

# See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



Form 990-PF Department of the Treasury Internal Revenue Service

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

OMB No 1545-0052

For (	calen	idar year 2012 or tax year beginning		, and ending		
Nar	ne of	foundation			A Employer identification	number
P	ET'	TIT FAMILY CHARITABLE F	OUNDATION		52-1646923	<b>!</b>
Nun	nber a	and street (or P O box number if mail is not delivered to street	address)	Room/suite	B Telephone number	
1	82	05-D FLOWER HILL WAY			301-975-10	20
City	or to	own, state, and ZIP code			C If exemption application is p	ending, check here
		THERSBURG, MD 20879				
G	heck	all that apply. Initial return	Initial return of a fo	rmer public charity	D 1. Foreign organizations	s, check here .
		Final return	Amended return			
		Address change	Name change		Foreign organizations me check here and attach co	eeting the 85% test, proputation
H C	heck	type of organization X Section 501(c)(3) ex	empt private foundation		E If private foundation sta	tus was terminated
	] Se		Other taxable private founda	ition	under section 507(b)(1)	
I Fa	_	arket value of all assets at end of year   J   Accounting	ng method <sup>.</sup> X Cash	Accrual	F If the foundation is in a	60-month termination
			her (specify)		under section 507(b)(1	
Þ	- \$	5,083,642. (Part I, colu	mn (d) must be on cash t	oasis.)		
Pε	art I	Analysis of Revenue and Expenses	(a) Revenue and	(b) Net investment	(c) Adjusted net	(d) Disbursements
		(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a))	expenses per books	income	income	for chantable purposes (cash basis only)
	1	Contributions, gifts, grants, etc., received	123,716.	1,111,111	N/A	
	2	Check  if the foundation is not required to attach Sch. B				
	3	Interest on savings and temporary cash investments	33,263.	33,263.		Statement 1
	4	Dividends and interest from securities	180,210.	180,210.		Statement 2
	5a	Gross rents				
	b	Net rental income or (loss)				
	6a	Net gain or (loss) from sale of assets not on line 10	35,629.			, , , , , , , , , , , , , , , , , , ,
Ž	b	Gross sales price for all assets on line 6a 974,999.			months of the second	,
Revenue	7	Capital gain net income (from Part IV, line 2)		35,629.		<u> </u>
<u> </u>	8	Net short-term capital gain				`
Revenue	9	Income modifications		<del></del>	111111111111111111111111111111111111111	*
	10a	Gross sales less returns and allowances			\$\psi_1\tag{\psi_1\tan\psi_1\tag{\psi_1\tag{\psi_1\tag{\psi_1\tag{\psi_1\tag{\psi_1	`
	b	Less Cost of goods sold		!!!!!!!! !. :'!!!!!!! <b>!! · · · !!!!!!!!!!!!!!!!!!!!!!</b>		
	C	Gross profit or (loss)			6 16 10 11	
<b>.</b>	11	Other income	272 010	240 102	1	
	12	Total. Add lines 1 through 11	372,818.	249,102.		
3 2 3	13	Compensation of officers, directors, trustees, etc	0.	0.		0.
3	14	Other employee salaries and wages				
Se	15	Pension plans, employee benefits .				
	16a	Legal fees	1 150			
Administrative Expens	b	Accounting fees Stmt 3	1,150.	0.		0.
Ω	_C	Other professional fees				<u> </u>
≛	17	Interest	6,258.	2,139.	,	0.
sta	18		0,230.	2,139.		0.
ij	19	Depreciation and depletion			-	
퉏	20	Occupancy				-
Ā	21	Travel, conferences, and meetings				
and	22	Printing and publications	41,139.	41,013.		0.
ting	23		41,133.	41,012.		
Operating	24	Total operating and administrative	48,547.	43,152.		0.
ŏ	OF.	expenses. Add lines 13 through 23	197,550.	-3/132		197,550.
		Contributions, grits, grants paid  Total expenses and disbursements.	15175500			1577550.
	26	•	246,097.	43,152.		197,550.
	27	Add lines 24 and 25	240/00/1	10,102		13.,330.
	1		126,721.			
	1	Net investment income (if negative, enter -0-)	120/1210	205,950.		
				200,000	N/A	
	<u> </u>	Adjusted net income (if negative, enter -0-)	<u> </u>	<u> </u>	1 41/ 21	<u> </u>

