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Form 990-EZ

Department of the Treasury
Internal Revenue Service**Short Form**
Return of Organization Exempt From Income TaxUnder 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, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 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

2010Open to Public
Inspection**A** For the 2010 calendar year, or tax year beginning

and ending

B Check if applicable.

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

C Name of organizationROTARY 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

Room/suite

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 ▶

G Accounting Method: ☐ Cash ☒ Accrual Other (specify) ▶**I** Website: ▶ N/A**J** Tax-exempt status (check only one) — ☒ 501(c)(3) ☐ 501(c) () (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 \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.**L** Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ

▶ \$ 91,457.

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

Check if the organization used Schedule O to respond to any question in this Part I

☒

1	Contributions, gifts, and similar amounts received	1	30,798.
2	Program service revenue including government fees and contracts	2	
3	Membership dues and assessments	3	
4	Investment income	4	1,094.
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	Gaming and fundraising events		
a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	27,947.
b	Gross income from fundraising events (not including \$ 26,500. of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	25,544.
c	Less: direct expenses from gaming and fundraising events	6c	28,135.
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	25,356.
7a	Gross sales of inventory, less returns and allowances	7a	
b	Less: cost of goods sold	7b	
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	
8	Other revenue (describe in Schedule O)	8	6,074.
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	63,322.
10	Grants and similar amounts paid (list in Schedule O)	10	45,743.
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 in Schedule O)	16	6,667.
17	Total expenses. Add lines 10 through 16	17	52,410.
18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	10,912.
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	107,314.
20	Other changes in net assets or fund balances (explain in Schedule O)	20	0.
21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	118,226.

LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2010)

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Part II Balance Sheets. (see the instructions for Part II.)

Check if the organization used Schedule O to respond to any question in this Part II ☒

	(A) Beginning of year		(B) End of year
22 Cash, savings, and investments	63,223.	22	69,994.
23 Land and buildings		23	
24 Other assets (describe in Schedule O) SEE SCHEDULE O	44,331.	24	51,897.
25 Total assets	107,554.	25	121,891.
26 Total liabilities (describe in Schedule O) SEE SCHEDULE O	240.	26	3,665.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	107,314.	27	118,226.

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

Check if the organization used Schedule O to respond to any question in this Part III ☒

What is the organization's primary exempt purpose? **SEE SCHEDULE O**

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 SEE SCHEDULE O		
(Grants \$ 50,356.) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	
29 SEE SCHEDULE O		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	
30 SEE SCHEDULE O		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	
31 Other program services (describe in Schedule O) SEE SCHEDULE O		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	4,613.
32 Total program service expenses (add lines 28a through 31a)	32	4,613.

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

Check if the organization used Schedule O to respond to any question in this 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
CHARLES MCCABE, 5501 TWIN KNOLLS ROAD, COLUMBIA, MD 21045	TRUSTEE & TREASURER	2.00	0.	0.
WALTER KUNZ, 5118 CRYSTAL PARK LN, ELLICOTT CITY, MD 21043	TRUSTEE	1.00	0.	0.
KENNETH SOLOW, 11017 BITTERSWEET COURT, ELLICOTT CITY, MD 21042	TRUSTEE & CHAIR	2.00	0.	0.
SAM KRUPSAW, 11004 BITTERSWEET COURT, ELLICOTT CITY, MD 21042	TRUSTEE	1.00	0.	0.
CLIFF FELDWICK, 9425 CLOCKTOWER LANE, COLUMBIA, MD 21046	TRUSTEE	1.00	0.	0.
JOAN ATHEN, 8608 WANDERING FOX TRAIL #306, ODENTON, MD 21113	TRUSTEE	1.00	0.	0.
CAROLINE SHERMAN, 6030 WATCH CHAIN WAY, COLUMBIA, MD 21044	TRUSTEE	1.00	0.	0.
DAWN AUDIA, 12113 BLUE FLAG WAY, COLUMBIA, MD 21044	TRUSTEE	1.00	0.	0.

