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

OMB No. 1545-0052

2012

Department of the Treasury Internal Revenue Service

BAA For Paperwork Reduction Act Notice, see instructions.

Note. The foundation may be able to use a copy of this return to satisfy state reporting requi For calendar year 2012, or tax year beginning Jul 1 , 2012, and ending Jun Employer identification number Name of foundation Α 52-1756376 The Nabit Foundation, Inc. В Number and street (or P O box number if mail is not delivered to street address) Room/suite Telephone number (see the instructions) (410) 727-2404 17 Commerce St. City or town State ZIP code C If exemption application is pending, check here MD 21202 Baltimore G Check all that apply: Initial return Initial Return of a former public charity D 1 Foreign organizations, check here Final return Amended return 2 Foreign organizations meeting the 85% test, check Address change Name change here and attach computation X Section 501(c)(3) exempt private foundation Check type of organization Section 4947(a)(1) nonexempt charitable trust Other taxable private foundation Ε If private foundation status was terminated under section 507(b)(1)(A), check here Fair market value of all assets at end of year J Accounting method X Cash Accrual (from Part II, column (c), line 16) Other (specify) If the foundation is in a 60-month termination (Part I, column (d) must be on cash basis ) under section 507(b)(1)(B), check here 1,739,775. Part I Analysis of Revenue and (c) Adjusted net (d) Disbursements (a) Revenue and (b) Net investment Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) expenses per books for charitable income income purposes (cash basis only) (see instructions)) Contributions, gifts, grants, etc, received (att sch) 215,500. if the foundn is not req to att Sch B Interest on savings and temporary cash investments 984 49,203 Dividends and interest from securities 5 a Gross rents b Net rental income or (loss) 54,879. L-6a Stmt 6 a Net gain/(loss) from sale of assets not on line 10 REVENUE **b** Gross sales price for all assets on line 6a 893,220. Capital gain net income (from Part IV, line 2) Net short-term capital gain Income modifications 10 a Gross sales less returns and allowances **b** Less Cost of c Gross profit/(loss) (att sch) Other income (attach schedule) 12 Total. Add lines 1 through 11 320,566. 73 Compensation of officers, directors, trustees, etc 14 Other employee salaries and wages 15 Pension plans, employee benefits 16a Legal fees (attach schedule) ADMINISTRATIVE **b** Accounting fees (attach sch) L-16b Stmt 2,500 c Other prof fees (attach sch) L-16c Stmt 5,906 17 Interest Taxes (attach schedule)(see instrs) FEDERAL TAXES 880 Depreciation (attach 19 sch) and depletion 20 Occupancy Travel, conferences, and meetings 21 Printing and publications 23 Other expenses (attach schedule) See Line 23 Stmt 3,126. Total operating and administrative expenses. Add lines 13 through 23 24 12,412 262,000. Contributions, gifts, grants paid Total expenses and disbursements. Add lines 24 and 25 274,412 Subtract line 26 from line 12: a Excess of revenue over expenses and disbursements 46,154 **b** Net investment income (if negative, enter -0-) C Adjusted net income (if negative, enter -0-)

12/06/12

Form **990-PF** (2012)

| Part                                      |              | Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only          | Beginning of year           | End o                                 | -                     |
|---|--------------|---|-----------------------------|---------------------------------------|-----------------------|
| rari                                      | . #1         | (See instructions )   | (a) Book Value              | (b) Book Value                        | (c) Fair Market Value |
|   | 1            | Cash – non-interest-bearing   |                             |                                       |                       |
|   | 2            | Savings and temporary cash investments  | 154,923.                    | 29,286.                               | 29,290.               |
|   | 3            | Accounts receivable   |                             |                                       |                       |
|   |              | Less allowance for doubtful accounts  |                             |                                       |                       |
|   | 4            | Pledges receivable  |                             |                                       |                       |
|   |              | Less allowance for doubtful accounts  | _                           |                                       |                       |
|   | 5            | Grants receivable   |                             |                                       |                       |
|   | 6            | Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions) |                             |                                       |                       |
|   | 7            | Other notes and loans receivable (attach sch)   |                             |                                       |                       |
| A   |              | Less allowance for doubtful accounts  |                             |                                       |                       |
| A<br>S<br>E<br>T                          | 8            | Inventories for sale or use   |                             |                                       |                       |
| Ę   | 9            | Prepaid expenses and deferred charges   | 103.                        | 103.                                  | 103.                  |
| Ś   | 10 a         | Investments – US and state government obligations (attach schedule)   | 527,262.                    |                                       |                       |
|   |              | Investments $-$ corporate stock (attach schedule) L=10b Stmt [  |                             | 784,499.                              | 814,471.              |
|   | c            | : Investments $-$ corporate bonds (attach schedule) L=10c Stmt  | 237,430.                    | 443,475.                              | 435,110.              |
|   | 11           | Investments – land, buildings, and equipment basis ►  |                             |                                       |                       |
|   |              | Less accumulated depreciation (attach schedule)   |                             |                                       |                       |
|   | 12           | Investments – mortgage loans  |                             |                                       |                       |
|   | 13           | Investments – other (attach schedule) L-13 Stmt   | 761,456.                    | 471,765.                              | 460,801.              |
|   | 14           | Land, buildings, and equipment basis ▶  |                             |                                       |                       |
|   |              | Less: accumulated depreciation (attach schedule)  |                             |                                       |                       |
|   |              | Other assets (describe  |                             |                                       |                       |
|   | 16           | Total assets (to be completed by all filers – see the instructions Also, see page 1, item I)                            | 1,681,174.                  | 1,729,128.                            | 1,739,775.            |
| L   | 17           | Accounts payable and accrued expenses   | 1,001,174.                  | 1,800.                                | 1,735,773.            |
| Ī   | 18           | Grants payable  |                             | 1,000.                                |                       |
| A<br>B                                    | 19           | Deferred revenue  |                             |                                       |                       |
| 1   | 20           | Loans from officers, directors, trustees, & other disqualified persons  |                             |                                       |                       |
| ī   | 21           | Mortgages and other notes payable (attach schedule)   |                             |                                       |                       |
| T   | 22           | Other liabilities (describe >   |                             |                                       |                       |
| Ε   |              |   |                             | 1 000                                 |                       |
| <u>s</u>                                  | 23           | Total liabilities (add lines 17 through 22)   |                             | 1,800.                                |                       |
|   |              | and complete lines 24 through 26 and lines 30 and 31.   |                             |                                       |                       |
| N F<br>E U<br>T N                         | 24           | Unrestricted  |                             | <del></del>                           |                       |
| TN  | 25           | Temporarily restricted  |                             |                                       |                       |
| D   | 26           | Permanently restricted  |                             | <del>-</del>                          |                       |
| A<br>S<br>B<br>S<br>A<br>E<br>L<br>T<br>A |              | Foundations that do not follow SFAS 117, check here and complete lines 27 through 31.                                   |                             |                                       |                       |
| E L<br>T A                                | 27           | Capital stock, trust principal, or current funds  |                             |                                       |                       |
| SN  | 28           | Paid-in or capital surplus, or land, building, and equipment fund   |                             |                                       |                       |
| O E                                       | 29           | Retained earnings, accumulated income, endowment, or other funds  | 1,681,174.                  | 1,727,328.                            |                       |
| ŔŚ  | 30<br>31     | Total net assets or fund balances (see instructions) Total liabilities and net assets/fund balances                     | 1,681,174.                  | 1,727,328.                            |                       |
|   |              | (see instructions)  | 1,681,174.                  | 1,729,128.                            |                       |
| Par                                       | t III        | Analysis of Changes in Net Assets or Fund Balance   | es                          | · · · · · · · · · · · · · · · · · · · |                       |
| 1   | Tota<br>end- | I net assets or fund balances at beginning of year — Part II, colum of-year figure reported on prior year's return)     | nn (a), line 30 (must agre  | ee with                               | 1,681,174.            |
| 2   |              | r amount from Part I, line 27a  |                             | 2                                     | 46,154.               |
| 3   |              | increases not included in line 2 (itemize)  |                             | 3                                     |                       |
| 4   | Add          | lines 1, 2, and 3   | <del></del>                 | 4                                     | 1,727,328.            |
| 5   | Decre        | ases not included in line 2 (itemize)   |                             | 5                                     |                       |
| 6   | Tota         | I net assets or fund balances at end of year (line 4 minus line 5) -  | - Part II, column (b), line | = 30 <b>6</b>                         | 1,727,328.            |

