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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

2016

Department of the Treasu

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Open to Public Inspection

	alendar year 2016 or tax year beginning	, 2016	, and ending			
	of foundation				Employer identification num	nber
Numbe	NTAIN TOP FOUNDATION rand street (or P O box number if mail is not delivered to street	address)	Room/suite		35-2462050 elephone number (see instru	ictions)
516	DEER VIEW CROSSING	add. 555,	1		(405) 844-999	
Crty or	own, state or province, country, and ZIP or foreign postal code	<del></del>	<u> </u>			
EDM			73034	C If	f exemption application is p	bending, check here.
<b>⊚</b> C	heck all that applyInitial return	Initial return of a forme	ar public charity	D 1F	oreign organizations, chec	ck here ▶ 🗍
2017ი ი	Final return	Amended return		ļ	-	
	X Address change	Name change	<del></del>	l Zr	oreign organizations meet iere and attach computatio	ing the 85% lest, theth
		1(c)(3) exempt private for			·	
9	Section 4947(a)(1) nonexempt charitable tru		rivate foundation		f private foundation status ander section 507(b)(1)(A),	
	nir market value of all assets at end of year J Acc	counting method: XC	ash Accrual	[		
<b>□</b> 📡	S 14 767 /Port	Other (specify) column (d) must be on c	esh hasis	F If	f the foundation is in a 60-r inder section 507(b)(1)(B),	nonth termination
Part	Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions).)  1 Contributions, gifts, grants, etc. received (attach schedule)	Column (a) made bo c	4311 54515.)	<u> </u>	Hadi Section 557 (5)(1)(-),	
The state of the s	Expenses (The total of amounts in	(a) Revenue and	(b) Net investment	t [	(c) Adjusted net	(d) Disbursements for charitable
Z	columns (b), (c), and (d) may not neces- sarily equal the amounts in column (a)	expenses per books	income		income	purposes
S	(see instructions).)				j	(cash basis only)
in in	1 Contributions, gifts, grants, etc., received (attach schedule)	8,742.				
` ',	2 Check Lift the foundation is not required to attach Sch B					
	3 Interest on savings and temporary cash investments	[		0.		
	4 Dividends and interest from securities			<del></del>		
	<b>5 a</b> Gross rents	<u> </u>	<del></del>	$\dashv$		
	D Net rental income or (loss)				ON THE PARTY OF	
R	6 a Net gain or (loss) from sale of assets not on line 10					
É	D Gross sales price for all assets on line 6a					
Ė	7 Capital gain net income (from Part IV, line 2)					
N U	8 Net short-term capital gain	ASSESSMENT OF THE PARTY OF THE				
Ē	10 a Gross sales less		en en european in men			
	returns and allowances		B. J. G.			
	b Less Cost of goods sold		274.2 1 6 1 6 A.		- 1910 - 1	
	C Gross profit or (loss) (attach schedule)	No. of the last of				
	11 Other income (attach schedule)					
			<u> </u>			
	12 Total. Add lines 1 through 11	8,742.		0.		
	13 Compensation of officers, directors, trustees, etc 14 Other employee salaries and wages	<del></del>	<del> </del>	$\dashv$		<del></del>
	15 Pension plans, employee benefits			$\dashv$		
		<del>   </del>				<del></del>
, A D	b Accounting fees (attach school)					
ï	C Other professional fees (attach sch)			$\neg + \neg$		
0 I	17 Interes NOV 2 7 2017			$\neg +$		
P S E T R R	18 Taxes (attach schedule)(see Instrs)					
Ă Ă	19 Depreciation (attach					
i j	schedule) and defier EN, UT	<u> </u>	<del></del>	$\dashv \vdash$		
N V G E	21 Travel, conferences, and meetings	<del></del>	<del></del>	-+		
A E	22 Printing and publications			$\neg + \neg$		
N X	23 Other expenses (attach schedule)					
E N	BANK CHARGES	36.				
S	24 Total operating and administrative expenses. Add lines 13 through 23	36.				
5	25 Contributions, gifts, grants paid					24,540.
	26 Total expenses and disbursements	23/010	All the second s	E-SOUTH TERM		
	Add lines 24 and 25	24,576.				24,540.
	27 Subtract line 26 from line 12:					
	a Excess of revenue over expenses and disbursements	-15,834.	med with the second of the			
	<b>b</b> Net investment income (if negative, enter -0-)	13,034.		0.		
	C Adjusted net Income (if negative, enter -0-)	et constant				