**ROTARY CLUB OF COLUMBIA PATUXENT
CHARITABLE TRUST**

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Part V Other Information (Note the statement requirements in the instructions for Part V.)Check if the organization used Schedule O to respond to any question in this Part V ☒

	Yes	No
33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O		X
34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)		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, explain in Schedule O 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 a section 501(c)(4), 501(c)(5), or 501(c)(6) organization 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 Schedule 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?	37b	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 tax year covered by this return?	38a	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:	39a	N/A
a Initiation fees and capital contributions included on line 9	39b	N/A
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 did it engage in an excess benefit transaction in a prior year, that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b	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	40e	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 5501 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)?	42b	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.?	42c	X
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
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	X
b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b	X
c Did the organization receive any payments for indoor tanning services during the year?	44c	X
d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d	

Form 990-EZ (2010)

**ROTARY CLUB OF COLUMBIA PATUXENT
CHARITABLE TRUST**

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45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)?

	Yes	No
45		X

a Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)?

If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ

45a		X
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46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office?

If "Yes," complete Schedule C, Part I

46		X
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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 47-49b and 52, and complete the tables for lines 50 and 51.
Check if the organization used Schedule O to respond to any question in this Part VI ☐

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

	Yes	No
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		
-----	--	--

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
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

52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A

☒ Yes ☐ No

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

Signature of officer

Date

CHARLES D MCLABE TRUSTEE

4/22/2011

Paid Preparer Use Only

Print/Type preparer's name

Preparer's signature

Date

Check ☐ if self-employed

PTIN

WALTER P. KUNZ

Walter P. Kunz CPA

04/21/11

Firm's name ▶ MILLARD T. CHARLTON & ASSOCIATES

Firm's EIN ▶

Firm's address ▶ 4703 ANNAPOLIS ROAD
BLADENSBURG, MD 20710-1201

Phone no. (301) 927-7150

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

☒ Yes ☐ No

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.

OMB No. 1545-0047

2010

**Open to Public
Inspection**

Name of the organization ROTARY CLUB OF COLUMBIA PATUXENT
CHARITABLE TRUST

Employer identification number
52-6385515

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?

	Yes	No
(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?		

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

[illegible]

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

Schedule A (Form 990 or 990-EZ) 2010

ROTARY CLUB OF COLUMBIA PATUXENT

Schedule A (Form 990 or 990-EZ) 2010 **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 or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	28,658.	22,325.	29,021.	32,374.	30,798.	143,176.
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	28,658.	22,325.	29,021.	32,374.	30,798.	143,176.
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)						1,985.
6 Public support. Subtract line 5 from line 4						141,191.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4	28,658.	22,325.	29,021.	32,374.	30,798.	143,176.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,589.	2,078.	1,634.	1,210.	1,085.	7,596.
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						150,772.
12 Gross receipts from related activities, etc. (see instructions)					12	293,115.

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 2010 (line 6, column (f) divided by line 11, column (f))	14	93.65 %
15 Public support percentage from 2009 Schedule A, Part II, line 14	15	93.24 %
16a 33 1/3% support test - 2010. 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 - 2009. 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 - 2010. 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 - 2009. 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) 2010

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 or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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 2010 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2009 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2009 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2010. 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 - 2009. 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 ☐

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

2010

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 and address 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 contributions or has been notified it is exempt from registration or licensing.

ROTARY CLUB OF COLUMBIA PATUXENT

Schedule G (Form 990 or 990-EZ) 2010

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 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. 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	52,044.			52,044.
	2 Less: Charitable contributions	26,500.			26,500.
	3 Gross income (line 1 minus line 2)	25,544.			25,544.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes	848.			848.
	6 Rent/facility costs	1,000.			1,000.
	7 Food and beverages	9,990.			9,990.
	8 Entertainment	400.			400.
	9 Other direct expenses	2,796.			2,796.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				(15,034)
	11 Net income summary. Combine line 3, column (d), and line 10				10,510.

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			27,947.	27,947.
	2 Cash prizes			13,000.	13,000.
Direct Expenses	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses			101.	101.
	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)				(13,101)
	8 Net gaming income summary. Combine line 1, column d, and line 7				14,846.

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? ☐ Yes ☒ No

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? ☐ Yes ☒ No

b If "Yes," explain: _____

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11 Does the organization operate gaming activities with nonmembers? ☐ Yes ☒ No

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

13 Indicate the percentage of gaming activity operated in:			
a	The organization's facility	13a	6.16 %
b	An outside facility	13b	93.84 %

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

Name ► CHARLES MCCABE

Address ► 5501 TWIN KNOLLS ROAD - COLUMBIA, MD 21045

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☒ No

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? ☐ Yes ☒ No

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: \$

Part IV **Supplemental Information.** Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

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CHARITABLE TRUST** Employer identification number
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FORM 990-EZ, PART I, LINE 4, OTHER INVESTMENT INCOME:

DESCRIPTION OF PROPERTY:	AMOUNT:
INTEREST INCOME	322.
DIVIDEND INCOME	772.
TOTAL INCLUDED ON FORM 990-EZ, LINE 4	1,094.

