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# 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)

OMB No 1545-1150

Form 990-EZ

Department of the Treasury  
Internal Revenue Service

2009

Open to Public  
Inspection

► 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.

A For the 2009 calendar year, or tax year beginning and ending

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 organization  
ROTARY CLUB OF COLUMBIA PATUXENT CHARITABLE TRUST

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

P.O. BOX 1292

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

COLUMBIA, MD 21044

D Employer identification number

52-6385515

E Telephone number

410-992-5550

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: ► N/A

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 ► \$ 79,713.

## Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)

1	Contributions, gifts, grants, and similar amounts received	1	32,374.
2	Program service revenue including government fees and contracts	2	
3	Membership dues and assessments	3	
4	Investment income	4	1,214.
5a	Gross amount from sale of assets other than inventory	5a	
b	Less: cost or other basis and sales expenses	5b	
c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
6	Special events and activities (complete applicable parts of Schedule C). If any amount is from gaming, check here ► <input checked="" type="checkbox"/>	6a	38,874.
a	Gross revenue (not including \$ 29,057. of contributions reported on line 1)	6b	19,803.
b	Less: direct expenses other than fundraising expenses	6c	19,071.
c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	7a	
7a	Gross sales of inventory, less returns and allowances	7b	
b	Less: cost of goods sold	7c	
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	8	7,251.
8	Other revenue (describe ► UNREALIZED GAIN FROM INVESTMENTS )	9	59,910.
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	10	61,449.
10	Grants and similar amounts paid (attach schedule)	11	
11	Benefits paid to or for members	12	
12	Salaries, other compensation, and employee benefits	13	
13	Professional fees and other payments to independent contractors	14	
14	Occupancy, rent, utilities, and maintenance	15	
15	Printing, publications, postage, and shipping	16	3,552.
16	Other expenses (describe ► SEE STATEMENT 1 )	17	65,001.
17	Total expenses. Add lines 10 through 16	18	<5,091.►
18	Excess or (deficit) for the year (Subtract line 17 from line 9)	19	112,405.
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)	20	
20	Other changes in net assets or fund balances (attach explanation)	21	107,314.
21	Net assets or fund balances at end of year. Combine lines 18 through 20		

## 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	80,789.	22 63,223.
23 Land and buildings	23	
24 Other assets (describe ► SEE STATEMENT 2 )	33,724.	24 44,331.
25 Total assets	114,513.	25 107,554.
26 Total liabilities (describe ► SEE STATEMENT 3 )	2,108.	26 240.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	112,405.	27 107,314.

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02-08-10 LHA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

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24 P

**ROTARY CLUB OF COLUMBIA PATUXENT  
CHARITABLE TRUST**

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

What is the organization's primary exempt purpose? **SEE STATEMENT 9**

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.

**28 SEE STATEMENT 6**

## Expenses

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

(Grants \$ 60,949.) If this amount includes foreign grants, check here  28a 60,949.

29 SEE STATEMENT 7

28a

60,949.

(Grants \$ ) If this amount includes foreign grants, check here  29a

30 SEE STATEMENT 8

29a

(Grants \$  If this amount includes foreign grants, check here  30a

31 Other program services (attach schedule) SEE STATEMENT 10

(Grants \$ 500.) If this amount includes foreign grants, check here  31a

**32 Total program service expenses (add lines 28a through 31a)**

312

60,949.

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

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

33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity  
 34 Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes  
 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?

b If "Yes," has it filed a tax return on Form 990-T for this year?

36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Sch. N

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?

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?

b If "Yes," complete Schedule L, Part II and enter the total amount involved

39 Section 501(c)(7) organizations. Enter:

a Initiation fees and capital contributions included on line 9

b Gross receipts, included on line 9, for public use of club facilities

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

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

d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization

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

41 List the states with which a copy of this return is filed. ► MD

42a The organization's books are in care of ► CHARLES MCCABE

Telephone no. ► 410-992-5550

Located at ► 5500 TWIN KNOLLS ROAD, COLUMBIA, MD

ZIP + 4 ► 21045

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)?

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.?

