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Form 990-PF Department of the Treasury Internal Revenue Service

Return of Private Foundation or Section 4947(a)(1) Nonexempt Charitable Trust Treated as a Private Foundation Note The foundation may be able to use a copy of this return to satisfy state reporting requirements

For calendar year 2011 or tax year beginning , and ending A Employer identification number Name of foundation PETTIT FAMILY CHARITABLE FOUNDATION 52-1646923 Number and street (or P O box number if mail is not delivered to street address) Room/suite B Telephone number 301-975-1020 18205-D FLOWER HILL WAY City or town, state, and ZIP code C If exemption application is pending, check here 20879 GAITHERSBURG, MD G Check all that apply D 1. Foreign organizations, check here Initial return Initial return of a former public charity Final return Amended return Foreign organizations meeting the 85% test, check here and attach computation Address change Name change X Section 501(c)(3) exempt private foundation H Check type of organization E If private foundation status was terminated Section 4947(a)(1) nonexempt charitable trust Other taxable private foundation under section 507(b)(1)(A), check here X Cash 1 Fair market value of all assets at end of year | J | Accounting method Accrual F If the foundation is in a 60-month termination (from Part II, col. (c), line 16) Other (specify) under section 507(b)(1)(B), check here 4,779,833. (Part I, column (d) must be on cash basis.) ▶\$ Part | Analysis of Revenue and Expenses (d) Disbursements (a) Revenue and (b) Net investment (c) Adjusted net (The total of amounts in columns (b), (c), and (d) may not necessanly equal the amounts in column (a)) expenses per books ıncome ıncome 123,716. N/A Contributions, gifts, grants, etc., received 2 Check ▶ If the foundation is not required to attach Sch 8 Interest on savings and temporary cash investments 40,093. 40,093. Statement 3 153,949. 153,949. Statement 4 Dividends and interest from securities 5a Gross rents Net rental income or (loss) 126,272. 6a Net gain or (loss) from sale of assets not on line 10 b Gross sales price for all assets on line 6a 1,459,064. 126,272. 7 Capital gain net income (from Part IV, line 2) 8 Net short-term capital gain Income modifications 10a Gross sales less returns and allowances OGDEN b Less Cost of goods sold c Gross profit or (loss) 263. 263 Statement 11 Other income 444,293. 320,577. 12 Total. Add lines 1 through 11 o. 13 Compensation of officers, directors, trustees, etc 14 Other employee salaries and wages 15 Pension plans, employee benefits Administrative Expenses 16a Legal fees Stmt 4 950. 0. 0. **b** Accounting fees c Other professional fees 510. 510. <u>o.</u> 17 Interest Stmt 5 4,357. 1,633. 18 19 Depreciation and depletion 20 Occupancy 21 Travel, conferences, and meetings 22 Printing and publications 46,056. Ō. Stmt 6 46,021. Operating 23 Other expenses 24 Total operating and administrative 51,873. 48,164. 0. expenses. Add lines 13 through 23 212,450. 212,450. 25 Contributions, gifts, grants paid 26 Total expenses and disbursements. 48,164. <u>212,450.</u> 264,323. Add lines 24 and 25 27 Subtract line 26 from line 12 179,970. 2 Excess of revenue over expenses and disbursements 272,413. b Net investment income (if negative, enter -0-) N/A C Adjusted net income (if negative, enter -0-)

5,005,175.

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5 Decreases not included in line 2 (itemize)