FORM 990-EZ, PART I, LINE 8, OTHER REVENUE:

DESCRIPTION OF OTHER REVENUE:	AMOUNT:
UNREALIZED GAIN FROM INVESTMENTS	6,074.

FORM 990-EZ, PART I, LINE 10, GRANTS AND ALLOCATIONS:

ACTIVITY CLASSIFICATION: EDUCATIONAL

GRANTEE NAME: HOWARD COMMUNITY COLLEGE-ROUSE SCHOLARSHIP

GRANTEE RELATIONSHIP: NONE

DATE OF GIFT: 06/30/10

AMOUNT GIVEN: 3,500.

ACTIVITY CLASSIFICATION: TERMINALLY ILL PATIENT & FAMILY CARE

GRANTEE NAME: GILCRIST HOSPICE CARE

GRANTEE RELATIONSHIP: NONE

DATE OF GIFT: 06/30/10

AMOUNT GIVEN: 2,000.

ACTIVITY CLASSIFICATION: RECREATIONAL OPPORTUNITIES FOR FAMILIES

GRANTEE NAME: Y OF CENTRAL MARYLAND

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GRANTEE RELATIONSHIP: NONE

DATE OF GIFT: 06/30/10

AMOUNT GIVEN: 1,500.

ACTIVITY CLASSIFICATION: DISASTER RELIEF IN HAITI-TEMPOARY LIVING

ACCOMADATIONS

GRANTEE NAME: SHELTER BOX USA

GRANTEE RELATIONSHIP: NONE

DATE OF GIFT: 05/31/10

AMOUNT GIVEN: 1,845.

ACTIVITY CLASSIFICATION: PERFORMING ARTS & EDUCATIONAL

GRANTEE NAME: COLUMBIA FESTIVAL OF THE ARTS

GRANTEE RELATIONSHIP: NONE

DATE OF GIFT: 06/30/10

AMOUNT GIVEN: 2,000.

ACTIVITY CLASSIFICATION: COLLEGE ASSISTANCE

GRANTEE NAME: HOCO FDTN FOR BLACK EDUCATION & CULTURAL

DEVELOPMENT

GRANTEE RELATIONSHIP: NONE

DATE OF GIFT: 06/30/10

AMOUNT GIVEN: 2,500.

ACTIVITY CLASSIFICATION: COORDINATING SERVICES TO THE NEEDY

GRANTEE NAME: NORTH LAUREL SAVAGE MULTI SERVICE CENTER

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GRANTEE RELATIONSHIP: NONE

DATE OF GIFT: 06/30/10

AMOUNT GIVEN: 650.

ACTIVITY CLASSIFICATION: RETARDED INDIVIDUAL'S DEVELOPMENT

GRANTEE NAME: MD THERAPEUTIC HORSEMANSHIP ASSOCIATION

GRANTEE RELATIONSHIP: NONE

DATE OF GIFT: 06/30/10

AMOUNT GIVEN: 2,400.

ACTIVITY CLASSIFICATION: EDUCATIONAL

GRANTEE NAME: MD SCHOOL FOR THE DEAF FOUNDATION

GRANTEE RELATIONSHIP: NONE

DATE OF GIFT: 06/30/10

AMOUNT GIVEN: 1,000.

ACTIVITY CLASSIFICATION: EDUCATIONAL

GRANTEE NAME: YOUNG AUDIENCES OF MD

GRANTEE RELATIONSHIP: NONE

DATE OF GIFT: 06/30/10

AMOUNT GIVEN: 1,500.

ACTIVITY CLASSIFICATION: PROMOTE SCOUTING

GRANTEE NAME: GIRL SOUTS OF CENTRAL MD

GRANTEE RELATIONSHIP: NONE

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AMOUNT GIVEN: 1,250.

ACTIVITY CLASSIFICATION: PROMOTE SCOUTING

GRANTEE NAME: BOY SCOUTS OF CENTRAL MD

GRANTEE RELATIONSHIP: NONE

DATE OF GIFT: 06/30/10

AMOUNT GIVEN: 1,250.