Page 2

Dái	4:115	Balance Sheets  Attached schedules and amounts in the description column should be for end-of-year amounts only	Beginning of year	End o	f year
C'ai	Walls.	(See instructions )	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash — non-interest-bearing	30,601.	14,767.	14,767.
	2	Savings and temporary cash investments			
	`3	Accounts receivable			
		Less: allowance for doubtful accounts			The state of the s
	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)			
AS		Less: allowance for doubtful accounts			
Š	8	Inventories for sale or use			
S S E T	9	Prepaid expenses and deferred charges			
S		a Investments — U.S. and state government obligations (attach schedule)			
		b Investments — corporate stock (attach schedule)			
	•	c Investments — corporate bonds (attach schedule)			
	11	Investments — land, buildings, and equipment basis · · · · · · · · · · · · · · · · · ·		A CONTRACTOR	
		Less accumulated depreciation (attach schedule)			
	12	Investments - mortgage loans	<del>-</del>		
	13	Investments — other (attach schedule)			
	14	Land, buildings, and equipment. basis			
		Less accumulated depreciation (attach schedule)			
	15 16	Other assets (describe Total assets (to be completed by all filers — see the instructions Also, see page 1, item l)	30,601.	14,767.	14,767.
Ļ	17	Accounts payable and accrued expenses			
Å	18	Grants payable			
В	19	Deferred revenue			
Ľ	20	Loans from officers, directors, trustees, & other disqualified persons $\cdots$			
I T	21	Mortgages and other notes payable (attach schedule)			
İ	22	Other liabilities (describe			
E S	23	Total liabilities (add lines 17 through 22)			
		Foundations that follow SFAS 117, check here band complete lines 24 through 26 and lines 30 and 31.			
NF	24	Unrestricted			
E U T N	25	Temporarily restricted			
D	26	Permanently restricted			
A S B S A E L		Foundations that do not follow SFAS 117, check here . ► X and complete lines 27 through 31.			
E L T A	27	Capital stock, trust principal, or current funds		<b>'</b>	
SN	28	Paid-in or capital surplus, or land, bldg , and equipment fund			
O E	29	Retained earnings, accumulated income, endowment, or other funds	30,601.	14,767.	
ŔŠ	30	Total net assets or fund balances (see instructions)	30,601.	14,767.	
	31	Total liabilities and net assets/fund balances (see instructions)	30,601.	14,767.	
Part		Analysis of Changes in Net Assets or Fund Balanc	es		
1	Total end-c	net assets or fund balances at beginning of year — Part II, column (	a), line 30 (must agree v	vith 1	30,601.
		amount from Part I, line 27a			-15,834.
					,,
		ines 1, 2, and 3		4	14,767.
E	Dooro	neces not included in line 2 (itemize)		5	
6	Total	net assets or fund balances at end of year (line 4 minus line 5) — Po	art II, column (b), line 30	6	14,767.

