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

2012

Department of the Treasury
Internal Revenue Service

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

For calendar year 2012, or tax year beginning

, 2012, and ending

Name of foundation

THE MAHAN FOUNDATION, INC.

Number and street (or P O box number if mail is not delivered to street address)

1600 CEDAR SPRINGS COURT

Room/suite

City or town

LA GRANGE

State ZIP code

KY 40031-9086

G Check all that apply

 Initial return Initial Return of a former public charity Final return Amended return Address change Name change

H Check type of organization

 Section 501(c)(3) exempt private foundation Section 4947(a)(1) nonexempt charitable trust Other taxable private foundationI Fair market value of all assets at end of year
(from Part II, column (c), line 16)

J Accounting method

 Cash Accrual Other (specify)

(Part I, column (d) must be on cash basis.)

► \$ 2,873,281.**Part I Analysis of Revenue and****Expenses** (The total of amounts in
columns (b), (c), and (d) may not neces-
sarily equal the amounts in column (a)
(see instructions))**(a) Revenue and
expenses per books****(b) Net investment
income****(c) Adjusted net
income****(d) Disbursements
for charitable
purposes
(cash basis only)**

REVENUE	1 Contributions, gifts, grants, etc, received (att sch)	0.		
	2 Ck ► <input type="checkbox"/> if the foundn is not req to att Sch B	0.		
	3 Interest on savings and temporary cash investments	5,546.	5,546.	5,546.
	4 Dividends and interest from securities	97,541.	97,541.	97,541.
	5a Gross rents			
	b Net rental income or (loss)			
	6a Net gain/(loss) from sale of assets not on line 10			
	b Gross sales price for all assets on line 6a			
	7 Capital gain net income (from Part IV, line 2)			
	8 Net short-term capital gain			
	9 Income modifications			
	10a Gross sales less returns and allowances			
	b Less Cost of goods sold			
	c Gross profit/(loss) (att sch)			
	11 Other income (attach schedule)			
	12 Total. Add lines 1 through 11	103,087.	103,087.	103,087.
ADMINISTRATIVE EXPENSES	13 Compensation of officers, directors, trustees, etc	0.		0.
	14 Other employee salaries and wages			0.
	15 Pension plans, employee benefits	0.		0.
	16a Legal fees (attach schedule)	0.		0.
	b Accounting fees (attach sch)	25.		25.
	c Other prof fees (attach sch)	0.		0.
	17 Interest	0.		0.
	18 Taxes (attach schedule) (see instrs)	868.		868.
	19 Depreciation (attach sch) and depletion			
	20 Occupancy			
	21 Travel, conferences, and meetings			
	22 Printing and publications			
	23 Other expenses (attach schedule)			
	24 Total operating and administrative expenses. Add lines 13 through 23.	893.		893.
	25 Contributions, gifts, grants paid	140,000.		140,000.
	26 Total expenses and disbursements. Add lines 24 and 25	140,893.		140,893.
	27 Subtract line 26 from line 12:			
	a Excess of revenue over expenses and disbursements	-37,806.		
	b Net investment income (if negative, enter -0-)		103,087.	
	c Adjusted net income (if negative, enter -0-)			103,087.

