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Form 990-PF

Department of the Treasury Internal Revenue Service

Return of Private Foundation

or Section 4947(a)(1) Nonexempt Charitable Trust Treated as a Private Foundation

Note. The foundation may be able to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0052

2011

Fo	r cal	endar year 2011 or tax year beginning	12/1/2011 , a	ınd ending	11	/30/2012	
N	ame of	foundation			A E	mployer identification nu	mber
M	эм с	HARITABLE FOUNDATION				61-6264	013
N	ımber	and street (or P O box number if mail is not delivered to street ad	dress)	Room/suite	ВТ	elephone number (see inst	
21	16 BI	ROADWAY			l	(270) 443-	4500
Cı	ty or to	wn, state, and ZIP code		-	C If	exemption application is pe	
PA	DUC	AH	KY	42001	"	exemplion application is pe	inding, check fiere
			al return of a former		D 1.	Foreign organizations, che	ck here
			ended return	, , , , , , , , , , , , , , , , , , , ,			
			ne change		2.	Foreign organizations mee check here and attach con	
Н	Che	ck type of organization: X Section 501(c)(3) exe		ion	{ _		-
Ë	_	ction 4947(a)(1) nonexempt charitable trust	• •			private foundation status wa	
느					1	nder section 507(b)(1)(A), cl	_
ı	rair of ve	market value of all assets at end accounting Grant (from Part II, col. (c),		h		the foundation is in a 60-mo	
		16) ►\$ 179,378 (Part I, column (ere)	"	nder section 507(b)(1)(B), cl	neck nere
P	irt I	Analysis of Revenue and Expenses (The total of		313./	L		(d) Disbursements
-		amounts in columns (b), (c), and (d) may not necessarily equal	(a) Revenue and expenses per	(b) Net investm	ent	(c) Adjusted net	for charitable
		the amounts in column (a) (see instructions))	books	income		ıncome	purposes
	1	Contributions, gifts, grants, etc., received (attach schedule)	220,400	* 7 * /	_		(cash basis only)
	2	Check ▶ if the foundation is not required to attach Sch B	, 220,400	, ,			
	3	Interest on savings and temporary cash investments	1		1	1	
	4	Dividends and interest from securities	2,459	1 2	2,459	 	
	5 a	a Gross rents			0		
Revenue	l t	Net rental income or (loss)	The second	and the second	<i>y</i> *	,	
	6 8	Net gain or (loss) from sale of assets not on line 10	O				
ě	l t	Gross sales price for all assets on line 6a	فكان المناكر الما المناكر ا	च्या क्याँ । भी व	` ·, ′		
Ą	7	Capital gain net income (from Part IV, line 2)	心學時間發育的學文學		,510		
	8	Net short-term capital gain .	人。1、1、1、1年前日清空上		•	. 0	
	9	Income modifications .	"我们一种"的。最初的W				
	Ι.		我们, 这一般独立人	}			
			er (granding the same of the				·····
		Gross profit or (loss) (attach schedule)	0	ļ			
	11	Other income (attach schedule) . Total. Add lines 1 through 11	0		0	0	
			222,860		3,970	2,460	
es	13	Compensation of officers, directors trustees etc	<i>1</i> / 0	<u> </u>			_
penses	14 15	Other employee salaries and mages	<u> </u>	 			
		Pension plans, employee benefits Legal fees (attach schedule)		-			
ш	10 8	Accounting fees (attach schedule)	0		0 0	0	0
S <	,	Other professional fees (attach schedule)	0		0	0	0
ä	17	Interest	0				
st	18	Taxes (attach schedule) (see instructions)	167		0	0	167
Ξ	19	Depreciation (attach schedule) and depletion .	0		0	0	107
퉏	20	Occupancy					
ĕ	21	Travel, conferences, and meetings					
밑	22	Printing and publications					
e c	23	Other expenses (attach schedule)	27,546	i	865	865	1,260
Operating and Administrative Ex	24	Total operating and administrative expenses.	·				
<u>a</u>		Add lines 13 through 23	27,713		865	865	1,427
Š	25	Contributions, gifts, grants paid	246,500				246,500
<u> </u>	26	Total expenses and disbursements. Add lines 24 and 25	274,213		865	865	247,927
	27	Subtract line 26 from line 12		,			
	а	Excess of revenue over expenses and disbursements	-51,353				
	b	Net investment income (if negative, enter -0-) .	ý	3	,105		
	C	Adjusted net income (if negative, enter -0-)	the in the interest		. 1	1 505	

Pa	rt II	Balance Sheets Attached schedules and amounts in the description column	Beginning of year	End o	d of year				
ца —		should be for end-of-year amounts only (See instructions.)	(a) Book Value	(b) Book Value	(c) Fair Market Value				
	1	Cash—non-interest-bearing	54,593	1,647	1,647				
٠	2	Savings and temporary cash investments							
	3	Accounts receivable 0							
		Less allowance for doubtful accounts	0	0	0				
	4	Pledges receivable ▶ 0							
		Less allowance for doubtful accounts	0	0	0				
	5	Grants receivable							
	6	Receivables due from officers, directors, trustees, and other							
		disqualified persons (attach schedule) (see instructions).	l ol	0	0				
	7	Other notes and loans receivable (attach schedule)		,					
		Less allowance for doubtful accounts		0	0				
Ø	8	Inventories for sale or use							
Assets	9	Prepaid expenses and deferred charges .							
Š	10 a	Investments—U.S. and state government obligations (attach schedule)	0	0	0				
•		Investments—corporate stock (attach schedule)	0	0	0				
		Investments—corporate bonds (attach schedule)	0	0	0				
	11								
	••	Less accumulated depreciation (attach schedule)	0	·	0				
	12	Investments—mortgage loans							
	13	Investments—other (attach schedule)	0		0				
	14			· .					
	'-		the state of the s	<u> </u>					
	15	Less accumulated depreciation (attach schedule) ► 0 Other assets (describe ► See Attached Statement)	132,208	0	0 177,731				
	16	****	132,200	133,311	111,131				
	10	Total assets (to be completed by all filers—see the instructions. Also, see page 1, item I).	186,801	136,958	179,378				
	17	Accounts payable and accrued expenses .	100,001	130,930	179,376				
	18	Grants payable			,				
es	19	Deferred revenue							
Ξ	_		0		÷				
Liabilities	Loans from officers, directors, trustees, and other disqualified persons		0		The Reserve Const.				
Ë	21	Mortgages and other notes payable (attach schedule)	0						
	22	Other liabilities (describe Total liabilities (add lines 17 through 22)							
	23		- 0	0					
Ś		Foundations that follow SFAS 117, check here							
lances	ĺ	and complete lines 24 through 26 and lines 30 and 31.			* *				
<u>a</u>	24	Unrestricted			· ·				
Ва	25	Temporarily restricted	186,801	136,958	N.				
<u> </u>	26	Permanently restricted							
or Fund Ba		Foundations that do not follow SFAS 117, check here	1		84.				
Ť		and complete lines 27 through 31.		_	and the same of th				
0	27	Capital stock, trust principal, or current funds		0					
Net Assets	28	Paid-in or capital surplus, or land, bldg , and equipment fund							
155	29	Retained earnings, accumulated income, endowment, or other funds	100 001	100.000	•				
Ä,	30	Total net assets or fund balances (see instructions)	186,801	136,958					
Š	31	Total liabilities and net assets/fund balances (see			•				
_		instructions)	186,801	136,958					
		Analysis of Changes in Net Assets or Fund Balances							
1		net assets or fund balances at beginning of year—Part II, column (a), line	30 (must agree with		186,801				
_	end-of-year figure reported on prior year's return) 2 Enter amount from Part 1, line 27a 2								
	3 Other increases not included in line 2 (itemize) LONG TERM GAIN 3 1								
	4 Add lines 1, 2, and 3								
		ases not included in line 2 (itemize)		5	0				
6	6 Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30 6 136,								