PETTIT FAMILY CHARITABLE FOUNDATION

	·····	Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only	Beginning of year	End of y	year
1	irt.	Balance Sheets column should be for end-of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value
$\neg$	1	Cash - non-interest-bearing	202,721.	174,882.	174,882.
	2			,	
		Accounts receivable ► 9,561.			
-	J	Less: allowance for doubtful accounts	į	9,561.	9,561.
ŀ	4	Pledges receivable			
	4	Less: allowance for doubtful accounts	İ		
	_	On the section by			
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other			
		disqualified persons			
	7	Other notes and loans receivable	<i>'</i>		,
		Less allowance for doubtful accounts			
3	8	Inventories for sale or use			
433613	9	Prepaid expenses and deferred charges			
۱ ۱	10a	Investments - U.S. and state government obligations			
	b	Investments - corporate stock	2,149,074.	2,169,039.	2,091,149.
	C	Investments - corporate bonds			
	11	Investments - land, buildings, and equipment basis			
		Less: accumulated depreciation			
	12	Investments - mortgage loans			
-	13	Investments - other Stmt 7	2,653,304.	2,779,657.	2,808,050.
1	14	Land, buildings, and equipment basis			······································
		Less' accumulated depreciation		İ	
	16	Other assets (describe Statement 8)	76.	0.	0.
	10	Other assets (describe >	700		
	40	Takal accords (As has a small shad but all fillions)	5,005,175.	5,133,139.	5,083,642.
$\neg$		Total assets (to be completed by all filers)	3,003,173.	3,133,139.	3,003,042
- 1	17				
- 1	18	Grants payable			
3	19	Deferred revenue			
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons			
}	21	Mortgages and other notes payable			
•	22	Other liabilities (describe ► Taxes payable )	0.	1,243.	
	23	Total llabilities (add lines 17 through 22)	0.	1,243.	
		Foundations that follow SFAS 117, check here			
		and complete lines 24 through 26 and lines 30 and 31.			
8	24	Unrestricted	Ì		
ğ	25	Temporarily restricted			
8	26	Permanently restricted			
2		Foundations that do not follow SFAS 117, check here	-		
2		and complete lines 27 through 31.			
Net Assets or Fund Balanc	27	Capital stock, trust principal, or current funds	0.	0.	
ers		· · · · · · · · · · · · · · · · · · ·	0.	0.	
2	28	Paid-in or capital surplus, or land, bldg, and equipment fund	5,005,175.	5,131,896.	
<u> </u>	29	Retained earnings, accumulated income, endowment, or other funds	5,005,175.	5,131,896.	
	30	Total net assets or fund balances	3,003,173.	3,131,090.	
			E 00E 17E	E 122 120	
	31	Total liabilities and net assets/fund balances	5,005,175.	5,133,139.	
P	art	Analysis of Changes in Net Assets or Fund Ba	alances		
-	Tota	I net assets or fund balances at beginning of year - Part II, column (a), line 3	30		
		st agree with end-of-year figure reported on prior year's return)		. 1	5,005,175.
	•	r amount from Part I, line 27a		2	126,721.
		r increases not included in line 2 (itemize)		3	0.
		lines 1, 2, and 3		4	5,131,896.
		eases not included in line 2 (itemize)		5	0.
		I net assets or fund balances at end of year (line 4 minus line 5) - Part II, co	lumn (b) line 30	6	5,131,896.
	ı uld	i net 2000to di lunu balanceo at enu di year (line 4 fillius line 0) - Fait II, Cu	ישוויים אוויים		

, ,

Part IV Capital Gains	and Losses for Tax on In	vestment	Income		<del>,</del>		
(a) List and descr 2-story brick wa	nbe the kind(s) of property sold (e g rehouse; or common stock, 200 shs	, real estate, . MLC Co )	(t	) How acquired P - Purchase D - Donation	(c) Date a		(d) Date sold (mo , day, yr.)
1a Morgan Stanley	ST Covered			P	Vari	ous	Various
b Morgan Stanley	LT NonCovered			P	Vari		Various
c SM AIP Absl				P	Vari	ous	Various
d Capital Gains	Dividends	•					
в							
(e) Gross sales price	(f) Depreciation allowed (or allowable)		t or other basis kpense of sale			ain or (loss (f) minus	
a 28,912.			29,449				-537
b 754,021.			709,921				44,100.
c 191,224.		_	200,000	•			-8,776.
d 842.							842.
8							
Complete only for assets showing	g gain in column (h) and owned by t	the foundation	on 12/31/69		(I) Gains (C	ol (h) gair	nminus
(i) F.M V. as of 12/31/69	(j) Adjusted basis as of 12/31/69		cess of col. (i) col. (j), if any		col. (k), but n Losses	ot less tha (from col	
a							-537.
b							44,100.
C							-8,776
d							842.
e							
2 Capital gain net income or (net ca	pital loss) { If gain, also enter If (loss), enter -0-	ın Part I, line 7 - in Part I, line	7	2			35,629
3 Net short-term capital gain or (los	s) as defined in sections 1222(5) an	ıd (6).	`	,			
If gain, also enter in Part I, line 8,	column (c)			<b>)</b>		37 / 3	
If (loss), enter -0- in Part I, line 8	10.00/ \	<u> </u>	<del>-</del> - N-+ 1	3		N/A	7
Part V Qualification U	nder Section 4940(e) for	Reduced	lax on Net ir	ivestment i	ncome		
If section 4940(d)(2) applies, leave the Was the foundation hable for the sectif "Yes," the foundation does not qual	tion 4942 tax on the distributable am		=	12			Yes X No
1 Enter the appropriate amount in	each column for each year; see the in	structions bef	ore making any entr	1es			
(a) Base penod years Calendar year (or tax year beginni	(b) Adjusted qualifying dis	tributions	Net value of nonc	(c) haritable-use ass	ets	Distri (col (b) dı	(d) bution ratio vided by col (c))
2011		9,726.	· ·	4,058,59	96.	·	.051675
2010		1,956.		4,564,12	23.		.048631
2009	26	6,851.		4,126,35	50.	••	.064670
2008		0,945.		4,933,09	92.		.050870
2007	20	0,525.		5,347,29	90.		.037500
2 Total of line 1, column (d)					2		.253346
3 Average distribution ratio for the the foundation has been in existe		on line 2 by 5,	or by the number of	years	3		.050669
4 Enter the net value of noncharitati	ole-use assets for 2012 from Part X,	line 5			. 4		4,912,816
5 Multiply line 4 by line 3	-				. 5		248,927
6 Enter 1% of net investment incom	ne (1% of Part I, line 27b)				6		2,060
7 Add lines 5 and 6					7		250,987
8 Enter qualifying distributions from					8		197,550
If line 8 is equal to or greater than See the Part VI Instructions	n line 7, check the box in Part VI, line	1b, and comp	lete that part using a	1% tax rate			