| ,        | (a) List and describe<br>2-story brick warehouse                  | (b) How acquired<br>P — Purchase<br>D — Donation   | (C) Date acquired (month, day, year)                | (d) Date sold<br>(month, day, year) |   |                 |
|----------|---|--|---|-------------------------------------|---|-----------------|
| 1 2      |   |  |   | D DOMAGON                           | <del>-</del>  |                 |
|          | <del></del>   |  |   |                                     |   |                 |
|          |   |  |   |                                     |   |                 |
|          | <u>.                                    </u>                      |  |   |                                     | <u> </u>  | _               |
|          |   | 1 10 5   |   |                                     |   | 1               |
|          | (e) Gross sales price   | (f) Depreciation allowed (or allowable)  | (g) Cost or other basis<br>plus expense of sale     | 5                                   | (h) Gain or<br>(e) plus (f) m                         |                 |
|          |   |  |   |                                     |   |                 |
| t        |   |  | <del></del> -                                       |                                     |   |                 |
| _        | <del>-</del>  |  | <del>.</del>  | -                                   |   |                 |
| <u>`</u> |   |  |   |                                     | <del></del>   |                 |
|          |   | ng gain in column (h) and owned by   | the foundation on 12/31/69                          |                                     | (I) Gains (Coli                                       | ımn (h)         |
|          | (i) Fair Market Value<br>as of 12/31/69                           | (j) Adjusted basis<br>as of 12/31/69   | (k) Excess of column (over column (j), if any       |                                     | gain minus column (k<br>nan -0-) <b>or</b> Losses (fr | ), but not less |
|          | )   |  |   |                                     |   |                 |
| t        | )   |  |   |                                     |   |                 |
|          |   |  |   |                                     |   |                 |
|          |   |  |   |                                     |   |                 |
|          | 3   |  |   |                                     | <u> </u>  |                 |
| 2        | Capital gain net income or (net                                   | capital loss) — If gain, also If (loss), ent   | enter in Part I, line 7<br>er -0- in Part I, line 7 | 2                                   |   |                 |
| 3        | Net short-term capital gain or (I                                 | oss) as defined in sections 1222(5) a  | <u>—</u> '  |                                     |   |                 |
|          | If gain, also enter in Part I, line                               | 8, column (c) (see instructions) If (l   | oss) enter -0-                                      |                                     |   |                 |
|          | ın Part I, line 8   |  | <u> </u>  | 3                                   |   |                 |
| Par      |   | Section 4940(e) for Reduced foundations subject to the section 49  |   |                                     |   |                 |
| Was      | es,' the foundation does not quali                                | ion 4942 tax on the distributable amount fy under section 4940(e). Do not come and column for each year, see the | plete this part                                     |                                     | Yes   | X No            |
|          | (a) Base period years Calendar year (or tax year beginning in)    | (b)<br>Adjusted qualifying distributions   | (c) Net value of noncharitable-use asse             |                                     | (d)<br>Distribution<br>umn (b) divided l              |                 |
|          | 2011  | 172,615.   | 1,622   | 100                                 | <del></del>   | 0.106415        |
|          | 2010  | 160,190.   | 1,686   |                                     |   | 0.094981        |
|          | 2009  | 281,200.   | 1,590   | ·                                   |   | 0.176754        |
|          | 2008  | 245,650.   | 2,026   |                                     |   | 0.121240        |
|          | 2007  | 330,600.   | 1,787   | <u>,</u> 335.                       |   | 0.184968        |
| 2        | Total of line 1, column (d)                                       |  |   | 2                                   |   | 0.684358        |
| 3        | Average distribution ratio for the number of years the foundation | e 5-year base period — divide the tota<br>has been in existence if less than 5                                   | al on line 2 by 5, or by the years                  | 3                                   |   | 0.136872        |
| 4        | Enter the net value of noncharit                                  | table-use assets for 2012 from Part X  | I, line 5   | 4                                   |   | 0.              |
| 5        | Multiply line 4 by line 3   |  |   | 5                                   |   | 0.              |
| 6        | Enter 1% of net investment inco                                   | ome (1% of Part I, line 27b)   |   | 6                                   |   | <u></u>         |
| 7        | Add lines 5 and 6   | ( ,  |   | 7                                   |   |                 |
| 8        |   | om Port VII. lino 4  |   |                                     | -   | 0.              |
| ٥        | Enter qualifying distributions fro                                |  | •1  | 8                                   | 1   |                 |
| BAA      | Part VI instructions.   | nan line 7, check the box in Part VI, I  | ine 1b, and complete that pa                        | rt using a 1%<br>                   |   | 900 PF (2012)   |

|     | <u> </u>   |            | 1563    |             | ۲        | age 4     |
|-----|--|------------|---------|-------------|----------|-----------|
| Par |  | see ins    | structi | ons)        |          |           |
| Та  | Exempt operating foundations described in section 4940(d)(2), check here   | _          |         | <del></del> |          |           |
|     | Date of ruling or determination letter. (attach copy of letter if necessary – see instrs)  |            | _       |             |          |           |
| b   | Domestic foundations that meet the section 4940(e) requirements in Part V,   | <u> </u>   | 1       |             |          |           |
|     | check here Land enter 1% of Part I, line 27b   |            |         |             |          |           |
| С   | All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of Part I, line 12, column (b)   |            |         |             |          |           |
| 2   | Tax under section 511 (domestic section 4947(a)(1) trusts and taxable  |            |         |             |          |           |
| _   | foundations only Others enter -0-)   |            | 2       |             |          |           |
| 3   | Add lines 1 and 2  | - ⊢        | 3       |             |          | <u>0.</u> |
| 4   | Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)   | <u> </u>   | 4       | <del></del> |          |           |
| 5   | Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0-   |            | 5       |             |          | <u> </u>  |
|     | Credits/Payments   |            |         |             |          |           |
|     | 2012 estimated tax pmts and 2011 overpayment credited to 2012  |            |         |             |          |           |
| b   | Exempt foreign organizations — tax withheld at source 6 b  |            |         |             |          |           |
| С   | Tax paid with application for extension of time to file (Form 8868)  |            |         |             |          |           |
| d   | Backup withholding erroneously withheld 6 d  |            |         |             |          |           |
| 7   | Total credits and payments Add lines 6a through 6d   |            | 7       |             |          |           |
| 8   | Enter any <b>penalty</b> for underpayment of estimated tax. Check here if Form 2220 is attached  | _          | 8       |             |          |           |
| 9   | Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed  |            | 9       |             |          | 0.        |
| 10  | Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid  | 1          | 0       |             |          | 0.        |
| 11  | Enter the amount of line 10 to be Credited to 2013 estimated tax Refunded  | <b>^</b> 1 | 1       |             |          |           |
| Par | t VII-A   Statements Regarding Activities  |            |         |             |          |           |
| 1 a | During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it   |            |         |             | Yes      | No        |
|     | participate or intervene in any political campaign?  |            |         | 1 a         |          | X         |
| b   | Did it spend more than \$100 during the year (either directly or indirectly) for political purposes  |            |         |             |          |           |
|     | (see the instructions for definition)?   |            |         | 1 b         |          | X         |
|     | If the answer is 'Yes' to 1a or 1b, attach a detailed description of the activities and copies of any materials per distributed by the foundation in connection with the activities  | oublish    | ned     |             |          |           |
| _   | Did the foundation file Form 1120-POL for this year?   |            |         | 1 c         |          |           |
|     | Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year  |            |         | 10          |          | X         |
| _   | (1) On the foundation \$\\$\$ (2) On foundation managers \$\\$\$   |            |         | 1           |          |           |
| е   | Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed  | d on       |         |             |          |           |
|     | foundation managers   \$   |            |         |             | -        |           |
| 2   | Has the foundation engaged in any activities that have not previously been reported to the IRS?  If 'Yes,' attach a detailed description of the activities   |            |         | 2           |          | X         |
| _   | •  |            |         |             |          |           |
| 3   | Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articl of incorporation, or bylaws, or other similar instruments? If 'Yes,' attach a conformed copy of the changes   | les        |         | 3           |          | x         |
|     | Did the foundation have unrelated business gross income of \$1,000 or more during the year?  |            |         | 4 a         |          | X         |
|     | of Yes,' has it filed a tax return on <b>Form 990-T</b> for this year?   |            |         | 4 b         |          | X         |
|     | Was there a liquidation, termination, dissolution, or substantial contraction during the year?   |            |         | 5           |          | X         |
|     | If 'Yes,' attach the statement required by General Instruction T   |            |         | 1           |          | <u> </u>  |
| 6   | Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either   |            |         |             |          |           |
| •   | By language in the governing instrument, or  |            |         |             |          |           |
|     |  | a          |         | 1 1         |          |           |
|     | <ul> <li>By state legislation that effectively amends the governing instrument so that no mandatory directions that<br/>with the state law remain in the governing instrument?</li> </ul>  | conflic    | t       | 6           | X        |           |
| 7   | Did the foundation have at least \$5,000 in assets at any time during the year? If 'Yes,' complete Part II, column (c), and Part XV  |            |         | 7           | Х        |           |
| 8 a | Enter the states to which the foundation reports or with which it is registered (see instructions)   | ►          |         |             |          |           |
|     | MD - Maryland  |            |         |             |          |           |
| b   | If the answer is 'Yes' to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? If 'No,' attach explanation  |            |         | 8 b         |          |           |
| 9   |  | or 404     | 201751  | 80          | <u> </u> |           |
| 3   | Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) for calendar year 2012 or the taxable year beginning in 2012 (see instructions for Part XIV)? If 'Yes,' complete the complete in the section of the taxable year beginning in 2012 (see instructions for Part XIV)? | ete Pa     | rt XIV  | 9           |          | Х         |
| 10  | Did any persons become substantial contributors during the tax year? If 'Yes,' attach a schedule listing their and addresses   | r name     | es      | 10          |          | x         |
| RΔΛ |  |            |         | Form 990    | DE       |           |

the tax year beginning in 2012? BAA

charitable purposes?