6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30

Part IV Capital Gains a	nd Losses for Tax on Ir	nvestment	Income	<u> </u>					0 2 2 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
(a) List and describe the kind(s) of property sold (e.g., real estate,		ow acq Purcha Donati	ase ``	Date ao		(d) Date sold (mo , day, yr)					
1a Abbott Laborato	ries				P		1/25	5/11	10/25/11		
b Morgan Stanley					P	V	ario	ous	Various		
c Morgan Stanley					P	V	ario	ous	Various		
d Capital Gains I	ividends										
<u>e</u>											
(e) Gross sales price	(f) Depreciation allowed (or allowable)		t or other basis xpense of sale			ı		in or (loss (f) minus	(g)		
a 42,570.			38,52						4,042. 14,798.		
b 113,422.			98,62					_	14,798.		
c 1,295,173.	·····		1,195,640	0 -					99,533.		
d 7,899.				_					7,899.		
е		<u> </u>		\rightarrow							
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Ex	on 12/31/69 cess of col (i) col (j), if any	_		col (k	c), but no	of (h) gain of less that from col (n -0-) or		
a				+					4,042.		
b		 							14,798.		
C			•						99,533.		
d			<u> </u>						7,899.		
е								-			
2 Capital gain net income or (net cap	If gain, also enter -C			}	2				126,272.		
3 Net short-term capital gain or (loss if gain, also enter in Part I, line 8, of (loss), enter -0- in Part I, line 8		nd (6)		}	2			N/A			
Part V Qualification Ur	nder Section 4940(e) for	r Reduced	Tax on Net	Inve	estme	ent Inco	me				
(For optional use by domestic private			•								
(i or optional ass by definestic private	iodiladions subject to the socion	45 10(u) tax 011	not invocation in	001110	,						
If section 4940(d)(2) applies, leave the	s part blank										
Was the foundation liable for the sectiff "Yes," the foundation does not qualif		, ,	•	iod?					Yes X No		
1 Enter the appropriate amount in e				s		_					
(a) Base period years Calendar year (or tax year beginnin	(b) Adjusted qualifying dis	stributions	Net value of nor	(c) nchari	table-u	se assets			(d) oution ratio yided by col (c))		
2010	9 "''/	21,956.	·	4.	564	,123.	 `	(-)	.048631		
2009		66,851.				,350.			.064670		
2008		0,945.				3,092.			.050870		
2007	20	00,525.	,	5,	347	,290.			.037500		
2006	19	92,148.			,655,603.		,655,603.				.041272
2 Total of line 1, column (d)				•			2		.242943		
3 Average distribution ratio for the 5	-year base period - divide the total	on line 2 by 5.	or by the number	of yea	ars	•					
the foundation has been in existen				•			3		.048589		
4 Enter the net value of noncharitable	e-use assets for 2011 from Part X,	, line 5					4	_	4,058,596.		
5 Multiply line 4 by line 3							5		197,203.		
6 Enter 1% of net investment incom	e (1% of Part I, line 27b)						6		2,724.		
7 Add lines 5 and 6							7		199,927.		
8 Enter qualifying distributions from	Part XII, line 4						8		212,450.		
If line 8 is equal to or greater than See the Part VI instructions	line 7, check the box in Part VI, line	e 1b, and comp	plete that part using	g a 19	% tax ra	te					

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Part VI Excise Tax Based on Investment Income (Section 494	0(a), 4940(b), 4940(e), or 4	948 - see	instru	ctio	าร)
1a Exempt operating foundations described in section 4940(d)(2), check here and e	nter "N/A" on line 1				
Date of ruling or determination letter (attach copy of letter if nea				_	
b, Domestic foundations that meet the section 4940(e) requirements in Part V, check here	► X and enter 1%	1		2,7	<u>24.</u>
of Part I, line 27b					
c All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4%	• • •				_
2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Of	thers enter - 0-)	2		~ -	_0.
3 Add lines 1 and 2	•	3		2,7	
4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only C	thers enter -0-)	4		2 7	<u>0.</u>
5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	•	5		2,7	24.
6 Credits/Payments	1 2 900				
a 2011 estimated tax payments and 2010 overpayment credited to 2011	6a 2,800.				
b Exempt foreign organizations - tax withheld at source	6b 2,800.				
Tax paid with application for extension of time to file (Form 8868)					
d Backup withholding erroneously withheld	6d	_		5,6	۸۸
7 Total credits and payments Add lines 6a through 6d		7		<i>3</i> ,0	00.
8 Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is atta	cnea .	8			
9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed		10		2,8	76
10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	2,876. Refunded	11		2,0	0.
Part VII-A Statements Regarding Activities Statements Regarding Activities	Z , O / O • Relunque	111			<u> </u>
1a During the tax year, did the foundation attempt to influence any national, state, or local legis	lation or did it participate or intervene	ın	T	Yes	No
any political campaign?	ation of the territoriate of intervent	***	1a		X
b Did it spend more than \$100 during the year (either directly or indirectly) for political purpor	see /see instructions for definition\?	• •	1b		X
If the answer is "Yes" to 1aor 1b, attach a detailed description of the activities an	·	 ed or			
distributed by the foundation in connection with the activities.	a copies of any materials publish				-
c Did the foundation file Form 1120-POL for this year?			10		х
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the	. vear		1.5		
(1) On the foundation ► \$ O • (2) On foundation managers					
e Enter the reimbursement (if any) paid by the foundation during the year for political expendi	· · · · · · · · · · · · · · · · · · ·				
managers. ► \$ 0.					
2 Has the foundation engaged in any activities that have not previously been reported to the II	RS?		2		Х
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 i	nstrument, articles of incorporation, o)r			ĺ
bylaws, or other similar instruments? If "Yes," attach a conformed copy of the change			3		X
4a Did the foundation have unrelated business gross income of \$1,000 or more during the yea	r?		4a		X
b If "Yes," has it filed a tax return on Form 990-T for this year?		N/A	4b		
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year?	•		5		X
If "Yes," attach the statement required by General Instruction T.					
6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied el	ther				
 By language in the governing instrument, or 					
 By state legislation that effectively amends the governing instrument so that no mandator 	y directions that conflict with the state	law			İ
remain in the governing instrument?			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.					
8a Enter the states to which the foundation reports or with which it is registered (see instruction	ns) -				
MD					
b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the A	ttorney General (or designate)			4,5	ĺ
of each state as required by General Instruction G? If "No," attach explanation			8b	X	ļ
9 Is the foundation claiming status as a private operating foundation within the meaning of se		ndar			w
year 2011 or the taxable year beginning in 2011 (see instructions for Part XIV)? If "Yes," o	Y .		9		X
10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedu	ile listing their names and addresses		10		Х

