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Form 990-EZ

## Short Form

## Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code  
(except black lung benefit trust or private foundation)

- Sponsoring organizations and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 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.

2008

Open to Public  
InspectionDepartment of the Treasury  
Internal Revenue Service

A For the 2008 calendar year, or tax year beginning 05-01-2008

, and ending 04-30-2009

B Check if applicable

- Address change
- Name change
- Initial return
- Termination
- Amended return
- Application pending

Please use IRS label or print or type.  
See Specific Instructions.

C Name of organization  
MARYLAND ORNITHOLOGICAL SOCIETY INC  
CO emy holdridgeNumber and street (or P O box, if mail is not delivered to street address) Room/suite  
5812 Harness CourtCity or town, state or country, and ZIP + 4  
Columbia, MD 21044D Employer identification number  
52-6046316E Telephone number  
(301) 490-0444F Group Exemption Number  
►\* Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts  
must attach a completed Schedule A (Form 990 or 990-EZ). ►G Accounting method  
► Cash  Accrual  
Other (specify) ►

I Website: ► www.mdbirds.org

J Organization type (check only one) —  501(c) (3) (insert no)  4947(a)(1) or  527H Check ►  if the organization  
is not required to attach  
Schedule B (Form 990, 990-EZ, or 990-PF)K Check ► if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than  
\$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$1,000,000 or more, file Form 990 instead of Form 990-EZ ► \$ 921,119

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

1	Contributions, gifts, grants, and similar amounts received	1	286,870
2	Program service revenue including government fees and contracts	2	44,854
3	Membership dues and assessments	3	22,200
4	Investment income	4	75,758
5a	Gross amount from sale of assets other than inventory	5a	491,437
b	Less cost or other basis and sales expenses	5b	754,071
c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (attach schedule)	5c	-262,634
6	Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here ►	6c	
a	Gross revenue (not including \$ _____ of contributions reported on line 1)	6a	
b	Less direct expenses other than fundraising expenses	6b	
c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	
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 ►)	8	
9	<b>Total revenue</b> (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8)	9	167,048
10	Grants and similar amounts paid (attach schedule) ►	10	14,727
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	8,500
14	Occupancy, rent, utilities, and maintenance	14	4,298
15	Printing, publications, postage, and shipping	15	9,099
16	Other expenses (describe ►)	16	122,063
17	<b>Total expenses</b> (add lines 10 through 16)	17	158,687
18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	8,361
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	1,830,101
20	Other changes in net assets or fund balances (attach explanation) ►	20	-391,800
21	Net assets or fund balances at end of year (combine lines 18 through 20)	21	1,446,662

## Part II Balance Sheets—If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ

(See the instructions for Part II.)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	299,109	22 152,566
23 Land and buildings	239,120	23 490,240
24 Other assets (describe ►)	1,294,713	24 803,856
25 <b>Total assets</b>	1,832,942	25 1,446,662
26 <b>Total liabilities</b> (describe ►)	2,841	26 0
27 <b>Net assets or fund balances</b> (line 27 of column (B) must agree with line 21)	1,830,101	27 1,446,662