Form 990-PF (2012)

3 b

4 a

X

Х

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

**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

| Form <b>990-PF</b> (2012) The Nabit Foundat  |   |   | 52-175  | 5 <u>63</u> 76      | Pa            |
|--|---|---|---|---------------------|---------------|
| Part VII-B   Statements Regarding Activit  |   | 4720 May Be Req                                       | uired (continued)   | · · · · · ·         |               |
| '5 a During the year did the foundation pay or incur<br>(1) Carry on propaganda, or otherwise attempt  | -   | (section 4945(e))?                                    | Yes X   | No                  |               |
| <ul><li>(2) Influence the outcome of any specific publion, directly or indirectly, any voter registra</li><li>(3) Provide a grant to an individual for travel.</li></ul> | tion drive?   |   | $\vdash$  | No<br>No            |               |
| (4) Provide a grant to an organization other th in section 509(a)(1), (2), or (3), or section  | an a charitable, etc. org                                       | anization described                                   |   | No                  |               |
| (5) Provide for any purpose other than religiou educational purposes, or for the prevention  | us, charitable, scientific,<br>n of cruelty to children o       | literary, or<br>r animals?                            | Yes X   | No                  |               |
| <b>b</b> If any answer is 'Yes' to 5a(1)-(5), did <b>any</b> of t described in Regulations section 53 4945 or in (see instructions)?                                     | the transactions fail to quality a current notice regardi       | ualify under the exception<br>and disaster assistance | ons   | 5 b                 |               |
| Organizations relying on a current notice regar  | rding disaster assistance                                       | check here  | <b>•</b>  |                     |               |
| c If the answer is 'Yes' to question 5a(4), does to tax because it maintained expenditure responsing If 'Yes,' attach the statement required by Regu                     | sibility for the grant?   |   | Yes   | No                  |               |
| 6 a Did the foundation, during the year, receive an on a personal benefit contract?  | y funds, directly or indire                                     | ectly, to pay premiums                                | Yes X   | No                  |               |
| <b>b</b> Did the foundation, during the year, pay premit<br>If 'Yes' to 6b, file Form 8870   | ums, directly or indirectly                                     | y, on a personal benefit                              |   | 6 b                 |               |
| 7a At any time during the tax year, was the found  |   |   |   | No                  |               |
| b If 'Yes,' did the foundation receive any proceed Part VIII Information About Officers, D   |   |   |   | 7b                  | <br>\$.       |
| and Contractors  |   |   |   |                     | ,             |
| 1 List all officers, directors, trustees, foundation   | <del></del>   |   |   | 1.55                |               |
| (a) Name and address   | (b) Title, and average<br>hours per week<br>devoted to position | (c)Compensation<br>(If not paid,<br>enter -0-)        | (d)Contributions to<br>employee benefit<br>plans and deferred<br>compensation | (e)Expense other al |               |
| MERWIN J NABIT   | -   |   |   |                     |               |
| 550 N.Ocean Blvd.#9, Deerfield Beach FL 33441  | PRES/DIR 1.00   | 0.  | 0.  |                     |               |
| CHARLES J NABIT  1455 Ocean Dr., Unit 401, Miami  Beach FL 33139   | SEC/DIR   | 0.  | 0.  |                     |               |
| MICHAEL C HODES 17 COMMERCE ST   | DIRECTOR  | _   |   |                     |               |
| BALTO MD 21202   | 1.00  | 0.  | 0.  |                     |               |
|  | -   |   |   |                     |               |
| 2 Compensation of five highest-paid employee   | s (other than those incl  | uded on line 1 – see in                               | structions). If none, ent   | ter 'NONE.'         |               |
| (a) Name and address of each employee paid more than \$50,000  | (b) Title, and average hours per week devoted to position       | (c) Compensation                                      | (d)Contributions to<br>employee benefit<br>plans and deferred<br>compensation | (e)Expense other al | acco<br>lowan |
| NONE   | -   |   | · '   |                     |               |
|  | -   |   | <u> </u>  |                     | _             |
|  | -   |   |   |                     |               |
|  |   |   |   |                     |               |
|  | 1   |   |   |                     |               |
|  |   | -   |   |                     |               |
|  | -   |   |   |                     |               |
|  | -   |   |   |                     |               |
|  | +   |   |   |                     |               |
|  |   |   |   |                     |               |

| Form 990-PF (2012) The Nabit Foundation, Inc.  | 52-1756                    | 5376 Page <b>7</b>        |
|--|----------------------------|---------------------------|
| Part VIII Information About Officers, Directors, Trustees, Foundation and Contractors (continued)  | Managers, Highly Paid En   | nployees,                 |
| 3 Five highest-paid independent contractors for professional services (see instruction   | s). If none, enter 'NONE.' |                           |
| (a) Name and address of each person paid more than \$50,000  | (b) Type of service        | (c) Compensation          |
| NONE   |                            |                           |
|  |                            |                           |
|  |                            | <del>-</del>              |
|  |                            |                           |
|  |                            |                           |
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|  |                            |                           |
|  |                            |                           |
|  |                            |                           |
|  |                            |                           |
| Total number of others receiving over \$50,000 for professional services   | <u> </u>                   | None                      |
| Part IX-A Summary of Direct Charitable Activities  |                            |                           |
| List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information organizations and other beneficiaries served, conferences convened, research papers produced, etc. | on such as the number of   | Expenses                  |
| 1 The Foundation awards grants & contributions to other  | r Section 501(c)3          |                           |
| organizations  |                            |                           |
|  |                            | 0.                        |
| 2  |                            |                           |
|  |                            |                           |
| 3  |                            |                           |
|  |                            |                           |
|  |                            |                           |
| 4  |                            |                           |
|  |                            |                           |
|  |                            |                           |
| Part IX-B Summary of Program-Related Investments (see instructions)  |                            |                           |
| Describe the two largest program-related investments made by the foundation during the tax   | x year on lines 1 and 2    | Amount                    |
| 1  |                            |                           |
|  |                            |                           |
|  |                            |                           |
| 2  |                            |                           |
|  |                            |                           |
| All other program-related investments See instructions   |                            |                           |
| 3  |                            |                           |
|  |                            |                           |
|  |                            |                           |
| Total. Add lines 1 through 3   | <u> </u>                   |                           |
| BAA  |                            | Form <b>990-PF</b> (2012) |

| Form   |  | 52-1756376        | Page 8  |
|--------|--|-------------------|---------|
| Par    | <b>t X</b> • Minimum Investment Return (All domestic foundations must complete this part. see instructions.)   | Foreign found     | ations, |
| 1<br>a | Fair market value of assets not used (or held for use) directly in carrying out charitable, etc, purposes<br>Average monthly fair market value of securities                         | 1 a               |         |
|        | Average of monthly cash balances   | 1 b               | _       |
|        | Fair market value of all other assets (see instructions)   | 1 c               |         |
|        | Total (add lines 1a, b, and c)   | 1 d               |         |
| е      | Reduction claimed for blockage or other factors reported on lines 1a and 1c  |                   |         |
|        | (attach detailed explanation)  |                   |         |
| 2      | Acquisition indebtedness applicable to line 1 assets   | 2                 |         |
| 3      | Subtract line 2 from line 1d   | 3                 | 0.      |
| 4      | Cash deemed held for charitable activities. Enter 1-1/2% of line 3 (for greater amount, see instructions)  | 4                 | 0.      |
| 5      | Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4  | 5                 | 0.      |
| 6      | Minimum investment return. Enter 5% of line 5  | 6                 | 0.      |
| Par    | TXI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operand certain foreign organizations check here ► and do not complete this part.                 |                   | ions    |
| 1      | Minimum investment return from Part X, line 6  | 1                 | 0.      |
| 2 a    | Tax on investment income for 2012 from Part VI, line 5   | 0.                |         |
| Ŀ      | Income tax for 2012 (This does not include the tax from Part VI)   |                   |         |
| C      | Add lines 2a and 2b  | 2 c               | 0.      |
| 3      | Distributable amount before adjustments Subtract line 2c from line 1   | 3                 | 0.      |
| 4      | Recoveries of amounts treated as qualifying distributions  | 4                 |         |
| 5      | Add lines 3 and 4  | 5                 | 0.      |
| 6      | Deduction from distributable amount (see instructions)   | 6                 | ···     |
|        | Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII, line 1   | 7                 | 0.      |
| Par    | TXII Qualifying Distributions (see instructions)   |                   |         |
| 1      | Amounts paid (including administrative expenses) to accomplish charitable, etc. purposes   |                   |         |
|        | Expenses, contributions, gifts, etc – total from Part I, column (d), line 26   | 1 a               |         |
|        | Program-related investments — total from Part IX-B   | 1 b               |         |
|        | Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc, purposes   | -                 |         |
| a      | Amounts set aside for specific charitable projects that satisfy the Suitability test (prior IRS approval required)   | 3 a               |         |
|        | Cash distribution test (attach the required schedule)  | 3 Б               |         |
| 4      | Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4  | 4                 |         |
| 5      | Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income Enter 1% of Part I, line 27b (see instructions)                                  | 5                 | 0.      |
| 6      | Adjusted qualifying distributions. Subtract line 5 from line 4   | 6                 | 0.      |
|        | <b>Note.</b> The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether qualifies for the section 4940(e) reduction of tax in those years | er the foundation |         |

Form **990-PF** (2012)