	1990-PF (2012) PETTIT FAMILY CHARITABLE FOUNDATION 52-1646	_		Page 4
	rt VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see	ınstru	ictio	ns)
1a	Exempt operating foundations described in section 4940(d)(2), check here   and enter "N/A" on line 1			
	Date of ruling or determination letter: (attach copy of letter if necessary-see instructions)			
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here ▶ ☐ and enter 1% 1		$\frac{4}{1}$	<u> 19.</u>
	of Part I, line 27b			
C	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-)			<u>0.</u>
	Add lines 1 and 2		4,1	<u> 19.</u>
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)			<u>0.</u>
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0		4,1	<u> 19.</u>
6	Credits/Payments:			
а	2012 estimated tax payments and 2011 overpayment credited to 2012			
	Exempt foreign organizations - tax withheld at source			
	Tax paid with application for extension of time to file (Form 8868)			
	Backup withholding erroneously withheld			
	Total credits and payments Add lines 6a through 6d		2,8	76.
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached			
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed		1,2	43.
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	-		
_	Enter the amount of line 10 to be Credited to 2013 estimated tax ▶ Refunded ▶ 11			
	rt VII-A Statements Regarding Activities			
	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in	T	Yes	No
1 4	any political campaign?	1a		Х
<b>h</b>	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for definition)?	1b		X
b	If the answer is "Yes" to 1aor 1b, attach a detailed description of the activities and copies of any materials published or			
	distributed by the foundation in connection with the activities.			
_	Did the foundation file Form 1120-POL for this year?	10		х
	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year	···		
u	(1) On the foundation. > \$ 0. (2) On foundation managers > \$ 0.			
_	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation			
е	managers > \$ 0.			
•	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2		х
2		-		<del></del>
_	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	3	•	х
	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	4a		X
	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4b		
	11 100, 1100 1 11	5	-	X
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	-		<u> </u>
_	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		ŧ.	
	By language in the governing instrument, or		•	
	By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law	١.	v	
	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		ļ
	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 instructions)			
	MD			
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)		١,,	
	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 section 4942(j)(3) or 4942(j)(5) for calendar		•	
	year 2012 or the taxable year beginning in 2012 (see instructions for Part XIV)? If "Yes," complete Part XIV	9		X
10	Did any persons become substantial contributors during the tax year? if 'Yes,' attach a schedule listing their names and addresses	10		X

Organizations relying on a current notice regarding disaster assistance check here

before the first day of the tax year beginning in 2012?

... . . .

defined in section 4942(j)(3) or 4942(j)(5))

before 2012?

during the year?

If "Yes," list the years ▶

statement - see instructions.)

c Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected

2 Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation

a At the end of tax year 2012, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning

b 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

b if "Yes," did it have excess business holdings in 2012 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C,

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 2012.) . . . . . . . . . .

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

. .

c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here

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

had not been removed from jeopardy before the first day of the tax year beginning in 2012?

Form **990-PF** (2012)

3b

4a

X

X

1 c

2b

N/A

N/A

Form 990-PF (2012) PETTTT FAMILY CHARITABLE			52-16469	23 Page 6
Part VII-B Statements Regarding Activities for Which I	orm 4720 May Be I	Required (continu	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))?		s X No	
(2) Influence the outcome of any specific public election (see section 4955), o	r to carry on, directly or indire			
any voter registration drive?		🔲 Ye	s X No	
any voter registration drive? .  (3) Provide a grant to an individual for travel, study, or other similar purposes	<b>?</b>	🗀 Ye	s X No	
(4) Provide a grant to an organization other than a charitable, etc., organization				
		Ye	s X No	
(5) Provide for any purpose other than religious, charitable, scientific, literary,				
• • • • • • • • • • • • • • • • • • • •			s X No	
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify und				
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			<b>•</b>	
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption for				
expenditure responsibility for the grant?		1/ A	s L No	
If "Yes," attach the statement required by Regulations section 53.494				
6a Did the foundation, during the year, receive any funds, directly or indirectly, to			(T)	
a personal benefit contract?		L Ye	s X No	
<b>b</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	helter transaction?	L Ye	s X No	
b If "Yes," did the foundation receive any proceeds or have any net income attribu	itable to the transaction?	·	N/A	7b
Part VIII Information About Officers, Directors, Trust	ees, Foundation Ma	magers, Highly	1	
1 List all officers, directors, trustees, foundation managers and their	compensation.	1		
4.1 No man and address	(b) Title, and average hours per week devoted	(c) Compensation (if not paid,	employee benefit plans	(e) Expense account, other
(a) Name and address	to position	enter -0-)	and deferred compensation	allowances
				1
				ı
See Statement 9		0.	0.	0.
			-	 
		<del> </del>		<del></del>
2 Compensation of five highest-paid employees (other than those inc	luded on line 1) If none	enter "NONE "		
2 Compensation of the mynest-paid employees former than those me	(b) Title, and average	CITCL HOIL.	(d) Contributions to	(e) Expense
(a) Name and address of each employee paid more than \$50,000	hours per week	(c) Compensation	employee benefit plans and deferred	(e) Expense account, other
NOVE	devoted to position		compensation	allowances
NONE				
				<u> </u>
Total number of other employees paid over \$50,000			<b>&gt;</b>	0

Form 990-PF (2012) PETTIT FAMILY CHARITABLE FOUNDATION	52-1646923 Page 7
Part VIII Information About Officers, Directors, Trustees, Foundation Managers, His Paid Employees, and Contractors (continued)	ighly
3 Five highest-paid independent contractors for professional services. If none, enter "NONE."	
(a) Name and address of each person paid more than \$50,000 (b) Type of	of service (c) Compensation
NONE	
Total number of others receiving over \$50,000 for professional services	<b>&gt;</b> 0
Part IX-A Summary of Direct Charitable Activities	<del></del>
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	e Expenses
1 N/A	
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	
2	
All other program-related investments. See instructions.  3	
	<del></del>

