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### Form **990-PF**

Department of the Treasury

## **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

2009

OMB No 1545-0052

				<del></del>		-		
		endar year 2009, or tax year beginning		, and ending				
G C	hec	ck all thất apply <sup>v</sup> ' <u> </u>	Initial return of a fo	rmer public charity		Final return	l	
		Amended return	Address chang	je <u>L</u>	Name char	nge		
Hen	tho	e IRS Name of foundation			A Employ	er identification	number	
	abe	· · · · · · · · · · · · · · · · · · ·			' '			
		Nise PETTIT FAMILY CHARITAL	SLE FOUNDATIO	ОМ	52-	-1646923		
	orw Drin			Room/suite	<del> </del>			
	r typ	"	· ·	Noonvalle		one number	20	
		anifin	41		301	_975-10	20	<del>- 1-1</del>
		Land   City of town, State, and ZIP code	- 4		1_	tion application is p		
		GATTHERSBURG, MD 200				ign organizations		
H C	hec	ck type of organization X Section 501(c)(3) exe	mpt private foundation		2. Foreign	gn organizations me here and attach co	eting the 85% test, mputation	
	] s	Section 4947(a)(1) nonexempt charitable trust 🔲 0	Other taxable private founda	tion	1			vd.
l Fa		narket value of all assets at end of year   J   Accountin		Accrual		ection 507(b)(1)	tus was terminate (A), check here	•
			er (specify)		1			
<b>•</b>		4,553,030 . (Part I, colum	nn (d) must be on cash b	pasis.)	1	ection 507(b)(1)	60-month termina	ALION
_	irt			-	1		(d) Disbursei	
F 2	<u>irt</u>	(The total of amounts in columns (b), (c), and (d) may not	(a) Revenue and expenses per books	(b) Net investment income		djusted net ncome	for chantable p	urposes
	_	necessarily equal the amounts in column (a) )	<del> </del>	ancome			(cash basis	only)
	1	Contributions, gifts, grants, etc., received	123,716.		1	I/A	ļ	
	2				<u> </u>			·· • • • • • • • • • • • • • • • • • •
	3	Interest on savings and temporary cash investments	69,438.	69,438.	•		Statemen	at 1
	4	Dividends and interest from securities	89,091.	89,091			Statemen	at 2
	5:	a Gross rents		············			,'11 ''11111111111111111111111111111111	<del></del>
	_	D Net rental income or (loss)			1		<u> </u>	
	_	, , , <del></del>	-649,627.	<del> '</del>	<del></del>	····	<del></del>	······································
R		A Net gain or (loss) from sale of assets not on line 10 Gross sales price for all 1 450 651	-047,027.	·····				
ē		assets on line 6a	······································		<del> </del>		<del> </del>	1.1
Revenue	7	Capital gain net income (from Part IV, line 2)		0.	•			
-	8	Net short-term capital gain		**************************************				
	9	income modulone						
	10:	Gross sales less returns and allowances						
		b Less Cost of goods sold						
		c Gross profit or (loss)		······································	1		<b></b>	
	11	· · · · · · · · · · · · · · · · · · ·			<b>}</b>		······································	
			-367,382.	158,529.	1			
	12		-307,382.	0.				0.
	13	, , , , , , , , , , , , , , , , , , , ,		<u> </u>	·	DEA	11 / 100 (00)	<del>-, ' ·</del>
	14	F 1,111			1	REC	EIVED	
υ,	15	Pension plans, employee benefits						<u> </u>
Se	16	a Legal fees			l lia	<mark>수 </mark>	1 - 2010   (	
ĕ	ı	b Accounting fees Stmt 3	950.	0.		U NUL C	1 ' ZUIU I	
Ä		c Other professional fees						2
Speraling and Administrative Expenses	17	Interest	15,701.	15,701.		OGDE	NIT	0.
ati	18	Taxes Stmt 4	1,149.	0.	<u> </u>	OOD	-1 <del>4, U  </del>	<del>_</del> 0.
str	10	Depreciation and depletion			1			· · · · · · · · · · · · · · · · · · ·
Ē	15	Depreciation and depletion			<del> </del>	·	ļ	
ρĒ	20	Occupancy			<del>                                     </del>			
<b>∑</b>	21	Travel, conferences, and meetings						
ağ.	22	Printing and publications						
මුව්	23	Other expenses Stmt 5	28,025.	27,909	·			0.
<b>∌</b> Ę	24	Total operating and administrative					}	
₹		expenses. Add lines 13 through 23	45,825.	43,610.	•			0.
<b>⊸</b> §	25	Contributions, gifts, grants paid	268,000.				268	,000.
		- · · · · ·		······································	1	***************************************	1	
W	"	Add lines 24 and 25	313,825.	43,610			268	,000.
弖	22		313,023.	40,010	•		200	,
SCANSED	27	Subtract line 26 from line 12	601 207					
62	, 1	Excess of revenue over expenses and disbursements	-681,207.	314 010	<del>. [</del>		<b></b>	
Ű.	<b>)</b>	b Net investment income (if negative, enter -0-)		114,919		<del></del>	<b> </b>	
	اا	c Adjusted net income (if negative, enter -0-)		<u></u>	1 1	1/A		
9200		LUA Cor Delivery Set and Department Deduction A					- 000 F	E (0000)