BAA

# Part XIII Undistributed Income (see instructions)

|  |  | (a)<br>Corpus | (b)<br>Years prior to 2011 | <b>(c)</b><br>2011 | <b>(d)</b><br>2012 |
|--|--|---------------|----------------------------|--------------------|--------------------|
| 1 Distributable amount for line 7                          | 2012 from Part XI,                         |               |                            |                    | 0.                 |
| 2 Undistributed income, if any, a                          | is of the end of 2012                      |               |                            |                    |                    |
| a Enter amount for 2011 of                                 |  |               |                            | _0.                |                    |
| <b>b</b> Total for prior years. 20                         | , 20 , 20                                  |               |                            |                    |                    |
| 3 Excess distributions carryover,                          | ıf any, to 2012                            |               |                            |                    |                    |
| <b>a</b> From 2007   | 248,070.                                   |               |                            |                    |                    |
| <b>b</b> From 2008   | 245,650.                                   |               |                            |                    |                    |
| <b>c</b> From 2009   | 108,860.                                   |               |                            |                    |                    |
| <b>d</b> From 2010   | 76,5 <u>0</u> 1.                           |               |                            |                    |                    |
| <b>e</b> From 2011   | 92,369.                                    |               |                            |                    |                    |
| f Total of lines 3a through                                | n e  | 771,450.      |                            |                    |                    |
| 4 Qualifying distributions f                               | for 2012 from Part                         |               |                            |                    |                    |
| XII, line 4  \$  |  |               |                            |                    |                    |
| a Applied to 2011, but not                                 |  |               |                            |                    |                    |
| <b>b</b> Applied to undistributed (Election required — see |  |               |                            |                    |                    |
| c Treated as distributions<br>(Election required — see     |  |               |                            |                    |                    |
| d Applied to 2012 distribut                                | table amount                               |               |                            |                    |                    |
| e Remaining amount distri                                  | ibuted out of corpus                       | 0.            |                            |                    |                    |
| 5 Excess distributions carryover                           |  |               |                            |                    |                    |
| (If an amount appears ii<br>same amount must be s          | n column (d), the<br>shown in column (a) ) |               |                            |                    |                    |
|  | (4, )                                      |               |                            |                    |                    |
| 6 Enter the net total of ea                                | ch column as                               |               |                            |                    |                    |
| indicated below:   |  |               |                            |                    |                    |
| a Corpus. Add lines 3f, 4c, and 4                          | fe Subtract line 5                         | 771,450.      |                            |                    |                    |
| <b>b</b> Prior years' undistributed line 4b from line 2b   | d income Subtract                          |               | 0.                         |                    |                    |
| c Enter the amount of price                                | or years' undistribut-                     |               |                            |                    |                    |
| ed income for which a n<br>has been issued, or on v        |  |               |                            |                    |                    |
| 4942(a) tax has been pr                                    | eviously assessed                          |               |                            |                    |                    |
| d Subtract line 6c from lin                                |  |               |                            |                    |                    |
| amount – see instructio                                    | ns   |               | 0.                         |                    |                    |
| e Undistributed income for 2011.                           |  |               |                            | 0.                 |                    |
| line 2a Taxable amount — sec                               | e manachona                                |               |                            | 0.                 |                    |
| f Undistributed income for                                 |  |               |                            |                    |                    |
| 4d and 5 from line 1 Th distributed in 2013                | nis amount must be                         |               |                            |                    | 0.                 |
| 7 Amounts treated as dist                                  | ributions out of                           |               |                            |                    |                    |
| corpus to satisfy require                                  | ments imposed                              |               |                            |                    |                    |
| by section 170(b)(1)(F) (see instructions)                 | or 4942(g)(3)                              |               |                            |                    |                    |
| ,  |  |               |                            |                    |                    |
| 8 Excess distributions car applied on line 5 or line       | 7 (see instructions)                       | 248,070.      |                            |                    |                    |
| 9 Excess distributions ca                                  | erryover to 2013.                          |               |                            |                    |                    |
| Subtract lines 7 and 8 fr                                  | rom line 6a                                | 523,380.      |                            |                    |                    |
| 10 Analysis of line 9                                      | 0.45 .550                                  |               |                            |                    |                    |
| a Excess from 2008   | 245,650.                                   |               |                            |                    |                    |
| <b>b</b> Excess from 2009                                  | 108,860.                                   |               |                            |                    |                    |
| c Excess from 2010<br>d Excess from 2011                   | 76,501.                                    |               |                            |                    |                    |
|  | 92,369.                                    |               |                            |                    |                    |
| e Excess from 2012   | 0.   | <u> </u>      | <u> </u>                   | <u> </u>           | F 000 PF (0010)    |

| Form 990-PF (2012) The Nabit Founda   | tion, Inc.                                 |  |                         | 52-1756376               | Page <b>10</b> |
|---|--|--|-------------------------|--------------------------|----------------|
| Part XIV Private Operating Founda   |  |  |                         |                          | N/A            |
| <b>1 a</b> If the foundation has received a ruling or one is effective for 2012, enter the date of the  | =  |  |                         |                          | T              |
| <b>b</b> Check box to indicate whether the foundat  |  | rating foundation de                           |                         | 4942(j)(3) or            | 4942(j)(5)     |
| 2a Enter the lesser of the adjusted net income from Part I or the minimum   | Tax year Prior 3 years                     |  |                         |                          |                |
| investment return from Part X for each year listed  | (a) 2012                                   | <b>(b)</b> 2011                                | (c) 2010                | (d) 2009                 | (e) Total      |
| <b>b</b> 85% of line 2a   |  | <u> I.</u>                                     |                         |                          |                |
| c Qualifying distributions from Part XII,<br>line 4 for each year listed  |  |  |                         |                          |                |
| d Amounts included in line 2c not used directly<br>for active conduct of exempt activities  |  |  |                         |                          | . <u></u>      |
| Qualifying distributions made directly<br>for active conduct of exempt activities<br>Subtract line 2d from line 2c  |  |  |                         |                          |                |
| 3 Complete 3a, b, or c for the alternative test relied upon   |  |  |                         |                          |                |
| a 'Assets' alternative test — enter   |  |  |                         |                          |                |
| (1) Value of all assets   |  |  |                         |                          |                |
| (2) Value of assets qualifying under section 4942(j)(3)(B)(i)   |  |  |                         |                          |                |
| b 'Endowment' alternative test — enter 2/3 of<br>minimum investment return shown in Part X,<br>line 6 for each year listed  |  |  |                         |                          |                |
| c 'Support' alternative test — enter  |  |  |                         |                          |                |
| <ol> <li>Total support other than gross<br/>investment income (interest,<br/>dividends, rents, payments<br/>on securities loans (section<br/>512(a)(5)), or royalties)</li> </ol> |  |  | :                       |                          |                |
| (2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(III)  |  |  |                         |                          |                |
| (3) Largest amount of support from<br>an exempt organization  |  |  |                         |                          |                |
| (4) Gross investment income   |  |  |                         |                          |                |
| Rant Supplementary Information  | (Complete this                             | part only if the                               | foundation had          | d \$5,000 or more        | in             |
| assets at any time during the   |  | istructions.)                                  |                         |                          |                |
| 1 Information Regarding Foundation Management   |  | H 20/ - 6 H 4-                                 |                         |                          | a bafasa iba   |
| a List any managers of the foundation who he close of any tax year (but only if they have   | ave contributed mo<br>e contributed more t | ore than 2% of the to<br>than \$5,000). (See s | section 507(d)(2))      | ceived by the foundation | on before the  |
| N/A   |  |  | .,,,,,                  |                          |                |
| <b>b</b> List any managers of the foundation who  | own 10% or more of                         | the stock of a corp                            | oration (or an equal    | ly large portion of the  | ownership of   |
| a partnership or other entity) of which the   | foundation has a 10                        | )% or greater interes                          | st `                    | , , ,                    | •              |
| N/A   |  |  |                         |                          |                |
| 2 Information Regarding Contribution, Gran  | nt, Gift, Loan, Schol                      | arship, etc, Progran                           | ns:                     |                          |                |
| Check here  |  |  |                         |                          |                |
| a The name, address, and telephone number   | r or e-mail of the po                      | erson to whom appli                            | cations should be a     | ddressed                 | <del></del>    |
| N/A   | ·  | •  |                         |                          |                |
| N/A   |  |  |                         |                          |                |
| NA  | MD 2111                                    | .1   |                         |                          |                |
| b The form in which applications should be  | submitted and inform                       | mation and material                            | s they should includ    | e.                       |                |
| N/A   |  |  |                         |                          |                |
| c Any submission deadlines:   |  |  |                         |                          | <del></del>    |
| N/A   |  |  |                         |                          |                |
| d Any restrictions or limitations on awards,  | such as by geograp                         | hical areas, charitab                          | ole fields, kinds of in | stitutions, or other fac | tors           |
| N/A   |  |  |                         |                          |                |
|   |  |  |                         |                          | 000 PF (0010)  |

Form 990-PF (2012) The Nabit Foundation, Inc.

Part XV Supplementary Information (continued)

| 3 Grants and Contributions Paid During the Year or Approved for Future Payment |   |                                |                                  |          |  |  |  |  |
|--|---|--------------------------------|----------------------------------|----------|--|--|--|--|
| Recipient  | If recipient is an individual,<br>show any relationship to any<br>foundation manager or | Foundation status of recipient | Purpose of grant or contribution | Amount   |  |  |  |  |
| Name and address (home or business)  | substantial contributor   | - recipient                    |                                  |          |  |  |  |  |
| <b>a</b> Paid during the year  |   |                                | 1                                |          |  |  |  |  |
| BAIS YAAKOV SCHOOL FOR GIRLS   | NONE  |                                | UNRESTRICTED                     |          |  |  |  |  |
| 11111 PARK HEIGHTS AVE   | 4.5   |                                |                                  | 500      |  |  |  |  |
| OWINGS MILLS MD 211  |   | PUBLIC                         | UNDEGMETCHED                     | 500.     |  |  |  |  |
| BALTIMORE COUNCIL ON FOREIGN AFFA  |   | DUDI TO                        | UNRESTRICTED                     |          |  |  |  |  |
| 401 E PRATT ST BALTIMORE MD 212  | NONE  | PUBLIC                         |                                  | 5,000.   |  |  |  |  |
| BALTIMORE MD 212<br>CALVERT SCHOOL   | NONE  |                                |                                  | 3,000.   |  |  |  |  |
| 4300 NORTH CHARLES ST  | NONE  |                                |                                  |          |  |  |  |  |
| BALTIMORE MD 212   | 18  | PUBLIC                         | UNRESTRICTED                     | 60,000.  |  |  |  |  |
| CHURCH OF THE REDEEMER   | NONE  | LODEIO                         |                                  | 00,000   |  |  |  |  |
| 5603 N CHARLES ST  | MONE  |                                |                                  |          |  |  |  |  |
| BALIMORE MD 212  | 10  | PUBLIC                         | UNRESTRICTED                     | 35,000.  |  |  |  |  |
| HIPPODROME FOUNDATION INC  |   |                                | UNRESTRICTED                     | •        |  |  |  |  |
| 416 WEST BALTIMORE ST  | NONE  | PUBLIC                         |                                  |          |  |  |  |  |
| BALTIMORE MD 212   | 01  |                                |                                  | 1,000.   |  |  |  |  |
| MARCH OF DIMES   |   |                                | UNRESTRICTED                     |          |  |  |  |  |
| 175 WEST OSTEND ST SUITE C   | NONE  | PUBLIC                         |                                  |          |  |  |  |  |
| BALTIMORE MD 212   | 30  |                                |                                  | 45,000.  |  |  |  |  |
| MARIAN HOUSE   | NONE  |                                | UNRESTRICTED                     |          |  |  |  |  |
| 949 GORSUCH AVE  |   |                                |                                  |          |  |  |  |  |
| BALTIMORE MD 212   | 18  | PUBLIC                         |                                  | 500.     |  |  |  |  |
| MARYLAND ART PLACE   | NONE  |                                | UNRESTRICTED                     |          |  |  |  |  |
| 8 MARKET ST #100   |   |                                |                                  |          |  |  |  |  |
| BALTIMORE MD 212   |   | PUBLIC                         |                                  | 1,000.   |  |  |  |  |
| NOTRE DAME PREPARATORY SCHOOL  |   |                                | UNRESTRICTED                     |          |  |  |  |  |
| 815 HAMPTON LN   | NONE  | PUBLIC                         |                                  | 04 500   |  |  |  |  |
| BALTIMORE MD 212   | 86  |                                |                                  | 21,500.  |  |  |  |  |
| See Line 3a statement  |   | 1                              |                                  |          |  |  |  |  |
|  |   | İ                              |                                  | 02 500   |  |  |  |  |
|  |   |                                |                                  | 92,500.  |  |  |  |  |
|  |   |                                |                                  |          |  |  |  |  |
|  |   |                                |                                  |          |  |  |  |  |
| Total  |   | I                              | <b>▶</b> 3a                      | 262,000. |  |  |  |  |
| <b>b</b> Approved for future payment   |   |                                |                                  |          |  |  |  |  |
|  |   |                                |                                  |          |  |  |  |  |
|  |   |                                |                                  |          |  |  |  |  |
|  | ,   |                                |                                  |          |  |  |  |  |
|  |   |                                |                                  |          |  |  |  |  |
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|  |   |                                |                                  |          |  |  |  |  |
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|  |   |                                |                                  |          |  |  |  |  |
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|  |   |                                |                                  |          |  |  |  |  |
|  |   |                                |                                  |          |  |  |  |  |
|  |   |                                |                                  |          |  |  |  |  |
|  |   |                                |                                  |          |  |  |  |  |
|  |   |                                |                                  |          |  |  |  |  |
|  |   |                                |                                  |          |  |  |  |  |
| Total  |   | 1                              | <b>▶</b> 3b                      |          |  |  |  |  |
| 10tai  |   |                                |                                  | <u> </u> |  |  |  |  |

