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Form **990-EZ**Department of the Treasury
Internal Revenue Service**Short Form
Return of Organization Exempt From Income Tax**Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

► Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form.

► The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No 1545-1150

2009**Open to Public
Inspection****A** For the 2009 calendar year, or tax year beginning

, 2009, and ending

, 20

B Check if applicable:

- ☐ Address change
☐ Name change
☐ Initial return
☐ Terminated
☐ Amended return
☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organizationEllicott City Senior Center Council, Inc.

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

Ellicott City Senior Center
9401 Frederick Road

City or town, state or country, and ZIP + 4

Ellicott City, Maryland 21042-3801**D** Employer identification number52-2197520**E** Telephone number410-313-1400**F** Group Exemption Number ►

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Accounting Method ☒ Cash ☐ Accrual
Other (specify) ►**I** Website: ►**J** Tax-exempt status (check only one) — ☒ 501(c) (3) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527**H** Check ☒ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)**K** Check ☐ if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return.**L** Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$500,000 or more, file Form 990 instead of Form 990-EZ ► \$**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See the instructions for Part I.)

		1	2	3	4	5a	5b	5c	6a	6b	6c	7a	7b	7c	8	9	10	11	12	13	14	15	16	17	18	19	20	21			
Revenue	1	Contributions, gifts, grants, and similar amounts received														1	2,649.00														
	2	Program service revenue including government fees and contracts														2	0														
	3	Membership dues and assessments														3	0														
	4	Investment income														4	0														
	5a	Gross amount from sale of assets other than inventory														5a	0														
	b	Less: cost or other basis and sales expenses														5b	0														
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)														5c	0														
	6	Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here <input type="checkbox"/>																													
	a	Gross revenue (not including \$ <u>2,649.00</u> of contributions reported on line 1)														6a	2,719.50														
	b	Less: direct expenses other than fundraising expenses														6b	0														
c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)														6c	2,719.50															
7a	Gross sales of inventory, less returns and allowances														7a	0															
b	Less: cost of goods sold														7b	0															
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)														7c	0															
8	Other revenue (describe ► <u>Interest from checking account</u>)														8	18.76															
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8														9	5,387.26															
Expenses	10	Grants and similar amounts paid (attach schedule)														10	2,700.00														
	11	Benefits paid to or for members														11	0														
	12	Salaries, other compensation, and employee benefits														12	0														
	13	Professional fees and other payments to independent contractors														13	2,094.10														
	14	Occupancy, rent, utilities, and maintenance														14	0														
	15	Printing, publications, postage, and shipping														15	0														
	16	Other expenses (describe ►)														16	0														
17	Total expenses. Add lines 10 through 16														17	4,794.10															
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)														18	593.16														
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)														19	11,883.12														
	20	Other changes in net assets or fund balances (attach explanation)														20	0														
	21	Net assets or fund balances at end of year. Combine lines 18 through 20														21	12,476.28														

Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ.

(See the instructions for Part II)

		(A) Beginning of year	(B) End of year
22	Cash, savings, and investments	11,883.12	12,476.28
23	Land and buildings	0	0
24	Other assets (describe ►)	0	0
25	Total assets	11,883.12	12,476.28
26	Total liabilities (describe ►)	0	0
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	11,883.12	12,476.28

Part III Statement of Program Service Accomplishments (See the instructions for Part III.)

What is the organization's primary exempt purpose? *To support the Ellicott City Senior Center*
 Describe what was achieved in carrying out the organization's exempt purposes in a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

Expenses
 (Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others.)