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Da	Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only	Beginning of year	End of	year
	column should be for end-of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1 Cash - non-interest-bearing	317,722.	172,459.	172,459.
	2 Savings and temporary cash investments			
	3 Accounts receivable ►			
	Less allowance for doubtful accounts ▶			
	4 Pledges receivable ►			
	Less allowance for doubtful accounts ▶	ĺ	1	
	5 Grants receivable			
i i	6 Receivables due from officers, directors, trustees, and other		-	
	disqualified persons			
	_ ' ' '			
	7 Other notes and loans receivable	1	1	
_	Less allowance for doubtful accounts ▶			
Assets	8 Inventories for sale or use			<u> </u>
SS	9 Prepaid expenses and deferred charges			
1	Oa Investments - U S and state government obligations			·
	b Investments - corporate stock Stmt 6	3,147,131.	2,283,479.	2,171,240.
	c Investments - corporate bonds	473,921.		
1	1 Investments - land, buildings, and equipment basis			
	Less accumulated depreciation		1	
1	2 Investments - mortgage loans		-	
1		1,414,512.	2,217,190.	2,207,385.
1				
⊢.	Less. accumulated depreciation	ļ.	Ì	
		2,995.	1,946.	1,946.
'	5 Other assets (describe ► Statement 8)	2,333.	1,940.	1,940.
۔ ا	C. Tatalassata (I. J	E 256 201	4 675 074	4 552 020
	6 Total assets (to be completed by all filers)	5,356,281.	4,675,074.	4,553,030.
	7 Accounts payable and accrued expenses			
1	8 Grants payable			
ပ္မွ 1	9 Deferred revenue			
Liabilities	D Loans from officers, directors, trustees, and other disqualified persons			
윤 2	1 Mortgages and other notes payable .			
⊐   <sub>2</sub>	2 Other liabilities (describe ▶ )			
	,			
2	3 Total liabilities (add lines 17 through 22)	0.	0.	
┪	Foundations that follow SFAS 117, check here			
1				
s 2	and complete lines 24 through 26 and lines 30 and 31.			
<b>=</b> 1	•			
	•			
8 2 8	h			
Š	Foundations that do not follow SFAS 117, check here			
ב	and complete lines 27 through 31.			
တ္က 2	7 Capital stock, trust principal, or current funds	0.	0.	
9 2	B Paid-in or capital surplus, or land, bldg, and equipment fund	0.	0.	
¥  2		5,356,281.	4,675,074.	
₹   3	<b>'</b>	5,356,281.	4,675,074.	
-				
3	1 Total liabilities and net assets/fund balances	5,356,281.	4,675,074.	
			270.070.201	
Pa	Analysis of Changes in Net Assets or Fund B	alances		
1 To	tal net assets or fund balances at beginning of year - Part II, column (a), line	30		
	oust agree with end-of-year figure reported on prior year's return)	<del></del>	1	5,356,281.
	ter amount from Part I, line 27a	•		-681,207
	her increases not included in line 2 (itemize)		2	0.
			3	4,675,074
	Id lines 1, 2, and 3		4	
	creases not included in line 2 (itemize)		5	0.
6 To	tal net assets or fund balances at end of year (line 4 minus line 5) - Part II, co	olumn (b), line 30	. 6	4,675,074.
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Form 990	-PF (2009) PET	TIT I	FAMILY CHARL	TABLE 1	FOUNDATI	ON			5	2-164	6923	Page 3
Part I	/ Capital Gains	and Lo	sses for Tax on In	vestment	Income							
•			nd(s) of property sold (e g or common stock, 200 shs			(b)   	How ac - Purc - Dona	quired hase	(c) Date a (mo , d	acquired ay, yr )	(d) Dat (mo , d	
 1a						Ť						
	Sée Attached	Stat	ement									
c												
d					•							
е	_											
(e	) Gross sales price	(1)	Depreciation allowed (or allowable)		t or other basis xpense of sale					ain or (loss s (f) minus		
a												
_b												
C												
<u>d</u>		_										
8	1,450,651.				2 <b>,</b> 100,27	8.					<u>-649</u>	,627.
Comp	lete only for assets showing	ng gain in i	column (h) and owned by t	he foundation	on 12/31/69					ol (h) gain		
(i) F	M V as of 12/31/69	(	j) Adjusted basis as of 12/31/69		cess of col (I) col (I), If any				(k), but r Losses	ot less that (from col. (	n -0-) or (h))	
<u>a</u>												
b												
	<del></del>											<del></del>
d												60.5
<u>e</u>											-649	,627.
2 Capital	gain net income or (net ca	ipital loss)	If gain, also enter If (loss), enter -0-	in Part I, line : in Part I, line	7 7 .	}	2				-649	<u>,627.</u>
	ort-term capital gain or (los , also enter in Part I, line 8,			d (6)		J						
If (loss	), enter -0- in Part I, line 8						3			N/A		
Part V	Qualification U	<u>Inder S</u>	ection 4940(e) for	Reduced	Tax on Net	Inv	estn	<u>nent Inc</u>	ome			
(For optio	nal use by domestic private	e foundation	ons subject to the section 4	940(a) tax on	net investment in	come	e )					
If section .	4940(d)(2) applies, leave ti	hie nart hls	ank									
		-										
Was the fo	oundation liable for the sec	tıon 4942	tax on the distributable amo	ount of any ye	ar in the base per	rod?					Yes	X No
	e foundation does not qua											
1 Enter	the appropriate amount in	each colur	nn for each year, see instru	ctions before	making any entrie	es			-			
Calenda	(a) Base period years ar year (or tax year beginni	ng in)	(b) Adjusted qualifying dist		Net value of no		rıtable-			Distrit (col. (b) div	(d) oution ratio yided by col	
	2008			0,945.				3,092				50870
	2007			0,525.				7 <b>,</b> 290				37500
	2006			2,148.				5,603				41272
	2005		190	6,575.		4	,29	7,026	•			45747
	2004		160	6,975.		3	,92	8,603	•		.0	42502
2 Total o	of line 1, column (d)		<u>-</u> ,						2		.2	17891
3 Averag	e distribution ratio for the	5-year bas	e period - divide the total o	n line 2 by 5,	or by the number	of ye	ars					
	ındatıon has been ın existe			•	·	•			3		.0	43578
4 Entert	he net value of noncharitat	ole-use ass	ets for 2009 from Part X, I	ine 5					4		4,126	<u>,350.</u>
5 Multip	y line 4 by line 3								5		179	,818.
6 Enter 1	% of net investment incom	ne (1% of	Part I, line 27b)						6		1	,149.
7 Add lir	es 5 and 6								7		180	,967.
8 Enter o	qualifying distributions fron	n Part XII,	line 4						8		268	,000.
If line (	B is equal to or greater than	ı lıne 7, ch	eck the box in Part VI, line	1b, and comp	lete that part usin	g a 1	% tax ı	rate				

