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Form **990-EZ****Short Form**

OMB No 1545-1150

**Return of Organization Exempt From Income Tax****2013**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

**Open to Public Inspection**Department of the Treasury  
Internal Revenue Service

▶ Do not enter Social Security numbers on this form as it may be made public.

▶ Information about Form 990-EZ and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**A** For the 2013 calendar year, or tax year beginning , 2013, and ending , 20**B** Check if applicable

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

**C** Name of organization*Ellicott City Senior Center Council, Inc.*

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

*Ellicott City Senior Center*  
*9401 Frederick Road*

Room/suite

City or town, state or province, country, and ZIP or foreign postal code

*Ellicott City, MD 21042-3801***D** Employer identification number*52-2197520***E** Telephone number*410-313-1400***F** Group Exemption Number ▶**G** Accounting Method. ☒ Cash ☐ Accrual Other (specify) ▶**I** Website: ▶**H** Check ☒ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).**J** Tax-exempt status (check only one) — ☒ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527**K** Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other**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, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ . . . ▶ \$ *3,772***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 . . . . . ☒

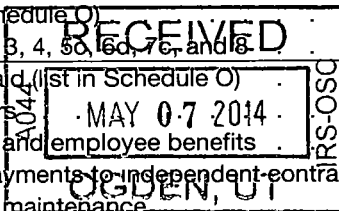
Revenue	1	Contributions, gifts, grants, and similar amounts received . . . . .	1	<i>956</i>
	2	Program service revenue including government fees and contracts . . . . .	2	<i>0</i>
	3	Membership dues and assessments . . . . .	3	<i>0</i>
	4	Investment income . . . . .	4	<i>0</i>
	5a	Gross amount from sale of assets other than inventory . . . . .	5a	<i>0</i>
	b	Less: cost or other basis and sales expenses . . . . .	5b	<i>0</i>
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . . . . .	5c	<i>0</i>
	6	Gaming and fundraising events . . . . .		
	a	Gross income from gaming (attach Schedule G if greater than \$15,000) . . . . .	6a	<i>0</i>
	b	Gross income from fundraising events (not including \$ <i>956</i> 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	<i>2,799</i>
c	Less: direct expenses from gaming and fundraising events . . . . .	6c	<i>0</i>	
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) . . . . .	6d	<i>2,799</i>	
7a	Gross sales of inventory, less returns and allowances . . . . .	7a	<i>0</i>	
b	Less: cost of goods sold . . . . .	7b	<i>0</i>	
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) . . . . .	7c		
8	Other revenue (describe in Schedule O) . . . . .	8	<i>17</i>	
9	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 . . . . .	9	<i>3,772</i>	
Expenses	10	Grants and similar amounts paid (list in Schedule O) . . . . .	10	<i>1,900</i>
	11	Benefits paid to or for members . . . . .	11	<i>0</i>
	12	Salaries, other compensation, and employee benefits . . . . .	12	<i>0</i>
	13	Professional fees and other payments to independent contractors . . . . .	13	<i>0</i>
	14	Occupancy, rent, utilities, and maintenance . . . . .	14	<i>0</i>
	15	Printing, publications, postage, and shipping . . . . .	15	<i>0</i>
	16	Other expenses (describe in Schedule O) . . . . .	16	<i>909</i>
	17	<b>Total expenses.</b> Add lines 10 through 16 . . . . .	17	<i>2,809</i>
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9) . . . . .	18	<i>963</i>
	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	<i>10,849</i>
	20	Other changes in net assets or fund balances (explain in Schedule O) . . . . .	20	<i>0</i>
	21	Net assets or fund balances at end of year. Combine lines 18 through 20 . . . . .	21	<i>11,812</i>

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 10642I

Form **990-EZ** (2013)

SCANNED MAY 29 2014

*22*

## Part II

7

		(A) Beginning of year	(B) End of year
22	Cash, savings, and investments . . . . .	10,849	22 11,813
23	Land and buildings . . . . .	0	23 0
24	Other assets (describe in Schedule O) . . . . .	0	24 0
25	<b>Total assets</b> . . . . .	10,849	25 11,813
26	<b>Total liabilities</b> (describe in Schedule O) . . . . .	0	26 0
27	<b>Net assets or fund balances</b> (line 27 of column (B) <b>must</b> agree with line 21) . . . . .	10,849	27 11,813

## Part III

<input checked="" type="checkbox"/>	<b>Expenses</b> (Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts; optional for others )
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Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