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orm	990-PF(2011) PETTIT FAMILY CHARITABLE FOUNDATION 52-1646	923		Page 5
Pε	rt VII-A Statements Regarding Activities (continued)			
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of			
	section 512(b)(13)? If "Yes," attach schedule (see instructions)	11		X
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges?			
	If "Yes," attach statement (see instructions)	12		Х
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	Х	
	Website address ► N/A			
14	The books are in care of ► RICHARD B. PETTIT Telephone no ►301-97	5-1	020	
•	Located at ► 18205-D FLOWER HILL WAY, GAITHERSBURG, MD ZIP+4 ►20	879		
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here		•	\Box
	and enter the amount of tax-exempt interest received or accrued during the year	N	/A	
16	At any time during calendar year 2011, did the foundation have an interest in or a signature or other authority over a bank,		Yes	No
	securities, or other financial account in a foreign country?	16	. 63	X
	See the instructions for exceptions and filing requirements for Form TD F 90-22 1. If "Yes," enter the name of the foreign	10		
	country			
Pa	ert VII-B Statements Regarding Activities for Which Form 4720 May Be Required	L		
<u> </u>	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
1a	During the year did the foundation (either directly or indirectly)			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)			
	a disqualified person?			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? X Yes No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? Yes X 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)? Yes X 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.)			
0	If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations			Х
	section 53 4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?	1b		
_	Organizations relying on a current notice regarding disaster assistance check here			
G	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected			Х
^	before the first day of the tax year beginning in 2011?	10		· A
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)) At the end of buyers 2011, did the foundation have any undertained records (irred Cd and Co. Red XIII) for the under (C) have records (irred Cd and Co. Red XIII) for the under (C) have records (irred Cd and Co. Red XIII) for the under (C) have records (irred Cd and Co. Red XIII) for the under (C) have records (irred Cd and Co. Red XIII) for the under (C) have records (irred Cd and Co. Red XIII) for the under (C) have records (irred Cd and Co. Red XIII) for the under (C) have records (irred Cd and Co. Red XIII) for the under (C) have records (irred Cd and Co. Red XIII) for the under (C) have records (irred Cd and Co. Red XIII) for the under (C) have records (irred Cd and Co. Red XIII) for the under (C) have records (irred Cd and Co. Red XIII) for the under (C) have records (irred Cd and Co. Red XIII) for the under (C) have records (irred Cd and Co. Red XIII) for the under (C) have records (irred Cd and Co. Red XIII) for the under (C) have records (irred Cd and C).			
d	At the end of tax year 2011, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2011? Yes X No			
	If "Yes," list the years \(\bigs\)			
0	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)	2b		
C	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here			
_	<u> </u>			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time			
	during the year? Yes X No			
þ	If "Yes," did it have excess business holdings in 2011 as a result of (1) any purchase by the foundation or disqualified persons after			
	May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose			
	of holdings acquired by gift or bequest, or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C,			
	Form 4720, to determine if the foundation had excess business holdings in 2011.)	3b		
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		X
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that			_
	had not been removed from jeopardy before the first day of the tax year beginning in 2011?	4b		<u>X</u>

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Part VII-B Statements Regarding Activities for Which I	Form 4720 May Be I	Required (contin	nued)		
5a 'During the' year did the foundation pay or incur any amount to					
(1) Carry on propaganda, or otherwise attempt to influence legislation (section	n 4945(e))?	L 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)?		-	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?			es X No		
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify und		ın Regulations	4-		
section 53 4945 or in a current notice regarding disaster assistance (see instru	·	•	N/A	5b	,
Organizations relying on a current notice regarding disaster assistance check h			▶□□		
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption fi		- /-			
expenditure responsibility for the grant?	•	I/A L YE	es L No		
If "Yes," attach the statement required by Regulations section 53.4945					
6a Did the foundation, during the year, receive any funds, directly or indirectly, to	pay premiums on				
a personal benefit contract?		Y6	es X No		
b Did the foundation, during the year, pay premiums, directly or indirectly, on a p	ersonal benefit contract?		-	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		Y£	es X No		
b If "Yes," did the foundation receive any proceeds or have any net income attribu			N/A	7b	
Part VIII Information About Officers, Directors, Trustoral Paid Employees, and Contractors	ees, Foundation Ma	inagers, Highly	y		
1 List all officers, directors, trustees, foundation managers and their	compensation				
- 210 til omotos, anotoro, trastoco, foundation managers and tilen	(b) Title, and average	(c) Compensation	(d) Contributions to	(a)	Expense
(a) Name and address	hours per week devoted	(If not paid,	(d) Contributions to employee benefit plans and deferred	acco	ount, other
	to position	enter -0-)	compensation	alle	owances
See Statement 10		0.	0.		0.
		-			
				1	
2 Compensation of five highest-paid employees (other than those inc	luded on line 1). If none,	enter "NONE."			
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average	(-) (0	(d) Contributions to employee benefit plans	(e)	Expense
(a) Ivaline and address of each employee paid more than \$50,000	hours per week devoted to position	(c) Compensation	and deferred compensation	acco	ount, other owances
NONE					
				Ī	
					-
Total number of other employees paid over \$50,000	-		>		0