			1646			Page 4
	ert VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4	940 -	see ir	istru	CUO	15)
,ıa	Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1					
h	Date of ruling or determination letter (attach copy of letter if necessary-see instructions)  Domestic foundations that meet the section 4940(e) requirements in Part V, check here X and enter 1%	1			1,1	<b>1</b> 9
L	of Part I, line 27b'				<u> </u>	47.
	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of Part I, line 12, col (b)					
	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)	2				0.
3		3			1,1	49.
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			1,1	49.
	Credits/Payments			<del></del>		
а	2009 estimated tax payments and 2008 overpayment credited to 2009 6a 3,095.					
	Exempt foreign organizations - tax withheld at source 6b					
C	Tax paid with application for extension of time to file (Form 8868)					
d	Backup withholding erroneously withheld 6d					
7	Total credits and payments Add lines 6a through 6d	7			3,0	95.
8	Enter any <b>penaity</b> for underpayment of estimated tax. Check here if Form 2220 is attached	8				
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9		_		
10		10			1,9	<u>46.</u>
11	Enter the amount of line 10 to be Credited to 2010 estimated tax ▶ 1,946 . Refunded ▶	11				<u>0.</u>
Pé	rt VII-A Statements Regarding Activities					
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene	ın			Yes	
	any political campaign?		]	1a		X
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for definition)?			1b		X
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials publishe	d or				
	distributed by the foundation in connection with the activities.					
C	Did the foundation file Form 1120-POL for this year?			10		X
đ	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year					
	(1) On the foundation ► \$ (2) On foundation managers ► \$		l			
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation					
	managers > \$O.					
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?		-	2_		X
_	If "Yes," attach a detailed description of the activities.					
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or	r				.,
	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes		}	3		X
	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	NT.	/2	4a		
	If "Yes," has it filed a tax return on Form 990-T for this year?	IN	/A	4b		X
Ð	Was there a liquidation, termination, dissolution, or substantial contraction during the year?			5		
•	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					
	<ul> <li>By language in the governing instrument, or</li> <li>By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state</li> </ul>	losses				
	remain in the governing instrument?	iaw		6	X	
7	Did the foundation have at least \$5,000 in assets at any time during the year?		•	7	X	
•	If "Yes," complete Part II, col. (c), and Part XV.				***	
R2	Enter the states to which the foundation reports or with which it is registered (see instructions)					
70	MD		<del></del>			
h	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)		<del></del>			
	of each state as required by General Instruction G? If "No," attach explanation			8b	Х	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for cale	ndar				
-	year 2009 or the taxable year beginning in 2009 (see instructions for Part XIV)? If "Yes," complete Part XIV			9		Х
10	Did any persons become substantial contributors during the tax year? If 'Yes,' attach a schedule listing their names and addresses		ľ	10		Х

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,

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

Form 4720, to determine if the foundation had excess business holdings in 2009.)

had not been removed from jeopardy before the first day of the tax year beginning in 2009?

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

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X

3b

4a

N/A

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Part, VII-B   Statements Regarding Activities for Which F	orm 4720 May Be I	Required (contin	ued)	
5a During the year did the foundation pay or incur any amount to				
(1) Carry on propaganda, or otherwise attempt to influence legislation (section	1 4945(e))?	Ye	es X No	
(2) Influence the outcome of any specific public election (see section 4955), o	r to carry on, directly or indir			
any-voter registration drive?			es X No	
(3) Provide a grant to an individual for travel, study, or other similar purposes	?	. 🗀 Ye	es X No	
(4) Provide a grant to an organization other than a charitable, etc., organization	n described in section			
509(a)(1), (2), or (3), or section 4940(d)(2)?		Ye	es X No	
(5) Provide for any purpose other than religious, charitable, scientific, literary,	or educational purposes, or t			
the prevention of cruelty to children or animals?		Ye	es X No	
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify und	fer the exceptions described	ın Regulations		
section 53 4945 or in a current notice regarding disaster assistance (see instru	ctions)?		N/A	5b
Organizations relying on a current notice regarding disaster assistance check h	ere			
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption fr		_ /		
expenditure responsibility for the grant?	N	I/A 🔲 Ye	es L No	
If "Yes," attach the statement required by Regulations section 53.4945	5-5 <i>(d</i> ).			
6a Did the foundation, during the year, receive any funds, directly or indirectly, to p	pay premiums on			
a personal benefit contract?		Y <sub>1</sub>	es X No	
<b>b</b> Did the foundation, during the year, pay premiums, directly or indirectly, on a p	ersonal benefit contract?		ļ	6b X
If "Yes" to 6b, file Form 8870.				
7a At any time during the tax year, was the foundation a party to a prohibited tax s		Ye	es X No	
b If yes, did the foundation receive any proceeds or have any net income attributa		<del></del>		7b
Part VIII Information About Officers, Directors, Trusto	ees, Foundation Ma	nagers, Highly	y	
Faid Employees, and Contractors		· · · · · · · · · · · · · · · · · · ·		
1 List all officers, directors, trustees, foundation managers and their		(c) Compensation	(d) Contributions to	(a) Evpopes
(a) Name and address	(b) Title, and average hours per week devoted	(If not paid,	(d) Contributions to employee benefit plans and deferred	(e) Expense account, other
	to position	enter -0-)	compensation	allowances
Coo Ctatomont 0		0.	0.	_
See Statement 9		<u> </u>	<u> </u>	0.
				<del></del>
2 Compensation of five highest-paid employees (other than those inc	luded on line 1). If none.	enter "NONE."	L.,	
	(b) Title, and average	CCOI INDIAL.	(d) Contributions to	(e) Expense
(a) Name and address of each employee paid more than \$50,000	hours per week devoted to position	(c) Compensation	employee benefit plans and deferred	account, other
NONE	devoted to position		compensation	allowances
NONE				
		<del> </del> -	-	
Total number of other employees paid over \$50,000		<u> </u>	<u> </u>	0

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Part VIII Information About Officers, Directors, Trustees, Found Paid Employees, and Contractors (continued)	lation Managers, Highly	
3 Five highest-paid independent contractors for professional services. If none, en	ter "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		<b>&gt;</b>
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include relevant starnimber of organizations and other beneficiaries served, conferences convened, research papers pi	distical information such as the roduced, etc	Expenses
1 N/A	33333,333	
2		
3		
4		
Part IX-B Summary of Program-Related Investments		
Describe the two largest program-related investments made by the foundation during the tax year of	on lines 1 and 2.	Amount

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.