28 <i>Columbia Chef Caterer for food at Holiday Party at E.C. Sr. Center</i> 1,250.00 <i>Pocket Calendars as gifts to Seniors at Holiday Party at E.C. Sr. Center</i> 366.50 <i>Partial subsidy of PACE Exercise Classes at E.C. Sr. Center</i> 120.00 (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	28a 1,736.50
29 <i>Coffee Pots and kitchen supplies for E.C. Senior Center</i> 293.60 <i>Registration Fee for Workshop</i> 64.00 (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	29a 357.60
30 <i>To Ellicott City Senior Center Petty Cash Fund 6/9/09</i> 900.00 <i>To Ellicott City Senior Center Petty Cash Fund 9/22/09</i> 900.00 <i>To Ellicott City Senior Center Petty Cash Fund 10/29/09</i> 900.00 (Grants \$ 2,700.00) If this amount includes foreign grants, check here <input type="checkbox"/>	30a 2,700.00
31 Other program services (attach schedule) <input type="checkbox"/> (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	31a
32 Total program service expenses (add lines 28a through 31a) <input type="checkbox"/>	32 4,794.10

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated. (See the instructions for Part IV.)

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
<i>Velva H. Howard, 4013 Zuni Court, Ellicott City, MD 21043</i>	<i>President</i> <i>10 hrs.</i>	0	0	0
<i>Marian O'Byrne, 2115-210 Ganton Green, Woodstock, MD 21163</i>	<i>Vice President</i> <i>1 hr.</i>	0	0	0
<i>Dorothy Biller, 3365 F.N. Chatham Road, Ellicott City, MD 21042</i>	<i>Secretary</i> <i>12 hrs.</i>	0	0	0
<i>Sylvia Barron, 3563 Plum Tree Drive, Ellicott City, MD 21042</i>	<i>Treasurer</i> <i>4 hrs.</i>	0	0	0
<i>Note: The Council consists of 9 senior volunteers elected by seniors attending the Ellicott City Senior Center. The Council meets monthly with Senior Center staff. Council members receive no compensation for their service on the Council. The Council receives funds and conducts fundraisers for the benefit of the Ellicott City Senior Center. Grants to the Ellicott City Senior Center Petty Cash Fund in the form of cash are used by the Ellicott City Senior Center for programs, classes, etc. for the benefit of seniors attending the Ellicott City Senior Center. Most fundraisers are conducted jointly by the staff of the Ellicott City Senior Center, the Council, and other volunteers.</i>				

Part V Other Information (Note the statement requirements in the instructions for Part V.)

	Yes	No
33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33	✓
34 Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34	✓
35 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.		
a Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a	✓
b If "Yes," has it filed a tax return on Form 990-T for this year?	35b	
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36	✓
37a Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a 0		
b Did the organization file Form 1120-POL for this year?	37b	✓
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return?	38a	✓
b If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	
39 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on line 9	39a	
b Gross receipts, included on line 9, for public use of club facilities	39b	
40a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under: section 4911 ▶ 0 ; section 4912 ▶ 0 ; section 4955 ▶ 0		
b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b	✓
c Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ 0		
d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶ 0		
e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T.	40e	✓
41 List the states with which a copy of this return is filed. ▶		
42a The organization's books are in care of ▶ <u>Dorothy Biller, Secretary</u> Telephone no. ▶ <u>410-313-1400</u> Located at ▶ <u>Ellicott City Senior Center, 9401 Frederick Road, Ellicott City, MD</u> ZIP # <u>21042-3801</u>		
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	✓
If "Yes," enter the name of the foreign country: ▶ _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts .		
c At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c	✓
If "Yes," enter the name of the foreign country: ▶ _____		
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43		
44 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	44	✓
45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ	45	✓

Part VI

Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51.

