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Form 990-EZ

Department of the Treasury
Internal Revenue ServiceShort 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

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 ☐ 527H 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	
5b	Less: cost or other basis and sales expenses	5b	
5c	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 G). If any amount is from gaming, check here <input checked="" type="checkbox"/>		
6a	Gross revenue (not including \$ 29,057. of contributions reported on line 1)	6a	38,874.
6b	Less: direct expenses other than fundraising expenses	6b	19,803.
6c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	19,071.
7a	Gross sales of inventory, less returns and allowances	7a	
7b	Less: cost of goods sold	7b	
7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	
8	Other revenue (describe) UNREALIZED GAIN FROM INVESTMENTS	8	7,251.
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	59,910.
10	Grants and similar amounts paid (attach schedule) STMT 4	10	61,449.
11	Benefits paid to or for members	11	
12	Salaries, other compensation, and employee benefits	12	
13	Professional fees and other payments to independent contractors	13	
14	Occupancy, rent, utilities, and maintenance	14	
15	Printing, publications, postage, and shipping	15	
16	Other expenses (describe) SEE STATEMENT 1	16	3,552.
17	Total expenses. Add lines 10 through 16	17	65,001.
18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	<5,091.>
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	112,405.
20	Other changes in net assets or fund balances (attach explanation)	20	
21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	107,314.

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

24P

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

28a	60,949.
-----	---------

29a

30a

31a

32	60,949.
----	---------

(e) Expense
account and
other allowances

0.

	0.
--	----

	0.
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	0.
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	0.
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	0.
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0.

	0.
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**ROTARY CLUB OF COLUMBIA PATUXENT
CHARITABLE TRUST**

52-6385515

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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		X
34 Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes		X
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?		X
b If "Yes," has it filed a tax return on Form 990-T for this year?	N/A	
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		X
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?		X
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?		X
b If "Yes," complete Schedule L, Part II and enter the total amount involved 38b N/A		
39 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on line 9 39a N/A		
b Gross receipts, included on line 9, for public use of club facilities 39b N/A		
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		X
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		X
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)?		X
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.?		X
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.		
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here 43 N/A		
44 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ		X
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		X

Form 990-EZ (2009)

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
- 47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II
- 48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E
- 49a Did the organization make any transfers to an exempt non-charitable related organization?
- b If "Yes," was the related organization a section 527 organization?
- 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."

	Yes	No
46		X
47		X
48		X
49a		X
49b		

(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
NONE				

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

Sign Here	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.		
	Signature of officer <i>Charles D McCabe</i>	Date 4/7/2010	
Paid Preparer's Use Only	Preparer's signature <i>Walter P. Kump CPA</i>	Date 04/07/10	Check if self-employed <input type="checkbox"/>
	Firm's name (or yours if self-employed), address, and ZIP + 4 MILLARD T. CHARLTON & ASSOCIATES 4703 ANNAPOLIS ROAD BLADENSBURG, MD 20710-1201		Preparer's identifying number (See instr.) EIN Phone no. (301) 927-7150

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

☒ Yes ☐ No

Form 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.
6 Public support. 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)						
11 Total support. Add lines 7 through 10						146,242.
12 Gross receipts from related activities, etc. (see instructions)					12	283,805.

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 ☐ ►

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	%
16a 33 1/3% support test - 2009. 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 33 1/3% support test - 2008. 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"/> ►			
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"/> ►			

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						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
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						
c Add lines 7a and 7b						
8 Public support (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
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support (Add lines 9, 10c, 11, and 12)						
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	%
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	%
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 <input type="checkbox"/>		
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"/>		
20 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.**

OMB No. 1545-0047

2009

Open To Public Inspection

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.

- a ☐ Mail solicitations
- b ☐ Internet and email solicitations
- c ☐ Phone solicitations
- d ☐ In-person solicitations
- e ☐ Solicitation of non-government grants
- f ☐ Solicitation of government grants
- g ☐ Special fundraising events

- 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.

(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
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 ANNUAL FUNDRAISER (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.
	2 Cash prizes			5,999.	5,999.
Direct Expenses	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

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

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?

b If "Yes," explain:

11 Does the organization operate gaming activities with nonmembers?

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?

	Yes	No
9a		X
10a		X
11	X	
12		X

**ROTARY CLUB OF COLUMBIA PATUXENT
CHARITABLE TRUST**

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13 Indicate the percentage of gaming activity operated in:

a The organization's facility	13a	11.00 %
b An outside facility	13b	89.00 %

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?**15a****X****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?**17a****X****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 ► \$ _____

Schedule G (Form 990 or 990-EZ) 2009

FORM 990-EZ	OTHER EXPENSES	STATEMENT	1
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
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
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.	

PROMOTE SCOUTING GIRL SOUTS 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.

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.

ELDERLY SUPPL TRANSPORTATION SYSTEM
NEIGHBOR RIDE, INC

NONE

1,500.

COMMUNITY MIXED CHORUS
COLUMBIA PRO CANTARE

NONE

500.

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

NONE

1,500.

HOSTEL FOR HOSPITAL PATIENTS
QUITO ROTARY CLUB, EQUADOR, 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

990-EZ PG 2

STATEMENT 6

UNRESTRICTED GRANTS GIVEN TO UNAFFILIATED CHRITABLE 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 INTERAECT 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.	