<b>Part III Statement of Program Service Accomplishments</b> (See the instructions for Part III )				<b>Expenses</b> (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, optional for others )
What is the organization's primary exempt purpose? PROMOTES THE STUDY AND ENJOYMENT OF BIRDS, PROMOTES KNOWLEDGE ABOUT OUR NATURAL RESOURCES, AND FOSTERS ITS APPRECIATION AND CONSERVATION, MAINTAINS A SYSTEM OF SANCTUARIES TO ENCOURAGE THE CONSERVATION OF BIRDS AND BIRD HABITAT, AND TO HELP RECORD AND PUBLISH OBSERVATIONS OF BIRD LIFE				
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, or other relevant information for each program title				
<b>28</b> See Additional Data Table				
(Grants \$ ) If this amount includes foreign grants, check here . . . ► <input type="checkbox"/> <b>28a</b>				
<b>29</b>				
(Grants \$ ) If this amount includes foreign grants, check here . . . ► <input type="checkbox"/> <b>29a</b>				
<b>30</b>				
(Grants \$ ) If this amount includes foreign grants, check here . . . ► <input type="checkbox"/> <b>30a</b>				
<b>31</b> Other program services (attach schedule) . . . . . (Grants \$ ) If this amount includes foreign grants, check here . . . ► <input type="checkbox"/> <b>31a</b>				
<b>32 Total program service expenses</b> (add lines 28a through 31a) . . . . . ► <b>32</b> 123,830				
<b>Part IV List of Officers, Directors, Trustees, and Key Employees.</b> List each one even if not compensated (See the instructions for Part IV )				
<b>(a)</b> Name and address	<b>(b)</b> Title and average hours per week devoted to position	<b>(c)</b> Compensation <b>(If not paid, enter -0-.)</b>	<b>(d)</b> Contributions to employee benefit plans & deferred compensation	<b>(e)</b> Expense account and other allowances
See Additional Data Table				

**Additional Data****Software ID:****Software Version:**

EIN: 52-6046316

Name: MARYLAND ORNITHOLOGICAL SOCIETY INC

CO emy holdridge

**Form 990EZ, Part III - Statement of Program Service Accomplishments**

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, or other relevant information for each program title.			Expenses (Required for 501(c)(3) and (4) organizations and 4947 (a)(1) trusts; optional for others.)
28 Atlas program - tracking of bird population and nesting areas around maryland (Grants \$ 0)	If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>	28a	46,468
29 EDUCATIONAL PROGRAMS FOR MEMBERS AND GENERAL PUBLIC - CONFERENCE AND PUBLICATIONS (Grants \$ 0)	If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>	29a	39,035
30 OPERATION AND MAINTENANCE OF MARYLAND ORNITHOLOGICAL SOCIETY WILDLIFE SANCTUARIES (Grants \$ 0)	If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>	30a	23,600
Scholarships to national audubon camps, workshops, educational grants to chapters, and research conservation grants (Grants \$ 14,727)	If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>		14,727

**Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees**

(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
WAYNE BELL 29590 SCHWANINGER ROAD EASTON, MD 21601	PRESIDENT & TALBOT CHAPTER DI 15 00	0	0	0
MARK JOHNSON 3204 BRYSON COURT BALDWIN, MD 21013	VICE-PRESIDENT 5 00	0	0	0
EMMALYN HOLDRIDGE 5812 HARNESS COURT COLUMBIA, MD 21044	TREASURER 15 00	0	0	0
JANET SHIELDS 13105 FOUNTAIN HEAD ROAD HAGERSTOWN, MD 21742	SECRETARY 5 00	0	0	0
MARCI A BALESTRI 7922 EDGEWOOD CHURCH ROAD FREDERICK, MD 21072	PAST PRESIDENT 1 00	0	0	0
PAUL ZUCKER 12813 HUNTSMAN WAY POTOMAC, MD 20854	BOARD MEMBER 1 00	0	0	0
TOM LOOMIS 11502 ALLVIEW DRIVE BELTSVILLE, MD 20705	BOARD MEMBER 1 00	0	0	0
KURT SCHWARTZ 9045 DUNLOGGIN COURT ELLIOTT CITY, MD 21042	BOARD MEMBER 1 00	0	0	0
RUSS KOVACH 2116 GLEN COVE ROAD DARLINGTON, MD 21034	MEMBER & HARFORD CHAPTER PRES 1 00	0	0	0
GAYLE BACH-WATSON 4405 MOLESWORTH TERRACE MT AIRY, MD 21771	BOARD MEMBER 1 00	0	0	0
JOY WHEELER 531 HAMPTON LANE TOWSON, MD 21286	BOARD MEMBER 1 00	0	0	0
PHIL DAVIS 2549 VALE COURT DAVIDSONVILLE, MD 21035	BOARD MEMBER 1 00	0	0	0
HELEN PATTON 429 HAMILTON AVENUE SILVER SPRING, MD 20901	BOARD MEMBER 1 00	0	0	0
JANET MILLENSON 10500 FALLS ROAD POTOMAC, MD 20854	BOARD MEMBER 1 00	0	0	0
CHANDLER S ROBBINS RESEARCH CENTER LAUREL, MD 20707	BOARD MEMBER 1 00	0	0	0
BOB RINGLER 6272 PINYON PINE COURT ELDERSBURG, MD 21784	BOARD MEMBER 1 00	0	0	0
LYDIA SCHINDLER 13621 ESWORTHY ROAD DARNESTOWN, MD 20874	BOARD MEMBER 1 00	0	0	0
ANDY MARTIN 3 THORNBURN ROAD GAITHERSBURG, MD 20878	BOARD MEMBER 1 00	0	0	0
TAYLOR MCLEAN 6206 HADDON AVENUE BALTIMORE, MD 21212	BOARD MEMBER 1 00	0	0	0
DAVE ZIOLKOWSKI 810 CHATFIELD ROAD JOPPATOWNE, MD 21085	BOARD MEMBER 1 00	0	0	0
BRENT BYERS 1104 ENGLEBERTH ROAD BALTIMORE, MD 21221	BOARD MEMBER 1 00	0	0	0
TOM STRIKWERDA 9806 CULVER COURT KENSINGTON, MD 20895	BOARD MEMBER 1 00	0	0	0
MICHAEL WELCH 8619 BURNET HICKORY CIRCLE FREDERICK, MD 21704	BOARD MEMBER 1 00	0	0	0
CHUCK STIRRAT 13318 HUNT RIDGE ELLIOTT CITY, MD 21042	BOARD MEMBER 1 00	0	0	0
GEORGE RADCLIFFE 1663 HUDSON ROAD CAMBRIDGE, MD 21613	BOARD MEMBER 1 00	0	0	0
JANE COSKREN 6324 SANDCHAIN ROAD COLUMBIA, MD 21045	BOARD MEMBER 1 00	0	0	0
WALTER ELLISON 23460 CLARISSA ROAD CHESTERTOWN, MD 21620	MEMBER & KENT CHAPTER DIRECTO 1 00	0	0	0
JOHN MALCOLM 10205 KINDLY COURT MONTGOMERY VILLAGE, MD 20886	BOARD MEMBER 1 00	0	0	0
NORM SAUNDERS 107 SAILORS LANE CAMBRIDGE, MD 21613	BOARD MEMBER 1 00	0	0	0
DON MESSERSMITH 3158 GRACEFIELD ROAD SILVER SPRING, MD 20904	BOARD MEMBER 1 00	0	0	0
DAVID SMITH 2203 FLAG MARSH ROAD MT AIRY, MD 21771	BOARD MEMBER 1 00	0	0	0
HELEN HORROCKS 3678 RIDGEVIEW ROAD JAMAVILLE, MD 21754	MEMBER & FREDERICK CHAPTER DI 1 00	0	0	0
MARCI A WATSON PO BOX 235 NEWARK, DE 19715	MEMBER & CECIL CHAPTER DIRECT 1 00	0	0	0
