

Form **990-EZ****Short Form****Return of Organization Exempt From Income Tax**

OMB No 1545-0047

**2019**

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.
- Go to [www.irs.gov/Form990EZ](http://www.irs.gov/Form990EZ) for instructions and the latest information.

1912

**A For the 2019 calendar year, or tax year beginning**

, 2019, and ending

, 20

- B Check if applicable**
- Address change
  - Name change
  - Initial return
  - Final return/terminated
  - Amended return
  - Application pending

**C Name of organization***Ellicott City 50+ Center Council, Inc.*

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

*Ellicott City 50+ Center  
9401 Frederick Road***D Employer identification number***52-2197520***E Telephone number***410-313-1480***F Group Exemption  
Number***03***G Accounting Method**  Cash  Accrual Other (specify) ►**I Website:** ►**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**

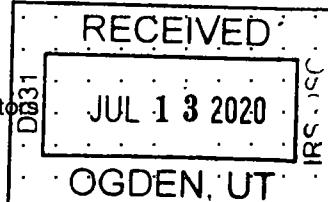
(Part II, column (B)) are \$500,000 or more, file Form 990 instead of Form 990-EZ

*\$ 6,940***H Check** ►  if the organization is not required to attach Schedule B

(Form 990, 990-EZ, or 990-PF)

**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 

<b>Revenue</b>	1 Contributions, gifts, grants, and similar amounts received	1	9
	2 Program service revenue including government fees and contracts	2	0
	3 Membership dues and assessments	3	0
	4 Investment income	4	0
	5a Gross amount from sale of assets other than inventory	5a	0
	b Less: cost or other basis and sales expenses	5b	0
	c Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a)		
	6 Gaming and fundraising events:	5c	0
	a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	993
<b>Expenses</b>	b Gross income from fundraising events (not including \$ 9 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	5,408
	c Less: direct expenses from gaming and fundraising events	6c	285
	d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	5,123
	7a Gross sales of inventory, less returns and allowances	7a	0
	b Less: cost of goods sold	7b	0
	c Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a)		
	8 Other revenue (describe in Schedule O)	7c	0
	9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	8	530
		9	6,655
<b>Net Assets</b>	10 Grants and similar amounts paid (list in Schedule O)	10	2,605
	11 Benefits paid to or for members	11	0
	12 Salaries, other compensation, and employee benefits	12	0
	13 Professional fees and other payments to independent contractors	13	0
	14 Occupancy, rent, utilities, and maintenance	14	0
	15 Printing, publications, postage, and shipping	15	0
	16 Other expenses (describe in Schedule O)	16	480
	17 Total expenses. Add lines 10 through 16	17	3,085
		18	3,569
	18 Excess or (deficit) for the year (subtract line 17 from line 9)	19	10,346
	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	20	0
	20 Other changes in net assets or fund balances (explain in Schedule O)	21	13,915
	21 Net assets or fund balances at end of year. Combine lines 18 through 20		



20

**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 . . . . .	10,346	13,915
23 Land and buildings . . . . .		23
24 Other assets (describe in Schedule O) . . . . .		24
<b>25 Total assets</b> . . . . .	<b>10,346</b>	<b>13,915</b>
<b>26 Total liabilities</b> (describe in Schedule O) . . . . .		26
<b>27 Net assets or fund balances</b> (line 27 of column (B) must agree with line 21) . . . . .	<b>10,346</b>	<b>13,915</b>

**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? *To support the EJ of off City 50+ Center*

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	Programs at Ellicott City 50+ Center	1,380	
	Honorarium for classes at E.C. 50+ Center	100	
	Art Show Reception for artists at E.C. 50+ Center	300	
	(Grants \$ 1,780 ) If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>	28a	1,780
29	Cash gifts for volunteers at front desks and kitchen	325	
	To E.C. 50+ Center Office Petty Cash Fund	75	
	Neighbor Ride Bingo Basket	125	
	(Grants \$ 525 ) If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>	29a	525
30	Volunteer Luncheon	300	
	Lunches for Craft Boutique Fundraiser	480	
	(Grants \$ 780 ) If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>	30a	780
31	Other program services (describe in Schedule O)		
	(Grants \$ ) If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>	31a	
32	Total program service expenses (add lines 28a through 31a)		3,085

**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.

**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

- 33 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  33 ✓
- 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  34 ✓
- 35a 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)?  35a ✓
- 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  35b
- c 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  35c
- 36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N  36 ✓
- 37a Enter amount of political expenditures, direct or indirect, as described in the instructions ► 37a 0  37b
- b Did the organization file Form 1120-POL for this year?  38a ✓
- 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?  38b
- b If "Yes," complete Schedule L, Part II, and enter the total amount involved  39a
- 39 Section 501(c)(7) organizations. Enter.  39b
- a Initiation fees and capital contributions included on line 9  40a
- b Gross receipts, included on line 9, for public use of club facilities  40b ✓
- 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  40c
- b Section 501(c)(3), 501(c)(4), and 501(c)(29) 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  40d
- c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958  40e ✓
- d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization  40f
- 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  40g