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Part VIII Information About Officers, Directors, Trustees, Foun Paid Employees, and Contractors (continued)	dation Managers, Highly	
3 Five highest-paid independent contractors for professional services. If none, ex	nter "NONE."	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE	(5) 1) 50 51 51	(0)
110112		
		
		
Table number of others vessures and \$50,000 for another series		▶ 0
Total number of others receiving over \$50,000 for professional services Part IX-A Summary of Direct Charitable Activities		
		
List the foundation's four largest direct charitable activities during the tax year. Include relevant st number of organizations and other beneficiaries served, conferences convened, research papers.		Expenses
3-7-	produced, etc	
1 <u>N/A</u>		
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	on lines 1 and 2	Amount
1 N/A	01111100 1 4110 2	
1 21/22		
2		
All other program-related investments. See instructions		
3		
V		
Total Add lines 1 through 3		0

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P	art X Minimum Investment Return (All domestic foundations must complete this part. Foreign for	oundations,	see instructions.)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes		
а	Average monthly fair market value of securities	1a	3,912,888.
	Average of monthly cash balances	1b	3,912,888.
	Fair market value of all other assets	1c	•
d		10	4,120,402.
е	Reduction claimed for blockage or other factors reported on lines 1a and		
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	4,120,402.
4	Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	61,806.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	4,058,596.
6	Minimum investment return. Enter 5% of line 5	6	202,930.
P	Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations foreign organizations check here and do not complete this part.)	and certain	
1	Minimum investment return from Part X, line 6	1	202,930.
2a	Tax on investment income for 2011 from Part VI, line 5 2,724	•	
b	Income tax for 2011 (This does not include the tax from Part VI)		
C	Add lines 2a and 2b	2c	2,724.
3	Distributable amount before adjustments Subtract line 2c from line 1	3	2,724. 200,206.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	200,206.
6	Deduction from distributable amount (see instructions)	6	0.
<u>7_</u>	Distributable amount as adjusted Subtract line 6 from line 5. Enter here and on Part XIII, line 1.	7	200,206.
_	art XII Qualifying Distributions (see instructions)		·
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		212 450
_	Expenses, contributions, gifts, etc - total from Part I, column (d), line 26	1a	212,450.
b	Program-related investments - total from Part IX-B	1b	<u>U•</u>
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the		
		3a	
	Cash distribution test (attach the required schedule)	3b	212 450
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	212,450.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment	_	2 721
	Income Enter 1% of Part I, line 27b	5	2,724. 209,726.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6 <u> </u>	·
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation 4940(e) reduction of tax in those years	on quanties for	the section

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Part XIII Undistributed Income (see Instructions)

	(a) Corpus	(b) Years prior to 2010	(c) 2010	(d) 2011
Distributable amount for 2011 from Part XI,	Обіраз	rears prior to 2010	2010	2011
line 7				200,206.
2 Undistributed income, if any, as of the end of 2011				200/200.
a Enter amount for 2010 only			174,690.	
b Total for prior years				
		0.		
3 Excess distributions carryover, if any, to 2011				
a From 2006				
b From 2007				
c From 2008				
d From 2009				
e From 2010				
f Total of lines 3a through e	0.			
4 Qualifying distributions for 2011 from				
Part XII, line 4 ► \$ 212, 450.				
a Applied to 2010, but not more than line 2a			174,690.	
b Applied to undistributed income of prior				
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus				
(Election required - see instructions)	0.			
d Applied to 2011 distributable amount				37,760.
e Remaining amount distributed out of corpus	0.			
Excess distributions carryover applied to 2011 (If an amount appears in column (d), the same amount must be shown in column (a))	0.	· · · · · · · · · · · · · · · · · · ·	······································	0.
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'		5 0	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
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				11,111
amount - see instructions		0.		
e Undistributed income for 2010 Subtract line		,,,		
4a from line 2a Taxable amount - see instr			0.	
f Undistributed income for 2011 Subtract				
lines 4d and 5 from line 1. This amount must				
be distributed in 2012				162,446.
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 2006	_			
not applied on line 5 or line 7	0.		······································	***************************************
9 Excess distributions carryover to 2012.		,		
Subtract lines 7 and 8 from line 6a	0.	······································		
10 Analysis of line 9	`			
a Excess from 2007				
b Excess from 2008				
Excess from 2009	1			
d Excess from 2010				
e Excess from 2011	1	<u>.</u>		