SAREL COUSINS 9702 MCKINSTRY MILL ROAD NEW WINDSOR, MD 21776	BOARD MEMBER 1 00	0	0	0
JB CHURCHILL 17607 POMPEY SMASH ROAD FROSTBURG, MD 21532	ALLEGANY/GARRETT CHAPTER PRES 1 00	0	0	0
PIERRE HENKART 458 HONERING TRAIL ANNAPOLIS, MD 21401	ANNE ARUNDEL CHAPTER PRESIDEN 1 00	0	0	0
PETE WEBB 7014 LANCASTER ROAD BALTIMORE, MD 21207	BALTIMORE CHAPTER PRESIDENT 1 00	0	0	0
DANNY POET PO BOX 223 QUEENSTOWN, MD 21658	CAROLINE CHAPTER PRESIDENT 1 00	0	0	0
BILL ELLIS 6012 SNOWDENS RUN ROAD ELDERSBURG, MD 21784	CARROLL CHAPTER PRESIDENT 1 00	0	0	0
SEAN MCCANDLESS 60 CLEAR CREEK GLEN ELKTON, MD 21921	CECIL CHAPTER PRESIDENT 1 00	0	0	0
KATHY DOUBERT 2407 BEAVER CREEK COURT ADAMSTOWN, MD 21710	FREDERICK CHAPTER PRESIDENT 1 00	0	0	0
TOM MILLER 6402 GLASBURG, MD 21784	HOWARD CHAPTER PRESIDENT 1 00	0	0	0
NANCY MARTIN 23450 CLARISSA ROAD CHESTERTOWN, MD 21620	KENT CHAPTER PRESIDENT 1 00	0	0	0
JIM NELSON 8510 NELSON MOOR DRIVE BETHESDA, MD 20817	MONTGOMERY CHAPTER PRESIDENT 1 00	0	0	0
FRED FALCON 1700 FALCON PLACE BOWIE, MD 20715	PATUXENT CHAPTER PRESIDENT 1 00	0	0	0
CATHY COOPER 2845 PINEHURST CIRCLE EASTON, MD 21601	PATUXENT CHAPTER PRESIDENT 1 00	0	0	0
SAM DYKE PO BOX 1212 BALTIMORE, MD 21202	TRI-COUNTY CHAPTER PRESIDENT 1 00	0	0	0
ANNA HUTZELL 2719 BEAVER CREEK CHURCH ROAD HAGERSTOWN, MD 21740	WASHINGTON CHAPTER CONTACT 1 00	0	0	0
BARBARA GREENEY 43 BROOK GROVE COURT GRANTSVILLE, MD 21536	ALLEGANY/GARRETT CHAPTER DIRECT 1 00	0	0	0
LINDA BAKER 379 NORTHERN DRIVE SEVERNA PARK, MD 21146	ANNE ARUNDEL CHAPTER DIRECTOR 1 00	0	0	0
DAVID GILLUM 2915 WINTERS CHASE WAY ANNAPOLIS, MD 21401	ANNE ARUNDEL CHAPTER DIRECTOR 1 00	0	0	0
JOAN STONE 633 STONE SPRING DRIVE BALTIMORE, MD 21210	BALTIMORE CHAPTER DIRECTOR 1 00	0	0	0
JOHN LANDERS 301 BALTOMARE AVENUE BALTIMORE, MD 21214	BALTIMORE CHAPTER DIRECTOR 1 00	0	0	0
ROBERTA ROSS 4128 ROLAND AVENUE BALTIMORE, MD 21211	BALTIMORE CHAPTER DIRECTOR 1 00	0	0	0
THOMAS CONGERSKY 71 N FRIENDS DRIVE COLD SPRINGS, MD 21107	HARFORD CHAPTER DIRECTOR 1 00	0	0	0
RANDY ROBERTSON 451 GRASMEY LANE ABERDEEN, MD 21001	HARFORD CHAPTER DIRECTOR 1 00	0	0	0
9494 CRISS CROSS COLUMBIA, MD 21045	HOWARD CHAPTER DIRECTOR 1 00	0	0	0
KAREN DARCY 9715 COTTERY CITY LANE 21042	HOWARD CHAPTER DIRECTOR 1 00	0	0	0
KATE TUTTS 2830 DUVALL ROAD WOODBINE, MD 21797	HARFORD CHAPTER DIRECTOR 1 00	0	0	0
BRAD BURKE 6905 OAKRIDGE AVENUE BETHESDA, MD 20815	MONTGOMERY CHAPTER DIRECTOR 1 00	0	0	0
MIKE BOWEN 8609 EWING DRIVE BETHESDA, MD 20817	CHAPTER DIRECTOR 1 00	0	0	0
JUDY MCCARTNEY 5301 WESTBARD CIRCLE 322 BETHESDA, MD 20816	MONTGOMERY CHAPTER DIRECTOR 1 00	0	0	0
ELIZABETH PITNEY 7218 WALSTON MARYLAND 21084	TRI-COUNTY CHAPTER DIRECTOR 1 00	0	0	0
ANN MCBURNEY 600 OBSERVATORY DRIVE HAGERSTOWN, MD 21742	WASHINGTON CHAPTER DIRECTOR 1 00	0	0	0