| Enter gross amounts unless otherwise indicated  | Unrelated business income             |   | Excluded by                   | section 512, 513, or 514                      | (e)  |
|---|---------------------------------------|---|-------------------------------|---|--|
| Program service revenue   | (a)<br>Business<br>code               | <b>(b)</b><br>Amount                        | (c)<br>Exclu-<br>sion<br>code | <b>(d)</b><br>Amount                          | Related or exempt function income (See instructions) |
| a FUNDRAISING   |                                       |   | code                          | -   | 212,500.   |
| b   |                                       |   |                               | _   |  |
| c   |                                       |   | 1 1                           |   |  |
| d   |                                       | <u> </u>                                    |                               |   | <del></del>  |
| e   |                                       |   |                               |   |  |
| f   |                                       |   |                               | <del>-</del>                                  |  |
| g Fees and contracts from government agencies   |                                       |   |                               |   |  |
| 2 Membership dues and assessments   |                                       |   | T I                           |   |  |
| 3 Interest on savings and temporary cash investments  |                                       |   | 14                            | 984.  |  |
| 4 Dividends and interest from securities  |                                       |   | 14                            | 49,203.                                       |  |
| 5 Net rental income or (loss) from real estate  |                                       |   |                               |   |  |
| a Debt-financed property  |                                       |   |                               |   |  |
| <b>b</b> Not debt-financed property   |                                       |   |                               |   |  |
| 6 Net rental income or (loss) from personal property  |                                       |   |                               |   |  |
| 7 Other investment income   |                                       |   |                               |   |  |
| 8 Gain or (loss) from sales of assets other than inventory  |                                       |   | 18                            | 54,879.                                       |  |
| 9 Net income or (loss) from special events  |                                       |   |                               |   |  |
| 10 Gross profit or (loss) from sales of inventory   |                                       |   |                               |   |  |
| 11 Other revenue  |                                       |   |                               |   |  |
| a   |                                       |   |                               |   |  |
| b   |                                       |   |                               |   |  |
| c   |                                       |   | +                             |   |  |
| d   |                                       |   |                               |   |  |
| 10 Collisted Add columns (b) (d) and (c)  |                                       |   |                               | 105.066                                       | 010 500  |
| 12 Subtotal Add columns (b), (d), and (e)   |                                       |   |                               | 105,066.<br>13                                | 212,500.   |
| 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculate | ona \                                 |   |                               | 13 -  | 317,566.   |
|   |                                       |   |                               |   |  |
| Part XVI-B Relationship of Activities to th   | e Accompiisi                          | iment of Exem                               | pt Purpose                    | es<br>  |  |
| Line No.  ▼ Explain below how each activity for which is accomplishment of the foundation's exempt          | ncome is reporte<br>t purposes (other | d in column (e) of F<br>than by providing t | Part XVI-A confunds for such  | ntributed importantly<br>i purposes) (See ins | to the<br>tructions )                                |
| la Contributions from grants f  | rom other                             | 501 (c) (3) o                               | rganizat                      | ions  |  |

| Line No.<br>▼ | accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes) (See instructions) |
|---------------|---|
| 1a            | Contributions from grants from other 501(c)(3) organizations  |
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# Form 990-PF (2012) The Nabit Foundation, Inc. 52-1756376 Part XVII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

|   |               |   |  |                      |                         |                            |  |  |                     | Yes              | No       |
|---|---------------|---|--|----------------------|-------------------------|----------------------------|--|--|---------------------|------------------|----------|
| <b>1</b> Dic  | d the o       | rganization direct                                  | y or indirectly en                               | ngage in any of      | f the following         | with any                   | other organization                               | n<br>507                                 |                     | 100              |          |
|   |               | l in section 501(c)<br>o political organiz          |  | ner than sectio      | n 501(c)(3) or          | ganizatio                  | ins) or in section                               | 527,                                     |                     |                  | 1        |
|   | •             |   |  | noncharitable        | e exempt organ          | nization (                 | of.  |  |                     |                  | 1        |
| <ul> <li>a Transfers from the reporting foundation to a noncharitable exempt organization of</li> <li>(1) Cash</li> </ul> |               |   |  |                      |                         |                            |  |  | 1 a (1)             |                  | X        |
|   |               | r assets  |  |                      |                         |                            |  |  | 1 a (2)             |                  | <u>x</u> |
|   |               | nsactions   |  |                      |                         |                            |  |  | 11(4)               |                  |          |
|   |               | s of assets to a no                                 | ncharitable ever                                 | not organizatio      | ND.                     |                            |  |  | 1 b (1)             |                  |          |
|   |               | nases of assets from                                |  |                      |                         |                            |  |  | 1 b (2)             | -                | X        |
| \- <i>,</i>   |               |   |  |                      | ariizatiori             |                            |  |  | 1 b (2)             |                  | X        |
|   |               | al of facilities, equ                               |  | asseis               |                         |                            |  |  | 1 b (3)             |                  | <u>X</u> |
|   |               | bursement arrang                                    |  |                      |                         |                            |  |  | <u> </u>            |                  |          |
| ٠,  |               | s or loan guarante                                  |  | £                    | !!-!                    |                            |  |  | 1 b (5)             | -                | <u>X</u> |
| ٠,  |               | rmance of service                                   |  | •                    | _                       |                            |  |  | 1 b (6)             | -                | <u>X</u> |
| c Sr  | aring o       | of facilities, equipr                               | nent, mailing list                               | is, other assets     | s, or paid emp          | oyees                      |  |  | 10                  |                  |          |
| <b>d</b> If t   | the ans       | wer to any of the                                   | above is 'Yes,' o                                | omplete the fo       | Illowing schedi         | ile Colu                   | mn (b) should alw                                | vays show the fair                       | market value        | of               |          |
| the   | e goods       | s, other assets, or                                 | services given b                                 | by the reporting     | g foundation l          | f the foul                 | ndation received l                               | ess than fair mark<br>or services receiv | ket value in<br>ved |                  |          |
| (a) Line  |               | (b) Amount involved                                 | <del></del>                                      | of noncharitable ex  |                         | Talogo                     |  | ransfers, transactions.                  |                     | ncements         |          |
| (a) Line  | 110.          | (b) Amount involved                                 | (c) Name o                                       | T HOHOHOTELTRADIC CX | cript organization      |                            | (a) boompaon or a                                | ranororo, a anoada onoj                  | una bharing arrar   | .901110111       |          |
|   |               | <del>-</del>  |  |                      |                         |                            |  |  |                     |                  |          |
|   | -             |   |  |                      |                         |                            |  |  |                     |                  |          |
|   |               |   | -  |                      |                         |                            |  | 1-1-1-1-1                                |                     |                  |          |
|   |               |   |  |                      |                         |                            |  |  | ·                   |                  |          |
|   |               | <del></del>   | <del> </del>                                     |                      | _                       |                            |  |  |                     |                  |          |
|   |               |   |  |                      | _                       |                            |  |  |                     |                  |          |
|   | _             |   | <del> </del>                                     |                      |                         |                            |  |  |                     |                  |          |
|   | <del></del> - |   | -  |                      |                         | _                          |  |  |                     |                  |          |
|   |               |   |  | <del></del>          |                         | -                          |  |  |                     |                  |          |
|   |               |   |  |                      |                         |                            |  |  |                     |                  |          |
|   |               |   |  |                      |                         |                            |  |  |                     |                  |          |
|   |               |   |  |                      |                         |                            |  |  |                     |                  |          |
|   |               |   |  |                      |                         | <del>_</del> _             |  | <del></del> .                            |                     |                  |          |
|   |               |   |  | <u></u>              | _                       |                            |  |  | <del></del>         |                  |          |
|   |               |   | _  |                      | _                       |                            |  |  |                     |                  |          |
|   |               |   |  |                      |                         |                            |  |  |                     |                  |          |
| <b>2 a</b> ls   | the fou       | indation directly o                                 | r indirectly affilia                             | ted with, or re      | lated to, one o         | r more t                   | ax-exempt organi                                 | zations                                  |                     |                  | NI.      |
|   |               | d in section 501(c)                                 |  | ner than section     | in 501(c)(3)) o         | r in secti                 | on 52//  |  | ∐Yes                | X                | INO      |
| b if  |               | complete the follow                                 |  | 1 45 7               |                         | 1                          |  | (-) D                                    |                     |                  |          |
|   | (a)           | Name of organiza                                    | ition  | <b>(b)</b> 19        | pe of organiza          | tion                       |  | (c) Description of                       | relationship        |                  |          |
|   |               |   |  |                      |                         |                            |  | ···                                      |                     |                  |          |
|   |               |   |  |                      |                         |                            |  |  | · <del>-</del> -    |                  |          |
|   |               |   |  |                      |                         |                            |  |  |                     |                  |          |
|   |               |   |  |                      |                         |                            |  | <del></del>                              |                     | _                |          |
|   |               |   | <del> </del>                                     |                      |                         |                            |  |  |                     | .1 1             |          |
|   | correct,      | enalties of perjury, I dec<br>and complete Declarat | clare that I have exam<br>ion of preparer (other | than taxpayer) is b  | ased on all information | ing screau<br>ation of whi | es and statements, and<br>ch preparer has any kr | d to the best of my know<br>nowledge     | wiedge and belief,  | it is true.      | •        |
| Sign  |               |   | 1  | 1 4                  | 1                       |                            | <b>K</b>   |  | May the this retui  |                  |          |
| Here  | (             | ( ) _   | ///  |                      | 11/09/1                 | .3                         | PRESIDENT  | Г  | preparer            | shown b          | elow     |
|   | Signat        | ure of officer or trustee                           |  | $\overline{}$        | -bate                   |                            | Title  |  | (see inst           | Yes              | No       |
|   |               | Print/Type preparer's                               | name   | Prepare              | r's signature           |                            | Date   | Check                                    | rf PTIN             |                  |          |
| שיים  |               | Patricia A  | . Mager. C                                       | PA (   1/2           | ruil .                  | Masse)                     | ON04/21/1  |  | P0134               | 3506             |          |
| Paid  |               | Firm's name   | WHBG, INC  |                      |                         | 1                          | , -, ; - 1, 2 1, 1                               | Firm's EIN 22                            |                     |                  |          |
| Prepa   |               | Firm's address                                      | 116 LOG CA                                       | ANOE CIPO            | T.E.                    |                            |  |  |                     |                  |          |
| Use O   | піу           | . HIII 3 addiess                                    | STEVENSVI  |                      |                         | MD                         | 21666  | Phone no (4                              | 110) 643-           | 4294             | ļ        |
| BAA   |               | <u> </u>  | SIEAEMPATI                                       | 7112                 | <del></del>             | HD                         | 21000  | Tritolie ilo ( s                         | Form <b>99</b>      |                  |          |
| DAM   |               |   |  |                      |                         |                            |  |  | , 01111 33          | <b>~</b> · · · ( | ()       |