Fd	Capital Gains an	u Losses for Tax Off filves	Suile	iit iiicoi	(b) How acquired	T-			
	(a) List and describe the kind(s) of property sold (e g , real estate, 2-story brick warehouse, or common stock, 200 shs MLC Co) D—						Date acquired mo , day, yr)		Date sold , day, yr)
<u>1a</u>	CAPITAL GAIN DISTRIBUT	IONS-OAKMARK EQUITY & I	INCO	ME FD					
<u>b</u>			_						
<u> </u>									
<u>d</u>									
<u>e</u>					L	+			
	(e) Gross sales price	(f) Depreciation allowed (or allowable)			r other basis ense of sale	<u> </u>		Sain or (loss) is (f) minus (g	<u> </u>
<u>a</u>		0			_	<u> </u>			0
<u>_b</u>	0	0				<u> </u>			0
<u> </u>	0	0				<u> </u>		_	0
<u>d</u>									0
<u>e</u>		ring gain in column (h) and owned	by the	. foundate	12/21/60	니			0
	Complete only for assets snow		by the					Col (h) gain m	
(i) F M V as of 12/31/69 (j) Adjusted basis as of 12/31/69					ss of col (i)			not less than - s (from col (h)	
_	0	0 0 0						3 (110111 001 (11)	,
<u>a</u> b	0	0		0					0
c	0	0			_	o			0
ď	0	0				ol			0
e	0	0				ol			0
	0	(If gain, a	lso en	ter in Pa	rt I, line 7				
2	Capital gain net income or	(net capital loss) { If (loss),	enter -	-0- ın Pa	rt I, line 7	2			1,510
3	Net short-term capital gain	or (loss) as defined in section	s 122	2(5) and	(6):				
	-	line 8, column (c) (see instruc	tions).	. If (loss)	, enter -0-	}			
	in Part I, line 8			<u> </u>	·	J 3_	<u></u>		0
Pa	rt V Qualification Und	<u>ler Section 4940(e) for Re</u>	<u>duce</u>	<u>d Tax o</u>	n Net Invest	<u>ment l</u>	ncome		
Wa		ne section 4942 tax on the dis				in the	base period	? 🗌 Yes	X No
11		ot qualify under section 4940(ve mel	dan any and		
	(a)	ount in each column for each y	year; s	see the ir	istructions ber	ore mai	ang any eni	ries. (d)	
	Base period years	(b) Adjusted qualifying distribution	.	Not value	(c) of noncharitable-use	accete	ι	Distribution rat	10
Ca	alendar year (or tax year beginning in	<u> </u>		ivet value t			(col (b) divided by o	
	2010		,136			<u>60,674</u>			1 055479
	2009		,144			<u>75,425</u>			1.115164
	2008		,423			21,371			0 527188
	2007 2006	_,	,533 ,210			<u>51,658</u> 80,674			0 972801 0.670877
	2000	121	,210]	-		00,014			0.070677
2	Total of line 1, column (d)						2		4 341509
		or the 5-year base period—div				bv			
	•	undation has been in existence			-		3		0.868302
	•				•				
4	Enter the net value of nonc	haritable-use assets for 2011	from I	Part X, liı	ne 5		4		179,006
5	Multiply line 4 by line 3 .					•	5		155,431
	Enter 1% of not investment	income (1% of Part I, line 27	h)				6		24
0	Lines 1/0 OF HEL HIVESHITEH	. moonie (1 /0 of Fait I, iiile 2/1			• • •				31
7	Add lines 5 and 6		•			•	7		155,462
8	Enter qualifying distribution	s from Part XII, line 4					8		247,927
		er than line 7, check the box is				te that		1% tax ra	