- 46** Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I **Yes** **No**
46 ☐ ☒
- 47** Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II **47** ☐ ☒
- 48** Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E **48** ☐ ☒
- 49a** Did the organization make any transfers to an exempt non-charitable related organization? **49a** ☒ ☐
- b** If "Yes," was the related organization a section 527 organization? *Ellicott City Senior Center* **49b** ☐ ☒
- 50** Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
<i>None</i>				

f Total number of other employees paid over \$100,000 **▶** _____

- 51** Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation

d Total number of other independent contractors each receiving over \$100,000 **▶** _____

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

Sign Here

▶ *Dorothy C. Biller* **May 13, 2010**
 Signature of officer Date
▶ *Dorothy C. Biller, Secretary*
 Type or print name and title

Paid Preparer's Use Only

Preparer's signature **▶** Date **▶** Check if self-employed ☐ Preparer's identifying number (See instructions)
 Firm's name (or yours if self-employed), address, and ZIP + 4 **▶** EIN **▶**
 Phone no **▶**

May the IRS discuss this return with the preparer shown above? See instructions **▶** ☐ **Yes** ☐ **No**

Form **990-EZ** (2009)



SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Ellicott City Senior Center Council, Inc.

Employer identification number

52 : 2197520

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 ☒ An organization that normally receives: (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 11 ☒ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h.
 - a ☐ Type I
 - b ☐ Type II
 - c ☐ Type III—Functionally integrated
 - d ☒ Type III—Other

e ☒ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).

f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? ☐

(ii) A family member of a person described in (i) above? ☐

(iii) A 35% controlled entity of a person described in (i) or (ii) above? ☐

	Yes	No
11g(i)		<input checked="" type="checkbox"/>
11g(ii)		<input checked="" type="checkbox"/>
11g(iii)		<input checked="" type="checkbox"/>

h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
<i>Ellicott City Senior Center</i>	<i>52-6000965</i>	<i>6</i>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<i>4,794.10</i>
	<i>Howard Co. Government</i>								
	<i>Number</i>								
Total									<i>4,794.10</i>

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	%
16a 33⅓% support test—2009. If the organization did not check the box on line 13, and line 14 is 33⅓% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 33⅓% support test—2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33⅓% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
17a 10%-facts-and-circumstances test—2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 10%-facts-and-circumstances test—2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ► <input type="checkbox"/>		

Part III . Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	3,169.00	2,132.50	2,501.00	3,068.00	2,649.00	13,519.50
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	1,518.00	946.00	2,005.00	1,837.00	2,719.50	9,075.50
3 Gross receipts from activities that are not an unrelated trade or business under section 513	0	0	0	0	0	0
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0	0	0	0	0	0
5 The value of services or facilities furnished by a governmental unit to the organization without charge	0	0	0	0	0	0
6 Total. Add lines 1 through 5	4,687.00	3,128.50	4,506.00	4,905.00	5,368.50	22,595.00
7a Amounts included on lines 1, 2, and 3 received from disqualified persons	0	0	0	0	0	0
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year	0	0	0	0	0	0
c Add lines 7a and 7b	0	0	0	0	0	0
8 Public support (Subtract line 7c from line 6.)	4,687.00	3,128.50	4,506.00	4,905.00	5,368.50	22,595.00

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6	4,687.00	3,128.50	4,506.00	4,905.00	5,368.50	22,595.00
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	24.79	21.05	25.33	30.22	18.76	120.15
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	0	0	0	0	0	0
c Add lines 10a and 10b	24.79	21.05	25.33	30.22	18.76	120.15
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	0	0	0	0	0	0
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	0	0	0	0	0	0
13 Total support. (Add lines 9, 10c, 11, and 12)	4,711.79	3,149.55	4,531.33	4,935.22	5,387.26	22,715.25
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	99.5 %
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	89.4 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	.53 %
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	.50 %

- 19a 33 1/3 % support tests—2009.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3 %, and line 17 is not more than 33 1/3 %, check this box and **stop here**. The organization qualifies as a publicly supported organization ► ☒
- b 33 1/3 % support tests—2008.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3 %, and line 18 is not more than 33 1/3 %, check this box and **stop here**. The organization qualifies as a publicly supported organization ► ☒
- 20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ► ☐

Part IV

Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Provide any other additional information. See instructions.