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

c Any submission deadlines

'Supplementary Information (continued) Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Recipient show any relationship to Foundation Purpose of grant or Amount any foundation manager or substantial contributor status of contribution Name and address (home or business) recipient a Paid during the year SHADY GROVE ADVENTIST HOSPITAL NONE PUBLIC CHARITY MEDICAL SUPPORT FOUNDATION 20,000. MONTGOMERY CNTY COALITION HOMELESS NONE PUBLIC CHARITY SHELTER SUPPORT 10,000. MONTGOMERY HOUSING PARTNERSHIP NONE PUBLIC CHARITY SHELTER SUPPORT 2,500. MONTGOMERY CNTY COALITION HOMELESS NONE PUBLIC CHARITY SHELTER SUPPORT 1,000. MONTGOMERY COUNTY COMMUNITY FUND NONE PUBLIC CHARITY OTHER GENERAL SUPPORT 1,000. See continuation sheet(s) **▶** 3a Total 212,450. b Approved for future payment None Total ٥.

Part XV Supplementary Information 3 Grants and Contributions Paid During the				
Recipient	If recipient is an individual.			
Name and address (home or business)	show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
	or substantial contributor	- Toopien		
CASA OF MONTGOMERY COUNTY	NONE	PUBLIC CHARITY	OTHER GENERAL SUPPORT	1,000
MONTGOMERY HOSPICE FOUNDATION	NONE	PUBLIC CHARITY	MEDICAL SUPPORT	
				1,000
MOTHER'S DEAR'S COMMUNITY CENTER	NONE	PUBLIC CHARITY	OTHER GENERAL SUPPORT	3,000
MONTGOMERY HOSPICE FOUNDATION	NONE	PUBLIC CHARITY	MEDICAL SUPPORT	10,000
LEADERSHIP MONTGOMERY	NONE	PUBLIC CHARITY	OTHER GENERAL SUPPORT	5,000
THE FIRST TEE MONTGOMERY COUNTY	NONE	PUBLIC CHARITY	OTHER GENERAL SUPPORT	
				1,500
REBUILDING TOGETHER MC INC	NONE	PUBLIC CHARITY	SHELTER SUPPORT	1,000
IN HONOR OF HER	NONE	PUBLIC CHARITY	EDUCATIONAL SUPPORT	7,500
THE ALBRIGHT FOUNDATION-TRRC	NONE	PUBLIC CHARITY	MEDICAL SUPPORT	2,250
				2,230
WESTERN CHARLES COUNTY COMMUNITY	NONE	PUBLIC CHARITY	OTHER GENERAL SUPPORT	5,000
Total from continuation sheets		· · · · · · · · · · · · · · · · · · ·		177,950

Part XV Supplementary Information 3 Grants and Contributions Paid During the Ye	ar (Continuation)			
Recipient	If recipient is an individual,	1		
Name and address (home or business)	show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
COMMUNITY FND FOR NATIONAL CAP REGION	none	PUBLIC CHARITY	SHELTER SUPPORT	1,500
MOBILE MEDICINE CARE, INC	NONE	PUBLIC CHARITY	MEDICAL SUPPORT	200.
SOVEREIGN GRACE MINISTRIES, INC.	none	PUBLIC CHARITY	RELIGIOUS SUPPORT	75,000.
CENTRAL UNITED METHODIST CHURCH	none	PUBLIC CHARITY	RELIGIOUS SUPPORT	1,000.
THE CLUB FOUNDATION, INC.	none	PUBLIC CHARITY	OTHER GENERAL SUPPORT	1,000.
MONTGOMERY CNTY COALITION HOMELESS	none		GOODS & SERVICE RELATED	450.
MONTGOMERY CNTY COALITION HOMELESS	none	PUBLIC CHARITY	SHELTER SUPPORT	7,050.
ST FRANCIS OF ASSISI	none	PUBLIC CHARITY	DISASTER RELIEF	7,500.
MONTGOMERY HOSPICE FOUNDATION	NONE	PUBLIC CHARITY	MEDICAL SUPPORT	10,000.
OLNEY BOYS AND GIRLS CLUB Total from continuation sheets	none	PUBLIC CHARITY	OTHER GENERAL SUPPORT	10,000.

Part XV Supplementary Information				
3 Grants and Contributions Paid During the Yo		T		
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
Name and address (name of business)	or substantial contributor	recipient		
HOME BUILDERS CARE FOUNDATION	NONE	PUBLIC CHARITY	SHELTER SUPPORT	7,500.
MONTGOMERY COUNTY HUMANE SOCIETY	NONE	PUBLIC CHARITY	OTHER GENERAL SUPPORT	1,500.
MONTGOMERY GENERAL HOSPITAL	NONE	PUBLIC CHARITY	MEDICAL SUPPORT	1,000.
MARYLAND PATRIOT GUARD	NONE	PUBLIC CHARITY	OTHER GENERAL SUPPORT	1,000,
FRISKY WILDLIFE SANTUARY	NONE	PUBLIC CHARITY	OTHER GENERAL SUPPORT	500.
LISBON VOLUNTEER FIRE DEPT	NONE	PUBLIC CHARITY	OTHER GENERAL SUPPORT	1,000
HOWARD HOSPITAL FOUNDATION	NONE	PUBLIC CHARITY	MEDICAL SUPPORT	1,000
STEPPING STONE SHELTER	NONE	PUBLIC CHARITY	SHELTER SUPPORT	2,500
CASA OF MONTGOMERY COUNTY	NONE	PUBLIC CHARITY	OTHER GENERAL SUPPORT	1,000
SHADY GROVE ADVENTIST HOSPITAL FOUNDATION	NONE	PUBLIC CHARITY	MEDICAL SUPPORT	10,000