1 a Exempt operating foundations described in section 494(d)(2), check here ▶ ☐ and enter "NA" on line 1 Date of ruing or determination letter	Pa	rt VI	Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 494	10(e), or 4948	-se	e instru	ction	s)	
Dates to fundations that meter the section 49A(0e) requirements in Part V, check here ► XX and early the 12 to 10	1:	Exemp	pt operating foundations described in section 4940(d)(2), check here ▶ ☐ and enter "N/A	" on line 1					
b Domestic foundations that meet the section 4940(e) requirements in Part V, check here X 3 3 4 3 4 4 4 5 5 5 6 6 5 5 6 6 5 5									
here ► X and there domestic five of Part I, line 27b	Ì			, }	1	1	-	31	
of Part I, Ine 12, col (b) 2 Tax under section 514 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-) 3 Add lines 1 and 2 3 Jat 1 5 Subtitle A (norme) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-) 5 Subtitle A (norme) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-) 5 Jat 1 5 Tax based on investment Income. Subtract line 4 from line 3. If zero or less, enter -0- 5 Credis/Psyments a 2011 estimated tax payments and 2010 overpayment credited to 2011 6 Exempt foreign organizations—Lax withheld at source 7 Tax pad with application for extension of time to file (Form 8868) 6 La 109 6 Bat 2 Total credits and payments Add lines 68 through 6 7 Total credits and payments Add lines 68 through 8 8 Enter any penalty for underpayment of estimated tax Check here Form 2220 is attached 8 Enter any penalty for underpayment of estimated tax Check here 9 Tax due, if the total of lines 5 and 8 is more than line 7, enter amount owed 10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount owepaid 11 Tax better the amount of line 10 to be Credited to 2012 estimated tax 12 During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participated or influence any national, state, or local legislation or did it participated or influence any national, state, or local legislation or did it participated or influence any national, state, or local legislation or did it participated or influence any local campaign and payments. Participated and scapping of the activities and the state of influence and payments and the participate or influence any nationals payments. Participated and scapping and payments and copies of any materials published or influence and payments. Participated payments and copies of any materials published or influence and payments. Participated payments and copies of any materials published or influence and payments. Payments and cop				[]					
2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) 3 Add lines 1 and 2 4 Subtritle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) 5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0 5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0 5 Tax based on investment lincome. Subtract line 4 from line 3. If zero or less, enter -0 5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0 5 Tax based on linvestment line -0 to the companient of the line 5 and 5 to the companient of the subtraction of the state of the subtraction of the	•	All oth	ner domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4%	J	٠				
3 Add imes 1 and 2 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-) Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0- Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0- Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0- Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0- Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0- Tax based on line 5 and 20 line 5 and									
4 Subtite A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-) 5 Tax based on Investment income. Subtract line 4 from line 3. If zero or less, enter -0- 5 Credita/Payments a 2011 estimated tax payments and 2010 overpayment credited to 2011 5 Exempt foreign organizations—tax withheld at source 6 Tax paid with application for extension of time to file (Form 8868) 6 C 1039 6 Backup withholding ernoreously withheld 6 G 1039 7 Total credits and payments Add lines 6a through 6d 6 Enter any penalty for underpayment of estimated tax Check here			•	er -0-)				_	
5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0- Credits/Payments a 2011 estimated tax payments and 2010 overpayment credited to 2011 b Exempt foreign organizations—tax withheld at source CTax paid with application for extension of time to file (Form 8868) d Backup withholding erroneously withheld Total credits and payments Add lines 6a through 6d BE Enter any penalty for underpayment of estimated tax Check here If Form 2220 is attached Total credits and payments Add lines 6a through 6d Total credits and payments and 8 im rough 6d Total credits and payments and 8 im rough 6d Total credits and payments as and 8 is more than line 7, enter amount owerpaid Total credits and payments as and 8 is more than line 7, enter amount owerpaid Total credits and payments as and 8 is more than line 7 in enter amount owerpaid Total credits and payments and 10 lines 5 and 8, enter the amount overpaid Total credits and 10 in 10 to be Credited to 2012 estimated tax P 0 0 Refunded Total credits and 10 lines 10 in 10 to be Credited to 2012 estimated tax P 0 0 Refunded Total credits and 10 lines 10 in 10 to be Credited to 2012 estimated tax P 0 0 Refunded Total credits the advance of the amount overpaid of Refunded Total spend more than \$100 during the year (either directly) or indirectly) for political purposes (see page 19 of the instructions for definition)? If the answer is "Yes" to 1 a or 10, attach a detailed description of the activities and copies of any materials published or distributed by the foundation me commection with the activities and copies of any materials published or distributed by the foundation me commection with the activities and copies of any materials published or distributed by the foundation me commection with the activities and copies of any materials published or distributed by the foundation me commection with the activities and copies of any materials published or distributed by the foundation and published or distributed by the foundation and publishe	-				31				
6 Credits/Payments a 2011 estimated tax payments and 2010 overpayment credited to 2011 b Exempt foreign organizations—tax withheld at source c Tax paid with application for extension of time to file (Form 8868) d Backup withholding erroneously withheld 7 Total credits and payments Add lines 6a through 6d 8 Enter any penalty for underpayment of estimated tax. Check here If Form 2220 is attached 8 Enter any penalty for underpayment of estimated tax. Check here If Form 2220 is attached 9 Tax due. If the total of lines 5 and 8 is more than the 10 in end 5 and 8 is more tha	-			ter -0-) . (
a 2011 estimated tax payments and 2010 overpayment credited to 2011 b Exempt foreign organizations—Lax withheld at source c Tax paid with application for extension of time to file (Form 8688) d Backup withholding erroneously withheld Total credits and payments. Add lines 6a through 6d 8 Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached 9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount ower 9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount ower 10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid 11 Tax 12 During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or interviene in any political campaign? 1 During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or interviene in any political campaign? 1 During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or interviene in any political campaign? 2 During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or interviene in any political campaign? 2 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 and copies of any materials 2 Did the foundation file Form 1120-POL for this year? 3 Center the amount (if any) falts on political expenditures (section 4955) imposed during the year? 4 The answer is "Yes" or other similar instruments? If "Yes," attach a conformed copy of the changes 4 a Did the foundation have unrelated business gross income of \$1,000 or more during the year? 4 The part of the part			·		5			31	
b Exempt foreign organizations—tax withheld at source c Tax paid with application for extension of time to file (Form 8868) d Backup withholding erroneously withheld T Total credits and payments. Add lines 6a through 6d Enter any penalty for underpayment of estimated tax. Check here	-			ما	`		*. *.:		
C Tax paid with application for extension of time to file (Form 8868) d Backup withholding erroneously withhold Total credits and payments. Add lines 6a through 6d Total credits and payments. Add lines 6a through 6d Total credits and payments. Add lines 6a through 6d Total credits and payments. Add lines 6a through 6d Total credits and payments. If the total of lines 5 and 8 is more than line 7, enter amount owed Total credits and payment. If line 7 is more than the total of lines 5 and 8, enter the amount owerpaid Total credits and 10 to be Credited to 2012 estimated tax Total Enter the amount of line 10 to be Credited to 2012 estimated tax Total Credits and 11 to 10 to 10 to be Credited to 2012 estimated tax Total Credits and 11 to 10 to			· · · · · · · · · · · · · · · · · · ·	0	•		• "	47	
d Backup withholding erroneously withheld 7 Total credits and payments Add lines 6a through 6d 8 Enter any penalty for underpayment of estimated tax. Check here				400	•	135			
7 Total credits and payments. Add lines 6a through 6d 8 Tax due, life the total of lines 5 and 8 is more than line 7, enter amount owed 9 Tax due, life the total of lines 5 and 8 is more than line 7, enter amount owed 9 10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid 10 Enter the amount of line 10 to be. Credited to 2012 estimated tax 11 Enter the amount of line 10 to be. Credited to 2012 estimated tax 12 Enter the amount of line 10 to be. Credited to 2012 estimated tax 13 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? 14 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? 15 Dut it spend more than \$100 during the year (either directly) for political purposes (see page 19 of the instructions for definition)? 16 Life spend more than \$100 during the year (either directly) for political purposes (see page 19 of the instructions for definition)? 16 Life spend more than \$100 during the year (either directly) for political purposes (see page 19 of the instructions for definition)? 17 If the answer is "Yes" to 1a or 15, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities and copies of any materials published or distributed by the foundation mine connection with the activities and copies of any materials published or distributed by the foundation during the year? 16 Enter the rembursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers ▶ \$ 2 Has the foundation have unrelated business gross income of \$1,000 or more during the year? 2 Life Yes, "attach a detailed description of the activities of necorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the			· · · · · · · · · · · · · · · · · · ·	109	, '	? * #	,		
8 Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached 1 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount ower paid 10 Overpayment. If line 7 is more than line 7, enter amount owerpaid 11 Enter the amount of line 10 to be Credited to 2012 estimated tax. 1 Takes the amount of line 10 to be Credited to 2012 estimated tax. 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? 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? 1 b Did it spend more than \$1.00 during the year (either directly or indirectly) for political purposes (see page 19 of the instructions for definition)? 1 If the answer is "Yes" to 1 at 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 2 c Did the foundation File Form 1120-POL for this year? 2 d Enter the amount (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. 3 Has the foundation manages in any activities that have not previously been reported to the IRS? 1 If "Yes," attach a detailed description of the activities of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes 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? 2 Was there a liquidation, termination, dissolution, or substantial contraction during the year? 3 H" Yes," attach the statement required by General instruction 7 or the similar to office the part II, col. (c), and Part XV 4 Did the foundation have a least \$5,000 in assets at any time during the year? 5 If the answer is "Yes" to line 7, has th								100	
9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid Enter the amount of line 10 to be Credited to 2012 estimated tax Part VII-A Statements Regarding Activities 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 (see page 19 of the instructions for definition)? 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 and copies of any materials published or distributed by the foundation in connection with the activities C Did the foundation F \$ (2) On foundation managers \$ \\$ 1c \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	_								
10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid 11 Enter the amount of line 10 to be Credited to 2012 estimated tax				.					
11 Enter the amount of line 10 to be Credited to 2012 estimated tax ▶ 0 Refunded ▶ 11 78 Part VII-A Statements Regarding Activities 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? 2 b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see page 19 of the instructions for definition)? 1 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 and copies of any materials published or distributed by the foundation in connection with the activities and copies of any materials published or distributed by the foundation in connection with the activities and copies of any materials published or distributed by the foundation in connection with the activities and copies of any materials published or distributed by the foundation in which it is activities and copies of any materials published or distributed by the foundation of the activities (section 4955) imposed during the year (1) On the foundation P\$ \$ (2) On foundation managers ▶ \$ (2) A transfer of political expenditure tax imposed on foundation managers ▶ \$ (2) A transfer of political expenditure tax imposed on foundation managers ▶ \$ (2) A transfer of political expenditure tax imposed on foundation managers ▶ \$ (2) A transfer of political expenditure tax imposed on foundation managers ▶ \$ (2) A transfer of political expenditure tax imposed on foundation managers ▶ \$ (2) A transfer of political expenditure tax imposed on foundation managers ▶ \$ (2) A transfer of political expenditure tax imposed on foundation managers ▶ \$ (2) A transfer of political expenditure tax imposed on foundation managers ▶ \$ (3) A transfer of political expenditure tax imposed on foundation managers ▶ \$ (3) A transfer of political expenditure tax imposed on foundation foundation for politi									
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or 4942(j)(5) for calendar year 2011 or the taxable year beginning in 2011 (see instructions for Part XIV)? If "Yes," complete Part XIV	0						δD		
complete Part XIV	3								
10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing				AIV)'II Yes,"		ĺ	ا ۾		Y
	10	-		stina			-	\dashv	
1 1 1 1 1 1	. •						10		Х

3a Did the foundation hold more than a 2% direct or indirect interest in any business

enterprise at any time during the year? . If "Yes," did it have excess business holdings in 2011 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 2011) .

Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?

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 2011?