#### 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

| Internal Revenue Service   |   | <u></u>   |
|--|---|---|
| Name of the organization   |   | Employer identification number  |
| The Nabit Foundation, In   | nc.   | 52-1756376  |
| Organization type (check one):   |   |   |
| Filers of:   | Section:  |   |
| Form 990 or 990-EZ   | 501(c)() (enter number) organizati  | ion   |
|  | 4947(a)(1) nonexempt charitable trust no  | ot treated as a private foundation  |
|  | 527 political organization  |   |
| Form 990-PF  | X 501(c)(3) exempt private foundation   |   |
|  | 4947(a)(1) nonexempt charitable trust tre   | eated as a private foundation   |
|  | 501(c)(3) taxable private foundation  |   |
| Check if your organization is covered by   | y the General Rule or a Special Rule  |   |
| <b>Note.</b> 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   |   |   |
| K For an organization filing Form 990 contributor (Complete Parts I and I  | , 990-EZ, or 990-PF that received, during the year, $5,0$   | 000 or more (in money or property) from any one   |
| Special Rules  |   |   |
| 509(a)(1) and $170(b)(1)(A)(vi)$ and   | n filing Form 990 or 990-EZ that met the 33-1/3% supporteceived from any one contributor, during the year, a cr<br>90, Part VIII, line 1h or (ii) Form 990-EZ, line 1 Compli  | contribution of the greater of (1) \$5,000 or   |
| total contributions of more than \$1,  | organization filing Form 990 or 990-EZ that received fr<br>000 for use <i>exclusively</i> for religious, charitable, scientif<br>or animals Complete Parts I, II, and III   | rom any one contributor, during the year, fic, literary, or educational purposes, or                                  |
| contributions for use <i>exclusively</i> for lf this box is checked, enter here th   | organization filing Form 990 or 990-EZ that received fr<br>religious, charitable, etc, purposes, but these contribut<br>e total contributions that were received during the year<br>e parts unless the <b>General Rule</b> applies to this organization | tions did not total to more than \$1,000<br>for an <i>exclusively</i> religious, charitable, etc,                     |
| religious, charitable, etc, contribution   | ons of \$5,000 or more during the year  | <b>▶</b> \$   |
| Caution: An organization that is not covered answer 'No' on Part IV, line 2, of its Form 9 meet the filing requirements of Schedul | d by the General Rule and/or the Special Rules does not file So<br>90, or check the box on line H of its Form 990-EZ or on Part I<br>le B (Form 990, 990-EZ, or 990-PF)   | chedule B (Form 990, 990-EZ, or 990-PF) but it <b>must</b> i, line 2, of its Form 990-PF, to certify that it does not |
| BAA For Paperwork Reduction Act No or 990-PF.  | otice, see the Instructions for Form 990, 990EZ,  | Schedule <b>B</b> (Form 990, 990-EZ, or 990-PF) (2012)  |

|               | <b>B</b> (Form 990, 990-EZ, or 990-PF) (2012)   | Page                          | 1 of 1 of Part 1   |
|---------------|---|-------------------------------|--|
| Name of orga  | bit Foundation, Inc.  |                               | 756376   |
|               | Contributors (see instructions). Use duplicate copies of Part Lif additional space is nee |                               | 730370   |
| [n cng n      |   |                               | / B  |
| (a)<br>Number | (b) Name, address, and ZIP + 4  | (c)<br>Total<br>contributions | (d)<br>Type of contribution  |
| 1             | THE GREAT CHESAPEAKE BAY SWIM INC   |                               | Person X Payroll   |
|               | 17_COMMERCE_ST  | \$212,000.                    | Noncash  |
|               | BALTIMORE MD 21202  |                               | (Complete Part II if there is a noncash contribution )                         |
| (a)<br>Number | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total<br>contributions | (d)<br>Type of contribution  |
|               |   | \$                            | Person Payroll Noncash  (Complete Part II if there is a noncash contribution ) |
| (a)<br>Number | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total<br>contributions | (d)<br>Type of contribution  |
|               |   | \$                            | Person Payroll Noncash  (Complete Part II if there is a noncash contribution)  |
| (a)<br>Number | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total<br>contributions | (d)<br>Type of contribution  |
|               |   | \$                            | Person Payroll Noncash  (Complete Part II if there is a noncash contribution.) |
| (a)<br>Number | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total<br>contributions | (d)<br>Type of contribution  |
|               |   | \$                            | Person Payroll Noncash Complete Part II if there is                            |

**Client Status** 

2012

| Name The Nabit Foundation, Inc.  | •        |             | Employer ID |                   |
|--|----------|-------------|-------------|-------------------|
| Check the appropriate box below to update this client's  Client Status  EF Accepted  Client Number   | status.  | Status D    | ate •       | 11/11/13          |
| The last box checked will be the current status.   |          |             |             | Date              |
| X Client information transferred to current year Appointment scheduled for (time and date) Received client's tax data Interview completed Client's tax return is in process Need more information from client (specify below   | <b>▶</b> |             |             | 02/21/13          |
|  |          | <del></del> | _           | <u> </u>          |
| Data input completed Draft copy of tax return printed Extension filed If filing electronically, extension filed If filing electronically, extension accepted by IRS Second extension filed Sent to reviewer Review completed Final tax return printed Informed client of return completion Tax return signed Electronic filing signatures needed (Form 8879, 8 Ready to Efile tax return If filing electronically, return EFiled If filing electronically, return accepted by IRS Tax return delivered to client Billed client for tax return. Enter amount billed Received payment from client Specify other status |          |             |             | 11/11/13 11/11/13 |
| Billing Amounts for Prior Years  | 2009     |             | 2010        | 2011              |
| Enter the billing amount for each year   |          |             |             |                   |
| Current Year Comments (See Help):  |          |             |             |                   |
|  |          |             |             |                   |
| Permanent Comments (See Help):   |          |             |             |                   |
|  |          |             |             |                   |