28	Ellicott City Senior Center Petty Cash Fund 6-10-13	900		
	Ellicott City Senior Center Plus Program for bus tickets 9-03-13	500		
	Grassroots, a 53-bed Homeless Shelter, Howard County 12-11-13	500		
	(Grants \$ 1,900 ) If this amount includes foreign grants, check here		28a	1,900
29	12-Foot Fiberglass Stepladder & Chandelier Bulbs, ECSC 9-19-13	298		
	Greeting Card Stand & Metal Box For Money for Card Sales, ECSC 10-15-13	87		
	Packet Calendars for gifts to seniors at Holiday Bntry 12-17-13	213		
	(Grants \$ ) If this amount includes foreign grants, check here		29a	598
30	Julie Hall Concert at Ellicott City Senior Center 12-16-13	100		
	Bykota Players on Stage Program at EC Senior Center 12-17-13	200		
	Service Charges on Checking Account for 2013	11		
	(Grants \$ ) If this amount includes foreign grants, check here		30a	311
31	Other program services (describe in Schedule O)			
	(Grants \$ ) If this amount includes foreign grants, check here		31a	
32	Total program service expenses (add lines 28a through 31a)		32	2,809

## Part IV

☐[illegible]

**Part V Other Information** (Note the Schedule A and personal benefit contract 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
<b>33</b> Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O . . . . .	<b>33</b>	<input checked="" type="checkbox"/>
<b>34</b> 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) . . . . .	<b>34</b>	<input checked="" type="checkbox"/>
<b>35a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)? . . . . .	<b>35a</b>	<input checked="" type="checkbox"/>
<b>b</b> If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O . . . . .	<b>35b</b>	
<b>c</b> Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III . . . . .	<b>35c</b>	
<b>36</b> 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 . . . . .	<b>36</b>	<input checked="" type="checkbox"/>
<b>37a</b> Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ <b>37a</b> 0		
<b>b</b> Did the organization file <b>Form 1120-POL</b> for this year? . . . . .	<b>37b</b>	<input checked="" type="checkbox"/>
<b>38a</b> 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? . . . . .	<b>38a</b>	<input checked="" type="checkbox"/>
<b>b</b> If "Yes," complete Schedule L, Part II and enter the total amount involved . . . . .	<b>38b</b>	
<b>39</b> Section 501(c)(7) organizations. Enter: . . . . .		
<b>a</b> Initiation fees and capital contributions included on line 9 . . . . .	<b>39a</b>	
<b>b</b> Gross receipts, included on line 9, for public use of club facilities . . . . .	<b>39b</b>	
<b>40a</b> 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>b</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 . . . . .	<b>40b</b>	<input checked="" type="checkbox"/>
<b>c</b> 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		
<b>d</b> Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization . . . . . ▶ 0		
<b>e</b> 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 . . . . .	<b>40e</b>	<input checked="" type="checkbox"/>
<b>41</b> List the states with which a copy of this return is filed ▶		
<b>42a</b> The organization's books are in care of ▶ <u>Dorothy Biller, Secretary</u> Telephone no. ▶ <u>410-313-1400</u> Located at ▶ <u>Ellicott City Senior Center, 9401 Frederick Rd, Ellicott City, MD</u> ZIP + 4 ▶ <u>21042-3801</u>		
<b>b</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 <b>Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts</b> .	<b>42b</b>	<input checked="" type="checkbox"/>
<b>c</b> At any time during the calendar year, did the organization maintain an office outside the U.S.? . . . . . If "Yes," enter the name of the foreign country: ▶	<b>42c</b>	<input checked="" type="checkbox"/>
<b>43</b> Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> —Check here and enter the amount of tax-exempt interest received or accrued during the tax year . . . . . ▶ <b>43</b>		<input type="checkbox"/>
<b>44a</b> Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ . . . . .	<b>44a</b>	<input checked="" type="checkbox"/>
<b>b</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 . . . . .	<b>44b</b>	<input checked="" type="checkbox"/>
<b>c</b> Did the organization receive any payments for indoor tanning services during the year? . . . . .	<b>44c</b>	<input checked="" type="checkbox"/>
<b>d</b> If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O . . . . .	<b>44d</b>	
<b>45a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? . . . . .	<b>45a</b>	<input checked="" type="checkbox"/>
<b>45b</b> 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 (see instructions) . . . . .	<b>45b</b>	<input checked="" type="checkbox"/>

**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 . . . . .

	Yes	No
<b>46</b>		<input checked="" type="checkbox"/>

**Part VI Section 501(c)(3) organizations only**

All section 501(c)(3) organizations 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 or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II . . . . .