N/A

3b

4a

4b

Yes X No

FOIL	n 990-PF (2011) MGM CHARITABLE FOUND	ATION			61-6264	013	Page 6
Pa	rt VII-B Statements Regarding Activit	ies for Which Forn	n 4720 May Be R	equired (continued))		
5a	During the year did the foundation pay or incur an	y amount to					
	(1) Carry on propaganda, or otherwise attempt	to influence legislation (section 4945(e))?	Yes	X No	7	
•	(2) Influence the outcome of any specific public	election (see section 4	955), or to carry			15.	1
	on, directly or indirectly, any voter registration	n drive?		Yes	X No	; '	
	(3) Provide a grant to an individual for travel, sti	idy or other similar nur	noses?	X Yes	No		İ
	(4) Provide a grant to an organization other than	• •		[X] Tes		, [
	in section 509(a)(1), (2), or (3), or section 49			Yes	X No		1
	(5) Provide for any purpose other than religious			ies		٠, , , ,	
	educational purposes, or for the prevention		• .	Yes	X No	-	
b		•					
	Regulations section 53 4945 or in a current notice	•	•			5b	X
	Organizations relying on a current notice regarding			··········	. — H	30	 ^
c	If the answer is "Yes" to question 5a(4), does the				الما الم		
U	tax because it maintained expenditure responsibili	•	don nom the	Yes	□ No I		
	If "Yes," attach the statement required by Regulati			L162		Ş	-
61	Did the foundation, during the year, receive any fu	·	, ,			' .	
va	premiums on a personal benefit contract?	mas, directly of manecti	y, to pay	Yes	X No	.	
ь	, ,	. dispathi or indispathi o	n a namanal banafit i	_		6b	X
U	Did the foundation, during the year, pay premiums If "Yes" to 6b, file Form 8870	s, directly of indirectly, o	m a personal benefit i	contractiv	·		+^-
70	,	n a nadu ta a nrahibitad	tov shelter transports		X No		
	At any time during the tax year, was the foundation				— _–	7b	
_	If "Yes," did the foundation receive any proceeds						١
	art VIII Information About Officers	, Directors, Truste	es, Foundation	Managers, Highly	Paid Emp	loyees,	
_	and Contractors	letien meneren en	d their component	ion /oos instruction	-		
<u></u> -	List all officers, directors, trustees, found						
<u>-</u>	(a) Name and address	(b) Title, and average hours per week	(c) Compensation (If not paid, enter	(d) Contributions to employee benefit plans	s (e) E:	xpense acco	
<u></u>	(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to	s (e) E:	xpense acco	
	(a) Name and address	(b) Title, and average hours per week devoted to position DONOR/TRUSTEE	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans	s (e) E: oth	•	es
207	(a) Name and address KMAIAH MANCHIKANTI, MD '5 NATCHEZ LANE PADUCAH KY 42001	(b) Title, and average hours per week devoted to position DONOR/TRUSTEE 1.00	(c) Compensation (If not paid, enter	(d) Contributions to employee benefit plans	s (e) E:	•	
<u>207</u> MU	(a) Name and address KMAIAH MANCHIKANTI, MD '5 NATCHEZ LANE PADUCAH KY 42001 RALI MANCHIKANTI, MD	(b) Title, and average hours per week devoted to position DONOR/TRUSTEE 1.00	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans	s (e) E:	•	es0
207 MU 305	(a) Name and address KMAIAH MANCHIKANTI, MD '5 NATCHEZ LANE PADUCAH KY 42001 RALI MANCHIKANTI, MD 5 FOREST CIRCLE PADUCAH KY 42001	(b) Title, and average hours per week devoted to position DONOR/TRUSTEE 1.00 TRUSTEE	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans	s (e) E: oth	•	es
207 MU 305 RA	(a) Name and address KMAIAH MANCHIKANTI, MD '5 NATCHEZ LANE PADUCAH KY 42001 RALI MANCHIKANTI, MD 5 FOREST CIRCLE PADUCAH KY 42001 M MANCHIKANTI, MD	(b) Title, and average hours per week devoted to position DONOR/TRUSTEE 1.00 TRUSTEE 1 00 TRUSTEE	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans	s (e) E. oth	•	es 0
207 MU 305 RA	(a) Name and address KMAIAH MANCHIKANTI, MD '5 NATCHEZ LANE PADUCAH KY 42001 RALI MANCHIKANTI, MD 5 FOREST CIRCLE PADUCAH KY 42001	(b) Title, and average hours per week devoted to position DONOR/TRUSTEE 1.00 TRUSTEE	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans	s (e) E:	•	es0
207 MU 305 RA	(a) Name and address KMAIAH MANCHIKANTI, MD '5 NATCHEZ LANE PADUCAH KY 42001 RALI MANCHIKANTI, MD 5 FOREST CIRCLE PADUCAH KY 42001 M MANCHIKANTI, MD	(b) Title, and average hours per week devoted to position DONOR/TRUSTEE 1.00 TRUSTEE 1 00 TRUSTEE 1.00	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans	s (e) E. oth	•	0 0
207 MU 305 RA 105	(a) Name and address KMAIAH MANCHIKANTI, MD '5 NATCHEZ LANE PADUCAH KY 42001 RALI MANCHIKANTI, MD 5 FOREST CIRCLE PADUCAH KY 42001 M MANCHIKANTI, MD 5 PADDOCK CT. PADUCAH KY 42001	(b) Title, and average hours per week devoted to position DONOR/TRUSTEE 1.00 TRUSTEE 1 00 TRUSTEE 1.00 .00	(c) Compensation (If not paid, enter -0-) 0	(d) Contributions to employee benefit plans and deferred compensate	s (e) E: oth	er allowanc	es 0
207 MU 305 RA 105	(a) Name and address KMAIAH MANCHIKANTI, MD 5 NATCHEZ LANE PADUCAH KY 42001 RALI MANCHIKANTI, MD 5 FOREST CIRCLE PADUCAH KY 42001 M MANCHIKANTI, MD 6 PADDOCK CT. PADUCAH KY 42001 Compensation of five highest-paid emplo	(b) Title, and average hours per week devoted to position DONOR/TRUSTEE 1.00 TRUSTEE 1 00 TRUSTEE 1.00 .00	(c) Compensation (If not paid, enter -0-) 0	(d) Contributions to employee benefit plans and deferred compensate	s (e) E: oth	er allowanc	0 0
207 MU 305 RA 105	(a) Name and address KMAIAH MANCHIKANTI, MD '5 NATCHEZ LANE PADUCAH KY 42001 RALI MANCHIKANTI, MD 5 FOREST CIRCLE PADUCAH KY 42001 M MANCHIKANTI, MD 5 PADDOCK CT. PADUCAH KY 42001	(b) Title, and average hours per week devoted to position DONOR/TRUSTEE 1.00 TRUSTEE 1.00 TRUSTEE 1.00 yees (other than the	(c) Compensation (If not paid, enter -0-) 0 0 0 ose included on li	(d) Contributions to employee benefit plans and deferred compensate	O O O O O O O O O O O O O O O O O O O	er allowanc	0 0
207 MU 305 RA 105	(a) Name and address KMAIAH MANCHIKANTI, MD 75 NATCHEZ LANE PADUCAH KY 42001 RALI MANCHIKANTI, MD 6 FOREST CIRCLE PADUCAH KY 42001 M MANCHIKANTI, MD 6 PADDOCK CT. PADUCAH KY 42001 Compensation of five highest-paid emploenter "NONE."	(b) Title, and average hours per week devoted to position DONOR/TRUSTEE 1.00 TRUSTEE 1.00 TRUSTEE 1.00 OUTRUSTEE 1.00 (b) Title, and average hours per week devoted to position (b) Title, and average hours per week devoted to position (b) Title, and average hours per week devoted to position (b) Title, and average hours per week devoted to position (b) Title, and average hours per week devoted to position (b) Title, and average hours per week devoted to position (c) Title, and average hours per week devoted to position (d) Title, and average hours per week devoted to position (e) Title, and average hours per week devoted to position (e) Title, and average hours per week devoted to position (e) Title, and average hours per week devoted to position (e) Title, and average hours per week devoted to position (e) Trustee hours per week devoted to position (f) Trustee hou	(c) Compensation (If not paid, enter -0-) 0 0 0 0 ose included on linge	(d) Contributions to employee benefit plans and deferred compensations. ne 1—see instructions (d) Contributions (employee benefit)	O O O O O O O O O O O O O O O O O O O	er allowanc	0 0 0
207 MU 305 RA 105	(a) Name and address KMAIAH MANCHIKANTI, MD 5 NATCHEZ LANE PADUCAH KY 42001 RALI MANCHIKANTI, MD 5 FOREST CIRCLE PADUCAH KY 42001 M MANCHIKANTI, MD 6 PADDOCK CT. PADUCAH KY 42001 Compensation of five highest-paid emplo	(b) Title, and average hours per week devoted to position DONOR/TRUSTEE 1.00 TRUSTEE 1.00 TRUSTEE 1.00 OUTRUSTEE 1.00 (b) Title, and average hours per week devoted to position (b) Title, and average hours per week devoted to position (b) Title, and average hours per week devoted to position (b) Title, and average hours per week devoted to position (b) Title, and average hours per week devoted to position (b) Title, and average hours per week devoted to position (c) Title, and average hours per week devoted to position (d) Title, and average hours per week devoted to position (e) Title, and average hours per week devoted to position (e) Title, and average hours per week devoted to position (e) Title, and average hours per week devoted to position (e) Title, and average hours per week devoted to position (e) Trustee hours per week devoted to position (f) Trustee hou	(c) Compensation (If not paid, enter -0-) 0 0 0 ose included on linge	(d) Contributions to employee benefit plans and deferred compensation ne 1—see instructio (d) Contributions to employee benefit plans and deferred	O O O O O O O O O O O O O O O O O O O	er allowanc	0 0 0
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207 MU 305 RA 105 2	(a) Name and address KMAIAH MANCHIKANTI, MD '5 NATCHEZ LANE PADUCAH KY 42001 RALI MANCHIKANTI, MD 5 FOREST CIRCLE PADUCAH KY 42001 M MANCHIKANTI, MD 5 PADDOCK CT. PADUCAH KY 42001 Compensation of five highest-paid emploenter "NONE."	(b) Title, and average hours per week devoted to position DONOR/TRUSTEE 1.00 TRUSTEE 1.00 TRUSTEE 1.00 OU OU OU OU (b) Title, and average hours per week devoted to position OU (c) Trustee 1.00 OU OU OU OU OU OU OU OU OU	(c) Compensation (If not paid, enter -0-) 0 0 0 ose included on linge	(d) Contributions to employee benefit plans and deferred compensation ne 1—see instructio (d) Contributions to employee benefit plans and deferred	O O O O O O O O O O O O O O O O O O O	er allowanc	0 0 0