Part II	Balance Sheets	Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions)	Beginning of year	End of year	
			(a) Book Value	(b) Book Value	(c) Fair Market Value
A S S E T S	1	Cash – non-interest-bearing	6,406.	67,195.	67,195.
	2	Savings and temporary cash investments	350,000.	263,065.	263,065.
	3	Accounts receivable			
		Less: allowance for doubtful accounts ▶			
	4	Pledges receivable			
		Less: allowance for doubtful accounts ▶			
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions)			
	7	Other notes and loans receivable (attach sch) ▶			
		Less: allowance for doubtful accounts ▶			
	8	Inventories for sale or use			
	9	Prepaid expenses and deferred charges			
	10a	Investments – U.S. and state government obligations (attach schedule)			
	b	Investments – corporate stock (attach schedule)	2,365,502.	2,543,021.	2,543,021.
	c	Investments – corporate bonds (attach schedule)			
L I A B I L I T E S	11	Investments – land, buildings, and equipment basis			
		Less: accumulated depreciation (attach schedule) ▶			
	12	Investments – mortgage loans			
	13	Investments – other (attach schedule)			
	14	Land, buildings, and equipment basis ▶			
		Less: accumulated depreciation (attach schedule) ▶			
	15	Other assets (describe ▶)			
	16	Total assets (to be completed by all filers – see the instructions Also, see page 1, item I)	2,721,908.	2,873,281.	2,873,281.
N F E T A S S E T A S S E L A N C E R S	17	Accounts payable and accrued expenses			
	18	Grants payable			
	19	Deferred revenue			
	20	Loans from officers, directors, trustees, & other disqualified persons			
	21	Mortgages and other notes payable (attach schedule)			
	22	Other liabilities (describe ▶)	0.	0.	
	23	Total liabilities (add lines 17 through 22)	0.	0.	
		Foundations that follow SFAS 117, check here and complete lines 24 through 26 and lines 30 and 31. ▶			
	24	Unrestricted			
	25	Temporarily restricted			
	26	Permanently restricted			
		Foundations that do not follow SFAS 117, check here and complete lines 27 through 31. ▶			
	27	Capital stock, trust principal, or current funds	2,721,908.	2,873,281.	
	28	Paid-in or capital surplus, or land, building, and equipment fund			
	29	Retained earnings, accumulated income, endowment, or other funds			
	30	Total net assets or fund balances (see instructions)	2,721,908.	2,873,281.	
	31	Total liabilities and net assets/fund balances (see instructions)	2,721,908.	2,873,281.	

Part III Analysis of Changes in Net Assets or Fund Balances

1	Total net assets or fund balances at beginning of year – Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return).	1	2,721,908.
2	Enter amount from Part I, line 27a	2	0.
3	Other increases not included in line 2 (itemize) ▶ INCREASE IN STOCK VALUE	3	151,373.
4	Add lines 1, 2, and 3	4	2,873,281.
5	Decreases not included in line 2 (itemize) ▶	5	
6	Total net assets or fund balances at end of year (line 4 minus line 5) – Part II, column (b), line 30	6	2,873,281.

Part IV Capital Gains and Losses for Tax on Investment Income

(a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse; or common stock, 200 shares MLC Company)			(b) How acquired P — Purchase D — Donation	(c) Date acquired (month, day, year)	(d) Date sold (month, day, year)
a					
b					
c					
d					
e					
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)		
a					
b					
c					
d					
e					
Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(i) Gains (Column (h)) gain minus column (k), but not less than -0- or Losses (from column (h))		
(i) Fair Market Value as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of column (i) over column (j), if any			
a					
b					
c					
d					
e					
2 Capital gain net income or (net capital loss)	[If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7]		2		
3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6)	[If gain, also enter in Part I, line 8, column (c) (see instructions). If (loss), enter -0- in Part I, line 8]		3		

Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income.)

If section 4940(d)(2) applies, leave this part blank.

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period?

 Yes No

If 'Yes,' the foundation does not qualify under section 4940(e). Do not complete this part

1 Enter the appropriate amount in each column for each year; see the instructions before making any entries.

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (column (b) divided by column (c))
2011	139,862.	3,195,846.	0.043764
2010	134,891.	3,193,897.	0.042234
2009	129,153.	2,542,019.	0.050807
2008	131,186.	2,686,735.	0.048827
2007	140,905.	2,946,631.	0.047819

2 Total of line 1, column (d)	2	0.233451
3 Average distribution ratio for the 5-year base period — divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years	3	0.046690
4 Enter the net value of noncharitable-use assets for 2012 from Part X, line 5	4	2,778,240.
5 Multiply line 4 by line 3	5	129,716.
6 Enter 1% of net investment income (1% of Part I, line 27b)	6	1,031.
7 Add lines 5 and 6	7	130,747.
8 Enter qualifying distributions from Part XII, line 4	8	140,893.

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate. See the Part VI instructions.

Part VI | Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 – see instructions)

1 a	Exempt operating foundations described in section 4940(d)(2), check here ► <input type="checkbox"/> and enter 'N/A' on line 1.	
Date of ruling or determination letter: _____ (attach copy of letter if necessary – see instrs)		
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here ► <input checked="" type="checkbox"/> and enter 1% of Part I, line 27b	1 1,031.
c All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, column (b)		
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)	2 0.
3	Add lines 1 and 2	3 1,031.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)	4 0.
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0-	5 1,031.
6 Credits/Payments:		
a	2012 estimated tax pmts and 2011 overpayment credited to 2012	6a
b	Exempt foreign organizations – tax withheld at source	6b
c	Tax paid with application for extension of time to file (Form 8868)	6c 900.
d	Backup withholding erroneously withheld	6d
7	Total credits and payments. Add lines 6a through 6d	7 900.
8	Enter any penalty for underpayment of estimated tax Check here <input checked="" type="checkbox"/> if Form 2220 is attached	8 23.
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9 154.
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10 0.
11	Enter the amount of line 10 to be: Credited to 2013 estimated tax ► Refunded	11