Amount

N/A

All other program-related investments See instructions

Total. Add lines 1 through 3

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P	art X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations	ndation	s, see instructions)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes		· -
а		1a	3,792,073.
b	Average of monthly cash balances	1b	3,792,073. 397,115.
C		10	
d	Total (add lines 1a, b, and c)	1d	4,189,188.
е			
	1c (attach detailed explanation) 1e 0.		
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	4,189,188.
4	Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	62,838.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4.	5	4,126,350.
<u>6</u>	Minimum investment return. Enter 5% of line 5	6	206,318.
P	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and foreign organizations check here   and do not complete this part )	id certai	n
1	Minimum investment return from Part X, line 6	1	206,318.
2a	Tax on investment income for 2009 from Part VI, line 5		
b	Income tax for 2009. (This does not include the tax from Part VI)		
C	Add lines 2a and 2b	2c	1,149.
3	Distributable amount before adjustments Subtract line 2c from line 1	3	1,149. 205,169.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	205,169.
6	Deduction from distributable amount (see instructions)	6	0.
7	Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII, line 1	7_	205,169.
P	art XII Qualifying Distributions (see instructions)		
١.	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		260 000
a b	Expenses, contributions, gifts, etc - total from Part I, column (d), line 26	1a	268,000.
2	• • • • • • • • • • • • • • • • • • • •	1b	U •
3	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes  Amounts set aside for specific charitable projects that satisfy the	2	
a		20	
	Cash distribution test (attach the required schedule)	3a 3b	<del></del>
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	268,000.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment	4	200,000.
٠	Income Enter 1% of Part I, line 27b	5	1.149
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	1,149. 266,851.
ŭ	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation of		
	4940(e) reduction of tax in those years	lnaiiiie2	וטו נוום ספרנוטוו

Form **990-PF** (2009)

## Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2008	(c) 2008	(d) 2009
1 Distributable amount for 2009 from Part XI.		11 1111 1111 1 111 1 111 1 1 1 1 1 1 1		
line 7				205,169.
2 Undistributed income, if any, as of the end of 2009				
a Enter amount for 2008 only		***************************************	236,359.	······································
b Total for prior years				
		0.		(*************************************
3 Excess distributions carryover, if any, to 2009.				
a From 2004				
b From 2005				
c From 2006				
d From 2007				
e From 2008	0.			
f Total of lines 3a through e 4 Qualifying distributions for 2009 from	0.			
Part XII, line 4. > \$ 268,000.				
			236,359.	
a Applied to 2008, but not more than line 2a b Applied to undistributed income of prior			230,339.	1.111 1.1111 11-1111 11-1111 1-1111 1-1111 1-1111
· · · · · · · · · · · · · · · · · · ·		0.		
years (Election required - see instructions) c Treated as distributions out of corpus		· · · · · · · · · · · · · · · · · · ·		''' '!!!*!'-! <del>!!!!'!!!</del> -;
(Election required - see instructions)	0.			
d Applied to 2009 distributable amount	V •			31,641.
e Remaining amount distributed out of corpus	0.			31,041.
5 Excess distributions carryover applied to 2009	0.			0.
(If an amount appears in column (d), the same amount must be shown in column (a) )	<u> </u>			
6 Enter the net total of each column as indicated below:				
2 Corpus Add lines 3f, 4c, and 4e Subtract line 5	0.			
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		0.		
e Undistributed income for 2008. Subtract line				
4a from line 2a Taxable amount - see instr			0.	
f Undistributed income for 2009 Subtract				
lines 4d and 5 from line 1. This amount must				
be distributed in 2010				173,528.
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by	_			
section 170(b)(1)(F) or 4942(g)(3)	0.			•••••
8 Excess distributions carryover from 2004				
not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2010.				
Subtract lines 7 and 8 from line 6a	0.			
O Analysis of line 9				
a Excess from 2005				
b Excess from 2006				
c Excess from 2007				
d Excess from 2008				
e Excess from 2009			<u> </u>	Form 000 DE (2000)

Part XIV Private Operating F	<b>oundations</b> (see in:	structions and Part VI	I-A, question 9)	N/A	
1 a If the foundation has received a ruling of	or determination letter that	it is a private operating			
foundation, and the ruling is effective fo	or 2009, enter the date of t	the ruling .	<b>▶</b>		
b Check box to indicate whether the foun	d <u>ation is a private operatir</u>	ng foundation described	ın section	4942(j)(3) or 49	942(j)(5)
2 a Enter the lesser of the adjusted net	Tax year		Prior 3 years		
income from Part I or the minimum	(a) 2009	(b) 2008	(c) 2007	(d) 2006	(e) Total
investment return from Part X for					
each year listed			<u> </u>		
b 85% of line 2a					
c Qualifying distributions from Part XII,					
line 4 for each year listed	!				
d Amounts included in line 2c not					
used directly for active conduct of					
exempt activities					
e Qualifying distributions made directly					
for active conduct of exempt activities					
Subtract line 2d from line 2c					
3 Complete 3a, b, or c for the					
alternative test relied upon a "Assets" alternative test - enter					
(1) Value of all assets					
(2) Value of assets qualifying					
under section 4942(J)(3)(B)(i)					
b "Endowment" alternative test - enter					
2/3 of minimum investment return shown in Part X, line 6 for each year listed					
c "Support" alternative test - enter					
(1) Total support other than gross					
investment income (interest,					
dividends, rents, payments on securities loans (section					1
512(a)(5)), or royalties)					
(2) Support from general public					
and 5 or more exempt					
organizations as provided in section 4942(j)(3)(B)(iii)					
(3) Largest amount of support from					
an exempt organization					
(4) Gross investment income					
Part XV   Supplementary Info	ormation (Comple	te this part only	if the foundation	had \$5,000 or me	ore in assets
at any time during					
1 Information Regarding Foundation	on Managers:				
a List any managers of the foundation wi	no have contributed more	than 2% of the total conf	tributions received by the	foundation before the clo	se of any tax
year (but only if they have contributed i	more than \$5,000) (See s	ection 507(d)(2) )			
None					
b List any managers of the foundation wi	no own 10% or more of th	e stock of a corporation	(or an equally large portion	on of the ownership of a p	artnership or
other entity) of which the foundation ha	as a 10% or greater interes	st			
None					
2 Information Regarding Contribut	tion, Grant, Gift, Loan,	Scholarship, etc., P	rograms:		
	only makes contributions t				
the foundation makes gifts, grants, etc	(see instructions) to indiv	viduals or organizations i	under other conditions, co	omplete items 2a, b, c, and	b t
a The name, address, and telephone nun	nber of the person to whor	m applications should be	addressed		
See Statement 10					
b The form in which applications should	be submitted and informati	tion and materials they s	hould include		
· · · · · · · · · · · · · · · · · · ·					
c Any submission deadlines					
d Any restrictions or limitations on award	is, such as by geographica	al areas, charitable fields	, kınds of institutions, or o	other factors	