Form 99Q-PF (2011) MGM CHARITABLE FOUNDATION	61-6264013 Page 7
Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Pa	id Employees,
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	
	0
	0
	0
	0
	0
Total number of others receiving over \$50,000 for professional services	
Port IV A Summary of Direct Charitable Activities	
Part IX-A Summary of Direct Charitable Activities	
List the foundation's four largest direct chantable activities during the tax year. Include relevant statistical information such as	Expenses
the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc	Lapenses
1 THE FOUNDATION PROVIDED EDUCATIONAL SCHOLARSHIPS FOR 30 STUDENTS ATTENDING POST	
SECONDARY EDUCATIONAL INSTITUTIONS DURING THE TAX YEAR	
	40,500
2 THE FOUNDATION PROVIDED CONTRIBUTIONS TO PROMOTE EDUCATION FOR THE BENEFIT OF THE	
WEAKER SECTION OF THE PUBLIC IN AND AROUND THE AREA OF BODANGPARPHY, INDIA	
	206,000
3	
4	
•••••	
Part IX-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	
2	
All other program-related investments. See instructions	
3	
	_

Total. Add lines 1 through 3

Form	990-PF (2011) MGM CHARITABLE FOUNDATION	61-626	4013 Page 8
Pa	Minimum Investment Return (All domestic foundations must complete this part. Foreign	n foundation	ns,
	see instructions)		,
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,		
•	purposes		
а	Average monthly fair market value of securities	1a	172,724
b	Average of monthly cash balances .	1b	9,008
С	Fair market value of all other assets (see instructions)	1c	
d	Total (add lines 1a, b, and c)	1d	181,732
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	2	
3	Subtract line 2 from line 1d	3	181,732
4	Cash deemed held for charitable activities Enter 1 ½ % of line 3 (for greater amount, see		
	instructions)	4	2,726
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	179,006
6	Minimum investment return. Enter 5% of line 5	6	8,950
Par	t XI 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	Minimum investment return from Part X, line 6	1	8,950
2a	Tax on investment income for 2011 from Part VI, line 5	31 🛒	
b	Income tax for 2011. (This does not include the tax from Part VI)	0 3	
C	Add lines 2a and 2b	2c	31
3	Distributable amount before adjustments Subtract line 2c from line 1	3	8,919
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	8,919
6	Deduction from distributable amount (see instructions)	6	
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII,		
	line 1	7	8,919
Dor	t XII Qualifying Distributions (see instructions)	<u>_</u>	
rai	- All Qualitying Distributions (see instructions)		<u>. </u>
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes	· · · ·	
а	Expenses, contributions, gifts, etc —total from Part I, column (d), line 26	1a	247,927
b	Program-related investments—total from Part IX-B	1b	0
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,		
	purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the	عت ا	
а	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	0
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	247,927
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment	1 1	
	income Enter 1% of Part I, line 27b (see instructions)	5	31

Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation

Adjusted qualifying distributions. Subtract line 5 from line 4

qualifies for the section 4940(e) reduction of tax in those years

rait	All Undistributed incon	ile (see ilistructions	/	·	· · · · · · · · · · · · · · · · · · ·	
		-	(a)	(b)	(c)	(d)
,1	Distributable amount for 2011 fro	om Part XI,	Corpus	Years prior to 2010	2010	2011
2			·			8,919
2	Undistributed income, if any, as	of the end of 2011				
a	Enter amount for 2010 only				0	
3	Total for prior years. 20,			0		
,	Excess distributions carryover, r	•	****			
a h	From 2007 .	112,382 140,124	The state of the s			
6	From 2008			<i>y</i>]	ļ
4	From 2009 .	153,432		1.00		
u	From 2010 .	293,407				
f	Total of lines 3a through e	262,288			`	
4	Qualifying distributions for 2011	from Part	961,633	State of the state		·
7	▲ .	247,927	- 1 m	101		
2	Applied to 2010, but not more th			* .		
h	Applied to undistributed income				0	
-	(Election required—see instructi	· · ·		0		
С	Treated as distributions out of co	•		<u> </u>		
·	required—see instructions)	orpus (Election	0			
d	Applied to 2011 distributable am	ount				8,919
e	Remaining amount distributed or		239,008		<u> </u>	0,919
5	Excess distributions carryover a		200,000	15 No. 1 1 10 10 10 10 10 10 10 10 10 10 10 10	<u> </u>	0
•	(If an amount appears in column		111 - S. A. F. A. (4)	· · · · · · · · · · · · · · · · · · ·		
	same amount must be shown in	• • •		The second second		
6	Enter the net total of each colu	umn as				
	indicated below:		والمستحدث والمستحدث			
а	Corpus Add lines 3f, 4c, and 4e	Subtract line 5	1,200,641			
b	Prior years' undistributed income	e Subtract	The same of the sa			
	line 4b from line 2b	•		<u></u>		•
С	Enter the amount of prior years'	undistributed		_		
	income for which a notice of defi	iciency has			. 11	
	been issued, or on which the sec	ction 4942(a)			· •·	-
	tax has been previously assesse	ed .				
d	Subtract line 6c from line 6b Tax	xable	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
	amount—see instructions .		Carrella III James	0		
е	Undistributed income for 2010 S	Subtract line	第4 图 3 3	• , • •		
	4a from line 2a. Taxable amount	-see	- Carrier Marie Service	14. 1		
_	instructions		元,然后被马前神经	5.	0	
f	Undistributed income for 2011 S			all to the same to		
	lines 4d and 5 from line 1. This a	amount must				
_	be distributed in 2012	•	The Control of the Co	The contract of the contract o	, ,	0
7	Amounts treated as distributions				•	
	corpus to satisfy requirements in	•				
	section 170(b)(1)(F) or 4942(g)(3			Maria Company		
8	Excess distributions carryover from		440.000			
_	not applied on line 5 or line 7 (se	· ·	112,382	F/ A - A - A - A - A - A - A - A - A - A		·
9	Excess distributions carryover to 2012.		4 000 0=0			
^	Subtract lines 7 and 8 from line 6	oa	1,088,259	4 199 TV 4 1		
0	Analysis of line 9.	440.404	THE SECOND	The state of the s		
	Excess from 2007	140,124	***	A. A. S.		
b	Excess from 2008	153,432	The state of	The state of the s		
ď	Excess from 2009 Excess from 2010	293,407	2			
-	<u>-</u>	262,288		Feb. 176		
ᆫ	Excess from 2011	239,008		'		