# **Net Gain or Loss From Sale of Assets**

2012

| lame                      |                                       |                   |  |     | Employer Identification Number        |
|---------------------------|---------------------------------------|-------------------|--|-----|---------------------------------------|
| The Nabit Fou             | ndation, ]                            | Inc.              |  |     | 52-1756376                            |
| Asset Informa             |                                       |                   |  |     |                                       |
| Description of Pro        |                                       | SECU              | JRITIES  |     |                                       |
|                           | Various                               |                   | How Acquired Purchased   |     |                                       |
| •                         | 01/01/13                              | _                 | Name of Buyer  |     | -                                     |
| Sales Price               |                                       | -<br>78 <b>4.</b> | Cost or other basis (do not reduce by depreciation)                | 709 | ,095.                                 |
| Sales Expense             | ,307                                  | 7011              | Valuation Method: Cost   |     |                                       |
| Total Gain (Loss)         |                                       | 49.6              | 89. Accumulation Depreciation:                                     |     |                                       |
| Description of Pro        | nerty                                 |                   | ED INCOME BONDS  |     |                                       |
| •                         | Various                               | TIME              | How Acquired Purchased   | _   |                                       |
| ,                         | 01/31/13                              | -                 | Name of Buyer  |     |                                       |
| Sales Price               |                                       | 436.              | Cost or other basis (do not reduce by depreciation)                | 129 | ,246.                                 |
| Sales Expense             | 134,                                  | 430.              | Valuation Method   | 127 | ,240.                                 |
| Total Gain (Loss)         |                                       | 5 1               | 90 . Accumulation Depreciation                                     |     |                                       |
| Description of Pro        |                                       | J, 1              | 30. Accamiliation Depreciation                                     |     |                                       |
| Date Acquired             | perty                                 | -                 | How Acquired   |     |                                       |
| Date Sold                 |                                       | _                 | Name of Buyer  |     | <del></del>                           |
| Sales Price               |                                       | _                 | Cost or other basis (do not reduce by depreciation)                |     |                                       |
| Sales Expense             |                                       |                   | Valuation Method   |     |                                       |
| Total Gain (Loss)         |                                       |                   | Accumulation Depreciation  |     | · · · · · · · · · · · · · · · · · · · |
| Description of Pro        | portu:                                |                   | Accumulation Depreciation  |     |                                       |
| Date Acquired             | perty                                 | -                 | How Acquired   |     |                                       |
| Date Acquired  Date Sold: |                                       | _                 |  |     | A                                     |
| Sales Price               |                                       | _                 | Name of Buyer  Cost or other basis (do not reduce by depreciation) |     |                                       |
|                           |                                       |                   | Valuation Method   |     |                                       |
| Sales Expense             |                                       |                   | <u> </u>   |     |                                       |
| Total Gain (Loss)         |                                       |                   | Accumulation Depreciation  |     |                                       |
| Description of Pro        | perty                                 |                   | Have Approved  |     |                                       |
| Date Acquired             |                                       | _                 | How Acquired.  |     |                                       |
| Date Sold                 |                                       | _                 | Name of Buyer  |     |                                       |
| Sales Price               | · · · · · · · · · · · · · · · · · · · |                   | Cost or other basis (do not reduce by depreciation)                |     | <del></del>                           |
| Sales Expense             |                                       |                   | Valuation Method   |     |                                       |
| Total Gain (Loss)         |                                       |                   | Accumulation Depreciation:   |     | <u> </u>                              |
| Description of Pro        | perty                                 |                   | Have Assumed   |     |                                       |
| Date Acquired             |                                       | _                 | How Acquired   |     |                                       |
| Date Sold                 |                                       | _                 | Name of Buyer  |     |                                       |
| Sales Price               |                                       |                   | Cost or other basis (do not reduce by depreciation)                |     | · · · · · · · · · · · · · · · · · · · |
| Sales Expense             |                                       |                   | Valuation Method   |     |                                       |
| Total Gain (Loss)         |                                       |                   | Accumulation Depreciation  |     |                                       |
| Description of Pro        | perty                                 |                   | The Armenda  |     |                                       |
| Date Acquired             |                                       | _                 | How Acquired   |     |                                       |
| Date Sold                 |                                       | _                 | Name of Buyer  |     |                                       |
| Sales Price               |                                       |                   | Cost or other basis (do not reduce by depreciation)                |     |                                       |
| Sales Expense             |                                       |                   | Valuation Method   |     |                                       |
| Total Gain (Loss)         |                                       |                   | Accumulation Depreciation.   |     |                                       |
| Description of Pro        | perty                                 |                   |  |     |                                       |
| Date Acquired             |                                       | _                 | How Acquired   |     |                                       |
| Date Sold                 |                                       | _                 | Name of Buyer  |     |                                       |
| Sales Price:              |                                       |                   | Cost or other basis (do not reduce by depreciation)                |     |                                       |
| Sales Expense             |                                       |                   | Valuation Method   |     |                                       |
| Total Gain (Loss):        | <del></del>                           |                   | Accumulation Depreciation:   |     |                                       |

## Part I - Identifying Information

| Employer Identification Num |                        | 6376<br>bit Foundatio | on Inc             |  |                |
|-----------------------------|------------------------|-----------------------|--------------------|--|----------------|
| Name<br>Doing Business As   | Ine Na                 | bit roundation        | on, inc.           |  |                |
| Address                     | 17 Com                 | merce St.             |                    | Room/Suite                                       |                |
| City                        | Baltim                 |                       | State              | MD ZIP Code                                      | 21202          |
| Foreign Country             | Darcin                 | 016                   | otate              | <u>11D</u> Zii 00d0                              |                |
| Telephone Number            | /41                    | 0) 727-2404           | Extension          |  |                |
| Fax                         |                        | 0) 625-1531           | E-Mail Address     |  |                |
| <u> </u>                    |                        | 07 023 1331           |                    |  |                |
| Eligible for hurrican       | ne tax relief legislat | ion benefits, chec    | k here             |  |                |
| Part II — Type of Return    |                        |                       |                    |  |                |
| Form 990-EZ only            | Fo                     | rm 990-EZ with F      | orm 990-T          |  |                |
| Form 990 only               | Fo                     | rm 990 with Form      | 1 990-T            |  |                |
| X Form 990-PF only          | Fo                     | rm 990-PF with F      | orm 990-T          |  |                |
| Form 990-T only             | Fo                     | rm 990-N (gross r     | eceipts \$50,000 o | r less) for Electron                             | ic Filing only |
|                             |                        |                       |                    |  |                |
| QuickBooks Import           |                        |                       | •                  | •  |                |
| 990 imported data copied    |                        |                       |                    |  | m prior        |
| year 990 and now qualify    | to file the EZ this ye |                       |                    | ata to the EZ                                    |                |
|                             | =                      | IMPORTA               |                    |  |                |
|                             | sferring data from Fo  |                       |                    |  |                |
| filing Form 990 to          | 990-EZ" listed abov    | e in the Most Cor     | nmon Support Qu    | estions or Tax Help                              | for this line  |
| Deat III Town of Owners     | 4:                     |                       |                    |  |                |
| Part III — Type of Organi   | zation                 |                       |                    |  |                |
| V FO1(s) Corporation/       | Accounting             | 2 (cubsoction         | number)            | 220(a) Trust                                     |                |
| X 501(c) Corporation/       | Association            | 3 (subsection         |                    | 220(e) Trust<br>408A Trust                       |                |
| 501(c) Trust                |                        | (subsection           | number)            |  |                |
| 4947(a)(1) Trust            |                        |                       |                    | 529(a) Corporation                               | 1              |
| 408(e) Trust                |                        |                       |                    | 529(a) Trust                                     |                |
| 401(a) Trust                |                        |                       |                    | 530(a) Trust                                     |                |
| Other                       | (describe)             |                       |                    | 527 Organization                                 |                |
|                             |                        |                       |                    | 501(c) Association                               |                |
|                             |                        |                       |                    |  |                |
| Part IV — Tax Year and F    | iling Information      |                       |                    |  |                |
|                             |                        |                       |                    |  |                |
| Calendar year               |                        | _                     |                    |  |                |
|                             | nding month            | <u>6</u>              |                    |  |                |
| Short year — Be             | eginning date          |                       | Ending date        |  | _              |
| [ <del>11</del> ] (1 ) (1)  | ı                      | 0 4 . 0 . 51          |                    | D (Ct (  | EETDO)         |
| X Check this box if the     | e organization is en   | rolled in the Elect   | ronic Federal Tax  | Payment System (t                                | <u>-F1P5)</u>  |
| Part V - 2012 Estimated     | Toyor Poid             |                       |                    |  |                |
|                             | Taxes Faiu             |                       |                    |  |                |
| X Check this box if th      | e organization is a r  | rivate foundation     |                    |  |                |
| SHOOM AND SOM II AIR        | o o. ga                |                       |                    | Form 990-T                                       | Form 990-PF    |
| Amount of 2011 overpaym     | nent credited to 2012  | 2 estimated tax       |                    |  |                |
|                             |                        |                       |                    |  |                |
|                             |                        | Form                  | 990-T              | Form   | 1990-PF        |
| <del></del>                 | +                      |                       |                    | <del>                                     </del> |                |
|                             | Due                    | Date                  | Amount             | Date   | Amount         |
| Payment Quarters            | Date                   | Paid                  | Paid               | Paid   | Paid           |
| <del></del>                 |                        |                       |                    | <del> </del>                                     |                |
| 1st Quarter Payment         | 11/15/12               |                       |                    |  | i              |
| 2nd Quarter Payment         | 12/17/12               |                       |                    |  |                |
| 3rd Quarter Payment         | 03/15/13               |                       |                    | i  | ~              |
| 4th Quarter Payment         | 06/17/13               |                       |                    |  |                |
| quartor r aymont            |                        |                       |                    |  |                |
| Additional Payment 1        |                        | į                     |                    |  |                |
| Additional Payment 2        | -                      |                       |                    |  |                |
|                             | -                      | -                     |                    | ·  |                |
| Additional Payment 4        | -                      |                       |                    |  |                |
| Additional Payment 4        | l                      |                       |                    | _t   |                |