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?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see the instructions for definition)?	1b Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
If the answer is 'Yes' to 1a or 1b attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities		
c	Did the foundation file Form 1120-POL for this year?	1c Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year	
(1)	On the foundation ► \$ 0.	(2) On foundation managers ► \$ 0.
e	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers... ► \$ 0.	
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2 Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
If 'Yes,' attach a detailed description of the activities		
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If 'Yes,' attach a conformed copy of the changes	
4 a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	3 Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
b	If 'Yes,' has it filed a tax return on Form 990-T for this year?	4a Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	4b Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
If 'Yes,' attach the statement required by General Instruction T		
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either	5 Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
• By language in the governing instrument, or		
• By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?		
7	Did the foundation have at least \$5,000 in assets at any time during the year? If 'Yes,' complete Part II, column (c), and Part XV	6 Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
8 a	Enter the states to which the foundation reports or with which it is registered (see instructions) ►	7 Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
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		
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2012 or the taxable year beginning in 2012 (see instructions for Part XIV)? If 'Yes,' complete Part XIV	8b Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
10	Did any persons become substantial contributors during the tax year? If 'Yes,' attach a schedule listing their names and addresses	9 Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
10 Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		

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Part VII-A Statements Regarding Activities (continued)

11		X
12		X
13		X
Website address N/A		
14	Telephone no. (502) 225-9836	
Located at 1600 CEDAR SPRING CT LAGRANGE KY ZIP + 4 40031-9086		
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 – Check here and enter the amount of tax-exempt interest received or accrued during the year 15	
16	Yes	No
See the instructions for exceptions and filing requirements for Form TD F 90-22.1. If 'Yes,' enter the name of the foreign country 		

Part VII-B 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.

1a	During the year did the foundation (either directly or indirectly)	Yes	No
(1) Engage in the sale or exchange, or leasing of property with a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
(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)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
(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.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
1b	If any answer is 'Yes' to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?		
Organizations relying on a current notice regarding disaster assistance check here. 			
1c	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 2012? 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))		
2a	At the end of tax year 2012, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2012? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If 'Yes,' list the years 20 20 20 20			
2b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer 'No' and attach statement – see instructions) X		
3a	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		
3b	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If 'Yes,' did it have excess business holdings in 2012 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 2012) X			
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? X		
4b	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 2012? X		

Part VII-B: Statements Regarding Activities for Which Form 4720 May Be Required (continued)

5a During the year did the foundation pay or incur any amount to:

(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))? Yes No

(2) Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, any voter registration drive? Yes No

(3) Provide a grant to an individual for travel, study, or other similar purposes? Yes No

(4) Provide a grant to an organization other than a charitable, etc, organization described in section 509(a)(1), (2), or (3), or section 4940(d)(2)? (see instructions) Yes No

(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals? Yes No

b If any answer is 'Yes' to 5a(1)-(5), did **any** of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance (see instructions)?Organizations relying on a current notice regarding disaster assistance check here.

c If the answer is 'Yes' to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?

If 'Yes,' attach the statement required by Regulations section 53.4945-5(d)

6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Yes No

b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If 'Yes' to 6b, file Form 8870.

7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? Yes No

b If 'Yes,' did the foundation receive any proceeds or have any net income attributable to the transaction?

Part VIII: Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors

1 List all officers, directors, trustees, foundation managers and their compensation (see instructions).

(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
GOERGE R SIMPSON 13906 FAIRWAY LANE GOSHEN KY 40026-9764	PRESIDENT 0.00	0.	0.	0.
WILLIAM L LANDES 2320 LIBERTY LANE GOSHEN KY 40026-8750	VICE PRESIDENT 0.00	0.	0.	0.
JENNIFER C DICK 1600 CEDAR SPRINGS COURT LAGRANGE KY 40031-9086	SECRETARY 0.00	0.	0.	0.
See Information about Officers, Directors, Trustees, Etc		0.	0.	0.

2 Compensation of five highest-paid employees (other than those included on line 1 – see instructions). If none, enter 'NONE.'