Total. Add lines 1 through 3

Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see instructions.) Part X Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes a Average monthly fair market value of securities 4,352,954. 1a 634,676. 1b b Average of monthly cash balances Fair market value of all other assets 10 4,987,630. 1d Reduction claimed for blockage or other factors reported on lines 1a and 0. 1c (attach detailed explanation) .. . . 1e Acquisition indebtedness applicable to line 1 assets 3 Subtract line 2 from line 1d 74,814. Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see instructions) 4 4,912,816 Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4 5 245,641 Minimum Investment return. Enter 5% of line 5 Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here 
and do not complete this part ) 245,641. Minimum investment return from Part X, line 6 Tax on investment income for 2012 from Part VI, line 5 Income tax for 2012. (This does not include the tax from Part VI) 4,119. Add lines 2a and 2b 2c Distributable amount before adjustments Subtract line 2c from line 1 3 Recoveries of amounts treated as qualifying distributions 4 Add lines 3 and 4 5 6 Deduction from distributable amount (see instructions) 241,522 Distributable amount as adjusted Subtract line 6 from line 5. Enter here and on Part XIII, line 1 Part XII Qualifying Distributions (see instructions) Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes: 197,550. a Expenses, contributions, gifts, etc. - total from Part I, column (d), line 26 1a Program-related investments - total from Part IX-B 1b Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes 2 2 3 Amounts set aside for specific charitable projects that satisfy the Suitability test (prior IRS approval required) 3a Cash distribution test (attach the required schedule) 3ь  $\overline{19}7,550$ Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4 4 Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income Enter 1% of Part I, line 27b Adjusted qualifying distributions. Subtract line 5 from line 4 Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years.

Form **990-PF** (2012)

Page 9

## Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2011	(c) 2011	(d) 2012
1 Distributable amount for 2012 from Part XI,				041 500
line 7				241,522.
2 Undistributed income, if any, as of the end of 2012			1.50 1.15	
a Enter amount for 2011 only			162,446.	
b Total for prior years.		о.		
3 Excess distributions carryover, if any, to 2012.			,	
a From 2007				
b From 2008				
c From 2009				
d From 2010				
e From 2011				
f Total of lines 3a through e	0.			
4 Qualifying distributions for 2012 from				
Part XII, line 4: ► \$ 197,550.				
a Applied to 2011, but not more than line 2a			162,446.	
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 2012 distributable amount				35,104.
e Remaining amount distributed out of corpus	0.			
5 Excess distributions carryover applied to 2012 (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' 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 2011. Subtract line				
4a from line 2a Taxable amount - see instr.			0.	
f Undistributed income for 2012. Subtract				
lines 4d and 5 from line 1. This amount must				206,418.
be distributed in 2013		·····		200,410.
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by	0.			
section 170(b)(1)(F) or 4942(g)(3)	0.		***************************************	***************************************
8 Excess distributions carryover from 2007	0.			
not applied on line 5 or line 7				······································
9 Excess distributions carryover to 2013. Subtract lines 7 and 8 from line 6a	0.			
10 Analysis of line 9		***************************************	······································	
a Excess from 2008				
b Excess from 2009				
c Excess from 2010				
d Excess from 2011				
e Excess from 2012				
5			·	5 000 DE (0040)

Fart AV Supplementary information	(continued)		<del> </del>	
3 Grants and Contributions Paid During the Yo	ear or Approved for Future	Payment		
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		
a Paid during the year				
GIRL SCOUTS COUNSEL OF THE NATIONS	NONE	PUBLIC CHARITY	OTHER GENERAL SUPPORT	
CAPITAL				1,500.
			COOR : GERVICAEG	
CATHOLIC CHARITIES	NONE	PUBLIC CHARITY	GOODS & SERVICES RELATED	900.
			REDATED	300
CATHOLIC CHARITIES	NONE	PUBLIC CHARITY	RELIGIOUS SUPPORT	
				5,100,
BERNIE'S SCHOLARSHIPS	NONE	PUBLIC CHARITY	EDUCATIONAL SUPPORT	
BERNIE S SCHOLLARSHIPS	NONE		BOTTONIA BOTTONI	1,000.
				<u> </u>
MONTGOMERY HOUSING PARTNERSHIP	NONE	PUBLIC CHARITY	SHELTER SUPPORT	
Soo gor	tinuation shee	<u> </u>	N 00	3,500
	ICTURACTOR SHEE		▶ 3a	197,550
b Approved for future payment				
None				
		<u> </u>		
Total .			<b>▶</b> 3b	0