ACTIVITY CLASSIFICATION: MENTAL ILLNESS AWARENESS TRAINING/SOCIAL PROGRAMS
FOR AFFLICTED ADULTS

GRANTEE NAME: NAT'L ALLIANCE MENTAL ILLNESS HOWARD CNTY

GRANTEE RELATIONSHIP: NONE

DATE OF GIFT: 06/30/10

AMOUNT GIVEN: 500.

ACTIVITY CLASSIFICATION: PERFORMING ARTS & EDUCATIONAL

GRANTEE NAME: HOWARD COUNTY STUDENT FILM FESTIVAL

GRANTEE RELATIONSHIP: NONE

DATE OF GIFT: 06/30/10

AMOUNT GIVEN: 750.

ACTIVITY CLASSIFICATION: RETARDED INDIVIDUAL'S DEVELOPMENT

GRANTEE NAME: THE ARC OF HOWARD COUNTY

GRANTEE RELATIONSHIP: NONE

DATE OF GIFT: 06/30/10

AMOUNT GIVEN: 2,000.

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ACTIVITY CLASSIFICATION: CRISIS INTERVENTION

GRANTEE NAME: DOMESTIC VIOLENCE CENTER

GRANTEE RELATIONSHIP: NONE

DATE OF GIFT: 06/30/10

AMOUNT GIVEN: 2,500.

ACTIVITY CLASSIFICATION: PREVENTION & TREATMENT FOR DRUG ABUSE

GRANTEE NAME: HOWARD COUNTY DRUG FREE

GRANTEE RELATIONSHIP: NONE

DATE OF GIFT: 06/30/10

AMOUNT GIVEN: 2,000.

ACTIVITY CLASSIFICATION: RELIEF FOR TEMP DISADVANTAGED FAMILIES

GRANTEE NAME: COMMUNITY ACTION COUNCIL OF HOWARD COUNTY

GRANTEE RELATIONSHIP: NONE

DATE OF GIFT: 06/30/10

AMOUNT GIVEN: 2,500.

ACTIVITY CLASSIFICATION: DOMESTIC VIOLENCE INTERVENTION & SHELTER

GRANTEE NAME: GRASSROOTS CRISIS INTERVENTION CENTER

GRANTEE RELATIONSHIP: NONE

DATE OF GIFT: 06/30/10

AMOUNT GIVEN: 2,000.

ACTIVITY CLASSIFICATION: FAMILY EMERGENCY FUND

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GRANTEE NAME: GRASSROOTS CRISIS INTERVENTION CENTER

GRANTEE RELATIONSHIP: NONE

DATE OF GIFT: 11/05/10

AMOUNT GIVEN: 186.

ACTIVITY CLASSIFICATION: EDUCATIONAL-DICTIONARIES FOR STUDENTS

GRANTEE NAME: 8 HOWARD COUNTY ELEMENTARY SCHOOLS

GRANTEE RELATIONSHIP: NONE

DATE OF GIFT: 11/30/10

AMOUNT GIVEN: 1,344.

ACTIVITY CLASSIFICATION: ASSISTANCE TO INDIGENT RESIDENTS

GRANTEE NAME: THE VANTAGE HOUSE

GRANTEE RELATIONSHIP: NONE

DATE OF GIFT: 06/30/10

AMOUNT GIVEN: 2,500.

ACTIVITY CLASSIFICATION: REPLENISH FOOD BANK

GRANTEE NAME: NORTH LAUREL SAVAGE MULTI SERVICE CENTER

GRANTEE RELATIONSHIP: NONE

DATE OF GIFT: 08/31/10

AMOUNT GIVEN: 850.

ACTIVITY CLASSIFICATION: ELDERLY SUPPL TRANSPORTATION SYSTEM

GRANTEE NAME: NEIGHBOR RIDE, INC

GRANTEE RELATIONSHIP: NONE

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DATE OF GIFT: 06/30/10

AMOUNT GIVEN: 2,000.

ACTIVITY CLASSIFICATION: COMMUNITY MIXED CHORUS

GRANTEE NAME: COLUMBIA PRO CANTARE

GRANTEE RELATIONSHIP: NONE

DATE OF GIFT: 06/30/10

AMOUNT GIVEN: 500.