1,3		Losses for Tax on Investme		(b) 11au aaau	rad (C) Data acquired	(d) Date sold
	(a) List and describe 2-story brick wareho	the kind(s) of property sold (e.g., rea ouse; or common stock, 200 shares M	l estate, ILC Company)	(b) How acqui P — Purchas D — Donatio	se (mo,day,yт)	(mo , day, yr )
1	a _					
	b `					
	c					
	<u>d</u>					
	<u>e</u>					
	(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other bas plus expense of sale		(h) Gain or (e) plus (f) mi	
	<u>a</u>	<u> </u>				
	b					
	<u>c</u>	<del> </del>		<del> </del>	<del></del>	
	e	<del> </del>				
		ng gain in column (h) and owned by the	ne foundation on 12/31/69		<b>4</b> 0 · · · · (0 ·	
	(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		(f) Gains (Co gain minus col (k), b than -0-) or Losses (fr	ut not less
	a					
	b					
	С					
	<u>d</u>					
	<u>e</u>	<u> </u>			<del></del>	
2	Capital gain net income or (net	capital loss)If gain, also If (loss), ent	enter in Part I, line 7 er -0- in Part I, line 7		2	
3	Net short-term capital gain or (lo	oss) as defined in sections 1222(5) an	d (6).			
	If gain, also enter in Part I, line 8 in Part I, line 8 in	B, column (c) (see instructions) If (los	s), enter -0-	L	3	
Pa	rt V Qualification Unde	r Section 4940(e) for Reduce	d Tax on Net Investm	ent Incor	ne	
(For	optional use by domestic private	foundations subject to the section 494	10(a) tax on net investment ii	ncome )		
lf se	ction 4940(d)(2) applies, leave thi	s part blank				
Was	the foundation liable for the secti	on 4942 tax on the distributable amou	int of any year in the base of	eriod?	∏Yes	X No
		y under section 4940(e) Do not comp	• • • • • • • • • • • • • • • • • • • •		□	<u></u>
_		each column for each year, see the i		y entries	·	
	(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use asse	ets	(d) Distribution (col. (b) divided	
	2015	9,150.	28	3,829.		0.317389
	2014	4,050.		7,970.		0.225376
	2013	10,400.		859.	<del></del>	0.655779
	2012	0.		0.		0.000000
	2011					
2	Total of line 1, column (d)				2	1.198544
3	Average distribution ratio for the number of years the foundation	5-year base period — divide the total has been in existence if less than 5 ye	on line 2 by 5, or by the ears		3	0.299636
4	Enter the net value of noncharita	able-use assets for 2016 from Part X,	line 5		4	14,452.
5	Multiply line 4 by line 3				5	4,330.
6	Enter 1% of net investment incom	me (1% of Part I, line 27b)			6	0.
7	Add lines 5 and 6				7	4,330.
8		n Part XII, line 4		<u></u>	<del></del>	24,540.
	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 i	using a 1% t	ax rate See the	

Pa	rt VI 💮 Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 – see	instr	uctions	;)	
	a Exempt operating foundations described in section 4940(d)(2), check here   and enter 'N/A' on line 1.	al mark			A COLUMN
	Date of ruling or determination letter (attach copy of letter if necessary – see instructions)				
	b Domestic foundations that meet the section 4940(e) requirements in Part V,	1	i		0.
	check here . ► X and enter 1% of Part I, line 27b	47.5			
1	c All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of Part I, line 12, col (b)	10.11.	321 S	The full with	din un
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				0 <u>.</u>
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	_			0.
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0	5			0.
6	Credits/Payments.		1		
	a 2016 estimated tax pmts and 2015 overpayment credited to 2016 6 a				
	Exempt foreign organizations — tax withheld at source				
	Tax paid with application for extension of time to file (Form 8868)				
(	Backup withholding erroneously withheld		7		
7	Total credits and payments Add lines 6a through 6d	7	<u> </u>		0.
8	Enter any <b>penalty</b> for underpayment of estimated tax. Check here		L		
9	Tax due If the total of lines 5 and 8 is more than line 7, enter amount owed	9	<u> </u>		<u> </u>
10	Overpayment If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10	<u> </u>		0.
	Enter the amount of line 10 to be Credited to 2017 estimated tax Refunded	11	L		
Pa	tival As Statements Regarding Activities			(Mariana)	
1 a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it		1 1	Yes	-
	participate or intervene in any political campaign?		٠١	1 a	<u> </u>
ı	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see Instructions for the 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		17.		
	: Did the foundation file Form 1120-POL for this year?			1 c	X
	(1) On the foundation		—— <b>ў</b>		
	foundation managers • \$		Ş		
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		Į.		
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?			4 a	X
	olf 'Yes,' has it filed a tax return on Form 990-T for this year?			4b ^	1/A
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?			5	$\frac{1}{x}$
	If 'Yes,' attach the statement required by General Instruction T		a a		
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either				
	By language in the governing instrument, or		9		
	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?			6 X	
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	$\overline{}$
8 a	Enter the states to which the foundation reports or with which it is registered (see instructions)		#27s		
	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(j) for calendar year 2016 or the taxable year beginning in 2016 (see instructions for Part XIV)? If 'Yes,' complete Part'	)(5) (IV		9	X
10	Did any persons become substantial contributors during the tax year? If 'Yes,' attach a schedule listing their names			-	<del>  ^</del>
	and addresses			10	X
BAA			Form	n <b>990-PF</b>	(2016)