(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
NONE				

Total number of other employees paid over \$50,000

None

Part VIII. Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid 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		

Total number of others receiving over \$50,000 for professional services ..

None

Part IX-A Summary of Direct Charitable Activities

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.		Expenses
1	<hr/> <hr/>	
2	<hr/> <hr/>	
3	<hr/> <hr/>	
4	<hr/> <hr/>	

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		►

All other program-related investments See instructions.

3

Total. Add lines 1 through 3

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Part X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see instructions.)

- 1 Fair market value of assets not used (or held for use) directly in carrying out charitable, etc, purposes
 - a Average monthly fair market value of securities
 - b Average of monthly cash balances
 - c Fair market value of all other assets (see instructions)
 - d **Total** (add lines 1a, b, and c)
 - e Reduction claimed for blockage or other factors reported on lines 1a and 1c
(attach detailed explanation)
- 2 Acquisition indebtedness applicable to line 1 assets
- 3 Subtract line 2 from line 1d
- 4 Cash deemed held for charitable activities. Enter 1-1/2% of line 3
(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 4
- 6 **Minimum investment return.** Enter 5% of line 5

1 e

1 a	2,730,940.
1 b	89,608.
1 c	0.
1 d	2,820,548.
2	0.
3	2,820,548.
4	42,308.
5	2,778,240.
6	138,912.

Part 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
- 2 a Tax on investment income for 2012 from Part VI, line 5
- b Income tax for 2012 (This does not include the tax from Part VI)
- c Add lines 2a and 2b
- 3 Distributable amount before adjustments Subtract line 2c from line 1
- 4 Recoveries of amounts treated as qualifying distributions.
- 5 Add lines 3 and 4
- 6 Deduction from distributable amount (see instructions)
- 7 **Distributable amount as adjusted.** Subtract line 6 from line 5 Enter here and on Part XIII, line 1

1	138,912.
2 a	1,031.
2 b	
2 c	1,031.
3	137,881.
4	
5	137,881.
6	
7	137,881.

Part XII Qualifying Distributions (see instructions)

- 1 Amounts paid (including administrative expenses) to accomplish charitable, etc, purposes
 - a Expenses, contributions, gifts, etc – total from Part I, column (d), line 26
 - b Program-related investments – total from Part IX-B
- 2 Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc, purposes
- 3 Amounts set aside for specific charitable projects that satisfy the:
 - a Suitability test (prior IRS approval required)
 - b Cash distribution test (attach the required schedule)
- 4 **Qualifying distributions.** Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4
- 5 Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b (see instructions)
- 6 **Adjusted qualifying distributions.** Subtract line 5 from line 4

1 a	140,893.
1 b	
2	0.
3 a	0.
3 b	0.
4	140,893.
5	1,031.
6	139,862.

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

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2011	(c) 2011	(d) 2012
1 Distributable amount for 2012 from Part XI, line 7				137,881.
2 Undistributed income, if any, as of the end of 2012:			158,055.	
a Enter amount for 2011 only				
b Total for prior years: 20 ___, 20 ___, 20 ___				
3 Excess distributions carryover, if any, to 2012:				
a From 2007 3,619.				
b From 2008 236.				
c From 2009 4,516.				
d From 2010 -23,174.				
e From 2011 133,346.				
f Total of lines 3a through e 118,543.				
4 Qualifying distributions for 2012 from Part XII, line 4: ► \$ 140,893.				
a Applied to 2011, but not more than line 2a				
b Applied to undistributed income of prior years (Election required – see instructions)				
c Treated as distributions out of corpus (Election required – see instructions)				
d Applied to 2012 distributable amount				
e Remaining amount distributed out of corpus 140,893.				
5 Excess distributions carryover applied to 2012 (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 5 259,436.				
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 0.				
d Subtract line 6c from line 6b. Taxable amount – see instructions 158,055.				
e Undistributed income for 2011. Subtract line 4a from line 2a Taxable amount – see instructions				
f Undistributed income for 2012. Subtract lines 4d and 5 from line 1 This amount must be distributed in 2013 137,881.				
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (see instructions)				
8 Excess distributions carryover from 2007 not applied on line 5 or line 7 (see instructions) 3,619.				
9 Excess distributions carryover to 2013. Subtract lines 7 and 8 from line 6a 255,817.				
10 Analysis of line 9				
a Excess from 2008 236.				
b Excess from 2009 4,516.				
c Excess from 2010 0.				
d Excess from 2011 110,172.				
e Excess from 2012 140,893.				