	990-PF (2011) MGM CHARITABLE FOUND		15 110		61-6264	
	T XIV Private Operating Foundations (s			uestion 9)		N/A
1 a	If the foundation has received a ruling or determination, and the ruling is effective for 2011, ent			•		·
	Check box to indicate whether the foundation is a	private operating foun	dation described ii	n section	4942(J)(3) or	4942(J)(5)
2 a	Enter the lesser of the adjusted net income from Part I or the minimum	Tax year		Prior 3 years		(e) Total
	investment return from Part X for each	(a) 2011	(b) 2010	(c) 2009	(d) 2008	(e) Total
	year listed .	0				
	85% of line 2a	0	0	0	<u> </u>	
С	Qualifying distributions from Part XII, line 4 for each year listed					
4	Amounts included in line 2c not used directly	0				
u	for active conduct of exempt activities					C
е	Qualifying distributions made directly					
	for active conduct of exempt activities				1	
2	Subtract line 2d from line 2c	0	0	0	0	
3	Complete 3a, b, or c for the alternative test relied upon	Ì				
а	"Assets" alternative test—enter:					
	(1) Value of all assets					
	(2) Value of assets qualifying					
L	under section 4942(j)(3)(B)(i) "Endowment" alternative test—enter 2/3					
Ų	of minimum investment return shown in					
	Part X, line 6 for each year listed .	0				C
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)				1	C
	(2) Support from general public					
	and 5 or more exempt organizations as provided in					
	section 4942(j)(3)(B)(iii)					c
	(3) Largest amount of support					
	from an exempt organization					C
	(4) Gross investment income			<u></u>	<u></u>	
Pa	t XV Supplementary Information (Co	•	-	ndation had \$5,	000 or more in	
	assets at any time during the ye		ons.)			
1	Information Regarding Foundation Manag List any managers of the foundation who have cor		6 of the total centr	ibutions received by	the foundation	
a	before the close of any tax year (but only if they ha			•	the loundation	
LAX	(MAIAH MANCHIKANTI, MD		, ,	, , , , ,		
	List any managers of the foundation who own 10%				ortion of the	
	ownership of a partnership or other entity) of which	the foundation has a	10% or greater in	terest		
_	Information Demonstrate Contains the Contains	4 Ciff I can Calcu	Jamakin ata B			
2	Information Regarding Contribution, Gran Check here if the foundation only makes		• • • •	•	on not necest	
	unsolicited requests for funds. If the foundation ma	·		•	•	
	other conditions, complete items 2a, b, c, and d		,			
а	The name, address, and telephone number of the	person to whom appli	cations should be	addressed		
	MACHARITARI E EQUINDATION 2446 REQUI	NAVAN DADUCALI K	()/ 42004 (270)	142 4500		
	M CHARITABLE FOUNDATION 2116 BROAD The form in which applications should be submitte					
V			metorials they on			
	2012/2013 ACADEMIC YEAR APPLICATION	N IS ATTACHED FO	OR REFERENC	E	 	
С	Any submission deadlines					
ДРІ	PLICATIONS WERE TO BE SUBMITTED BY	APRIL 6 2012 AND	RECIPIENTS \	WERE ANNOUNC	FD BY MAY 4 201	2
	Any restrictions or limitations on awards, such as t					-
-	factors					
SEI	E ATTACHED					

Part XV Supplementary Information (continued)

3	Grants and Contributions Paid During th	e Year or Approved	for Future I	Payment	
	Recipient	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
	Name and address (home or business)	or substantial contributor	recipient	Contribution	
a SEE	Name and address (home or business) Paid dunng the year E ATTACHED SCHEDULE	or substantial contributor	recipient	contribution	246,500
b SEE	Total			▶ 3a	246,500 63,500
	Total			▶ 3b	
	IOTAL			▶ 3hl	63 500

	Analysis of income-Producing Activities	T		Fuel de d'Augustia	- 540, 540, 544	
Enter gro	ss amounts unless otherwise indicated.	Unrelated bus	siness income	Excluded by section	n 512, 513, or 514	(e)
,		(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	Related or exempt function income (See instructions)
_	am service revenue					ļ
			0		0	0
_			0		0	0
		-	0		0	0
_		·	0			0
ě –			0		0	0
'	es and contracts from government agencies	J				
-	ership dues and assessments	}				
	st on savings and temporary cash investments					1
	nds and interest from securities	-	-			2,459
	ntal income or (loss) from real estate	9 4° 2' 8 4 18 3 2 2 2 2 3	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	S.		2,400
	bt-financed property	, ,	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
	t debt-financed property					
	ntal income or (loss) from personal property .					
	investment income					1,510
	or (loss) from sales of assets other than inventory				0	
	come or (loss) from special events					
	profit or (loss) from sales of inventory					
	revenue a		0		0	0
			0		0	
			0		0	
d			Ō		0	
е			0		0	
12 Subto	tal Add columns (b), (d), and (e)	8.本种种 5.43	0	1.5.4	0	3,970
	Add line 12, columns (b), (d), and (e)				13	3,970
See work	sheet in line 13 instructions to verify calculations)					
Part XV	-B Relationship of Activities to the Acc	complishment	of Exempt P	urposes	-	
Line No. ▼	Explain below how each activity for which income the accomplishment of the foundation's exempt a					ctions)
3	INTEREST ON SAVINGS AND TEMPORARY CA	ASH INVESTMEN	TS ARE IN THE	TOTAL FUNDIN	G OF THE FOU	NDATION
	TO BE DISTRIBUTED EXCLUSIVELY FOR CI					
	PURPOSES AS DESCRIBED IN THE TRUST					
4	DIVIDENDS AND INTEREST FROM SECURIT	TIES ARE INCLU	IDED IN THE T	OTAL FUNDING	OF THE FOU	NDATION TO
	BE DISTRIBUTED EXCLUSIVELY FOR CHAP	RITABLE, RELIG	IOUS, SCIENTI	FIC, LITERARY	, OR EDUCATI	ONAL
	PURPOSES AS DESCRIBED IN THE TRUST	DOCUMENT.				
7	LONG TERM CAPITAL GAINS ARE INCLUDE					
	EXCLUSIVELY FOR CHARITABLE, RELIGIOU	<u>US, SCIENTIFIC</u>	<u>, LITERARY, O</u>	R EDUCATION	<u>AL PURPOSES</u>	<u>AS</u>
	DESCRIBED IN THE TRUST DOCUMENT.					
		 -				
						
						
						-
						
					 -	
						
						
				•		
						
	 					

Form 990-PF (2011) MGM CHARITABLE FOUNDATION 61-6264013 Part XVII Information Regarding Transfers To and Transactions and Relationships With Noncharitable **Exempt Organizations**

-	in sec	the organization directly or indirectly engage in any of the following with any other organization described ection 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political anizations?									Yes	No
а	Trans	fers from the reporting										
		ash						٠		1a(1)	 	X
		transactions						•		1a(2)	-	X
		ales of assets to a non	obaritable ov	omat organization						المراجعة		
								٠		1b(1)		X
		urchases of assets from						•		1b(2)		X
		ental of facilities, equip								1b(3) 1b(4)		X
		-										X
										1b(5)		X
										1b(6)		X
		ng of facilities, equipme	_	•						1c		X
	value	answer to any of the a of the goods, other as in any transaction or s	sets, or service	ces given by the repoi	rting foundati	ion. If th	e foundation re	cěi	ved less than	fair m	arket	I
(a) l	Line no	(b) Amount involved	(c) Name	of noncharitable exempt org	anization	(d) Des	cription of transfers,	, trar	isactions, and sh	aring arra	angeme	ents
		0										
		0	-		_							
		ļ 0										
		0	 						 			
		0	+									
		0	 									
		0										
		0	 									
		0										
		0	+ -									
		0										
		0								·		
		0	+						-			
		0										
		0	+									
		0	<u> </u>									
	descri	foundation directly or i bed in section 501(c) on s," complete the follow	of the Code (d	other than section 501						es 🗌	No	
		(a) Name of organization	<u> </u>	(b) Type of o	rganization		(c)	Des	cription of relation	nship		
SEE	ATTA	ACHED SCHEDULE							.			
				ļ								
							·					
												
				<u> </u>		<u>i</u>						
Sig	~	nder penalties of perjury, I declare to prect, and a implete Declaration of	that I have examined preparer (other than	this return, including accompanyin tax area) is based on all informati	g schedules and sta on of which prepare	atements, and r has any kno	d to the best of my know owledge	rledge	May the IRS de			
He	re 🕩			19/21/13	TRUSTE	=			with the prepar			
		Signature of officer or trustee	e	Date	Title	<u> </u>		· [instructions)?	X Ye	s	No
Pai	d	Print/Type preparer's na		Preparer's signature	1 .	0.04	Date	6	heck X if	PTIN		
Pre	pare	r MELISSA HAWKII	NS	11/elisant	awkins	CPA	9/26/2013			P0120	1882	
	e Onl	The contraction in the 114	WKINS AND	COMPANY, INC.				Firr	n's EIN ▶ 27	-18432	280	
		Firm's address > 21	16 BROADW	/AY, PADUCAH, KY 4	2001			Pho	one no (270)	443-4	500	

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.