ra	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	Yes	No 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	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	Х	
	Website address			
14	The books are in care of MARK SHEETS Telephone no (405)	_8 <u>44</u>	<u> 999</u>	5
	Located at 516 DEER VIEW CROSSING EDMOND OK ZIP+4 73034			
15	Decident 4347 (a)(1) nonexempt chantable trusts ming from 330-11 in field of Form 1041 — Officer field 1111 1111		. •	
	and enter the amount of tax-exempt interest received or accrued during the year	Ά		
16	At any time during calendar year 2016, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country?	16	Yes	No X
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If 'Yes,' enter the name of the foreign country			
P <sub>a</sub>	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.	11.00	Yes	No
1 8	During the year did the foundation (either directly or indirectly).			1.2
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	\$ .;		
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	- (c:		3.3
	(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)?		**	
	(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)			
t	olf 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)?	1 b	<b>17</b>	A
	Organizations relying on a current notice regarding disaster assistance check here			
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 2016?	1 c	ii.	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 2016, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2016?			
	If 'Yes,' list the years ► 20 _ , 20 _ , 20	##/	7 T	
t	Are there any years listed in 2a for which the foundation is <b>not</b> 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	2/2	
c	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 _ , 20 _			
3 a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?			
b	If Yes,' did it have excess business holdings in 2016 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 2016)	3 b	2	
4 a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4 a		Х
b	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 2016?	4 b		X
	the tax jour beginning in 2010/11/11/11/11/11/11/11/11/11/11/1/11/1	72	- 1	47

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None

3 Five highest-paid independent contractors for professional services (see instructions). If none, enter	
(a) Name and address of each person paid more than \$50,000 (b) Type of service	ce (c) Compensation
NONE,	
<del></del>	
	i
otal number of others receiving over \$50,000 for professional services	·····► Nor
	NOI
artilx A Summary of Direct Charitable Activities	
ist the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number organizations and other beneficiaries served, conferences convened, research papers produced, etc.	f Expenses
1 NONE	
2	
3	
<b>"</b>	
4	
वित्रश्रिक्ष 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	2 Amount
1 <u>NONE</u>	
2	
	<del></del>
All other program-related investments See instructions	
other program-related investments. See instructions	
· · ·	
· · ·	Non