ACTIVITY CLASSIFICATION: SUMMER CAMP FOR CHILDREN WITH DIABETES

GRANTEE NAME: CAMP POSSIBILITIES FOUNDATION

GRANTEE RELATIONSHIP: NONE

DATE OF GIFT: 06/30/10

AMOUNT GIVEN: 2,200.

ACTIVITY CLASSIFICATION: FOOD & SNACKS FOR NEEDY ELEMENTARY SCHOOL
CHILDREN

GRANTEE NAME: BACKPACK BUDDIES

GRANTEE RELATIONSHIP: NONE

DATE OF GIFT: 06/30/10

AMOUNT GIVEN: 1,500.

ACTIVITY CLASSIFICATION: PIZZA COSTS-FUNDRAISER-PROCEEDS TO OPHANAGE IN
SOUTHERN SUDAN

GRANTEE NAME: RIVER HILL INTERACT CLUB

GRANTEE RELATIONSHIP: NONE

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DATE OF GIFT: 06/30/10

AMOUNT GIVEN: 118.

ACTIVITY CLASSIFICATION: RENTAL ASSISTANCE PROGRAM

GRANTEE NAME: COMMUNITY ACTION COUNCIL OF HOWARD COUNTY

GRANTEE RELATIONSHIP: NONE

DATE OF GIFT: 10/19/10

AMOUNT GIVEN: 400.

ACTIVITY CLASSIFICATION: FAMILY SOCIAL SERVICES

GRANTEE NAME: HOWARD COUNTY FAMILY AND CHILDRENS SERVICES

GRANTEE RELATIONSHIP: NONE

DATE OF GIFT: 11/30/10

AMOUNT GIVEN: 500.

TOTAL INCLUDED ON FORM 990-EZ, LINE 10 45,743.

FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES:

DESCRIPTION OF OTHER EXPENSES:	AMOUNT:
--------------------------------	---------

BANKCARD CHARGES	1,979.
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MISCELLANEOUS	75.
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PLANNING EXPENSES-DRILLING WATER WELLS IN GONDAR REGION,

ETHIOPIA	4,613.
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TOTAL TO FORM 990-EZ, LINE 16	6,667.
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FORM 990-EZ, PART II, LINE 24, OTHER ASSETS:

DESCRIPTION	BEG. OF YEAR	END OF YEAR
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INVESTMENTS	43,610.	49,819.
ACCRUED DIVIDEND RECEIVABLE	146.	158.
ACCOUNTS RECEIVABLE	575.	1,200.
DUE FROM ROTARY CLUB	0.	720.
TOTAL TO FORM 990-EZ, LINE 24	44,331.	51,897.

FORM 990-EZ, PART II, LINE 26, OTHER LIABILITIES:

DESCRIPTION	BEG. OF YEAR	END OF YEAR
DEFERRED REVENUE	100.	0.
50/50 WINNER'S POT	140.	1,415.
CREDIT CARD OVERCHARGE	0.	2,250.
TOTAL TO FORM 990-EZ, LINE 26	240.	3,665.

FORM 990-EZ, PART III, PRIMARY EXEMPT PURPOSE - 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, PART III, LINE 28, PROGRAM SERVICE ACCOMPLISHMENTS:

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

FORM 990-EZ, PART III, LINE 29, PROGRAM SERVICE ACCOMPLISHMENTS:

COORDINATION BETWEEN ROTARY CLUB AND STUDENTS TO

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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 ROTARACT AND INTERACT CLUBS.

FORM 990-EZ, PART III, LINE 30, PROGRAM SERVICE ACCOMPLISHMENTS:

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.

FORM 990-EZ, PART III LINE 31, OTHER PROGRAM SERVICE ACCOMPLISHMENTS:

PLANNING TRIP TO DRILL 8 WATER WELLS IN THE GONDAR REGION OF ETHIOPIA,

INCLUDING COORDINATION WITH LOCAL ROTARY CLUBS.

GRANTS \$ 0. EXPENSES \$ 4,613.

COORDINATE AND SUPPORT NUMEROUS COMMUNITY EVENTS SUCH AS COLUMBIA

FESTIVAL OF THE ARTS, FESTIVAL OF LIGHTS AND HOWARD COUNTY BOAT FLOAT.

FORM 990-EZ, PART V, INFORMATION REGARDING PERSONAL BENEFIT CONTRACTS:

THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY,

OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT.

THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY,

OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.