	Yes	No
<b>47</b>		<input checked="" type="checkbox"/>

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

	Yes	No
<b>48</b>		<input checked="" type="checkbox"/>

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

	Yes	No
<b>49a</b>	<input checked="" type="checkbox"/>	

**b** If "Yes," was the related organization a section 527 organization? *Ellicott City Senior Center* . . . . .

	Yes	No
<b>49b</b>	<input checked="" type="checkbox"/>	

**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 title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
<i>None.</i>				
<i>All nine members of the Ellicott City Senior Center Council are senior volunteers and receive no compensation.</i>				

**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."

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation
<i>None.</i>		

**d** Total number of other independent contractors each receiving over \$100,000 . . . . . **0**

**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: *Dorothy C. Biller*   
 Date: *May 1, 2013*   
 Type or print name and title: *Dorothy C. Biller, Secretary*

**Paid Preparer Use Only**   
 Print/Type preparer's name: \_\_\_\_\_ Preparer's signature: \_\_\_\_\_ Date: \_\_\_\_\_   
 Check ☐ if self-employed PTIN: \_\_\_\_\_   
 Firm's name: \_\_\_\_\_ Firm's EIN: \_\_\_\_\_   
 Firm's address: \_\_\_\_\_ Phone no.: \_\_\_\_\_

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



**SCHEDULE A**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

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

▶ Attach to Form 990 or Form 990-EZ.  
▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

**2013**

**Open to Public  
Inspection**

Name of the organization

*Ellicott City Senior Center Council, Inc.*

Employer identification number

*52-219520*

**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—Non-functionally integrated
  - 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? . . . . .		<input checked="" type="checkbox"/>
(ii) A family member of a person described in (i) above? . . . . .		<input checked="" type="checkbox"/>
(iii) A 35% controlled entity of a person described in (i) or (ii) above? . . . . .		<input checked="" type="checkbox"/>
  - h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
(A) <i>Ellicott City Senior Center</i>	<i>52-600965</i>	<i>6</i>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<i>2,309</i>
(B) <i>Grassroots</i>	<i>52-0909351</i>	<i>9</i>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<i>500</i>
(C)									
(D)									
(E)									
<b>Total</b>									<i>2,809</i>

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 of Part I 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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants") . . . . .						
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
<b>4 Total.</b> Add lines 1 through 3 . . . . .						
<b>5</b> 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) . . . . .						
<b>6 Public support.</b> Subtract line 5 from line 4 . . . . .						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
<b>7</b> Amounts from line 4 . . . . .						
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .						
<b>10</b> 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 . . . . .						
<b>12</b> Gross receipts from related activities, etc. (see instructions) . . . . .					<b>12</b>	
<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 <b>stop here</b> . . . . .						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f)) . . . . .	<b>14</b>	%
<b>15</b> Public support percentage from 2012 Schedule A, Part II, line 14 . . . . .	<b>15</b>	%
<b>16a 33 1/3% support test—2013.</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 <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . .		<input type="checkbox"/>
<b>b 33 1/3% support test—2012.</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 <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . .		<input type="checkbox"/>
<b>17a 10%-facts-and-circumstances test—2013.</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 <b>stop here.</b> 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—2012.</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 <b>stop here.</b> 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"/>

**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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	2,649	1,687	1,325	892	956	7,509
<b>2</b> 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 . . . . .	2,720	4,373	4,114	3,094	2,799	17,100
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513	0	0	0	0	0	0
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .	0	0	0	0	0	0
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .	0	0	0	0	0	0
<b>6 Total.</b> Add lines 1 through 5 . . . . .	5,369	6,060	5,439	3,986	3,755	24,609
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons	0	0	0	0	0	0
<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	0	0	0	0	0	0
<b>c</b> Add lines 7a and 7b . . . . .	0	0	0	0	0	0
<b>8 Public support</b> (Subtract line 7c from line 6.) . . . . .	5,369	6,060	5,439	3,986	3,755	24,609

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
<b>9</b> Amounts from line 6 . . . . .	5,369	6,060	5,439	3,986	3,755	24,609
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	19	21	19	17	17	93
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . . .	0	0	0	0	0	0
<b>c</b> Add lines 10a and 10b . . . . .	19	21	19	17	17	93
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	0	0	0	0	0	0
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) . . . . .	0	0	0	0	0	0
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12) . . . . .	5,388	6,081	5,458	4,003	3,772	24,702
<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 <b>stop here</b> . . . . . <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f)) . . . . .	<b>15</b>	99.62 %
<b>16</b> Public support percentage from 2012 Schedule A, Part III, line 15 . . . . .	<b>16</b>	99.59 %

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

<b>17</b> Investment income percentage for <b>2013</b> (line 10c, column (f) divided by line 13, column (f)) . . . . .	<b>17</b>	.38 %
<b>18</b> Investment income percentage from <b>2012</b> Schedule A, Part III, line 17 . . . . .	<b>18</b>	.41 %