Part X. 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 a Average monthly fair market value of securities . . . 1 b 14,672. b Average of monthly cash balances . . . . . . . 1 c C Fair market value of all other assets (see instructions) . . . . . 0. 1 d 14 672. e Reduction claimed for blockage or other factors reported on lines 1a and Acquisition indebtedness applicable to line 1 assets . . . . . . . . 2 3 14,672. Cash deemed held for charitable activities. Enter 1-1/2% of line 3 220. 4 (for greater amount, see instructions) . . . . . . . . . . . . . . . 5 Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 452 6 723 PartXt溪 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.) Minimum investment return from Part X, line 6 . . . . . 723. 2 a Tax on investment income for 2016 from Part VI, line 5 . . . . . 2 a b Income tax for 2016. (This does not include the tax from Part VI)... 2 b 2 c 3 723 Distributable amount before adjustments. Subtract line 2c from line 1 4 Recoveries of amounts treated as qualifying distributions . . . . . 5 723. 6 Deduction from distributable amount (see instructions) . . . . Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII, line 1. . . . . . 7 723 Rant XII Qualifying Distributions (see instructions) 1 a 24,540. 1 b 2 Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes 2 3 a 3 b Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4 . . 4 24,540. Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income 5 Enter 1% of Part I, line 27b (see instructions) . . . . . . . . . 24 540. 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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#### Part XIII Undistributed Income (see instructions)

\ <u>\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\</u>	•			
	(a) Corpus	(b) Years prior to 2015	(c) 2015	(d) 2016
Distributable amount for 2016 from Part XI, line 7				723.
2 Undistributed income, if any, as of the end of 2016		TO BE WANTED		<b>新华福克斯</b>
a Enter amount for 2015 only			0.	
<b>b</b> Total for pnor years 20 , 20 , 20				THE RESIDENCE
3 Excess distributions carryover, if any, to 2016		A STATE OF STATE		
	<u>O.</u>			
c From 2013				
d From 2014				
e From 2015				
f Total of lines 3a through e	20,467.			
4 Qualifying distributions for 2016 from Part				1.1
XII, line 4 \$ 24,540.  a Applied to 2015, but not more than line 2a.				
<ul> <li>Applied to undistributed income of prior years (Election required — see instructions)</li> </ul>				
c Treated as distributions out of corpus (Election required – see instructions)				
d Applied to 2016 distributable amount	· · · · · · · · · · · · · · · · · · ·			723.
e Remaining amount distributed out of corpus	23,817.		MANAGE STATE OF	TO BE TO PROPERTY.
5 Excess distributions carryover applied to 2016			Barra State State	
(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	44,284.			
b Prior 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 2015 Subtract line 4a from line 2a Taxable amount — see instructions			0.	
f Undistributed income for 2016 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2017				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 2011 not applied on line 5 or line 7 (see instructions).	0.		117741	
9 Excess distributions carryover to 2017. Subtract lines 7 and 8 from line 6a	44,284.			e characteristics of
10 Analysis of line 9				A STATE
a Excess from 2012				
<b>b</b> Excess from 2013 10, 314	- 「ヤヤンカル」を元子へ及びするい。で			
C Excess from 2014 2,444				
<b>d</b> Excess from 2015	一一 。 点 气 : " 可 命 等正知為两 海岸等的风火温湿	CALLED TO SERVICE		
e Excess from 2016 23,817	· NO. WARREST AND AND ADDRESS OF THE PARTY O			AND THE RESERVE OF THE PERSON
BAA				Form <b>990-PF</b> (2016)