Part XV Supplementary Information 3 Grants and Contributions Paid During the Y	ear (Continuation)			
Recipient		T	T	
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		
US FUND FOR UNICEF	NONE	PUBLIC CHARITY	MEDICAL SUPPORT	
-				
		<u> </u>		
		-		
Total from continuation sheets	1		L	

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

Enter gross amounts unless otherwise indicated	Unrelat	Unrelated business income		ed 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	
•	Code		1			
a			 			
			 			
<u> </u>						
d						
e						
T						
g Fees and contracts from government agencies						
2 Membership dues and assessments			├			
3 Interest on savings and temporary cash			14	40 002		
Investments			18	40,093. 153,949.		
4 Dividends and interest from securities			10	153,949.		
5 Net rental income or (loss) from real estate			<u> </u>		······································	
a Debt-financed property						
b Not debt-financed property		<u> </u>				
6 Net rental income or (loss) from personal						
property						
7 Other investment income			18	263.		
8 Gain or (loss) from sales of assets other						
than inventory			18	126,272.		
9 Net income or (loss) from special events						
10 Gross profit or (loss) from sales of inventory						
11 Other revenue						
a					<u> </u>	
b						
C						
d						
e						
12 Subtotal Add columns (b), (d), and (e)		0.		320,577.	0.	
13 Total. Add line 12, columns (b), (d), and (e)				. 13	320,577.	
(See worksheet in line 13 instructions to verify calculati	ons)					
Part XVI-B Relationship of Activi	tios to the Acc	omplichment of Ex	compt	Durnoses		
Relationship of Activi	ues to the ACC	omplishment of Ex	tempt	. Purposes		
Line No. Explain below how each activity for whi	ch income is reported	in column (e) of Part XVI-A	contribi	uted importantly to the accomp	olishment of	
▼ the foundation's exempt purposes (oth	er than by providing fu	inds for such purposes)				
		•				
	•		****			
				-		
					· · · · · · · · · · · · · · · · · · ·	
	<u> </u>					
			•			
				 		
				<u> </u>	 	
	····					
				_		
			_			
	 			<u> </u>		

Part X	VII Information Re Exempt Organ	egarding Tra	nsfers To a	and Tra	ansactions	and R	elations	hips With No	oncharita	ble	
1 Did ti	he organization directly or indi		ıv of the followin	ng with an	v other organiza	tion descr	ibed in secti	on 501(c) of	1	Yes	No
	ode (other than section 501(c							011 30 1(0) 01		1.00	110
	sfers from the reporting found					220(10110					
(1)	• •	2000 00 0 11011011011	table exempt or	gamzation					1a	41	X
٠.	Other assets	•		•	•				1a		X
٠,	r transactions									5)	1
	Sales of assets to a noncharita	hla avamnt organi:	zation						16	,,	X
	Purchases of assets from a no								. 1 <u>b</u>		X
	Rental of facilities, equipment,		t organization	•	•	• •	•		1 <u>b</u>		X
	Reimbursement arrangements				-	•			1b		X
	Loans or loan guarantees	•••				•	-		. 1 <u>b</u>		X
	Performance of services or me	harabia ar fiindi			•	•		•	. 1 <u>b</u>		X
									1b		X
	ng of facilities, equipment, ma	-	•		 (h) abauld .		 		. 1		A
	answer to any of the above is										
	rvices given by the reporting for nn (d) the value of the goods,			eu 1655 (11	an ian market va	nu e in any	transaction	or Strating arrang	ement, snow	п	
a) Line no	(b) Amount involved		of noncharitable	avemnt (rganization	1 1	1) 0				
u) Line no	(b) Amount myored	(c) (value	N/A	- exempt (nyamzation		I) Description	of transfers, transact	ions, and snann	arrangem	ents
	-		N/A					-			
						_			· · · · · · · · · · · · · · · · · · ·		
		<u> </u>				_					
-											
										•	
		<u> </u>									
_					····-		-				_
											
											
											