Part XV

Supplementary Information (continued)

3 Grants and Contributions Paid During the Y		ear or Approved for Future	<del></del>		
	Recipient  Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of	Purpose of grant or contribution	Amount
		or substantial contributor	recipient		
а	Paid during the year				
	See Statement 11				
	Total		y	<b>▶</b> 3a	268,000.
þ	Approved for future payment				
	None				
	Total	·		<b>▶</b> 3b	0.

Unrelated business income

Excluded by section 512, 513, or 514

923621 02-02-10

Form **990-PF** (2009)

#### Part XVI-A **Analysis of Income-Producing Activities**

Enter gross amounts unless otherwise indicated	Unrelate	Unrelated business income		ded by section 512, 513, or 514	(e)	
1 Program service revenue	(a) Business code	(b) Amount	(C) Exclu- sion code	(d) Amount	Related or exempt function income	
a		· · · · · · · · · · · · · · · · · · ·				
b			T			
C						
<u>.                                      </u>						
e	1 1				<del></del>	
f			<del>                                     </del>			
g Fees and contracts from government agencies	-		<u> </u>			
2 Membership dues and assessments			<u> </u>		<del></del>	
3 Interest on savings and temporary cash						
investments			14	69 138		
4 Dividends and interest from securities			14			
			14	09,091.		
5 Net rental income or (loss) from real estate			<del> </del>			
a Debt-financed property		<del>.</del>			<del></del>	
b Not debt-financed property			ļ			
6 Net rental income or (loss) from personal						
property						
7 Other investment income						
8 Gain or (loss) from sales of assets other						
than inventory			18	-649,627.		
9 Net income or (loss) from special events						
10 Gross profit or (loss) from sales of inventory						
11 Other revenue	1					
a						
b						
c						
d						
e						
12 Subtotal Add columns (b), (d), and (e)		0.		-491,098.	0.	
13 Total. Add line 12, columns (b), (d), and (e)				13	-491,098.	
(See worksheet in line 13 instructions to verify calculations.)				_		
	a tha Assa	modiahorant of Fr		4 D		
Part XVI-B Relationship of Activities t	to the Acco	implishment of Ex	kemp	t Purposes		
Line No. Explain below how each activity for which inco	me is reported i	n column (e) of Part XVI-A	contrit	outed importantly to the accom	plishment of	
▼ the foundation's exempt purposes (other than				,	•	
	· · ·				***	
<del> </del>						
	_					
					<del></del>	
				<del></del> -	<del></del>	
		· <del></del> ·				
			-			
	·					
				<del></del>	<del></del>	
				·		
					<del></del>	

Par	t XVII	Information Re Exempt Organ	_	s To and Transactions an	d Relationships With Noncha	ritable	•	
1 [	Old the org	janization directly or indi	rectly engage in any of the	following with any other organization	described in section 501(c) of		Yes	No
		* .		ction 527, relating to political organization	ations?			
		rom the reporting found	ation to a noncharitable ex	empt organization of				
	1) Cash			•		1a(1)		X
•	2) Other					1a(2)		X
	Other trans							
	-	of assets to a noncharita		•		1b(1)		X
-	•		ncharitable exempt organi	zation		1b(2)	-	X
	•	of facilities, equipment,				1b(3)	_	X
	•	oursement arrangements	•			1b(4)		X
-	•	or loan guarantees		aliastatia - a		1b(5)		X
			embership or fundraising s			1b(6) 1c	·	X
	-		illing lists, other assets, or		ys show the fair market value of the goods,		atc.	
		•			in any transaction or sharing arrangement, s		cis,	
			other assets, or services r		in any transaction of snaring arrangement, s	311044 111		
a) ⊔ne	<del></del>	(b) Amount involved	,	haritable exempt organization	(d) Description of transfers, transactions, and	shanng an	rangeme	ents
		· • · · · · · · · · · · · · · · · · · ·	` '	N/A				
-								
-			~					
				<del></del>				
								-
								٦
		_		I to, one or more tax-exempt organiza	tions described	<b>-</b>	ľΨ	
11	n section !	501(c) of the Code (othe	r than section 501(c)(3)) o		tions described	Yes	ĽΧ	_l No
11	n section !	501(c) of the Code (othe mplete the following sch	r than section 501(c)(3)) c edule	r in section 527?			<u> </u>	
11	n section !	501(c) of the Code (othe mplete the following sch (a) Name of org	r than section 501(c)(3)) c edule		tions described  (c) Description of relations			
11	n section !	501(c) of the Code (othe mplete the following sch	r than section 501(c)(3)) c edule	r in section 527?			[X	
11	n section !	501(c) of the Code (othe mplete the following sch (a) Name of org	r than section 501(c)(3)) c edule	r in section 527?			[X	
11	n section !	501(c) of the Code (othe mplete the following sch (a) Name of org	r than section 501(c)(3)) c edule	r in section 527?			X	
11	n section !	501(c) of the Code (othe mplete the following sch (a) Name of org	r than section 501(c)(3)) c edule	r in section 527?			[X	