	990-PF (2016) MOUNTAIN TOP FOUR				35-2462050	) Page 10
	t XIV   Private Operating Foundat	<del></del>				N/A
1 a	If the foundation has received a ruling or det is effective for 2016, enter the date of the rul	ermination letter tha	t it is a private opera	iting foundation, and	the ruling	
b	Check box to indicate whether the foundation	n is a private operat	ing foundation descr	ibed in section	4942(j)(3) or	4942(j)(5)
2 a	Enter the lesser of the adjusted net	Tax year		Prior 3 years		(e) Total
	income from Part I or the minimum investment return from Part X for each year listed	(a) 2016	(b) 2015	(c) 2014	(d) 2013	
b	85% of line 2a					
C	Qualifying distributions from Part XII, line 4 for each year listed					
	Amounts included in line 2c not used directly for active conduct of exempt activities					
	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		}			
а	'Assets' alternative test — enter					
	(1) Value of all assets					
_	(2) Value of assets qualifying under section 4942(j)(3)(B)(i) · · · · · · · · ·		-	<u></u>	ļ	····
b	'Endowment' alternative test — enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed					
С	'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)				<del></del>	
	(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				L	
Par	Supplementary Information assets at any time during the	(Complete this	part only if the	foundation had	l \$5,000 or more	in
1	Information Regarding Foundation Manag		structions.)			
	List any managers of the foundation who have close of any tax year (but only if they have co	e contributed more	than 2% of the total \$5,000). (See secti	contributions receive on 507(d)(2))	ed by the foundation b	efore the
	MARK & SARAH SHEETS					
b	List any managers of the foundation who owr	10% or more of the	stock of a corporat	ion (or an equally lar	ge portion of the own	ership of
	a partnership or other entity) of which the fou ${\rm N/A}$	ngation has a 10% (	or greater interest			
	Information Regarding Contribution, Gran	4 Ci# Lasm Cale	lambin sta Dus		<del></del>	
	Check here X if the foundation only ma requests for funds. If the foundation makes gi complete items 2a, b, c, and d.	kes contributions to	preselected charital	ble organizations and		
	The name, address, and telephone number o	or e-mail address of	the person to whom	applications should	be addressed	
	N/A		•			
b	The form in which applications should be sub	mitted and informati	on and materials the	ey should include		
	N/A					
c	Any submission deadlines.					
	N/A					
	Any restrictions or limitations on awards, such $\mathrm{N/A}$	as by geographica	l areas, charitable fi	elds, kinds of instituti	ons, or other factors	
BAA	<del></del>			<del></del>		orm 990-PE (2016)

Part XV | Supplementary Information (continued)

			ar or Approved for Fut			
Recipient			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	busines	SS)	or substantial contributor			
a Paid during the year	T M T A 1	_				
AMERICAN HEART ASSOCIA			}	1	}	
5700 N. PORTLAND AVE,				NONE	FUNDATOED	250.
OKLAHOMA CITY FRONTLINE CHURCH	OK	73112		NONE	FUNDRAISER	2.50
PO BOX 2638				ĺ	1	
OKLAHOMA CITY	OK	73101		NONE	YOUTH CAMP	1,000.
CITY RESCUE MISSION					1	_,
800 W CALIFORNIA						
OKLAHOMA CITY	OK	73106		NONE	BENEVOLENCE	1,000.
JESUS HOUSE					İ	
1335 W SHERIDAN AVE						
OKLAHOMA CITY	OK	73106		NONE	BENEVOLENCE	250.
REGIONAL FOOD BANK						
3355 S PURDUE	OK	72127		NONE	BENEVOLENCE	100.
OKLAHOMA CITY SARAH PENNINGTON	OK	73137	NO RELATIONSHIP	NONE	BENEVOLENCE	100.
1824 GRAY FOX DR			NO RELATIONSHIP			
EDMOND	OK	73003		NONE	BENEVOLENCE	440.
VELEECIA HEARNE			NO RELATIONSHIP			
777 N AIR DEPOT BLVD						
OKLAHOMA CITY	OK	73110		NONE	BENEVOLENCE	1,000.
CHISHOLM LAKE ASSOCIAT	rion					
825 OLD BUGLE ROAD					ECOLOGICAL	00.000
EDMOND	OK	73013		NONE	CONSERVATION	20,000.
DCHS 6101 NW 206TH STREET						
EDMOND	OK	73012		NONE	FUNDRAISER	500.
	OI	,3012		110112		
			]			
Total					<b>&gt;</b> 3a	24,540.
b Approved for future payment			· · · · · · · · · · · · · · · · · · ·		, , , , , , , , , , , , , , , , , , ,	24,540.
				ı		
				'		
		ĺ				
		ł		}		
		1	1	f f	·	