	·							 			
		<u> </u>									
	foundation directly or indirect	•			ax-exempt orga	nizations (described			[T	7 1
	ction 501(c) of the Code (other	•	(c)(3)) or in sect	tion 527?				-	. L Y	es 🔀	No
b IT Ye	s," complete the following sche			(h) Torre				'-\ D			
	(a) Name of org	amzauom		(0) Type	of organization	···		c) Description of	relationship		
	IN/ A										
									•		
	·			-					-		
								•			
L	Inder penalties of perjury, I declare	that I have examined t	this return, includin	ng accompa	nying schedules ar	nd statemen	ts, and to the I	best of my knowledge	9		
	ind belief, it is true, correct, and con								return wit	RS discuss the prepa	rer
Here	Kichard 5	13	Trustee	2 (6.12.201	Z •	Trust	eo		es	str)? No
	Signature of officer or trustee	· 471		– I Da		Titl			[es	140
	Print/Type preparer's na	me	Preparer's su			Date	<u>.</u> T	Check If	PTIN		
	0 /	_				1./	' /	self- employed			
Paid	Moralus S	Cover	U	1	ll	6/7	//>	- 4,	P0063	5040)
Prepar	er Firm's name ► DOU		EY & AS	SOCI	ATES. P	$\frac{r}{c}$	/ / -	Firm's EIN ► 5			
Use Or								inin S Liv -			
	Firm's address ▶ 66	01 LITTL	E RIVER	TUR	NPIKE,	SUITE	E 440				

ALEXANDRIA, VA 22312

703-354-2900

Phone no

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

Department of the Treasury Internal Revenue Service

Form 990 or 990-EZ

Filers of:

Name of the organization

Organization type (check one):

Schedule of Contributors

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

4947(a)(1) nonexempt charitable trust not treated as a private foundation

OMB No 1545-0047

2011

PETTIT FAMILY CHARITABLE FOUNDATION

) (enter number) organization

Section:

501(c)(

Employer identification number

52-1646923

527 political organization 501(c)(3) exempt private foundation Form 990-PF 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule 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 II, 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). LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2011) Name of organization

Employer identification number

PETTIT FAMILY CHARITABLE FOUNDATION

52-1646923

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

		·	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	PETTIT FAMILY CHARITABLE TRUST C 18205-D FLOWER HILL WAY GAITHERSBURG, MD 20879		Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II if there is a noncash contribution.)

Name of organization

Employer identification number

PETTIT FAMILY CHARITABLE FOUNDATION

52-1646923

Pařt II	Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.						
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received				
		 \$					
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received				
		\$					
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received				
		 \$					
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received				
		 \$					
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received				

Name of organization Employer identification number Part III

Part III

FAMILY CHARITABLE FOUNDATION

Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year (Enter this information once)

\$\\$ \\$ Use duplicate copies of Part III if additional space is needed. (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

Form 990-PF Interest on Savin	gs and Tem	porary Cash	Investments	Statement	1
Source				Amount	
M&T BANK MORGAN STANLEY SUNTRUST				39,78	21. 87. 85.
Total to Form 990-PF, Part I,	line 3, Co	olumn A		40,09)3. —
Form 990-PF Dividends	and Inter	est from Sec	urities	Statement	2
Source	Gross		pital Gains Dividends	Column (A) Amount)
MORGAN STANLEY SMITH BARNEY		153,927. 7,921.	7,899. 0.	146,02 7,92	
Total to Fm 990-PF, Part I, ln	4	161,848.	7,899.	153,94	19.
Form 990-PF	Other I	ncome		Statement	3
Description		(a) Revenue Per Books	(b) Net Invest- ment Income	_	
Other		263.	263	•	
Total to Form 990-PF, Part I,	line 11 _	263.	263	•	
Form 990-PF	Accounti	ng Fees		Statement	4
	(a) Expenses Per Books	(b) Net Invest- ment Income	_		
ACCOUNTING	950.	0	•		0.
To Form 990-PF, Pg 1, ln 16b	950.				0.

Form 990-PF	Tax	es	Statement 5			
. Description	(a) Expenses Per Books	(b) Net Invest- ment Income	(c) Adjusted Net Incom			
INCOME TAXES FOREIGN TAX PAID	2,724. 1,633.			0.		
To Form 990-PF, Pg 1, ln 18	4,357.	1,633.		0.		
Form 990-PF	Other E	xpenses		Statement 6		
Description	(a) Expenses Per Books	(b) Net Invest- ment Income	(C) Adjusted Net Incom			
INVESTMENT FEES ADVERTISING & PROMOTION	46,021.	46,021.		0.		
To Form 990-PF, Pg 1, ln 23	46,056.	46,021.		0.		
Form 990-PF	Corporat	e Stock		Statement 7		
Form 990-PF Description	Corporat		ook Value	Statement 7 Fair Market Value		
			ook Value 1,629,758. 519,316.	Fair Market		
Description MORGAN STANLEY STOCKS)		1,629,758.	Fair Market Value		
Description MORGAN STANLEY STOCKS MORGAN STANLEY FIXED INC FUNI)	Bc	1,629,758. 519,316.	Fair Market Value 1,464,614. 540,855.		
Description MORGAN STANLEY STOCKS MORGAN STANLEY FIXED INC FUNI Total to Form 990-PF, Part II	Other Inv	estments	1,629,758. 519,316.	Fair Market Value 1,464,614. 540,855. 2,005,469.		
Description MORGAN STANLEY STOCKS MORGAN STANLEY FIXED INC FUNI Total to Form 990-PF, Part II	Other Inv	estments	1,629,758. 519,316. 2,149,074.	Fair Market Value 1,464,614. 540,855. 2,005,469. Statement 8 Fair Market		