Date

DOUGLAS COREY & ASSOCIATES, P.C. 6601 LITTLE RIVER TURNPIKE, SUITE 440

ALEXANDRIA, VA 22312 22312

Title

Date /18/1

Check if self-employed

EIN -

Phone no

Form **990-PF** (2009)

Preparer's identifying number

703-354-2900

Sign Here

Paid Preparer's Use Only

Signature of officer or trustee

Preparer's

signature

Firm's name (or yours of self-employed),

address, and ZIP code

#### Schedule B (Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

**Schedule of Contributors** 

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

PETTIT FAMILY CHARITABLE FOUNDATION

OMB No 1545-0047

2009

Name of the organization

**Employer identification number** 

52-1646923

Schedule B (Form 990, 990-EZ, or 990-PF) (2009)

Organiz	ation type (check o	ne):
Filers of	<b>:</b>	Section:
Form 99	0 or 990-EZ	501(c)( ) (enter number) organization
		4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation
		527 political organization
Form 99	0-PF	X 501(c)(3) exempt private foundation
		4947(a)(1) nonexempt charitable trust treated as a private foundation
		501(c)(3) taxable private foundation
		s covered by the <b>General Rule</b> or a <b>Special Rule.</b> (7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.
ivote. O	ily a section so r(c)	(r), (o), or (10) organization can check boxes for both the deficial hole and a special hole. See instructions.
General	Rule	
X	For an organization contributor. Complete	n filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one lete Parts I and II.
Special	Rules	
	509(a)(1) and 170(l	c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 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% ii) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II.
	aggregate contribu	c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, utions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or cruelty to children or animals. Complete Parts I, II, and III.
	contributions for use If this box is check purpose. Do not co	c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, se exclusively for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. sed, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., complete any of the parts unless the <b>General Rule</b> applies to this organization because it received nonexclusively e, etc., contributions of \$5,000 or more during the year.
but it mi	ust answer "No" on	hat is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), Part IV, line 2 of its Form 990, or check the box on line H of its Form 990-EZ, or on line 2 of its Form 990-PF, to certify ng requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions

for Form 990, 990-EZ, or 990-PF.

Employer identification number

## PETTIT FAMILY CHARITABLE FOUNDATION

52-1646923

Part I	· Contributors	(see instructions)
--------	----------------	--------------------

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	PETTIT FAMILY CHARITABLE TRUST C  18205-D FLOWER HILL WAY  GAITHERSBURG, MD 20879	\$123,716.	Person X Payroll  Noncash  (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II if there Is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there Is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Occupate Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there Is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
923452 02-0	1-10	Schedule B (Form 9	990, 990-EZ, or 990-PF) (2009)

Part IV   Capital Gains and Lo	osses for Tax on Investment Income				
(a) List and	d describe the kind(s) of property sold rick warehouse; or common stock, 20	l, e g , real estate, 00 shs MLC Co	(b) How acquired P - Purchase D - Donation	(c) Date acquired (mo , day, yr )	(d) Date sold (mo , day, yr )
1a MORGAN STANLEY	SMITH BARNEY		P	07/25/03	04/07/09
b SUNTRUST SECUR	ITIES		P	Various	Various
c MORGAN STANLEY	SMITH BARNEY #1		P	Various	Various
d MORGAN STANLEY	SMITH BARNEY #1		P	Various	Various
e MORGAN STANLEY	SMITH BARNEY #2		P	Various	Various
t MORGAN STANLEY			P	Various	Various
g Capital Gains	Dividends				
h					
<u> </u>					
_I					
k					
1					
m					
n					
0	T				<u> </u>
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale		Gain or (loss) lus (f) minus (g)	
	(or allowable)		(e) p	ius (1) minus (g)	2
a 3.		6.			-3.
b 112,892. c 90,165.		267,590.			154,698.
		150,162. 813,340.			-59,997. 296,993.
06 204		93,457.		<del>_</del>	2,927.
f 634,245.	·	775,723.			141,478.
		113,123.			615.
g 615. h					015.
1			<u></u>		
1					
k					
1			<del></del>		<del></del>
m			•		
n					
0					
Complete only for assets shown	ng gain in column (h) and owned by th	he foundation on 12/31/69	(I) Los	ses (from col (h))	<u> </u>
(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any	Gains (excess o	of col. (h) gain ove ot less than "-0-")	
a				•	-3.
b		-		_	154,698.
С					-59,997.
d					296,993.
е			***		2,927.
<u>f</u>				<del>-</del>	141,478.
9					615.
<u>h</u>					
i					
1					
<u>k</u>			<del></del>		
m	<del> </del>			· · ·	
<u>n</u>					
0					
2 Capital gain net income or (net ca	apital loss) {   If gain, also enter   If (loss), enter   -0-	in Part I, line 7 "In Part I, line 7	2	<del></del>	649,627.
3 Net short-term capital gain or (loging gain, also enter in Part I, line 8,		d (6)		N7 / 70	

Form 990-PF Interest on Savi	ngs and Tem	porary Cash 1	Investments	Statement
Source				Amount
M&T BANK MORGAN STANLEY SMITH BARNEY SUNTRUST				188 58,644 9,031 1,575
Total to Form 990-PF, Part I,	line 3, Co	lumn A		69,438
Form 990-PF Dividend	ls and Inter	est from Secu	ırities	Statement 2
Source	Gross		oital Gains Dividends	Column (A) Amount
MORGAN STANLEY SMITH BARNEY SUNTRUST SECURITIES		83,689. 2,762. 3,255.	0. 615. 0.	83,689 2,147 3,255
Total to Fm 990-PF, Part I, 1	n 4	89,706.	615.	89,091
Form 990-PF	Accounti	ng Fees		Statement 3
Description	(a) Expenses Per Books	(b) Net Invest- ment Income	(c) Adjusted Net Incom	
ACCOUNTING	950.	0.		0 .
To Form 990-PF, Pg 1, ln 16b	950.	0.		0.
Form 990-PF	Tax	es		Statement 4
Description	(a) Expenses Per Books	(b) Net Invest- ment Income	(c) Adjusted Net Incom	
INCOME TAXES	1,149.	0.		0.
To Form 990-PF, Pg 1, ln 18	1,149.	0.	•	0
=				