OMB No 1545-0047

2011

Employer identification number

MGM CHARITALE FOUNDATION 61-6264013 Organization type (check one): Filers of: Section: Form 990 or 990-EZ 501(c)() (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. **Special Rules** For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990.

990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on Part I, line 2, of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

Name of organization

Employer identification number

Part I	Contributors (see instructions). Use duplicate copie	s of Part I if additional space is n	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	LAXMAIAH MANCHIKANTI, MD 2075 NATCHEZ LANE PADUCAH KY 42001 Foreign State or Province Foreign Country	\$220,400	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	Foreign State or Province Foreign Country.	\$0	Person Payroll Occupate Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	Foreign State or Province Foreign Country	\$0	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>. 4</u>	Foreign State or Province Foreign Country	\$0	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	Foreign State or Province Foreign Country	\$ <u>o</u>	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	Foreign State or Province Foreign Country	\$ <u>0</u>	Person Payroll Noncash (Complete Part II if there is a noncash contribution)

Name of organization

Employer identification number

Part II	Noncash Property (see instructions). Use duplicate co	pies of Part II if additional spa	ce is needed
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$0	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$ <u>o</u>	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$ <u>o</u>	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$ <u>o</u>	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$ <u>o</u>	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$0	

anie oi oit	ganization	Employer identification number							
Part III	Exclusively religious, charitable, etc., income total more than \$1,000 for the year. Comp For organizations completing Part III, enter contributions of \$1,000 or less for the year. Use duplicate copies of Part III if additional	olete column the total of e . (Enter this i	s (a) through (e) and the exclusively religious, cha information once. See in	e following line entry. critable, etc,					
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
Farti									
		(e) T	ransfer of gift						
	Transferee's name, address, and Zi		· · · · · · · · · · · · · · · · · · ·	ip of transferor to transferee					
	For Prov Country								
(a) No. from Part I	(b) Purpose of gift	(d) Description of how gift is held							
		(a) T	ransfer of gift						
	Transferee's name, address, and ZI		_	ip of transferor to transferee					
	Transfered S flame, address, and Er								
	For Prov Country								
(a) No. from Part I	(b) Purpose of gift			(d) Description of how gift is held					
	(e) Transfer of gift								
	Transferee's name, address, and Zi	P + 4	Relationsh	ip of transferor to transferee					
	For Prov Country								
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
			•••••						
		(e) T	ransfer of gift	<u> </u>					
	Transferee's name, address, and ZI	IP + 4	Relationsh	ip of transferor to transferee					
	For Prov Country								

Line 18 (990-PF) - Taxes

0 167		Adjusted for Charitable Net Income Purposes	\vdash	167								
167 0		ses Net Investment s Income		167								
	Revenue	and Expenses per Books										
		Description	Real estate tax not included in line 20	Tax on investment income	Income tax							
			1	7	3	4	2	9	7	8	6	10

MGM CHARITALE FOUNDATION

Line 23 (990-PF) - Other Expenses

		27,546	865	0	1.260
		Revenue and			Disbursements
		Expenses	Net Investment	Adjusted Net	for Charitable
		per Books	Income	Income	Purposes
-	KEYMAN LIFE INSURANCE PREMIUMS	25,421			
7	BANK CHARGES	292			760
က	INVESTMENT ADVISORY FEES	865	865		
4	ATTORNEY FEES	200			500
2					
9					
7					
œ					
6					

Part II, Line 15 (990-PF) - Other Assets

	132,208	135,311	177,731
Decription	Beginning	Ending	1
FIDELITY BALANCED FUND	57,255	58.510	Value 72.487
OAKMARK EQUITY AND INCOME FUND	65,794	68,507	96,950
CASH ACCOUNT - SHAREHOLDER SERVICE GROUP	9,159	8.294	8.294

Part IV (990-PF) - Capital Gains and Losses for Tax on Investment Income

			_	_		_	_	- [_	_	_	_	_				_	
		•	Gains Minus Excess	of FMV Over Admisted	Over Adj Basis Basis or Losses				0				0	0				0
		•		Excess of FMV	Over Adj Basis				0	0			0	0	C			0
			Adjusted Basis	as of	12/31/69													
			FMV	as of	12/31/69													
		c		Gain or	Loss	0			2	0			0	0	0	0		2
		O	Cost or Other	Basis Plus	Expense of Sale	0	6		>	0		,	5	0	0	C	c	2
		0		Depreciation	Allowed	0	-		2	0				0	0	0		2
		0	Gross	Sales	Price	0				0				0	0	0		>
		Totals		Date	Sold													
				Date	Acquired													
	r =			₩oH	Acquired Acquired													
Amount	1,510				CUSIP#													
	Long Term CG Distributions	Short Term CG Distributions		:	Kind(s) of Property Sold													
						-	8	~		4	G	9	-	1	80	6	9	

Part VIII, Line 1 (990-PF) - Compensation of Officers, Directors, Trustees and Foundation Managers

									•
_		Check "X"					Foreign		Average
	Name	if Business	Street	Cit	State	Zip Code	Country	Tiffe	Hours
-	LAXMAIAH MANCHIKANTI, MD		2075 NATCHEZ LANE		ζ	42001		ONOR/TRIISTE	1
2	MURALI MANCHIKANTI, MD		305 FOREST CIRCLE		Σ	42001		TRUSTEE	
3	RAM MANCHIKANTI, MD		105 PADDOCK CT.	PADUCAH	₹	KY 42001		TRUSTEE	100
4								1100	20
2									
9									
7									
8									
6									
10									

۲	
<u> </u>	
T	

0	se Explanation	0	0	0							
	Expense Account										
0	Benefits	0	0	0							
0	Compensation	0	0	0							
		1	2	3	4	2	9	7	8	6	9

PART XV: SUPPLEMENTAL INFORMATION

3. GRANTS AND CONTRIBUTIONS PAID DURING THE YEAR OR APPROVED FOR FUTURE PAYMENT

PAID DURING THE FISCAL YEAR ENDING 11/30/12:

RECIPIENT	INDIVIDUAL RELATIONSHIP	PURPOSE	AMOUNT
Manchikantı Educatıonal		Contribution to promote education for the benefit	
Charitable Trust	N/A	of the weaker section of the public in and around the	
Chamade Had	14// \	area of Bodangparphy, India	
		(Contribution is to be utilized at the discretion of the	
		Board of Trustees for the Trust according to the	
		purpose in the trust documents)	206,000 00
University of Louisville	N/A	Educational scholarship for Raine Thompson	500.00
College of the Atlantic	N/A	Educational scholarship for Jeannie Suhreinrich	1,000 00
Western Kentucky University	N/A	Educational scholarship for Rebekka Welch	2,000.00
Bluegrass Community College	N/A	Educational scholarship for Jake Beggs	2,000.00
Western Kentucky University	N/A	Educational scholarship for Jordan Harbin	1,000.00
St Louis University	N/A	Educational scholarship for Blake Averill	1,000.00
University of Kentucky	N/A	Educational scholarship for Jessica Martin	2,000 00
Murray State University	N/A	Educational scholarship for Erica Isbell	2,000 00
Murray State University	N/A	Educational scholarship for Stephen Pullen	2,000 00
University of Kentucky	N/A	Educational scholarship for Christopher Hall	1,000.00
Western Kentucky University	N/A	Educational scholarship for Jonathan Turner	2,000 00
Murray State University	N/A	Educational scholarship for Carson Beyer	2,000 00
Southeast Missouri State University	N/A	Educational scholarship for Ashely Harris	1,000.00
University of Kentucky	N/A	Educational scholarship for Roberto Arreaza	1,000 00
Bluegrass Community College	N/A	Educational scholarship for Bethany Adams	500 00
University of Kentucky	N/A	Educational scholarship for Bethany Adams	500.00
Murray State University	N/A	Educational scholarship for Seth Helton	500 00
West KY Comm/Tech College	N/A	Educational scholarship for Madyson Shelton	1,000 00
Eastern Kentucky University	N/A	Educational scholarship for Tessa Cash	4,000.00
University of Kentucky	N/A	Educational scholarship for Kendra Sanders	2,000 00
University of Kentucky	N/A	Educational scholarship for Devon Wilson	1,000 00
Murray State University	N/A	Educational scholarship for Jay Patel	1,000 00
Murray State University	N/A	Educational scholarship for Amanda Robinson	1,000 00
Murray State University	N/A	Educational scholarship for Hannan Kreutzer	1,000.00
Oklahoma City University	N/A	Educational scholarship for Anna Hawkins	1,000 00
West KY Comm/Tech College	N/A	Educational scholarship for Ashley Brantley	1,000 00
University of the Cumberlands	N/A	Educational scholarship for Erin McMullen	500 00
Murray State University	N/A	Educational scholarship for John Myers	1,000 00
University of Kentucky	N/A	Educational scholarship for Jessica Graves	1,000 00
West KY Comm/Tech College	N/A	Educational scholarship for Emma Cash	1,500 00
University of Kentucky	N/A	Educational scholarship for Rashmitha Edem	1,500 00
TOTAL PAID DURING THE YEAR			\$ 246,500 00

APPROVED FOR FUTURE PAYMENT:

RECIPIENT	INDIVIDUAL RELATIONSHIP	PURPOSE	AMOUNT
Western Kentucky University	N/A	Educational cabalarahin for David Cilb at	4 000 00
Western Kentucky University	N/A N/A	Educational scholarship for Darryl Gilbert	1,000 00
St. Louis University	N/A N/A	Educational scholarship for Jordan Harbin	500 00
•		Educational scholarship for Blake Averill	500.00
University of Kentucky	N/A	Educational scholarship for Jessica Martin	1,000.00
Murray State University	N/A	Educational scholarship for Erica Isbell	1,000 00
Murray State University	N/A	Educational scholarship for Stephen Pullen	1,000 00
Western Kentucky University	N/A	Educational scholarship for Jonathan Turner	1,000 00
Murray State University	N/A	Educational scholarship for Carson Beyer	1,000 00
Southeast Missouri State University	N/A	Educational scholarship for Ashely Harris	500.00
University of Kentucky	N/A	Educational scholarship for Roberto Arreaza	1,500.00
Bluegrass Community College	N/A	Educational scholarship for Bethany Adams	1,500 00
Murray State University	N/A	Educational scholarship for Madyson Shelton	1,500 00
Eastern Kentucky University	N/A	Educational scholarship for Tessa Cash	2,000 00
University of Kentucky	N/A	Educational scholarship for Kendra Sanders	5,000 00
University of Kentucky	N/A	Educational scholarship for Devon Wilson	2,500 00
Murray State University	N/A	Educational scholarship for Jay Patel	2,500 00
Murray State University	N/A	Educational scholarship for Amanda Robinson	2,500 00
Murray State University	N/A	Educational scholarship for Hannan Kreutzer	2,500 00
Oklahoma City University	N/A	Educational scholarship for Anna Hawkins	2,500.00
West KY Comm/Tech College	N/A	Educational scholarship for Ashley Brantley	2,500 00
University of the Cumberlands	N/A	Educational scholarship for Erin McMullen	3,500 00
Murray State University	N/A	Educational scholarship for John Myers	7,000.00
University of Kentucky	N/A	Educational scholarship for Jessica Graves	7,000 00
West KY Comm/Tech College	N/A	Educational scholarship for Emma Cash	1,500 00
University of Kentucky	N/A	Educational scholarship for Rashmitha Edem	10,500 00
TOTAL APPROVED FOR FUTURE PA	YMENT:		\$ 63,500 00

PART XVII: INFORMATION REGARDING TRANSFERS TO AND TRANSACTIONS AND RELATIONSHIPS WITH NONCHARITABLE EXEMPT ORGANIZATIONS

(a) Name of organization	(b) Type of organization	(c)Description of relationship
American Society of Interventional Pain Physicians, Inc.	501 (c) (6)	Common directors
Kentucky Society of Interventional Pain Physicians, Inc.	501 (c) (6)	Common directors
American Board of Interventional Pain Physicians, Inc.	501 (c) (6)	Common directors
Society of Interventional Pain Management Surgery Centers, Inc.	501 (c) (6)	Common directors
ASIPP Foundation, Inc.	501 (c) (3)	Common directors
American Board of Interventional Pain Physicians, Inc.	501 (c) (6)	Common directors
ASIPP Relief Fund, Inc.	501 (c) (3)	Common directors

MGM CHARITABLE FOUNDATION

61-6264013 FORM 990 PF FYE 11/30/2012

PART XV: SUPPLEMENTARY INFORMATION

LINE 2, PART D:

Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors:

MGM Charitable Foundation is a trust established to provide scholarship funding for post-secondary education for students in McCracken County, Kentucky. In January 2012, letters were sent to guidance counselors of all secondary education schools in the McCracken County area requesting completion of applications for scholarships. The foundation is primarily interested in students seeking admittance to institutions outside the state of Kentucky, but applications for in-state assistance will also be considered.

Manchikanti Educational Charitable Trust has been established as a public charitable trust maintained and administered to promote education relief for the benefit of the weaker sections of the public in and around the area of Bodangparphy, India.

MGM Charitable Foundation

2116 Broadway Paducah, KY 42001

2012-2013 Scholarship Application

1. Personal Information

Д	Name [.]	(Last)	(Fir	ret)	(M.I.)		
_		, ,	·	si)	(101.1.)		
В	B. Home ⁻	(Street Address)	(City)	(State)	(Zıp)		
C	C. Home Phone	()	E-mail				
	D. Social Security	Number		Sex: Birthdate:			
2. <u>F</u>	inancial Informa	ation					
Δ	A. Family Income	e (Check the one that best fits y	our family income)				
	() Below \$50	0,000 () 50,000-75,000	() 75,000-100,000	() 100,000-150,000	0 () Above 150,000		
В	Number of Hou	usehold Members:	·	Number of Household	in College		
C	C. Please list sou	urces and amounts of other fina	ncial aid (including fede	ral aid) you have receiv	ved or will receive Indicate		
	the term of the	e assistance (1 year, 2 years, e	etc.)				
3. <u>+</u>	ligh School Info	rmation					
Δ	Name of High	School ⁻			·		
В	B Date of Gradu	ation.		Number in Grad	duating Class.		
C	C. Grade Point Av	verage (indicate scale—4.0, 5 0), other)	Approximate Cl	ass Rank:		
C	D. SAT Score	(Verbal) (M	(4-41-)	OR ACT Con	nposite Score		
		(verbai) e copies of grade transcripts.	watn)				
\$. <u>C</u>	College Informati	<u>ion</u>					
Δ	A. Major Field of	Study:					
В	3. Occupational (Choice [.]					
C	C. Name of Colle	ege You Plan to Attend [.]					
5. <u>A</u>	Accomplishment	s and Goals					
Α		a list of high school and committy you have received.	unity activities in which y	ou have participated a	nd a list of honors, awards,		
В	 Why do I r Why have 	In 250 words or less, please submit a response to one of the following questions: 1. Why do I need this scholarship? 2. Why have I chosen my field of study? 3. What are my goals in life?					
3igna	ature of Applica	nt:		Date:			

MGM Charitable Foundation annually awards scholarships to area high school seniors. The MGM Charitable Foundation was formed by Dr. Laxmaiah Manchikanti in memory of his grandmother, Manchikanti Gopamma. The foundation annually provides scholarship funding for post-secondary education for McCracken County students.