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

and enter the amount of tax-exempt interest received or accrued during the tax year

► 43

N/A

44 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ

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

	<b>Yes</b>	<b>No</b>
44		X
45		X

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**ROTARY CLUB OF COLUMBIA PATUXENT  
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**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  X

47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II 47  X

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 48  X

49a Did the organization make any transfers to an exempt non-charitable related organization? 49a  X

b If "Yes," was the related organization a section 527 organization? 49b  X

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>NONE</b>	(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

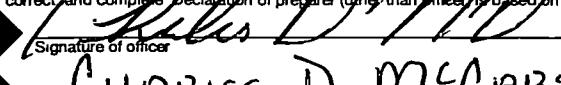
f Total number of other employees paid over \$100,000 ► **0**

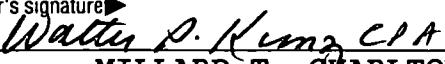
51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

**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 ► **0**

<b>Sign Here</b>	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		
	► 	Date <b>4/7/2010</b>	Preparer's identifying number (See instr.)
► 	Signature of officer		Date <b>4/7/2010</b>

<b>Paid Preparer's Use Only</b>	Preparer's signature ► 	Date <b>04/07/10</b>	Check if self-employed ► <input type="checkbox"/>	Preparer's identifying number (See instr.)
	Firm's name (or yours if self-employed), address, and ZIP + 4 ► <b>MILLARD T. CHARLTON &amp; ASSOCIATES 4703 ANNAPOLIS ROAD BLADENSBURG, MD 20710-1201</b>			EIN ► <input type="checkbox"/> Phone no. <b>(301) 927-7150</b>

May the IRS discuss this return with the preparer shown above? See instructions

►  Yes  No

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02-08-10

Department of the Treasury  
Internal Revenue Service

**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.

► REACH TO FINGER 3 OR FINGER 5. ► SEE SEPARATE INSTRUCTIONS.  
BY GLUE OR COLUMBIA PATIENT

Name of the organization	ROTARY CLUB OF COLUMBIA PATUXENT CHARITABLE TRUST	Employer identification number 52-6385515
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**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	<input type="checkbox"/> A church, convention of churches, or association of churches described in <b>section 170(b)(1)(A)(i)</b> .
2	<input type="checkbox"/> A school described in <b>section 170(b)(1)(A)(ii)</b> . (Attach Schedule E.)
3	<input type="checkbox"/> A hospital or a cooperative hospital service organization described in <b>section 170(b)(1)(A)(iii)</b> .
4	<input type="checkbox"/> A medical research organization operated in conjunction with a hospital described in <b>section 170(b)(1)(A)(iii)</b> . Enter the hospital's name, city, and state: _____
5	<input type="checkbox"/> An organization operated for the benefit of a college or university owned or operated by a governmental unit described in <b>section 170(b)(1)(A)(iv)</b> . (Complete Part II.)
6	<input type="checkbox"/> A federal, state, or local government or governmental unit described in <b>section 170(b)(1)(A)(v)</b> .
7	<input checked="" type="checkbox"/> An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in <b>section 170(b)(1)(A)(vi)</b> . (Complete Part II.)
8	<input type="checkbox"/> A community trust described in <b>section 170(b)(1)(A)(vi)</b> . (Complete Part II.)
9	<input type="checkbox"/> 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 <b>section 509(a)(2)</b> . (Complete Part III.)
10	<input type="checkbox"/> An organization organized and operated exclusively to test for public safety. See <b>section 509(a)(4)</b> .
11	<input type="checkbox"/> 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 <b>section 509(a)(1)</b> or <b>section 509(a)(2)</b> . See <b>section 509(a)(3)</b> . Check the box that describes the type of supporting organization and complete lines 11e through 11h.

(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
Total						

**LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.**

**Schedule A (Form 990 or 990-EZ) 2009**

## ROTARY CLUB OF COLUMBIA PATUXENT

Schedule A (Form 990 or 990-EZ) 2009 CHARITABLE TRUST

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## 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.")	26,060.	28,658.	22,325.	29,021.	32,374.	138,438.
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	26,060.	28,658.	22,325.	29,021.	32,374.	138,438.
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)						2,075.
<b>6 Public support.</b> Subtract line 5 from line 4						136,363.