	/I-A   Analysis of Income-Producing					N/A
Enter gros	s amounts unless otherwise indicated	Unrelate	ed business income	Exclude	d by section 512, 513, or 514	(e)
4. D		(a) Business code	(b) Amount	(c) Exclu- sion	(d) Amount	Related or exempt function income (See instructions)
_	gram service revenue	}		code		
<u>a</u>	<del></del>	<del> </del>		<del> </del> -	<del></del>	
b				<u> </u>		
°		<del> </del>		<b></b>		
ď		<b></b>		<u> </u>		
		<del> </del>	· · · · · · · · · · · · · · · · · · ·	<del> </del>		<del></del>
T	<del></del>	<del> </del>		<del> </del>		
_	s and contracts from government agencies			<b>-</b>		
	nbership dues and assessments			<u> </u>		
	est on savings and temporary cash investments	<u> </u>		<b></b> -		
	dends and interest from securities	19 pr 15 50 12 12	6 1 W W W 3 1 CO 3 5 5	E Franks	2 12 14 14 14 14 14 15 15 15 15 15 15 15 15 15 15 15 15 15	+c. (1872-218) \$180
	rental income or (loss) from real estate.	1 - 2 to 1	ACT OF THE SECOND	14 TO 12	<b>对数型和质型</b>	LETTERS OF BRIDE
	financed property					
	debt-financed property	ļ		<b> </b>		
	ental income or (loss) from personal property	<u> </u>				
	er investment income				<del></del>	
	or (loss) from sales of assets other than inventory			<u> </u>		
	ncome or (loss) from special events					
	s profit or (loss) from sales of inventory	archara etc. Walke	and A secretar to make a part of a tender, a	2 20 d 12	State Control of the Control of the Control	THE THE PERSON NAMED TO STREET THE TAR
11 Othe	er revenue	<b>是我里,我们</b>		22.A.		
a		<u> </u>		L		
b		<u> </u>		ļ		
c				ļ		
ď				ļ		·
е						
12 Subt	otal Add columns (b), (d), and (e)	了路位置在		<b>建</b>		
	<ol> <li>Add line 12, columns (b), (d), and (e)</li> </ol>				13	
	sheet in line 13 instructions to verify calculations				· <del>-</del>	
Part XV	Relationship of Activities to the	Accomp	lishment of Exemp	ot Purp	oses	NIA
Line No. ▼	Explain below how each activity for which inco accomplishment of the foundation's exempt p	ome is report urposes (oth	ed in column (e) of Part i er than by providing fund	XVI-A co	ontributed importantly to ch purposes) (See instru	the actions)
		<del></del>	<del></del>	•		<del></del> -
<u>-</u>						<del></del>
				<del></del>	· · · · · · · · · · · · · · · · · · ·	
	<del>                                     </del>					
						<del></del>
		<del></del>	<del></del>			
					<del></del>	
					<del></del>	
				-		
					<u>.                                 </u>	