Part XIV. Private Operating Foundations (see instructions and Part VII-A, question 9)

Part XV **Supplementary Information (Complete this part only if the foundation had \$5,000 or more in assets at any time during the year – see instructions.)**

1 Information Regarding Foundation Managers:

a List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000) (See section 507(d)(2).)

N/A

b List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest.

N/A

2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc, Programs:

Check here ► if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc (see instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d.

a The name, address, and telephone number or e-mail of the person to whom applications should be addressed

See Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc. Programs

b The form in which applications should be submitted and information and materials they should include

c Any submission deadlines

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

Part XV Supplementary Information (continued)

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a Paid during the year				
CASA OF THE RIVER REGION 982 EASTERN PKWY LOUISVILLE KY 40217	N/A		COURT APPOINTED ADVOCATES FOR CHILDREN PRESCHOOL CHILDREN	2,000.
CABBAGE PATCH SETTLEMENT 1413 sixth st LOUISVILLE KY 40208	N/A		DRUG FREE PROGRAM	1,000.
PROJECT GRADUATION 6165 KY 146 CRESTWOOD KY 40014	N/A		FOOD & SHELTER	3,000.
OLDHAM CO RED CROSS 1215 N HWY 393 BUCKNER KY 40010	N/A		FOOD, SHELTER & CLOTHING FOR THE HOMELESS	5,000.
SALVATION ARMY 216 W CHESTNUT ST LOUISVILLE KY 40202	N/A		MEN'S EMERGENCY SHELTER	2,000.
WAYSIDER CHRISTIAN MISSION 432 E JEFFERSON ST LOUISVILLE KY 40202	N/A		SERVING THE POOR-HOMELESS SHELTERS	4,000.
ST VINCENT DEPAUL SOCIETY 1015-C SOUTH PRESTON ST LOUISVILLE KY 40203	N/A		END OF LIFE GRIEF COUNSELING	2,000.
HOSPARUS, INC 3532 EPHRAIM McDOWELL DR LOUISVILLE KY 40205	N/A		YOUTH DEVELOPMENT ATTITUDES & SKILLS TRAINING	10,000.
4-H COUNCIL OF OLDHAM CO 1815 N HWY 393 LAGRANGE KY 40031				3,000.
See Line 3a statement				108,000.
Total				► 3a 140,000.
b Approved for future payment				
NONE				
Total				► 3b

Part XVI-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated	Unrelated business income		Excluded by section 512, 513, or 514		(e) Related or exempt function income (See instructions)
	(a) Business code	(b) Amount	(c) Exclu- sion code	(d) Amount	
1 Program service revenue:					
a					
b					
c					
d					
e					
f					
g Fees and contracts from government agencies					
2 Membership dues and assessments					
3 Interest on savings and temporary cash investments					
4 Dividends and interest from securities					
5 Net rental income or (loss) from real estate:					
a Debt-financed property					
b Not debt-financed property					
6 Net rental income or (loss) from personal property					
7 Other investment income					
8 Gain or (loss) from sales of assets other than inventory					
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory					
11 Other revenue:					
a					
b					
c					
d					
e					
12 Subtotal Add columns (b), (d), and (e)					
13 Total. Add line 12, columns (b), (d), and (e)					
(See worksheet in line 13 instructions to verify calculations)					

Part XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes

Part XVII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

1 Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

a Transfers from the reporting foundation to a noncharitable exempt organization of

- (1) Cash
- (2) Other assets

b Other transactions

- (1) Sales of assets to a noncharitable exempt organization
- (2) Purchases of assets from a noncharitable exempt organization
- (3) Rental of facilities, equipment, or other assets .
- (4) Reimbursement arrangements ..
- (5) Loans or loan guarantees
- (6) Performance of services or membership or fundraising solicitations

c Sharing of facilities, equipment, mailing lists, other assets, or paid employees

	Yes	No
1 a (1)		X
1 a (2)		X
1 b (1)		X
1 b (2)		X
1 b (3)		X
1 b (4)		X
1 b (5)		X
1 b (6)		X
1 c		X

d If the answer to any of the above is 'Yes,' complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received

2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527?

Yes No

b If 'Yes,' complete the following schedule

(a) Name of organization	(b) Type of organization	(c) Description of relationship

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge

**Sign
Here**

G. A. Simpson
Signature of officer or trustee

11-15-2013

PRESIDENT

May the IRS discuss this return with the preparer shown below (see instructions)?