## 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	26,060.	28,658.	22,325.	29,021.	32,374.	138,438.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,293.	1,589.	2,078.	1,634.	1,210.	7,804.
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)						
<b>11 Total support.</b> Add lines 7 through 10						146,242.
<b>12 Gross receipts from related activities, etc. (see instructions)</b>				12		283,805.
<b>13 First five years.</b> 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	93.24	%
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	89.05	%
<b>16a 33 1/3% support test - 2009.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization			► <input checked="" type="checkbox"/>
<b>b 33 1/3% support test - 2008.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization			► <input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2009.</b> 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>b 10% -facts-and-circumstances test - 2008.</b> 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"/>
<b>18 Private foundation.</b> 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"/>

Schedule A (Form 990 or 990-EZ) 2009

**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.") .....						
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 .....						
3 Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
5 The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</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 .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support</b> (Subtract line 7c from line 6)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) .....						
<b>13 Total support</b> (Add lines 9, 10c, 11, and 12)						
<b>14 First five years.</b> 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**

<b>15</b> Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2008 Schedule A, Part III, line 15 .....	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2008 Schedule A, Part III, line 17 .....	<b>18</b>	%
<b>19a</b> 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 .....		► <input type="checkbox"/>
<b>b</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 .....		► <input type="checkbox"/>
<b>20</b> Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions .....		► <input type="checkbox"/>

Department of the Treasury  
Internal Revenue Service

► Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.  
► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

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

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

Name of the organization **ROTARY CLUB OF COLUMBIA PATUXENT CHARITABLE TRUST** Employer identification number **52-6385515**

**Part I** **Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

**2 a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

Yes

No

**b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

Total

3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing.

## ROTARY CLUB OF COLUMBIA PATUXENT

Schedule G (Form 990 or 990-EZ) 2009

## CHARITABLE TRUST

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**Part II Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

	(a) Event #1 <b>ANNUAL FUNDRAISER</b> (event type)	(b) Event #2 (event type)	(c) Other events NONE (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1 Gross receipts .....	47,792.		47,792.
	2 Less: Charitable contributions .....	29,057.		29,057.
	3 Gross income (line 1 minus line 2) .....	18,735.		18,735.
Direct Expenses	4 Cash prizes .....			
	5 Noncash prizes .....	899.		899.
	6 Rent/facility costs .....	750.		750.
	7 Food and beverages .....	10,010.		10,010.
	8 Entertainment .....	400.		400.
	9 Other direct expenses .....	1,745.		1,745.
	10 Direct expense summary. Add lines 4 through 9 in column (d) .....		►	( 13,804.)
	11 Net income summary. Combine line 3, column (d), and line 10 .....		►	4,931.

**Part III Gaming.** Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1 Gross revenue .....		20,139.	20,139.
Direct Expenses	2 Cash prizes .....		5,999.	5,999.
	3 Noncash prizes .....			
	4 Rent/facility costs .....			
	5 Other direct expenses .....			
	6 Volunteer labor .....	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes 100 % <input type="checkbox"/> No
	7 Direct expense summary. Add lines 2 through 5 in column (d) .....		►	( 5,999.)
	8 Net gaming income summary. Combine line 1, column (d), and line 7 .....		►	14,140.

9 Enter the state(s) in which the organization operates gaming activities: MD

Yes	No
-----	----

a Is the organization licensed to operate gaming activities in each of these states? .....

9a	X
----	---

b If "No," explain:

MARYLAND DOES NOT REQUIRE 501(C)(3) ORGANIZATIONS TO BE  
LICENSED OR REGISTERED TO CONDUCT RAFFLES

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? .....

10a	X
-----	---

b If "Yes," explain:

.....

11 Does the organization operate gaming activities with nonmembers? .....

11	X
----	---

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? .....

12	X
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**ROTARY CLUB OF COLUMBIA PATUXENT  
CHARITABLE TRUST**

Schedule G (Form 990 or 990-EZ) 2009

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**13** Indicate the percentage of gaming activity operated in:

	Yes	No
13a	<b>11.00 %</b>	
13b	<b>89.00 %</b>	

**14** Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ► **CHARLES MCCABE**

Address ► **5500 TWIN KNOLLS ROAD - COLUMBIA, MD 21045**

**15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue?

**b** If "Yes," enter the amount of gaming revenue received by the organization ► \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ► \$ \_\_\_\_\_.

**c** If "Yes," enter name and address of the third party:

Name ► \_\_\_\_\_

Address ► \_\_\_\_\_

**16** Gaming manager information:

Name ► \_\_\_\_\_

Gaming manager compensation ► \$ \_\_\_\_\_

Description of services provided ► \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Director/officer       Employee       Independent contractor

**17** Mandatory distributions:

**a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?

**b** Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$

**15a** **X**

**17a** **X**

Schedule G (Form 990 or 990-EZ) 2009

## ROTARY CLUB OF COLUMBIA PATUXENT CHARITA

52-6385515

FORM 990-EZ	OTHER EXPENSES	STATEMENT	1
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DESCRIPTION	AMOUNT
BANKCARD CHARGES	1,388.
MISCELLANEOUS	2,164.
TOTAL TO FORM 990-EZ, LINE 16	3,552.