Form 990-PF	Other E	xpenses			Statement	5
Description	(a) Expenses Per Books			(c) Adjusted Net Incom		
INVESTMENT FEES ADVERTISING & PROMOTION BANK CHARGES	27,909. 35. 81.	27,	909.			0. 0. 0.
To Form 990-PF, Pg 1, ln 23	28,025.	27,	909.			0.
Form 990-PF	Corporat	e Stock			Statement	6
Description			Вос	ok Value	Fair Marke Value	t
MORGAN STANLEY STOCKS MORGAN STANLEY FIXED INC FUND			1	,449,914. 833,565.	1,313,9 857,2	
Total to Form 990-PF, Part II,	line 10b		2	2,283,479.	2,171,2	40.
Form 990-PF	Other Inv	estments			Statement	7
Description						
	M	luation ethod	Вос	ok Value	Fair Marke Value	t
MORGAN STANLEY MUTUAL FUNDS MORGAN STANLEY OTHER ASSETS MONEY MARKET FUNDS				0k Value .,455,458. 291,666. 470,066.		71. 48.
MORGAN STANLEY MUTUAL FUNDS MORGAN STANLEY OTHER ASSETS		ethod COST COST	1	.,455,458. 291,666.	1,565,8 171,4	71. 48. 66.
MORGAN STANLEY MUTUAL FUNDS MORGAN STANLEY OTHER ASSETS MONEY MARKET FUNDS		ethod COST COST COST	1	,455,458. 291,666. 470,066.	1,565,8 171,4 470,0	71. 48. 66.
MORGAN STANLEY MUTUAL FUNDS MORGAN STANLEY OTHER ASSETS MONEY MARKET FUNDS  Total to Form 990-PF, Part II,	Other Begin	ethod COST COST COST		,455,458. 291,666. 470,066.	Value  1,565,8 171,4 470,0  2,207,3	71. 48. 66. 85.
MORGAN STANLEY MUTUAL FUNDS MORGAN STANLEY OTHER ASSETS MONEY MARKET FUNDS  Total to Form 990-PF, Part II,	Other Begin	ethod COST COST COST Assets		.,455,458. 291,666. 470,066. 2,217,190.	Value  1,565,8 171,4 470,0  2,207,3  Statement  Fair Marke	71. 48. 66. 85.

Trustees	List of Officers, D and Foundation Mana		State	ement 9
Name and Address	Title and Avrg Hrs/Wk	Compen- sation	Employee Ben Plan Contrib	
RICHARD B. PETTIT 18205-D FLOWER HILL WAY GAITHERSBURG, MD 20879	TRUSTEE 0.00	0.	0.	0.
JOHN STEPHEN PETTIT 18205-D FLOWER HILL WAY GAITHERSBURG, MD 20879	MANAGER 0.00	0.	0.	0.
CAROL ANN PETTIT 18205-D FLOWER HILL WAY GAITHERSBURG, MD 20879	TRUSTEE 0.00	0.	0.	0.
BARBARA LYNN PETTIT 18205-D FLOWER HILL WAY GAITHERSBURG, MD 20879	MANAGER 0.00	0.	0.	0.
JEANNE MARIE PETTIT 18205-D FLOWER HILL WAY GAITHERSBURG, MD 20879	MANAGER 0.00	0.	0.	0.
Totals included on 990-PF, Page	e 6, Part VIII	0.	0.	0.

10

Form 990-PF

Grant Application Submission Information Part XV, Lines 2a through 2d

Statement

Name and Address of Person to Whom Applications Should be Submitted

PETTIT FAMILY CHARITABLE FOUNDATION 18205-D FLOWER HILL WAY GAITHERSBURG, MD 20879

Telephone Number

301-975-1020

Form and Content of Applications

APPLICATIONS BY LETTER STATING NAME OF ORGANIZATION, CHARITABLE PURPOSE, AMOUNT REQUESTED AND PROPOSED USE OF AMOUNT REQUESTED FROM THE FOUNDATION.

Any Submission Deadlines

NONE

Restrictions and Limitations on Awards

ANY RECOGNIZED CHARITY. NO GEOGRAPHICAL RESTRICTIONS OR OTHER LIMITATIONS.

	and Contributions During the Year	State	ement 11
Recipient Name and Address	Recipient Relationship and Purpose of Grant	Recipient Status	Amount
MONTGOMERY HOSPICE FOUNDATION	NONE OTHER GENERAL SUPPORT	PUBLIC CHARITY	5,000.
FORWARD IN FAITH	NONE RELIGIOUS SUPPORT	PUBLIC CHARITY	5,000.
HOME BUILDERS CARE FOUNDATION	NONE SHELTER SUPPORT	PUBLIC CHARITY	650.
AVON FOUNDATION	NONE MEDICAL SUPPORT	PUBLIC CHARITY	500.
AMERICAN CANCER	NONE MEDICAL SUPPORT	PUBLIC CHARITY	5,000.
NTAF MID ATLANTIC SPINAL CORD INJURY	NONE MEDICAL SUPPORT	PUBLIC CHARITY	300.
SHADY GROVE HOSPITAL FOUNDATION	NONE MEDICAL SUPPORT	PUBLIC CHARITY	20,000.
MONTGOMERY HOUSING PARTNERSHIP	NONE SHELTER SUPPORT	PUBLIC CHARITY	1,500.