Paid Preparer Use Only	Print/Type preparer's name		Preparer's signature	Date	Check <input checked="" type="checkbox"/> if self-employed	PTIN
	THOMAS M KAMER		<i>Thomas Kamer</i>	11/15/13	P00162415	
	Firm's name ► THOMAS M KAMER, CPA		Firm's EIN ► 61-1131078			
	Firm's address ► 5301 W HWY 146 CRESTWOOD		KY 40014-8596			Phone no (502) 243-1281

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

Department of the Treasury
Internal Revenue Service

OMB No 1545-0047

Schedule of Contributors

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

2012

Name of the organization

THE MAHAN FOUNDATION, INC.

Employer identification number

31-1087614

Organization type (check one)

Filers of:

Form 990 or 990-EZ

Section:

501(c)(____) (enter number) organization
 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
 527 political organization

 501(c)(3) exempt private foundation
 4947(a)(1) nonexempt charitable trust treated as a private foundation
 501(c)(3) taxable private foundation

Form 990-PF

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

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 II.

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)

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2012)

Form 990-PF, Page 6, Part VIII, Line 1
Information about Officers, Directors, Trustees, Etc.

(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
Person <input checked="" type="checkbox"/> Business <input type="checkbox"/> ANN SMISER 1321 SAINT ANDREWS DR SHELBYVILLE KY 40065-9040	TREASURER 2.00	0.	0.	0.
Person <input checked="" type="checkbox"/> Business <input type="checkbox"/> CHARLES A BOTTORE 12330 W HWY 42 GOSHEN, KY 40026-9794	DIRECTOR 0.00	0.	0.	0.
		0.	0.	0.

Total

0. 0. 0.

Form 990-PF, Page 10, Part XV, Line 2

Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc, Programs

Name JENNIFER C DICK
 Address 11600 CEDAR SPRINGS CT
 City, St, Zip, Phone LAGRANGE KY 40031 (502) 225-9836
 E-mail

The form in which applications should be submitted and information and materials they should include:
REQUEST SUBMITTED BY LETTER. USE FOR WHICH THE DONATION WILL BE USED.

Any submission deadlines:
BY 12/05 OF THE YEAR OF THE ASKING

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

NONE

Name
 Address
 City, St, Zip, Phone
 E-mail

The form in which applications should be submitted and information and materials they should include:
REQUEST SUBMITTED BY LETTER, FUNDS TO BE USED FOR CHILDREN & ELDERLY