FORM 990-EZ	OTHER ASSETS	STATEMENT	2
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DESCRIPTION	BEG. OF YEAR	END OF YEAR
INVESTMENTS	31,112.	43,610.
ACCRUED DIVIDEND RECEIVABLE	142.	146.
ACCOUNTS RECEIVABLE	2,470.	575.
TOTAL TO FORM 990-EZ, LINE 24	33,724.	44,331.

FORM 990-EZ	OTHER LIABILITIES	STATEMENT	3
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DESCRIPTION	BEG. OF YEAR	END OF YEAR
ACCOUNTS PAYBLE	350.	0.
DEFERRED REVENUE	100.	100.
50/50 WINNER'S POT	1,658.	140.
TOTAL TO FORM 990-EZ, LINE 26	2,108.	240.

FORM 990-EZ

CASH GRANTS AND ALLOCATIONS

STATEMENT 4

CLASS OF ACTIVITY/GRANTEE'S NAME AND ADDRESS	GRANTEE'S RELATIONSHIP	AMOUNT
EDUCATIONAL HOWARD COMMUNITY COLLEGE-ROUSE SCHOLARSHIP	NONE	3,500.
TERMINALLY ILL PATIENT & FAMILY CARE GILCRIST HOSPICE CARE	NONE	2,500.
RECREATIONAL OPPORTUNITIES FOR FAMILIES Y OF CENTRAL MARYLAND	NONE	1,500.
PERFORMING ARTS & EDUCATIONAL COLUMBIA FESTIVAL OF THE ARTS	NONE	2,000.
COLLEGE ASSISTANCE HOCO FDTN OF BLACK EDUCATION & CULTURAL DEVEL	NONE	2,500.
TREATMENT ADVOCACY STARR CENTER	NONE	3,000.
RETARDED INDIVIDUAL'S DEVELOPMENT MD THERAPEUTIC HORSEMANSHIP ASSOCIATION	NONE	2,100.
EDUCATIONAL MD SCHOOL FOR THE DEAF FOUNDATION	NONE	1,000.
EDUCATIONAL YOUNG AUDIENCES OF MD	NONE	1,500.

## ROTARY CLUB OF COLUMBIA PATUXENT CHARITA

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PROMOTE SCOUTING GIRL SCOUTS OF CENTRAL MD	NONE	1,500.
PROMOTE SCOUTING BOY SCOUTS OF CENTRAL MD	NONE	1,500.
COMMUNITY ASSISTANCE FIRN (FOREIGN-BORN INFO REFERRAL NETWORK)	NONE	1,500.
PERFORMING ARTS & EDUCATIONAL HOWARD COUNTY STUDENT FILM FESTIVAL	NONE	750.
RETARDED INDIVIDUAL'S DEVELOPMENT THE ARC OF HOWARD COUNTY	NONE	2,000.
CRISIS INTERVENTION DOMESTIC VIOLENCE CENTER	NONE	3,000.
NEO NATAL CEMETARY MAINTENANCE HOWARD CNTY GEN'L HOSPITAL-CHILDREN'S GARDEN	NONE	1,500.
PREVENTION & TREATMENT FOR DRUG ABUSE HOWARD COUNTY DRUG FREE	NONE	1,250.
RELIEF FOR TEMP DISADVANTAGED FAMILIES COMMUNMITY ACTION COUNCIL OF HOWARD COUNTY	NONE	3,000.
DOMESTIC VIOLENCE INTERVENTION & SHELTER GRASSROOTS CRISIS INTERVENTION CENTER	NONE	5,000.