Part XVI-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated	Unrelate	ed business income		ded by section 512, 513, or 514	(e)
•	(a) Business code	(b) Amount	Exclu- sion code	(d) Amount	Related or exempt function income
1 Program service revenue:	Code		-		<del></del>
<u> </u>			ļ.—-		
b		<u> </u>			·
<u> </u>			├		
d	<del></del>		-		
f					
g Fees and contracts from government agencies			<u> </u>		
2 Membership dues and assessments			L		
3 Interest on savings and temporary cash					
investments			14		
4 Dividends and interest from securities		· · · · · · · · · · · · · · · · · · ·	18	180,210.	·
5 Net rental income or (loss) from real estate	ļ		<b></b>		
a Debt-financed property			<u>.</u>		
<b>b</b> Not debt-financed property		· · · · · · · · · · · · · · · · · · ·	<u> </u>		
6 Net rental income or (loss) from personal	1				
property			<u> </u>		
7 Other investment income			18		
8 Gain or (loss) from sales of assets other					
than inventory		<u>.</u>	18	35,629.	
9 Net income or (loss) from special events					
<b>10</b> Gross profit or (loss) from sales of inventory					
11 Other revenue	1				
a					
b					
c					
d			<u> </u>		
8					
12 Subtotal. Add columns (b), (d), and (e)		0.	<u></u>	249,102.	
13 Total. Add line 12, columns (b), (d), and (e)			••	13	249,102.
(See worksheet in line 13 instructions to verify calculations )					
1000 mornamoet in into 10 motifactions to voiny calculations				t Dumoses	
Part XVI-B Relationship of Activities t	o the Acco	omplishment of Ex	emp	r rui poses	
Part XVI-B Relationship of Activities t  Line No. Explain below how each activity for which incompared to the second section of the section of th	me is reported i	in column (e) of Part XVI-A			plishment of
Part XVI-B Relationship of Activities t	me is reported i	in column (e) of Part XVI-A			plishment of
Part XVI-B Relationship of Activities t  Line No. Explain below how each activity for which incompared to the second section of the section of th	me is reported i	in column (e) of Part XVI-A			plishment of
Part XVI-B Relationship of Activities t  Line No. Explain below how each activity for which incompared to the second section of the section of th	me is reported i	in column (e) of Part XVI-A			plishment of
Part XVI-B Relationship of Activities t  Line No. Explain below how each activity for which incompared to the second section of the section of th	me is reported i	in column (e) of Part XVI-A			plishment of
Part XVI-B Relationship of Activities t  Line No. Explain below how each activity for which incompared to the second section of the section of th	me is reported i	in column (e) of Part XVI-A			plishment of
Part XVI-B Relationship of Activities t  Line No. Explain below how each activity for which incompared to the second section of the section of th	me is reported i	in column (e) of Part XVI-A			plishment of
Part XVI-B Relationship of Activities t  Line No. Explain below how each activity for which incompared to the second section of the section of th	me is reported i	in column (e) of Part XVI-A			plishment of
Part XVI-B Relationship of Activities t  Line No. Explain below how each activity for which incompared to the second section of the section of th	me is reported i	in column (e) of Part XVI-A			plishment of
Part XVI-B Relationship of Activities t  Line No. Explain below how each activity for which incompared to the second section of the section of th	me is reported i	in column (e) of Part XVI-A			plishment of
Part XVI-B Relationship of Activities t  Line No. Explain below how each activity for which incompared to the second section of the section of th	me is reported i	in column (e) of Part XVI-A			plishment of
Part XVI-B Relationship of Activities t  Line No. Explain below how each activity for which incompared to the second section of the section of th	me is reported i	in column (e) of Part XVI-A			plishment of
Part XVI-B Relationship of Activities t  Line No. Explain below how each activity for which incompared to the second section of the section of th	me is reported i	in column (e) of Part XVI-A			plishment of
Part XVI-B Relationship of Activities t  Line No. Explain below how each activity for which incompared to the second section of the section of th	me is reported i	in column (e) of Part XVI-A			plishment of
Part XVI-B Relationship of Activities t  Line No. Explain below how each activity for which incompared to the second section of the section of th	me is reported i	in column (e) of Part XVI-A			plishment of
Part XVI-B Relationship of Activities t  Line No. Explain below how each activity for which incompared to the second section of the section of th	me is reported i	in column (e) of Part XVI-A			plishment of
Part XVI-B Relationship of Activities t  Line No. Explain below how each activity for which incompared to the second section of the section of th	me is reported i	in column (e) of Part XVI-A			plishment of
Part XVI-B Relationship of Activities t  Line No. Explain below how each activity for which incompared to the second section of the section of th	me is reported i	in column (e) of Part XVI-A			plishment of
Part XVI-B Relationship of Activities t  Line No. Explain below how each activity for which incompared to the second section of the section of th	me is reported i	in column (e) of Part XVI-A			plishment of
Part XVI-B Relationship of Activities t  Line No. Explain below how each activity for which incompared to the second section of the section of th	me is reported i	in column (e) of Part XVI-A			plishment of

	rt XVI	Information Re	egarding Tra		and Transactions	and Relationships With Nonch			ige 13
	<b></b>	Exempt Organ						V	<b>A</b> 1 -
						on described in section 501(c) of		Yes	NO
					?7, relating to political organ	nzations?			
		s from the reporting found	ation to a nonchant	abie exempt or	ganization of		10(1)		v
	(1) Cas		•				12(1)		X
	•	er assets					1a(2)		
_		ansactions	ble avamet arganiz	ation			45/41		х
		es of assets to a noncharita				• • • • • • • • • • • • • • • • • • • •	1b(1)	1	X
		chases of assets from a no		organization			1b(2)	1	X
		ital of facilities, equipment,					. 1b(3)	1	X
		mbursement arrangements					1b(4)	1	X
		ns or loan guarantees formance of services or me		 Naina callaitatia			1b(5)	1	X
							1b(6)	+	X
					ployees		. [ 16		
						ways show the fair market value of the goods ue in any transaction or sharing arrangement		sets,	
		(d) the value of the goods,			eu iess tilati lali illatket valt	de in any transaction or snaring arrangement	, Snow in		
	ne no	(b) Amount involved			exempt organization	(4)			<del></del>
(a)u	ne no	(D) Alliount involved	(c) Name (	N/A	exempt organization	(d) Description of transfers, transactions, at	nd snaring a	rrangeme	nts
				N/A					
	<del>}-</del>		<del> </del>	<del></del>					
		<del></del>							
					<del></del>				
		<del></del>							
			<u> </u>						
			-						
			ļ						
			ļ	<del></del>					
			<del> </del>		<del>-</del>				
			<del>                                      </del>						
		<del></del>	<u> </u>						
				· · · · · · · · · · · · · · · · · · ·					-
2a	Is the fo	undation directly or indirec	tly affiliated with, or	r related to, one	or more tax-exempt organi	zations described			_
	in section	n 501(c) of the Code (othe	r than section 501(	c)(3)) or in sect	ion 527?		Yes Yes	X	No
b	If "Yes,"	complete the following sch				T			
		(a) Name of org	ganization		(b) Type of organization	(c) Description of relation	nship		
		N/A							
						<u> </u>			
						statements, and to the best of my knowledge nation of which preparer has any knowledge	May the IRS	discuss	this
Sig	ın   📐	dener, it is made, confect, and de	Jipiete Decidation of	<i>``\</i>			etum with the	ne prepar v (see ins	er tr)?
He		MAZE S	7.45.1	Rustee	5-13-263	Mustec	X Yes	; <u> </u>	No
	Si	gnature of officer or trustee			Date	Title			
		Print/Type preparer's n	ame	Preparer's	ignature	Date Check if PTII	٧		
_		10.1.1		1 1///	11-12	self- employed			
Pa		1004/49 7	Lorey		Just 1		00635		
	epare	1 11111 0 1101110	IGLAS COR	EY & AS	SOCIATES P.	C . Firm's EIN ► 54-	16503	56	
Us	e Only	·							
		Firm's address ▶ 66	01 LITTL	E RIVER	TURNPIKE, S	UITE 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