Any submission deadlines:
BY DECEMBER 5th FOR THE YEAR OF ASKING

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

NONE

Form 990-PF, Page 11, Part XV, line 3a

Line 3a statement

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Found- ation status of re- cipient	Purpose of grant or contribution	Person or Business Checkbox Amount
a Paid during the year				
<u>ST JOSEPH'S CHILDREN'S HOME</u> <u>2823 FRANKFORT AVE</u> <u>LOUISVILLE KY 40206</u>	<u>N/A</u>		<u>GIVING ABUSED CHILDREN A HOME & EDUCATION</u>	Person or Business <input checked="" type="checkbox"/> 1,000.
<u>SUNRISE CHILDREN'S HOME</u> <u>P O BOX 1429</u> <u>MT WASHINGTON KY 40047</u>	<u>N/A</u>		<u>PROTECTS & HOUSES ABUSED & NEGLECTED CHILDREN</u>	Person or Business <input checked="" type="checkbox"/> 4,000.
<u>BELLWOOD PRESBYTERIAN HOME FOR CHILDREN</u> <u>11103 PARK ROAD</u> <u>ANCHORAGE KY 40223</u>	<u>N/A</u>		<u>HOUSING FOR ABUSED & NEGLECTED CHILDREN</u>	Person or Business <input checked="" type="checkbox"/> 4,000.
<u>THE KY METHODIST HOME</u> <u>2050 LEXINGTON RD</u> <u>VERSAILLES KY 40383</u>	<u>N/A</u>		<u>HOUSING FOR ABUSED & NEGLECTED CHILDREN</u>	Person or Business <input checked="" type="checkbox"/> 4,000.
<u>NEW GOSHEN CHURCH DLDG FUND</u> <u>12900 W HWY 42</u> <u>PROSPECT KY 40059</u>	<u>N/A</u>		<u>EARLY CHILDHOOD DEVELOPMENT</u>	Person or Business <input checked="" type="checkbox"/> 2,000.
<u>ST JOHN'S METHODIST CHURCH</u> <u>12700 W HWY 42</u> <u>PROSPECT KY 40059</u>	<u>N/A</u>		<u>EARLY CHILDHOOD DEVELOPMENT</u>	Person or Business <input checked="" type="checkbox"/> 2,000.
<u>NORTH OLDHAM BAPTIST CHURCH</u> <u>12001 W U.S. HWY 42</u> <u>GOSHEN KY 40026</u>	<u>N/A</u>		<u>EARLY CHILDHOOD DEVELOPMENT</u>	Person or Business <input checked="" type="checkbox"/> 2,000.
<u>SHILOH CHURCH BLDG FUND</u> <u>9644 W U.S. HWY 42</u> <u>GOSHEN KY 40026</u>	<u>N/A</u>		<u>EARLY CHILDHOOD DEVELOPMENT</u>	Person or Business <input checked="" type="checkbox"/> 2,000.
<u>YMCA SHARE THE CARE FUND</u> <u>20 QUALITY PLACE</u> <u>BUCKNER KY 40010</u>	<u>N/A</u>		<u>PRGRAM SUPPORT FOR POOR FAMILIES</u>	Person or Business <input checked="" type="checkbox"/> 3,000.
<u>CHRISTIAN CARE COMMUNITIES</u> <u>12710 TOWNPARK WAY</u> <u>LOUISVILLE KY 40243</u>	<u>N/A</u>		<u>SENIOR'S LIVING AND LONG TERM CARE ASSISTANCE</u>	Person or Business <input checked="" type="checkbox"/> 6,000.
<u>KY WESLEYAN COLLEGE</u> <u>3000 FREDERICA ST</u> <u>OWENSBORO KY 42301</u>	<u>N/A</u>		<u>TUITION ASSISTANCE FOR POOR CHILDREN</u>	Person or Business <input checked="" type="checkbox"/> 5,000.
<u>WHAS CRUSADE FOR CHILDREN</u> <u>520 W CHESTNUT ST</u> <u>LOUISVILLE KY 40202</u>	<u>N/A</u>		<u>MEDICAL SVCS FOR UNDER PRIVILEGED CHILDREN</u>	Person or Business <input checked="" type="checkbox"/> 4,000.
<u>BIG BROTHERS BIG SISTERS</u> <u>1215 N HWY 393</u> <u>LAGRANGE KY 40031</u>	<u>N/A</u>		<u>GUDIANCE COUNSELING FOR CHILDREN</u>	Person or Business <input checked="" type="checkbox"/> 1,000.
<u>COMMUNITY CHEST OF OLDHAM CO</u> <u>1919 COVEY TRACE</u> <u>LAGRANGE KY 40031</u>	<u>N/A</u>		<u>RENT, FOOD AND MEDICAL FOR THE POOR</u>	Person or Business <input checked="" type="checkbox"/> 32,000.
<u>CHILD CARE CONNECTION</u> <u>730 ZORN AVENUE</u> <u>LOUISVILLE KY 40206</u>	<u>N/A</u>		<u>CHILD CARE PROVIDERS</u>	Person or Business <input checked="" type="checkbox"/> 2,000.