# Form 990-PF (2016) MOUNTAIN TOP FOUNDATION 35-2462050 Part XVII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

	Old the organization directly of described in section 501(c) or relating to political organization	f the Code (other than	any of the following with a n section 501(c)(3) organiza	ny other organization ations) or in section 527,			Tes	NO
	Fransfers from the reporting t		aritable exempt organizatio	on of		50.00		1
	1) Cash		· · · · · · · · · · · · · · · · · · ·			1 a (1)		Х
(	(2) Other assets							
b (	Other transactions:					200	de para	
(	1) Sales of assets to a nonc	charitable exempt org	anization			1 b (1)		Х
(	2) Purchases of assets from	n a noncharitable exer	mpt organization			1 b (2)		Х
(	3) Rental of facilities, equipi	ment, or other assets				1 b (3)		Х
(	4) Reimbursement arranger	ments				1 b (4)		Х
(	5) Loans or loan guarantees	s				1 b (5)		Х
(	6) Performance of services	or membership or fun	draising solicitations			1 b (6)		Х
c s	Sharing of facilities, equipmen	nt, mailing lists, other	assets, or paid employees.			1 c		Х
tl	f the answer to any of the ab the goods, other assets, or se any transaction or sharing arr e no (b) Amount involved	ervices given by the re rangement, show in co	eporting foundation If the fo	oundation received less the goods, other assets, or se	an fair market value	ın	gements	S
							_	
							_	
							_	
ď	s the foundation directly or in escribed in section 501(c) of 'Yes,' complete the following	the Code (other than	section 501(c)(3)) or in sec	ction 527?		. Yes	X	No
	(a) Name of organizatio	n	(b) Type of organization	(0	) Description of relat	onship		
	<del></del>		<del></del>					
	<del>-</del>							
	<del></del>							
	Under penalties of perjury, I declare	that I have examined this re	tum, including accompanying sched	lules and statements, and to the b	est of my knowledge and b	elief. it is true.		
Sign Here	correct, and complète Déclaration o	f preparer (other than taxpay	ver) is based on all information of wh	hich preparer has any knowledge	, ,	May the If this return preparer s	with the	,
	Signature of officer or trustee		11-14-17	DIRECTOR Title		(see instr	uctions)2	<u>'</u>
	<u> </u>		Date	Date	<del></del>	PTIN	Yes	No
	Print/Type preparer's name	e	Preparer's signature	Date	Checkf	FIIN		
Paid	\	Ion Doi	d Drana	-	self-employed			
Prepa	rer Firm's name > 1	lon-Pai	<u>a rrebar</u>	<u>er                                    </u>	Firm's EIN ►			
Use O	nly Firm's address							
		<del></del>			Phone no			
BAA						Form <b>990</b>	-PF (2	2016)

#### 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, 990-PF) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2016

Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

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 pri	vate foundation				
	527 political organization					
	oz , pointed organization					
Form 990-PF	X 501(c)(3) exempt private foundation					
	4947(a)(1) nonexempt charitable trust treated as a private	foundation				
		Touridation				
	501(c)(3) taxable private foundation					
Check if your organization is covered by the Gene	ral Rule or a Special Rule.					
Note. Only a section 501(c)(7), (8), or (10) organiz	zation can check boxes for both the General Rule and a Specia	Rule See instructions				
General Rule						
For an organization filing Form 990, 990-EZ, oproperty) from any one contributor. Complete	or 990-PF that received, during the year, contributions totaling \$ Parts I and II. See instructions for determining a contributor's to	55,000 or more (in money or otal contributions				
\						
Special Rules						
under sections 509(a)(1) and 170(b)(1)(A)(vi).	c)(3) filing Form 990 or 990-EZ that met the 33-1/3% support te that checked Schedule A (Form 990 or 990-EZ), Part II, line 13 year, total contributions of the greater of (1) \$5,000 or (2) 2% of Z, line 1 Complete Parts I and II	8, 16a, or 16b, and that				
For an organization described in section 501(c during the year, total contributions of more that purposes, or for the prevention of cruelty to ch	c)(7), (8), or (10) filing Form 990 or 990-EZ that received from a n \$1,000 exclusively for religious, charitable, scientific, literary, ildren or animals. Complete Parts I, II, and III.	ny one contributor, or educational				
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						
Caution. An organization that isn't covered by the 990-PF), but it must answer 'No' on Part IV. line 2	General Rule and/or the Special Rules doesn't file Schedule B, of its Form 990, or check the box on line H of its Form 990-E2 grequirements of Schedule B (Form 990, 990-EZ, or 990-PF)	(Form 990, 990-EZ, or				

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

Name of org	ganization (2016)	Employe	er identification number
MOUNTAIN TOP FOUNDATION		35-2462050	
Part 1	Contributors (see instructions). Use duplicate copies of Part I if additional space	e is needed	
(a) *	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	MARK & SARAH SHEETS  516 DEER VIEW CROSSING	\$7 <u>42</u> .	Person X Payroll  Noncash
	EDMOND OK 73034	_	(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.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll 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.)