## **Schedule of Contributors**

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

OMB No 1545-0047

2012

Employer identification number Name of the organization 52-1646923 PETTIT FAMILY CHARITABLE FOUNDATION Organization type (check one): Section: Filers of: 501(c)( Form 990 or 990-EZ ) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization X 501(c)(3) exempt private foundation Form 990-PF 4947(a)(1) nonexempt charitable trust treated as a private foundation Check if your organization is covered by the General Rule or a Special Rule. Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. Special Rules For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and 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.,

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2 of its Form 990; or check the box on line H of its Form 990-EZ or on Part I, line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

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) (2012)

Name of organization

Employer identification number

## PETTIT FAMILY CHARITABLE FOUNDATION

52-1646923

Part I	Contributors (see instructions). Use duplicate copies of Part I if add	ditional 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
		<b> \$</b>	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u> </u>		<b> \$</b>	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
		<b>\$</b>	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)

Employer identification number

## PETTIT FAMILY CHARITABLE FOUNDATION

52-1646923

Part II	Noncash Property (see instructions). Use duplicate copies of Pa	art 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
		<b>\$</b>	
(a)			
No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	<del> </del>
(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
		<b>\$</b>	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		<b>\$</b>	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received

Employer identification number

PETTII	FAMILY CHARITABLE FOU	JNDATION		52-1646923			
Part III	Exclusively religious, charitable, etc., ind year. Complete columns (a) through (e) and the total of exclusively religious, charitable, e Use duplicate copies of Part III if addition	the following line entry. For organization to, contributions of \$1,000 or less to	c)(7), (8), or (10) organization ons completing Part III, enter r the year (Enter this information once	ins that total more than \$1,000 for the			
(a) No.	Ose duplicate copies of Part III II addition	Tal space is needed.					
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, a	Relationship of tra	nsferor to transferee				
				<del></del>			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	(d) Description of how gift is held			
	(e) Transfer of gift						
-	Transferee's name, address, a	and ZIP + 4	Relationship of transferor to transferee				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	cription of how gift is held			
		(e) Transfer of gi	ft				
	Transferee's name, address, a	and ZIP + 4	Relationship of transferor to transferee				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	cription of how gift is held			
	(e) Transfer of gift						
	Transferee's name, address, a		Relationship of transferor to transferee				
		l					

Part XV ·Supplementary Information Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, Recipient show any relationship to any foundation manager or substantial contributor Purpose of grant or contribution Foundation **Amount** status of Name and address (home or business) recipient MC COALITION FOR THE HOMELESS NONE PUBLIC CHARITY SHELTER SUPPORT 1,000. NONE PUBLIC CHARITY MEDICAL SUPPORT MONTGOMERY HOSPICE FOUNDATION 1,000. NONE PUBLIC CHARITY HUNGER RELIEF MOTHER'S DEAREST COMM.CENTER 3,300. MC MENTAL HEALTH ASSOCIATION NONE PUBLIC CHARITY MEDICAL SUPPORT 5,000. ST. FRANCIS OF ASISSI NONE PUBLIC CHARITY RELIGIOUS SUPPORT 5,000. PUBLIC CHARITY MEDICAL SUPPORT MONTGOMERY HOSPICE FOUNDATION NONE 10,000. NONE PUBLIC CHARITY EDUCATIONAL SUPPORT LEADERSHIP MONTGOMERY 5,000. COMMUNITY FOUNDATION MONT CNTY NONE PUBLIC CHARITY OTHER GENERAL SUPPORT 2,500. PUBLIC CHARITY OTHER GENERAL SUPPORT MC EXECUTIVE'S BALL NONE 5,000. NONE PUBLIC CHARITY EDUCATIONAL SUPPORT GOOD COUNSEL HIGH SCHOOL 1,000. 185,550. Total from continuation sheets