|   | <del></del>                                 |                      |                  |
|---|---|----------------------|------------------|
| The Nabit Foundation, Inc.  |   | 52-1756              | 376Page <b>2</b> |
| Part VI — Electronic Filing Information   |   | ,                    |                  |
| IMPORTANT: Do not use the Miscellaneous Statement or A Form 990-EZ These statements will not be transmitted with Supplemental Information for the appropriate Schedule.   |   | _                    |                  |
| Electronic Filing:  X File the federal return electronically  |   |                      |                  |
| Practitioner PIN program:  X Sign this return electronically using the Practitioner X ERO entered PIN  Officer's PIN (enter any 5 numbers) 56376  Date PIN entered 11/04/201  |   |                      |                  |
| Electronic Filing of Extensions:  Check this box to file Form 8868 (application for extension)  | ension of time to file r                    | eturn) electronicall | y                |
| Information required for Electronic Filing: Officer's Name CHARLES J NABIT  |   |                      |                  |
| Electronic Filing of Amended Return:  Check this box to file amended return electronically  |   |                      |                  |
| Part VII — Electronic Funds Withdrawal Information  | (Form 990PF filers                          | only)                |                  |
| Use electronic funds withdrawal of Form 886 Use electronic funds withdrawal of amended If any options selected above, enter information below, (Re  Bank Information  Name of Financial Institution (optional)  Check the appropriate box  Routing number  Account number  Use electronic funds withdrawal of Form 886  Use electronic funds withdrawal of amended  If any options selected above, enter information below, (Re  X Check 1996 | return balance due (Eeview transferred info | EF only)?            | cy)              |
| Payment Information  Enter the payment date to withdraw tax payment Balance due amount from this return Enter an amount to withdraw tax payment If partial payment is made, the remaining balance due Payment date for amended returns Balance due amount for amended returns   |   |                      |                  |
| Part VIII — Information for Client Letter   |   |                      |                  |
|   | Form 990-EZ or<br>Form 990                  | Form 990-PF          | Form 990-T       |
| Extended Due Date   |   |                      |                  |
| Letter Salutation Chuck   |   |                      |                  |
| Part IX – Return Preparer   |   |                      |                  |
| Enter preparer code from Fırm/Preparer Info (See Help)  QuickZoom to Fırm/Preparer Info   | <u>PMA</u>                                  |                      | <b>▶</b>         |
| QuickZoom to Form 990-EZ, Pages 1 through 4. QuickZoom to Form 990, Page 1  |   | ,                    | <b>▶</b> []      |

QuickZoom to Form 990-PF, Page 1

QuickZoom to Form 990-T, Page 1
\*QuickZoom to Form 990-N, e-PostCard

► <u>□</u> ·

QuickZoom to Client Status

\_\_\_\_\_

teew0101 SCR 11/30/12

\*Form 990-PF, Page 1, Part I, Line 23

### Line 23 Stmt

| Other expenses:   | Rev/Exp Book | Net Inv Inc | Adj Net Inc | Charity Disb |
|-------------------|--------------|-------------|-------------|--------------|
| Bond Amortization | 3,076.       |             |             |              |
| BANK CHARGES      | 50.          |             |             |              |

Total

3,126.

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

#### Line 3a statement

| Recipient  Name and address (home or business) | If recipient is<br>an individual,<br>show any<br>relationship to<br>any foundation | Foun-<br>dation<br>status<br>of re-<br>cipient | Purpose of grant or contribution | Person or<br>Business<br>Checkbox |
|--|--|--|----------------------------------|-----------------------------------|
|  | manager or<br>substantial<br>contributor   | cipient  |                                  | Amount                            |
| a Paid during the year PAULS_PLACE_INC         | NONE   |  |                                  | Person or Business X              |
| BALTIMORE MD 21230                             |  | PUBLIC   |                                  | 1,000.                            |
| SISTERS ACADEMY OF BALTIMORE                   | NONE   |  | UNRESTRICTED                     | Person or                         |
| 139 FIRST_ST                                   |  |  |                                  | Business X                        |
| BALTIMORE MD 21227                             |  | PUBLIC   | TANDE COMPANDED                  | 6,000.                            |
| WALTERS ART MUSEUM                             |  |  | UNRESTRICTED                     | Person or Business X              |
| 600 N CHARLES ST                               | NONE   | - PUBLIC                                       |                                  | Business X 58,500.                |
| BALTIMORE MD 21201                             | NONE   |  |                                  | Person or                         |
| B & O RAILROAD MUSEUM                          | NONE   |  |                                  | Business X                        |
| 901 W.PRATT STREET BALTIMORE MD 21223          |  | PUBLIC   | UNRESTRICTED                     | 1,000.                            |
| LIVING CLASSROOMS FOUNDATION                   | NONE   | FODLIC   | ONKEDIKICIED                     | Person or                         |
| 802 SOUTH CAROLINE STREET                      | NONE   |  |                                  | Business X                        |
| BALTIMORE MD 21231                             |  | PUBLIC   | UNRESTRICTED                     | 5,000.                            |
| BALTIMORE SCHOOL FOR THE ARTS                  | NONE   | 100010   | 0111120122                       | Person or                         |
| 712 CATHEDRAL STREET                           |  |  |                                  | Business X                        |
| BALITMORE MD 21201                             |  | PUBLIC   | UNRESTRICTED                     | 15,000.                           |
| MORE   | NONE   |  |                                  | Person or                         |
| 202 ABBY HILL COURT                            |  |  |                                  | Business X                        |
| TIMONIUM MD 21093                              |  | PUBLIC   | UNRESTRICTED                     | 1,000.                            |
| UNIVERSITY OF MD CHILDREN'S HOSPITAL           | -  |  |                                  | Person or                         |
| 22 S. GREENE STREET                            |  |  |                                  | Business X                        |
| BALTIMORE MD 21201                             |  | PUBLIC   | UNRESTRICTED                     | 5,000.                            |

Total

\*Form 990-PF, Page 1, Part I

Line 16b - Accounting Fees

| Name of<br>Provider | Type of Service<br>Provided | Amount Paid Per Books | Net<br>Investment<br>Income | Adjusted<br>Net<br>Income | Disbursements<br>for Charitable<br>Purposes |
|---------------------|-----------------------------|-----------------------|-----------------------------|---------------------------|---|
| WHBG                | ACCOUNTING & TAX SERVI      | 2,500.                |                             |                           |   |

Total

2,500.

Form 990-PF, Page 1, Part I

Line 16c - Other Professional Fees

| Name of<br>Provider          | Type of Service<br>Provided                        | Amount<br>Paid<br>Per Books | Net<br>Investment<br>Income | Adjusted<br>Net<br>Income | Disbursements<br>for Charitable<br>Purposes |
|------------------------------|--|-----------------------------|-----------------------------|---------------------------|---|
| CHEVY CHASE SCHWAB JP MORGAN | ASSET MANAGEMENT ASSET MANAGEMENT ASSET MANAGEMENT | 388.<br>3,790.<br>1,728.    |                             |                           |   |

Total

5,906.

Form 990-PF, Page 2, Part II, Line 10b

L-10b Stmt

|   | End of        | Year                 |
|---|---------------|----------------------|
| Line 10b - Investments - Corporate Stock: | Book<br>Value | Fair Market<br>Value |
| JPM-LARGE CAP EQUITY                      | 297,873.      | 333,640.             |
| JPM-MID CAP EQUITY                        | 91,206.       | 111,227.             |
| JPM-EAFE EQUITY                           | 130,255.      | 129,667.             |
| JPM-LARGE CAP EQUITY                      | 18,491.       | 17,519.              |
| JPM-ASIA JAPAN EQUITY                     | 92,036.       | 84,592.              |
| JPM-EMERGING MARKET EQUITY                | 154,638.      | 137,826.             |
| Total                                     | 784,499.      | 814,471.             |

Form 990-PF, Page 2, Part II, Line 10c

L- 10c Stmt

|   | End of        | Year                 |
|---|---------------|----------------------|
| Line 10c - Investments - Corporate Bonds: | Book<br>Value | Fair Market<br>Value |
| JPM-FIXED INCOME                          | 443,475.      | 435,110.             |
| Total                                     | 443,475.      | 435,110.             |

\*Form 990-PF, Page 2, Part II, Line 13

L-13 Stmt

| Line 13 - Investments - Other:      | End of Year   |                      |
|-------------------------------------|---------------|----------------------|
|                                     | Book<br>Value | Fair Market<br>Value |
| JPM-HEDGE FUNDS                     | 308,198.      | 308,038.             |
| JPM-REAL ESTATE & INFRASTRUCTURE FD | 54,229.       | 54,228.              |
| JPM - HARD ASSETS                   | 112,890.      | 98,535.              |
| SCHWAB INDEX FUNDS                  | -3,552.       | 0.                   |
| Total                               | 471,765.      | 460,801.             |

#### **Supporting Statement of:**

Form 990-PF, p2/Line 2(b)

| Description         | Amount  |
|---------------------|---------|
| JP MORGAN           | 27,937. |
| CASH/MM CHEVY CHASE | -129.   |
| CASH/MM SCHWAB      | 1,296.  |
| CITI CHECKING       | 182.    |
| Total               | 29,286. |

#### **Supporting Statement of:**

Form 990-PF, p2/Line 9(b)

| Description      | Amount |
|------------------|--------|
| ACCRUED INTEREST | 103.   |
| Total            | 103.   |

#### **Supporting Statement of:**

Form 990-PF,p12/Line 3 Column (d)

| Description             | Amount |
|-------------------------|--------|
| INT.INC-SCHWAB MM FUNDS | 2.     |
| INT.INCJPM MM FUNDS     | 7.     |
| INT.INCJPM-MM FUNDS     | 971.   |
| INT.INCCITI CHECKING    | 4.     |
| Total                   | 984.   |

#### **Supporting Statement of:**

Form 990-PF,p12/Line 4 Column (d)

| Description          | Amount |
|----------------------|--------|
| DIV-SCHWAB           | 4,946. |
| TAX EXEMPT-JPM       | 647.   |
| INT-CORP BONDS-JPM   | 1,948. |
| INT-MUNI-JPM         | 688.   |
| OID-JPM              | 100.   |
| DIV-JPM              | 7,522. |
| DIV-JPM              | 5,048. |
| DIV-CHEVY            | 3,604. |
| INT-DIAGEO -CHEVY    | 688.   |
| INT-CORP BONDS-CHEVY | 6,531. |
| INT-U.S.OBLIG-CHEVY  | 801.   |

Continued

# **Supporting Statement of:**

Form 990-PF,p12/Line 4 Column (d)

| Description         | Amount  |
|---------------------|---------|
| INT-MUNICIPAL-CHEVY | 16,680. |
| Total               | 49,203. |

¹ The Nabit Foundation, Inc. 52-1756376

`Sch. B, page 2 (Copy 1): Contributors

A Description for this copy of Schedule B, Part I

Copy 1