Form 990-PF, Page 11, Part XV, line 3a
Line 3a statement

Continued

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Found- ation status of re- cipient	Purpose of grant or contribution	Person or Business Checkbox Amount
a Paid during the year				
<u>MALLORY TAYLOR FOUNDATION</u> <u>P O BOX 53</u> <u>LAGRANGE KY 40031</u>	<u>N/A</u>		<u>ASSISTANCE FOR UNPAID MEDICAL BILLS</u>	Person or <input type="checkbox"/> Business <input checked="" type="checkbox"/> 3,000.
<u>CREASY-MAHAN NATURE PRESERVE</u> <u>12501 HARMONY LANDING RD</u> <u>GOSHEN KY 40026</u>	<u>N/A</u>		<u>TRAINING YOUNG CHILDREN</u>	Person or <input type="checkbox"/> Business <input checked="" type="checkbox"/> 6,000.
<u>OLDHAM CO HISTORY CENTER</u> <u>106 N 2ND AVENUE</u> <u>LAGRANGE KY 40031</u>	<u>N/A</u>		<u>PRESCRIPTION OF OLDHAM CO HISTORY</u>	Person or <input type="checkbox"/> Business <input checked="" type="checkbox"/> 8,000.
<u>GOOD NEWS HOMES</u> <u>115 E ADAMS ST, SUITE 1A</u> <u>LAGRANGE KY 40031</u>	<u>N/A</u>		<u>TEMPORARY HOUSING FOR THE HOMELESS</u>	Person or <input type="checkbox"/> Business <input checked="" type="checkbox"/> 8,000.
<u>APPLE PATCH</u> <u>7408 HWY 329</u> <u>CRESTWOOD KY 40014</u>	<u>N/A</u>		<u>HOME FOR THE INTELLECTUALLY CHALLENGED</u>	Person or <input type="checkbox"/> Business <input checked="" type="checkbox"/> 3,000.
<u>OPERATION PARENT</u> <u>1350 HWY 329</u> <u>LAGRANGE KY 40031</u>	<u>N/A</u>		<u>EDUCATE & TRAIN PARENTS OF TEENAGE CHILDREN</u>	Person or <input type="checkbox"/> Business <input checked="" type="checkbox"/> 3,000.
<u>HOPE HEALTH CLINIC</u> <u>1025 SANIBEL WAY #E</u> <u>LAGRANGE KY 40031</u>			<u>HEALTHCARE FOR THE UNINSURED</u>	Person or <input type="checkbox"/> Business <input type="checkbox"/> 2,000.
<u>OLDHAM CO DOLLARS FOR SCHOLARS</u> <u>6165 W HWY 146</u> <u>CRESTWOOD KY 40014</u>			<u>COMMUNITY BASED SCHOLARSHIP FOUNDATION</u>	Person or <input type="checkbox"/> Business <input checked="" type="checkbox"/> 1,000.

Total

108,000.

THE MAHAN FOUNDATION, INC.
Detail of Stocks
12/31/12

Application for Extension of Time To File an
Exempt Organization Return

► File a separate application for each return.

- If you are filing for an **Automatic 3-Month Extension**, complete only Part I and check this box

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only Part II (on page 2 of this form)

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868

Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension – check this box and complete Part I only

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns

Enter filer's identifying number, see instructions

Type or print	Name of exempt organization or other filer, see instructions THE MAHAN FOUNDATION, INC.	Employer identification number (EIN) or 31-1087614
File by the due date for filing your return. See instructions	Number, street, and room or suite number. If a P O box, see instructions 1321 ST ANDREWS DR	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions SHELBYVILLE	KY 40065-9040

Enter the Return code for the return that this application is for (file a separate application for each return)

04

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (section 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

- The books are in the care of ► **ANN SMISER**

Telephone No ► **(502) 633-4255** FAX No. ► **(502) 243-1281**

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box ► . If it is for part of the group, check this box ► and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **Aug 15**, 20**13**, to file the exempt organization return for the organization named above

The extension is for the organization's return for:

- calendar year 20 **12** or
- tax year beginning , 20 , and ending , 20

2 If the tax year entered in line 1 is for less than 12 months, check reason Initial return Final return
 Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions	3a \$ 900.
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit	3b \$ 0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c \$ 900.

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only Part II and check this box.
Note: Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.
- If you are filing for an **Automatic 3-Month Extension**, complete only Part I (on page 1).

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).

Enter filer's identifying number, see instructions

Type or print	Name of exempt organization or other filer, see instructions THE MAHAN FOUNDATION, INC.	Employer identification number (EIN) or 31-1087614
File by the extended due date for filing your return. See instructions	Number, street, and room or suite number. If a P O box, see instructions 1321 ST ANDREWS DR	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions SHELBYVILLE KY 40065-9040	

Enter the Return code for the return that this application is for (file a separate application for each return)

04

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 1041-A	08
Form 990-BL	02	Form 4720	09
Form 4720 (individual)	03	Form 5227	10
Form 990-PF	04	Form 6069	11
Form 990-T (section 401(a) or 408(a) trust)	05	Form 8870	12
Form 990-T (trust other than above)	06		

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

- The books are in care of ► ANN SMISER -----
Telephone No ► (502) 633-4255 ----- FAX No ► (502) 243-1281 -----
- If the organization does not have an office or place of business in the United States, check this box ►
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for the
whole group, check this box . ► . If it is for part of the group, check this box ► and attach a list with the names and EINs of all
members the extension is for.

Signature and Verification must be completed for Part II only.

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature

Title ► **PRESIDENT**

5

EF20502 01/21/13

Date ► 08/06/13

Form 8868 (Rev. 1-2013)