IN HONOR OF HER, INC.  NONE  PUBLIC CHARITY OTHER GENERAL SUPPORT  7,50  REBUILDING TOGETHER MC INC  NONE  PUBLIC CHARITY SHELTER SUPPORT  2,50  HOME BUILDERS CARE FOUNDATION  NONE  PUBLIC CHARITY EDUCATIONAL SUPPORT  7,50  OUR LADY OF GOOD COUNSEL HS  NONE  PUBLIC CHARITY EDUCATIONAL SUPPORT  10,00  AMERICAN CANCER SOCIETY  NONE  PUBLIC CHARITY OTHER GENERAL SUPPORT  1,00  AMERICAN DIABETES ASSOCIATION  NONE  PUBLIC CHARITY OTHER GENERAL SUPPORT  1,00  SHADY GROVE ADVENTIST HOSPITAL  NONE  PUBLIC CHARITY OTHER GENERAL SUPPORT  1,00  SHADY GROVE ADVENTIST HOSPITAL	Part XV Supplementary Information			<u> </u>	
Shaw and address (home of business)  Show any relaborship to any business and salates of contribution and salates of contribution and salates of contribution and salates of contribution and salates of contribution and salates of contribution and salates of contribution and salates of contribution and salates as a salate of contribution of salates of contribution and salates as a salate of contribution of salates and contributed and salates as a salate of contribution of salates and contributed and salates as a salate of contribution of salates and contributed and salates as a salate of contribution of contribution and salates as a salate of contribution of salates and contributed and salates as a salate of contribution of co	3 Grants and Contributions Paid During the		<del></del>		
PIRST TEE OF MONTGOMERY COUNTY  NONE  PUBLIC CHARITY OTHER GENERAL SUPPORT  1,51  IN HONOR OF HER, INC.  NONE  PUBLIC CHARITY OTHER GENERAL SUPPORT  7,51  REBUILDING TOGETHER MC INC  NONE  PUBLIC CHARITY SHELTER SUPPORT  2,51  HOME BUILDERS CARE FOUNDATION  NONE  PUBLIC CHARITY SHELTER SUPPORT  5,01  MONTGOMERY COLLEGE FOUNDATION  NONE  PUBLIC CHARITY EDUCATIONAL SUPPORT  7,54  AMERICAN CANCER SOCIETY  NONE  PUBLIC CHARITY DIRECTED SUPPORT  10,01  AMERICAN CANCER SOCIETY  NONE  PUBLIC CHARITY OTHER GENERAL SUPPORT  1,01  AMERICAN DIABETES ASSOCIATION  NONE  PUBLIC CHARITY OTHER GENERAL SUPPORT  1,01  AMERICAN DIABETES ASSOCIATION  NONE  PUBLIC CHARITY OTHER GENERAL SUPPORT  1,01  SHADY GROVE ADVENTIST HOSPITAL  NONE  PUBLIC CHARITY OTHER GENERAL SUPPORT		show any relationship to		Purpose of grant or contribution	Amount
IN HONOR OF HER, INC.  NONE  PUBLIC CHARITY OTHER GENERAL SUPPORT  7,51  REBUILDING TOGETHER MC INC  NONE  PUBLIC CHARITY SHELTER SUPPORT  2,51  HOME BUILDERS CARE FOUNDATION  NONE  PUBLIC CHARITY SHELTER SUPPORT  5,01  MONTGOMERY COLLEGE FOUNDATION  NONE  PUBLIC CHARITY EDUCATIONAL SUPPORT  7,51  AMERICAN CANCER SOCIETY  NONE  PUBLIC CHARITY OTHER GENERAL SUPPORT  10,01  AMERICAN DIABETES ASSOCIATION  NONE  PUBLIC CHARITY OTHER GENERAL SUPPORT  1,01  AMERICAN DIABETES ASSOCIATION  NONE  PUBLIC CHARITY OTHER GENERAL SUPPORT  1,01  SHADY GROVE ADVENTIST HOSPITAL  NONE  PUBLIC CHARITY WEDICAL SUPPORT	Name and address (home or business)	or substantial contributor			
REBUILDING TOGETHER MC INC  NONE  PUBLIC CHARITY SHELTER SUPPORT  2,50  HOME BUILDERS CARE FOUNDATION  NONE  PUBLIC CHARITY SHELTER SUPPORT  5,00  MONTGOMERY COLLEGE FOUNDATION  NONE  PUBLIC CHARITY EDUCATIONAL SUPPORT  7,50  OUR LADY OF GOOD COUNSEL HS  NONE  PUBLIC CHARITY EDUCATIONAL SUPPORT  10,00  AMERICAN CANCER SOCIETY  NONE  PUBLIC CHARITY DTHER GENERAL SUPPORT  1,00  SHADY GROVE ADVENTIST HOSPITAL  NONE  PUBLIC CHARITY MEDICAL SUPPORT	FIRST THE OF MONTGOMERY COUNTY	NONE	PUBLIC CHARITY	OTHER GENERAL SUPPORT	1,500.
HOME BUILDERS CARE FOUNDATION  NONE  PUBLIC CHARITY  SHELTER SUPPORT  5,00  MONTGOMERY COLLEGE FOUNDATION  NONE  PUBLIC CHARITY  EDUCATIONAL SUPPORT  7,50  OUR LADY OF GOOD COUNSEL HS  NONE  PUBLIC CHARITY  DITHER GENERAL SUPPORT  1,00  AMERICAN CANCER SOCIETY  NONE  PUBLIC CHARITY  OTHER GENERAL SUPPORT  1,00  SHADY GROVE ADVENTIST HOSPITAL  NONE  PUBLIC CHARITY  PUBLIC CHARITY  THER GENERAL SUPPORT  1,00	IN HONOR OF HER, INC.	NONE	PUBLIC CHARITY	OTHER GENERAL SUPPORT	7,500.
MONTGOMERY COLLEGE FOUNDATION NOME PUBLIC CHARITY EDUCATIONAL SUPPORT  7,50  OUR LADY OF GOOD COUNSEL HS NOME PUBLIC CHARITY EDUCATIONAL SUPPORT  10,00  AMERICAN CANCER SOCIETY NOME PUBLIC CHARITY OTHER GENERAL SUPPORT  1,00  AMERICAN DIABETES ASSOCIATION NOME PUBLIC CHARITY OTHER GENERAL SUPPORT  1,00  SHADY GROVE ADVENTIST HOSPITAL NOME PUBLIC CHARITY MEDICAL SUPPORT	REBUILDING TOGETHER MC INC	NONE	PUBLIC CHARITY	SHELTER SUPPORT	2,500.
OUR LADY OF GOOD COUNSEL HS  NONE  PUBLIC CHARITY EDUCATIONAL SUPPORT  10,00  AMERICAN CANCER SOCIETY  NONE  PUBLIC CHARITY OTHER GENERAL SUPPORT  1,00  AMERICAN DIABETES ASSOCIATION  NONE  PUBLIC CHARITY OTHER GENERAL SUPPORT  1,00  SHADY GROVE ADVENTIST HOSPITAL  NONE  PUBLIC CHARITY MEDICAL SUPPORT	HOME BUILDERS CARE FOUNDATION	NONE	PUBLIC CHARITY	SHELTER SUPPORT	5,000.
AMERICAN CANCER SOCIETY  NONE  PUBLIC CHARITY OTHER GENERAL SUPPORT  1,00  AMERICAN DIABETES ASSOCIATION  NONE  PUBLIC CHARITY OTHER GENERAL SUPPORT  1,00  SHADY GROVE ADVENTIST HOSPITAL  NONE  PUBLIC CHARITY MEDICAL SUPPORT	MONTGOMERY COLLEGE FOUNDATION	NONE	PUBLIC CHARITY	EDUCATIONAL SUPPORT	7,500.
AMERICAN DIABETES ASSOCIATION  NONE  PUBLIC CHARITY OTHER GENERAL SUPPORT  1,00  SHADY GROVE ADVENTIST HOSPITAL  NONE  PUBLIC CHARITY MEDICAL SUPPORT	OUR LADY OF GOOD COUNSEL HS	NONE	PUBLIC CHARITY	EDUCATIONAL SUPPORT	10,000.
SHADY GROVE ADVENTIST HOSPITAL NONE PUBLIC CHARITY MEDICAL SUPPORT	AMERICAN CANCER SOCIETY	NONE	PUBLIC CHARITY	OTHER GENERAL SUPPORT	1,000,
	AMERICAN DIABETES ASSOCIATION	NONE	PUBLIC CHARITY	OTHER GENERAL SUPPORT	1,000.
		NONE	PUBLIC CHARITY	MEDICAL SUPPORT	20,000.
MONTGOMERY COUNTY COALITION FOR THE NONE PUBLIC CHARITY SHELTER SUPPORT  HOMELESS  Total from continuation sheets	HOMELESS	NONE	PUBLIC CHARITY	SHELTER SUPPORT	1,500.

