Title	Yes No
Paid	Print/Type prepa		Preparer's signature	!	Checklif PTIN self-employed
Prepa	rer Firm's name	Non-F	<u>'aid Prepar</u>	EIM's	s EIN ►
Use O	nly Firm's address	<u> </u>		Phon	e no
ВАА					Form 990-PF (2015)

Schedule B

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

Department of the Treasury Internal Revenue Service Name of the organization

Schedule of Contributors

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

OMB No 1545-0047

Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

2015

manie 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) org	501(c)() (enter number) organization				
	4947(a)(1) nonexempt charitable tr	4947(a)(1) nonexempt charitable trust not treated as a private foundation				
	527 political organization					
Form 990-PF	X 501(c)(3) exempt private foundation					
	4947(a)(1) nonexempt chantable tr	rust treated as a private foundation				
	501(c)(3) taxable private foundation	n				
Check if your organization is covered by the	General Rule or a Special Rule.					
Note. Only a section 501(c)(7), (8), or (10) or	ganization can check boxes for both the Gen	eral Rule and a Special Rule. See instructions.				
General Rule						
X For an organization filing Form 990, 990-property) from any one contributor Comp	EZ, or 990-PF that received, during the year, plete Parts I and II See instructions for deterr	contributions totaling \$5,000 or more (in money or mining a contributor's total contributions.				
Special Rules						
under sections 509(a)(1) and 170(b)(1)(A	the year, total contributions of the greater of	990-EZ), Part II, line 13, 16a, or 16b, and that				
during the year, total contributions of mor	501(c)(7), (8), or (10) filing Form 990 or 990-te than \$1,000 <i>exclusively</i> for religious, charit to children or animals. Complete Parts I, II, a	able, scientific, literary, or educational				
during the year, contributions exclusively \$1,000. If this box is checked, enter here chantable, etc., purpose. Do not complete	501(c)(7), (8), or (10) filing Form 990 or 990-t for religious, charitable, etc., purposes, but n the total contributions that were received dur any of the parts unless the General Rule al able, etc., contributions totaling \$5,000 or mo	io such contributions totaled more than ring the year for an <i>exclusively</i> religious, pplies to this organization because				
Caution. An organization that is not covered 990-PF), but it must answer 'No' on Part IV, li Part I, line 2, to certify that it does not meet th	ine 2, of its Form 990; or check the box on lin	s does not file Schedule B (Form 990, 990-EZ, or ne H of its Form 990-EZ or on its Form 990-PF, 90, 990-EZ, or 990-PF)				

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

	B (Form 990, 990-EZ, or 990-PF) (2015)	Page	1 of 1 of Part I	
Name of org	r identification number 462050			
	Contributors (see instructions). Use duplicate copies of Part I if additional space			
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
1	MARK & SARAH SHEETS 1900 GRAY FOX DR	\$ 14,155.	Person X Payroll Noncash	
	EDMOND OK 73003	_	(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 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 Complete Part II for noncash contributions.)	
BAA	TEEA0702 10/12/15	Schedule B (Form 9	990, 990-EZ, or 990-PF) (2015)	

Form 990-PF, Page 1, Part I, Line 23

Line 23 Stmt

Other expenses:	Rev/Exp Book	Net Inv Inc	Adj Net Inc	Charity Disb
BANK CHARGES	36.			
STATE REGISTRATION	25.			
FORM 1023 USER FEE	850.			

Total

911.