PETTIT FAMILY CHARITABLE FOUNDA	TION		52-1646923
BERNIE SCHOLARSHIP PROGRAM	NONE OTHER GENERAL SUPPORT	PUBLIC CHARITY	1,000.
MENTAL HEALTH ASSOCIATION OF MC	NONE OTHER GENERAL SUPPORT	PUBLIC CHARITY	7,500.
SPECIAL OLYMPICS OF MD	NONE OTHER GENERAL SUPPORT	PUBLIC CHARITY	1,500.
COURT APPOINTED SPECIAL ADVOCATE	NONE OTHER GENERAL SUPPORT	PUBLIC CHARITY	1,000.
GIRL SCOUTS OF AMERICA TROOP 4060	NONE OTHER GENERAL SUPPORT	PUBLIC CHARITY	750.
MONTGOMERY HOSPICE FOUNDATION	NONE OTHER GENERAL SUPPORT	PUBLIC CHARITY	2,500.
CENTERS FOR INDEPENDENT DOCUMENTARY	NONE OTHER GENERAL SUPPORT	PUBLIC CHARITY	1,500.
THERAPUDIC RECREATIONAL RIDING CENTER	NONE MEDICAL SUPPORT	PUBLIC CHARITY	2,300.
ST FRANCIS OF ASSISI	NONE MEDICAL SUPPORT	PUBLIC CHARITY	7,500.
HOUSING UNLIMITED INC	NONE SHELTER SUPPORT	PUBLIC CHARITY	2,500.

PETTIT FAMILY CHARITABLE FOUNDA	TION		52-1646923
IN HONOR OF HER INC	NONE OTHER GENERAL SUPPORT	PUBLIC CHARITY	2,500.
REBUILDING TOGETHER MC INC	NONE SHELTER SUPPORT	PUBLIC CHARITY	2,000.
1ST TEE OF MONTGOMERY COUNTY INC	NONE OTHER GENERAL SUPPORT	PUBLIC CHARITY	1,500.
LEADERSHIP MONTGOMERY	NONE EDUCATIONAL SUPPORT	PUBLIC CHARITY	5,000.
BAKERSVILLE VOLUNTEER FIRE DEPT	NONE OTHER GENERAL SUPPORT	PUBLIC CHARITY	500.
AUTISM SPEAKS	NONE MEDICAL SUPPORT	PUBLIC CHARITY	5,000.
HOME BUILDERS CARE FOUNDATION	NONE SHELTER SUPPORT	PUBLIC CHARITY	5,000.
JUVENILE DIABETES RESEARCH FOUNDATION	NONE MEDICAL SUPPORT	PUBLIC CHARITY	1,000.
MONTGOMERY COUNTY COMMUNITY FND	NONE OTHER GENERAL SUPPORT	PUBLIC CHARITY	2,500.
ST FRANCIS OF ASSISI	NONE RELIGIOUS SUPPORT	PUBLIC CHARITY	2,000.

PETTIT FAMILY CHARITABLE FOUNDA	ATION		52-1646923
MONTGOMERY COLLEGE FOUNDATION	NONE EDUCATIONAL SUPPORT	PUBLIC CHARITY	15,000.
MONTGOMERY HOSPICE FOUNDATION	NONE MEDICAL SUPPORT	PUBLIC CHARITY	7,500.
SPRINGFIELD BAPTIST CHURCH	NONE RELIGIOUS SUPPORT	PUBLIC CHARITY	25,000.
SOVEREIGN GRACE MINISTRIES, INC.	NONE RELIGIOUS SUPPORT	PUBLIC CHARITY	50,000.
SOVEREIGN GRACE MINISTRIES, INC.	NONE EDUCATIONAL SUPPORT	PUBLIC CHARITY	50,000.
MENTAL HEALTH ASSOCIATION OF MC	NONE MEDICAL SUPPORT	PUBLIC CHARITY	7,500.
SO OTHERS MAY EAT	NONE HUNGER RELIEF	PUBLIC CHARITY	5,000.
MC COALITION FOR THE HOMELESS	NONE SHELTER SUPPORT	PUBLIC CHARITY	15,000.
Total to Form 990-PF, Part XV, li	ne 3a		268,000.

Form . **8868** (Rev. April 2009)

Qepartment of the Treasury Internal Revenue Service

# Application for Extension of Time To File an Exempt Organization Return

► File a separate application for each return.

OMB No. 1545-1709

Form 8868 (Rev 4-2009)

If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of thi	s form).	► <u>X</u>
Oo not complete Part II unless you have already been granted an automatic 3-month extension on a previously		m 8868.
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 co Part I only	mplete	<b>&gt;</b> [
All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request a o file income tax returns.	ın exten	sion of time
Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extens noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electron not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or crown must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic toww.irs.gov/efile and click on e-file for Chanties & Nonprofits.	nically if onsolida	(1) you want the additional ated Form 990-T. Instead,
Name of Exempt Organization	Empl	oyer identification number
PETTIT FAMILY CHARITABLE FOUNDATION	5	2-1646923
Number, street, and room or suite no. If a P.O. box, see instructions.  18205-D FLOWER HILL WAY		
City, town or post office, state, and ZIP code. For a foreign address, see instructions.  GAITHERSBURG, MD 20879		
Check type of return to be filed (file a separate application for each return):		
☐ Form 990       ☐ Form 990-T (corporation)       ☐ Form 990-T (sec. 401(a) or 408(a) trust)       ☐ Form 990-EX       ☐ Form 990-T (trust other than above)       ☐ Form 990-Form 6         ▼ Form 990-PF       ☐ Form 1041-A       ☐ Form 6	8069	
X Form 990-PF         ☐ Form 1041-A         ☐ Form 8	3870 	
RICHARD B. PETTIT  The books are in the care of   Telephone No.   301-975-1020  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 the sox   If the sory of the group, check this box   and attach a list with the names and EINs of a	, MD	► □
RICHARD B. PETTIT  The books are in the care of ▶ 18205-D FLOWER HILL WAY - GAITHERSBURG Telephone No. ▶ 301-975-1020 FAX No. ▶  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 to box  I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time unaugust 15, 2010, to file the exempt organization return for the organization named is for the organization's return for:    X   Calendar year 2009   Or	, MD his is foi	r the whole group, check this ers the extension will cover.
RICHARD B. PETTIT  The books are in the care of ▶ 18205-D FLOWER HILL WAY - GAITHERSBURG Telephone No. ▶ 301-975-1020 FAX No. ▶  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 the cox ▶ If it is for part of the group, check this box ▶ and attach a list with the names and EINs of a line unit is for the organization of time units of the units of the organization of time units of the organization organiza	, MD his is foi	r the whole group, check this ers the extension will cover.
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For Privacy Act and Paperwork Reduction Act Notice, see Instructions.