Part XV Supplementary Information **Grants and Contributions Paid During the Year (Continuation)** If recipient is an individual, Recipient Purpose of grant or contribution Foundation show any relationship to **Amount** status of any foundation manager Name and address (home or business) or substantial contributor recipient PUBLIC CHARITY OTHER GENERAL SUPPORT OLNEY BOYS & GIRLS CLUB NONE 2,250. MONTGOMERY GENERAL HOSPITAL NONE PUBLIC CHARITY MEDICAL SUPPORT 5,250. GILMAN SCHOOL NONE PUBLIC CHARITY EDUCATIONAL SUPPORT 5,250. ST. LUKES HOUSE NONE PUBLIC CHARITY SHELTER SUPPORT 5,250. PUBLIC CHARITY OTHER GENERAL RELIEF NONE MOTHERS AGAINST DRUNK DRIVING 250. NONE PUBLIC CHARITY SHELTER SUPPORT CHRISTIAN AID MISSION 10,000. SPRINGFIELD BAPTIST CHURCH NONE PUBLIC CHARITY RELIGIOUS SUPPORT 5,000. PUBLIC CHARITY DISASTER SUPPORT METRO NEW YORK BAPTIST CHURCH NONE 5,000. PUBLIC CHARITY MEDICAL SUPPORT NONE THE CLUB FOUNDATION, INC. 3,000. NONE PUBLIC CHARITY DISASTER SUPPORT GOSPEL HAITI, INC. 10,000. Total from continuation sheets

Part XV Supplementary Information Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, Recipient Purpose of grant or contribution Foundation status of show any relationship to **Amount** any foundation manager or substantial contributor Name and address (home or business) recipient PUBLIC CHARITY SHELTER SUPPORT STEPPING STONES SHELTER NONE 1,500. PUBLIC CHARITY OTHER GENERAL SUPPORT DOMESTIC VIOLENCE CENTER OF HOWARD NONE 1,500. SOVEREIGN GRACE MINISTRIES NONE PUBLIC CHARITY SHELTER SUPPORT 35,000. Total from continuation sheets

Form 990-PF Interest on Savi	ngs a	nd Tem	porary C	ash In	vestments	Statement	1
Source						Amount	
M&T BANK MORGAN STANLEY SUNTRUST						32,9	72. 05. 86.
Total to Form 990-PF, Part I,	line	3, Co.	lumn A			33,2	63.
Form 990-PF Dividend	ls and	Inter	est from	Secur	ities	Statement	2
Source		Gross	Amount		tal Gains vidends	Column (A Amount	)
MORGAN STANLEY MORGAN STANLEY	•	• • •	165,438. 15,614.		842.	164,5 15,6	
Total to Fm 990-PF, Part I, 1	.n 4		181,052.		842.	180,2	10.
Form 990-PF	Ac	counti	ng Fees			Statement	3
Description	Expe	a) nses Books	(b) Net Invent Inc		(c) Adjusted Net Incom		
ACCOUNTING		1,150.		0.	-		0.
To Form 990-PF, Pg 1, ln 16b		1,150.		0.			0.
Form 990-PF		Tax	es		<u> </u>	Statement	4
Description	Expe	a) nses Books	(b) Net Inv ment In		(c) Adjusted Net Incom		
INCOME TAXES FOREIGN TAX PAID		4,119. 2,139.	2	0. ,139.			0.
To Form 990-PF, Pg 1, ln 18		6,258.	2	,139.			0.
=					<del></del>		

Form 990-PF	Other E	xpenses			Statement	5	
Description	(a) Expenses Per Books			(c) Adjusted Net Incom		(d) Charitable Purposes	
INVESTMENT FEES ADVERTISING & PROMOTION BANK CHARGES	41,013. 35. 91.	41,	013. 0. 0.			0. 0. 0.	
To Form 990-PF, Pg 1, ln 23	41,139.	41,	013.			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	.,803,383. 365,656.	1,694,3 396,8		
Total to Form 990-PF, Part II	, line 10b		2	2,169,039.	2,091,1	49.	
Form 990-PF	Other Inv	estments		<del></del>	Statement	7	
Description		luation ethod	Вос	ok Value	Fair Marke Value	t	
MORGAN STANLEY MUTUAL FUNDS MORGAN STANLEY OTHER ASSETS MONEY MARKET FUNDS		COST COST COST	2	2,327,072. 0. 452,585.	2,355,4 452,5	0.	
Total to Form 990-PF, Part II	, line 13			2,779,657.	2,808,0	50.	
Form 990-PF	Other	Assets			Statement	8	
Description		ning of k Value		of Year ok Value	Fair Marke Value	t	
Prepaid income taxes		76.		0.		0.	
To Form 990-PF, Part II, line	15	76.		0.		0.	

	List of Officers, D and Foundation Mana	State	ement 9	
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	e 6, Part VIII	0.	0.	0.

Form 990-PF

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

Statement

10

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.