[illegible]

Part III . Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	2,665.00	3,169.00	2,132.50	2,501.00	3,068.00	13,535.50
2 Gross receipts from admissions, merchandise sold or services performed, or facilities	3,862.00	1,518.00	996.00	2,005.00	1,837.00	10,218.00
	0	0	0	0	0	0
	0	0	0	0	0	0
	0	0	0	0	0	0
	6,527.00	4,687.00	3,128.50	4,506.00	4,905.00	23,753.50
	0	0	0	0	0	0
	0	0	0	0	0	0
	0	0	0	0	0	0
8 Public support (Subtract line 7c from line 6.)	6,527.00	4,687.00	3,128.50	4,506.00	4,905.00	23,753.50

Corrected copy
of Page 3,
Schedule A,
2008

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6	6,527.00	4,687.00	3,128.50	4,506.00	4,905.00	23,753.50
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	31.98	24.79	21.05	25.33	30.22	133.37
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	0	0	0	0	0	0
c Add lines 10a and 10b	31.98	24.79	21.05	25.33	30.22	133.37
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	0	0	0	0	0	0
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)	2,690.00	0	0	0	0	2,690.00
13 Total support. (Add lines 9, 10c, 11, and 12)	9,248.98	4,711.79	3,149.55	4,531.33	4,935.22	26,576.87
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f))	15	89.4 %
16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g	16	39.6 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f))	17	.50 %
18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h	18	.29 %

- 19a 33 1/3 % support tests—2008.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3 %, and line 17 is not more than 33 1/3 %, check this box and stop here. The organization qualifies as a publicly supported organization ☒
- b 33 1/3 % support tests—2007.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3 %, and line 18 is not more than 33 1/3 %, check this box and stop here. The organization qualifies as a publicly supported organization ☒
- 20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ☐

ADDENDUM TO SCHEDULE A

2009

Ellicott City Senior Center Council, Inc.
Employer Identification Number 52-2197520

Part III, Section D, Line 18, Investment Income Percentage from 2008

The answer given on the 2008 Schedule A, Line 17 should have been .50 %.
The decimal was in the wrong place. It was reported as 5.0 %.

Schedule A for 2008, Line 19a and Line 19b should have been checked because
the Ellicott City Senior Center Council, Inc. is a publicly supported organization.

ADDENDUM TO FORM 990-EZ

2009

Ellicott City Senior Center Council, Inc.
Employer Identification Number 52-2197520

Part I, Number 6, Special Events and Activities

Crab Cake Luncheon Fundraiser

The Senior Center sold tickets for a Crab Cake Luncheon to seniors attending the Ellicott City Senior Center and others. Carryout orders of crab cakes were also sold at the luncheon. The staff and volunteers, including some Council members, prepared and served the food, decorated, etc. The staff of the Ellicott City Senior Center deducted the expenses from the sales of tickets and carryout orders, and gave the net profit to the Ellicott City Senior Center Council, Inc.

Proceeds from Crab Cake Luncheon Fundraiser	\$ 1,495.50
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Art Sale Fundraiser

An Art Sale was held of pictures painted by the artists attending Art Classes at the Ellicott City Senior Center. The sale was conducted by the Assistant Director of the Senior Center and several members of the Council. The artists donated to the Ellicott City Senior Center Council, Inc. a total amounting to 25% of the money received for the pictures.

Proceeds from Art Sale	\$ 1,207.00
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Ben Franklin Music Sales

A program was given at the Ellicott City Senior Center by experts on the music and musical instruments of the time of Ben Franklin and his interest of the music of his day. Music CDs were sold, and the Ellicott City Senior Center Council, Inc. received 20% of the sales of music.

Proceeds from Music Sale	\$ 17.00
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Part III, Number 30, Grant of \$ 2,700.00 to Ellicott City Senior Center Petty Cash Fund

The Senior Center Petty Cash Fund paid \$ 2,415.00 for programs and entertainment, \$ 350.00 for classes for seniors at the Senior Center, and \$ 837.00 for food, as well as other supplies, equipment, and miscellaneous expenses.