- 41 List the states with which a copy of this return is filed ►  42a The organization's books are in care of ► Joe Strassner, Treasurer Telephone no. ► 410-313-1400 Located at ► Ellicott City 504 Center, 9401 Frederick Rd, Ellicott City, MD ZIP + 4 ► 21042-3801  42b ✓
- 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 ►  42c ✓
- See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  43
- c At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country ►  44a

- 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
- 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 ✓
- 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 ✓
- c Did the organization receive any payments for indoor tanning services during the year?  44c ✓
- 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
- 45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?  45a ✓
- 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  45b ✓

- 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
46		✓

**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
- 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."

(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
None				
The 12 members of the Ellicott City 50+ Center Council				
In 2019 we were all senior volunteers and received no compensation.				

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

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation
None		

- 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 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.

<b>Sign Here</b>	<i>Dorothy C. Biller</i> Signature of officer	<i>June 24, 2020</i> Date
	<i>Dorothy C. Biller, Secretary</i> Type or print name and title	

<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> 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

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

(Complete only if you checked the box on line 10 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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	70	305	339	626	9	1,349
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	3,982	7,155	6,158	5,789	6,646	29,730
3 Gross receipts from activities that are not an unrelated trade or business under section 513	0	0	0	0	0	0
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0	0	0	0	0	0
5 The value of services or facilities furnished by a governmental unit to the organization without charge	0	0	0	0	0	0
6 <b>Total.</b> Add lines 1 through 5	4,052	7,460	6,497	6,415	6,655	31,079
7a Amounts included on lines 1, 2, and 3 received from disqualified persons	0	0	0	0	0	0
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year	0	0	0	0	0	0
c Add lines 7a and 7b	0	0	0	0	0	0
8 <b>Public support.</b> (Subtract line 7c from line 6.)	4,052	7,460	6,497	6,415	6,655	31,079

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9 Amounts from line 6	4,052	7,460	6,497	6,415	6,655	31,079
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	16	10	0	0	0	26
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	0	0	0	0	0	0
c Add lines 10a and 10b	16	10	0	0	0	26
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	0	0	0	0	0	0
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	0	0	0	0	0	0
13 <b>Total support.</b> (Add lines 9, 10c, 11, and 12)	4,068	7,470	6,497	6,415	6,655	31,105
14 <b>First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► <input type="checkbox"/>						

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

15 Public support percentage for 2019 (line 8, column (f), divided by line 13, column (f))	15	99.92	%
16 Public support percentage from 2018 Schedule A, Part III, line 15	16	99.86	%

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

17 Investment income percentage for 2019 (line 10c, column (f), divided by line 13, column (f))	17	.08	%
18 Investment income percentage from 2018 Schedule A, Part III, line 17	18	.14	%
19a <b>33 1/3% support tests—2019.</b> 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 checked="" type="checkbox"/>			
b <b>33 1/3% support tests—2018.</b> 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 <b>Private foundation.</b> If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ► <input type="checkbox"/>			

**Part IV Supporting Organizations**

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

1. Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain
2. Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a. Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
  - b. Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination
  - c. Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- 4a. Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in **Part I**, answer (b) and (c) below.
  - b. Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
  - c. Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a. Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
  - b. Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
  - c. Substitutions only. Was the substitution the result of an event beyond the organization's control?
6. Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in **Part VI**.
7. Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete **Part I of Schedule L (Form 990 or 990-EZ)**.
8. Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete **Part I of Schedule L (Form 990 or 990-EZ)**.
- 9a. Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI**.
  - b. Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI**.
  - c. Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in **Part VI**.
- 10a. Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
  - b. Did the organization have any excess business holdings in the tax year? (Use **Schedule C, Form 4720**, to determine whether the organization had excess business holdings.)

	Yes	No
1	✓	
2	✓	
3a	✓	
3b		
3c		
4a	✓	
4b		
4c		
5a	✓	
5b		
5c		
6	✓	
7	✓	
8	✓	
9a	✓	
9b		
9c		
10a	✓	
10b	✓	

**Part IV Supporting Organizations (continued)**

- 11 Has the organization accepted a gift or contribution from any of the following persons?
- A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?
  - A family member of a person described in (a) above?
  - A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in **Part VI**.

	Yes	No
11a	✓	
11b	✓	
11c	✓	

**Section B. Type I Supporting Organizations**

	Yes	No
1		
2		

**Section C. Type II Supporting Organizations**

	Yes	No
1		

**Section D. All Type III Supporting Organizations**

	Yes	No
1	✓	
2		✓
3	✓	

**Section E. Type III Functionally Integrated Supporting Organizations**

	Yes	No
2a		
2b		
3a		
3b		

- 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).
- The organization satisfied the Activities Test. Complete **line 2** below.
  - The organization is the parent of each of its supported organizations. Complete **line 3** below.
  - The organization supported a governmental entity. Describe in **Part VI** how you supported a government entity (see instructions).
- 2 Activities Test. **Answer (a) and (b) below.**
- Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI** identify **those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.**
  - Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in **Part VI** the **reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement**.
- 3 Parent of Supported Organizations **Answer (a) and (b) below.**
- Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in **Part VI**.
  - Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in **Part VI** the **role played by the organization in this regard.**

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

1  Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

<b>Section A—Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
<b>8 Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	<b>8</b>		
<b>Section B—Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
<b>8 Minimum Asset Amount</b> (add line 7 to line 6)	<b>8</b>		
<b>Section C—Distributable Amount</b>			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
<b>6 Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
7 <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).			