Form 990-PF	Other Assets		State	ement 9		
Description	Beginning of Yr Book Value			Market alue		
Prepaid income taxes	0.		76.	0.		
To Form 990-PF, Part II, line 15	0.	0. 76.		0.		
	st of Officers, I d Foundation Mana		State	ement 10		
Name and Address	Title and Avrg Hrs/Wk	Compen- sation	Employee Ben Plan Contrib	Expense Account		
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 (6, Part VIII	0.	0.	0.		

Form 990-PF

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

Statement

11

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.

Form **8868**

(Rev 'January 2012)

Department 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. 1-2012)

If you a	re filing for an Automatic 3-Month Extension, complet	e only Pa	rt I and check this box			ightharpoons	
•	re filing for an Additional (Not Automatic) 3-Month Ext	_		his form).			
Do not co	omplete Part II unless you have already been granted a	an automa	tic 3-month extension on a previous	ly filed Fo	rm 8868.		
ectronic	c filing (e-file). You can electronically file Form 8868 if y	ou need a	3-month automatic extension of tim	e to file (6	months for a	corporation	
equired to	o file Form 990-T), or an additional (not automatic) 3-mor	nth extens	ion of time. You can electronically fil	e Form 88	368 to request	an extension	
	file any of the forms listed in Part I or Part II with the exc						
	Senefit Contracts, which must be sent to the IRS in pap						
	irs.gov/efile and click on e-file for Chanties & Nonprofits		,		_		
Part I	Automatic 3-Month Extension of Time		ubmit original (no copies nee	eded).			
corpora	tion required to file Form 990-T and requesting an auton						
art I only			_			▶ □	
	orporations (including 1120-C filers), partnerships, REM	ICs. and ti	usts must use Form 7004 to reques	t an exten	sion of time		
	me tax returns.	·	ř				
ype or	Name of exempt organization or other filer, see instruc	ctions.	·	Employer	dentification	number (EIN) or	
rint						, .	
	PETTIT FAMILY CHARITABLE FO	OUNDA	TION	X	52-164	6923	
ile by the ue date for	Number, street, and room or suite no. If a P.O. box, so			Social se	curity number		
ling your	18205-D FLOWER HILL WAY				The second results of the second seco		
eturn See	City, town or post office, state, and ZIP code. For a fo	reign add	ress, see instructions.			4,	
	GAITHERSBURG, MD 20879	noigh acc					
nter the	Return code for the return that this application is for (file	a senara	te application for each return)			0 4	
inter the	recent code for the retain that this application is for the	a separa	to application for each retain,			التابيا	
Application	an .	Return	Application			Return	
s For	,	Code	Is For			Code	
orm 990		01	Form 990-T (corporation)			07	
orm 990-	DI	02	Form 1041-A			08	
orm 990		01	Form 4720			09	
orm 990		04	Form 5227			10	
	T (sec. 401(a) or 408(a) trust)	05	Form 6069			11	
	T (trust other than above)	06	Form 8870			12	
om aao.	RICHARD B. PETT		FOITH 6670			112	
. The bea	oks are in the care of ► 18205-D FLOWER		WAY - CATTHERSHIP	с мр	20879		
		111111		G, MD	20075	·-	
-	one No. ► 301-975-1020		FAX No. ▶	<u> </u>		. .	
,	rganization does not have an office or place of business						
_	s for a Group Return, enter the organization's four digit						
	. If it is for part of the group, check this box				ers the extens	sion is for.	
	quest an automatic 3-month (6 months for a corporation						
		t organiza	tion return for the organization name	ed above.	The extension)	
	r the organization's return for:						
_	\overline{X} calendar year 2011 or						
►L	tax year beginning	, an	d ending		·		
2 If th	e tax year entered in line 1 is for less than 12 months, c	heck reas	on: L Initial return L I	Final retur	n		
	Change in accounting period						
_							
3a If th	is application is for Form 990-BL, 990-PF, 990-T, 4720, o	or 6069, e	nter the tentative tax, less any	Ì		_	
non	refundable credits. See instructions.			3a	\$	2,724.	
b If this application is for Form 990-PF, 990-T, 4720, or 6069, er		enter any	refundable credits and				
	mated tax payments made. Include any prior year overp			3b	\$	2,800.	
	ance due. Subtract line 3b from line 3a. Include your pa						
					I	^	
hvi	<u>ısıng EFTPS (Electronic Federal Tax Payment System). S</u>	See Inetrii	ctions	3c	\$	0.	

For Privacy Act and Paperwork Reduction Act Notice, see Instructions.