- 19a 33 1/3% support tests—2013.** 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—2012.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization. ▶ ☐
- 20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions. ▶ ☐



**Part IV** **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Lined area for supplemental information.

**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

**2013**

**Open to Public  
Inspection**

Name of the organization

*Ellicott City Senior Center Council, Inc.*

Employer identification number

*52-219520*

*Part I. No. 6. Fundraisers are joint projects of ECSC staff and ECSC Council.*

*Fundraiser No. 1. Italian Lunch at ECSC on 4-12-13. Most of the food was  
donated by The Olive Garden Restaurant.*

*Ticket sales after staff deducted expenses 410*

*Basket raffle of donated items 157*

*Total proceeds 567*

*Fundraiser No. 2. Book and Bake Sale at ECSC, Sept. 24-26, 2013.*

*Donated books, puzzles, DVDs and baked goods.*

*Total proceeds 1,000*

*Fundraiser No. 3. Holiday Craft Boutique at ECSC on 12-04-13.*

*Staff deducted expenses and gave the following  
amounts to the ECSC Council with the request  
that \$500.00 of total proceeds be given as  
a donation to the Grassroots Homeless Shelter.*

*Vendors paid \$20.00 per table 500*

*Admission receipts 236*

*One donation check 20*

*Food sales less expenses 176*

*Total proceeds 932*

*Fundraiser No. 4. Cookie Sale at ECSC Holiday Party 12-17-13.*

*Total proceeds for donated cookies 300*

*Part I. No. 8. Checking Account Interest Credits 17*

*Part III. Grants.*

*Grant No. 1. Ellicott City Senior Center Petty Cash Fund 6-13-10. 900*

*The ECSC Petty Cash Fund is used for programs, entertainment,  
special events, and other needs not supplied by Howard County government.*

Name of the organization *Ellicott City Senior Center Council, Inc.*Employer identification number  
*52-2197520*Grant No. 1. (Continued)

The ECSC main section had an average daily attendance of 138 with a total of 993 seniors registered in 2013.

Grant No. 2. Ellicott City Senior Center Plus Program. The Plus Program is a separate section for frail seniors requiring close supervision and/or mobility assistance. This section has its own director and staff.

Capacity is limited to 32 seniors per day. Both sections are together for lunch and some programs and events. The Plus Program had an average daily attendance of 26 with 48 registered in 2013.

Ellicott City Senior Plus Program for Bus Tickets 500  
to assist with bus fare to attend the ECSC.

Grant No. 3. Grassroots Homeless Shelter in 500

Howard County. This was the charity project of the

ECSC seniors to donate items or money in

November and December 2013. Staff requested

the donation of \$500.00 from the proceeds

of the Craft Boutique Fundraiser on 12-04-13,

Grassroots operates a 33-bed emergency family shelter, an 18-bed men's shelter, and can house up to 5 families short-term in motel shelter.

It operates a Day Resource Center and a Cold Weather Shelter.

It provides 24-hour Crisis Intervention Services with a hotline and walk-in counseling program. It responds with police to

psychiatric emergencies and family crises. Number of clients sheltered:

Family Shelter	Men's Shelter	Motel Program	Day Resource Center	Cold Weather Shelter
78	43	189	736	74

Hotline Contacts	Face-To-Face Contacts	Mobile Crisis Team	Community Responses
30,112	1,557		442

(Continued on Page 3)

Name of the organization

Ellicott City Senior Center Council, Inc.

Employer identification number

52-2197520

**Part III. Other Program Accomplishments.** These serve all seniors at ECSC.

No. 1. Purchase of 12-foot Fiberglass Stepladder and chandelier bulbs to service chandeliers and for cleaning high places 9-19-13.	298
No. 2. Greeting Card Stand and Metal Box for Greeting Card Sales 10-15-13. Seniors may purchase cards at 50¢ each.	87
No. 3. Pocket Calendars as gifts to seniors; 100 seniors on 12-17-13.	213
No. 4. Julie Hall Concert at ECSC (paid directly on 12-16-13).	100
No. 5. Bykota Players on Stage Program at ECSC 12-17-13 (paid directly).	200
No. 6. Service Charges on Checking Account.	11

Note: The 9 members of the ECSC Council are senior volunteers elected by seniors attending the ECSC. The members of the ECSC Council function as an advisory committee, meeting monthly with the ECSC Director and the Assistant Director to discuss programs and needs of the ECSC. The Council uses donations and fundraiser proceeds for the benefit of the ECSC. The members of the Council work closely with the ECSC staff and assist the staff as requested. The ECSC Council does not own any property but uses equipment and supplies belonging to the ECSC. No compensation is paid to the members of the ECSC Council.