## ROTARY CLUB OF COLUMBIA PATUXENT CHARITA

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SUPPORT & REFERRAL INFO TO NEEDY FISH OF HOWARD COUNTY, INC (MD)	NONE	1,000.
SPONSOR SOUPER SUNDAY FUNDRAISER SUPPORT GRASSROOTS CRISIS INTERVENTION CENTER	NONE	500.
FOOD COUPONS FOR THE NEEDY NEW HOPE LUTHERAN CHURCH	NONE	625.
EDUCATIONAL-DICTIONARIES FOR STUDENTS 8 HOWARD COUNTY ELEMENTARY SCHOOLS	NONE	1,224.
FOOD COUPONS FOR THE NEEDY NEW HOPE LUTHERAN CHURCH	NONE	1,000.
HEALTHY FAMILIES-SUPPORT TO NEW PARENTS HOWARD COUNTY GENERAL HOSPITAL	NONE	500.
PROGRAMS FOR LOW-INCOME RESIDENTS OF HO HOWARD COUNTY COMMUNITY ACTION COUNCIL	NONE	2,000.
ASSISTANCE TO INDIGENT RESIDENTS THE VANTAGE HOUSE	NONE	2,000.
PROGRAMS-SEPARATION, DIVORCE, REMARRIAGE NATIONAL FAMILY RESILIENCY CENTER, INC	NONE	2,000.
BOAT FLOAT-COMMUNITY ENTERTAINMENT COLUMBIA FESTIVAL OF THE ARTS	NONE	1,000.

ROTARY CLUB OF COLUMBIA PATUXENT CHARITA

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ELDERLY SUPPL TRANSPORTATION SYSTEM  
NEIGHBOR RIDE, INC

NONE

1,500.

COMMUNITY MIXED CHORUS  
COLUMBIA PRO CANTARE

NONE

500.

PALLIATIVE CARE PROJECT-GONDAR, ETHIOPIA  
FOUNDATION AGAINST HIV/AIDS INC

NONE

1,500.

HOSTEL FOR HOSPITAL PATIENTS  
QUITO ROTARY CLUB, ECUADOR, SA

NONE

500.

BUILDING FUND  
GRASSROOTS CRISIS INTERVENTION CENTER

NONE

5,000.

TOTAL INCLUDED ON FORM 990-EZ, LINE 10

61,449.

FORM 990-EZ

INFORMATION REGARDING TRANSFERS  
ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS

STATEMENT 5

A) DID THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT? . . . . . [ ] YES [X] NO

B) DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS, DIRECTLY OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT? . . [ ] YES [X] NO

UNRESTRICTED GRANTS GIVEN TO UNAFFILIATED CHARITABLE ORGANIZATIONS TO PROVIDE  
COMMUNITY SUPPORT, EDUCATION INCLUDING PERFORMING ARTS, SYSTEMS, REFERRALS  
AND INITIATION OF NEW PROGRAMS

990-EZ PG 2

STATEMENT 7

COORDINATION BETWEEN ROTARY CLUB AND STUDENTS TO ACCOMPLISH COMMUNITY AND INTERNATIONAL SERVICE PROJECTS. PROVIDE INFORMATION AND ASSISTANCE FOR STUDENTS TO ACCESS PROGRAMS OF ROTARY INTERNATIONAL. SUPPORT AND PROMOTE ROTARY IN SCHOOLS THROUGH INTERAACT CLUBS.

990-EZ PG 2

STATEMENT 8

LOCAL COMMUNITY ASSISTANCE-NEEDY FAMILIES ARE PROVIDED WITH TEMPORARY SHELTER, FOOD, CLOTHING AND SCHOOL SUPPLIES AND GENERAL ASSISTANCE TO RETURN TO WORK. REFERRALS ARE GENERALLY MADE BY HOWARD COUNTY SOCIAL SERVICES OR OTHER NON PROFITS.

990-EZ PG 2

STATEMENT 9

FINANCIAL SUPPORT FOR 501 (C)(3) CHARITIES THAT HAVE DEMONSTRATED NEED AND WITH EMPHASIS FOR THOSE THAT ARE ACTIVE LOCALLY. SUPPORT FOR EDUCATION, NEEDY AND COMMUNITY BETTERMENT.

FORM 990-EZ

OTHER PROGRAM SERVICES

STATEMENT 10

## DESCRIPTION

## GRANTS EXPENSES

PROVIDED FUNDS TO QUITO ROTARY CLUB, EQUADOR, SOUTH AMERICA FOR THE SANTA RITA FOUNDATION'S HOSTEL FOR HOSPITAL PATIENTS.

500. 0.

COORDINATE AND SUPPORT NUMEROUS COMMUNITY EVENTS SUCH AS COLUMBIA FESTIVAL OF THE ARTS, FESTIVAL OF LIGHTS AND HOWARD COUNTY BOAT FLOAT.

TOTAL TO FORM 990-EZ, LINE 31

500.