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)**

Section D—Distributions	Current Year		
1 Amounts paid to supported organizations to accomplish exempt purposes			
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity			
3 Administrative expenses paid to accomplish exempt purposes of supported organizations			
4 Amounts paid to acquire exempt-use assets			
5 Qualified set-aside amounts (prior IRS approval required)			
6 Other distributions (describe in <b>Part VI</b> ). See instructions.			
<b>7 Total annual distributions.</b> Add lines 1 through 6.			
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions.			
<b>9 Distributable amount for 2019 from Section C, line 6</b>			
<b>10 Line 8 amount divided by line 9 amount</b>			
Section E—Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
<b>1 Distributable amount for 2019 from Section C, line 6</b>			
<b>2 Underdistributions, if any, for years prior to 2019 (reasonable cause required—explain in <b>Part VI</b>). See instructions</b>			
<b>3 Excess distributions carryover, if any, to 2019</b>			
a From 2014			
b From 2015			
c From 2016			
d From 2017			
e From 2018			
<b>f Total of lines 3a through e</b>			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
<b>4 Distributions for 2019 from Section D, line 7: \$</b>			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
<b>5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in <b>Part VI</b>. See instructions.</b>			
<b>6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in <b>Part VI</b>. See instructions.</b>			
<b>7 Excess distributions carryover to 2020. Add lines 3j and 4c</b>			
<b>8 Breakdown of line 7:</b>			
a Excess from 2015			
b Excess from 2016			
c Excess from 2017			
d Excess from 2018			
e Excess from 2019			

**Part VI Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Part III, Line 12.

Income of the Ellicott City 50+ Center Council includes only donations and fundraiser proceeds.

Part IV, Section D, Lines 2 and 3.

In 2019 the Council consisted of 12 senior volunteers elected by registered seniors of the Ellicott City 50+ Center.

The Council meets with the Director and Assistant Director of the Center each month to discuss programs and needs of the Center. The Council responds to direct requests from the Center staff. The Council pays for programs directly by checks from the Council bank account.

When the Council wishes to purchase items from outside sources for the Center, the Center Director can charge the purchase on her Howard County charge card, and the Council will reimburse the cost by sending a check to the Director of Finance, Howard County.

Fundraisers are joint projects of the Council, the Center staff, and other senior volunteers.

The Ellicott City 50+ Center is owned and operated by Howard County government. The Council owns no property but uses the property of the Center.

The Council has no liabilities. All assets are contained in the Council checking account, and all assets are designated for support of the Ellicott City 50+ Center.

**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.

► Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No 1545-0047

**2019**Open to Public  
Inspection

Name of the organization

Ellicott City 50+ Center Council, Inc.

Employer identification number

52-2197520

**Part I. No. 6 (a), Gaming.**

1. Marathon Bingo	832
2. 50/50 Raffle at Marathon Bingo	81
3. Cash Bonanza Raffle	80
Total for Gaming	993

**Part I. No. 6 (b), Fundraising Events**

* 1. Bake Sale	364
* 2. Book Sale	1,010
* 3. Craft Boutique Table Rentals	1,880
* 4. White Elephant Sale	1,279
* 5. Greeting Card Sales	332
* 6. Laundry Sales	75
** 7. Equipment Sales at Fitness Center	263
** 8. T-Shirt Sales at Fitness Center	205
Total for fundraisers	5,408

\* Donated items

\*\* Purchased for Fitness Center prior to 2019.

**Part I. No. 6 (c), Expenses for Gaming and Fundraisers.**

1. Craft Boutique expenses	95
2. Greeting Card orders	131
3. Marathon Bingo expenses	29
4. Unreimbursed lunches for Craft Boutique	30
Total expenses from Gaming and Fundraisers	285

(Continued on Page 2)

Name of the organization

Ellicott City 50+ Center Council, Inc.

Employer identification number

52-2197520

## Part I. No. 10. Grants and similar amounts.

1. Programs at E.C. 50+ Center	1,380
2. Honorarium for classes at Center	100
3. Art Show Reception for senior artists	300
4. Cash gifts to volunteers at front desks and kitchen	325
5. To E.C. 50+ Center Office Petty Cash Fund	75
6. Neighbor Ride Bingo basket	125
7. To staff to sponsor Volunteer Luncheon	300
Total grants and similar amounts	2,605

## Part I. No. 16. Other expenses

For lunches to be sold at Craft Boutique	480
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## Part I. No. 17. Total expenses

3,085