<b>Part V Other Information</b> (Note the statement requirements in the instructions for Part VI.)			<b>Yes</b>	<b>No</b>
<b>33</b> Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	<b>33</b>		No	
<b>34</b> Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes	<b>34</b>		No	
<b>35</b> If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T				
<b>a</b> Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?	<b>35a</b>		No	
<b>b</b> If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year?	<b>35b</b>			
<b>36</b> Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Schedule N	<b>36</b>		No	
<b>37a</b> Enter amount of political expenditures, direct or indirect, as described in the instructions ► <b>37a</b> 0	<b>37a</b>	0		
<b>b</b> Did the organization file <b>Form 1120-POL</b> for this year?	<b>37b</b>			
<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 unpaid at the start of the period covered by this return?	<b>38a</b>		No	
<b>b</b> If "Yes," complete Schedule L, Part II and enter the total amount involved	<b>38b</b>			
<b>39</b> <i>501(c)(7) organizations.</i> Enter	<b>39a</b>			
<b>a</b> Initiation fees and capital contributions included on line 9	<b>39b</b>			
<b>b</b> Gross receipts, included on line 9, for public use of club facilities				
<b>40a</b> <i>Section 501(c)(3) organizations.</i> Enter amount of tax imposed on the organization during the year under section 4911 ► 0 , section 4912 ► 0 , section 4955 ► 0	<b>40b</b>		No	
<b>b</b> <i>Section 501(c)(3) and (4) organizations.</i> Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," complete Schedule L, Part I.				
<b>c</b> Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ► 0				
<b>d</b> Enter amount of tax on line 40c reimbursed by the organization ► 0				
<b>e</b> <i>All organizations.</i> At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?	<b>40e</b>		No	
<b>41</b> List the states with which a copy of this return is filed ► MD				
<b>42a</b> The books are in care of ► <i>emy holdridge</i> Telephone no ► (410) 964-0196				
Located at ► <i>5812 Harness Court</i> ZIP + 4 ► <i>21044</i>				
<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)?	<b>42b</b>		No	
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>c</b> At any time during the calendar year, did the organization maintain an office outside of the U S ?	<b>42c</b>		No	
If "Yes," enter the name of the foreign country ►				
<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>	<b>43</b>			
<b>44</b> Did the organization maintain any donor advised funds? If "Yes", <i>Form 990 must be completed instead of Form 990-EZ.</i>	<b>44</b>		No	
<b>45</b> Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes", <i>Form 990 must be completed instead of Form 990-EZ.</i>	<b>45</b>		No	

**Part VI Section 501(c)(3) organizations only.** All section 501(c)(3) organizations must answer questions 46-49 and complete the tables for lines 50 and 51.

	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>46</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	<b>46</b>	No
<b>47</b> Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	<b>47</b>	No
<b>48</b> Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "yes," complete Schedule E	<b>48</b>	No
<b>49a</b> Did the organization make any transfers to an exempt non-charitable related organization?	<b>49a</b>	No
<b>b</b> If "Yes," was the related organization(s) a section 527 organization?	<b>49b</b>	

**50** Complete this table for the five highest compensated employees (other than officers, directors, trustees, and key employees) who received more than \$100,000 of compensation from the organization. If there are 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				
Total number of other employees paid over \$100,000 ►				

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

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
NONE		
Total number of other independent contractors receiving over \$100,000 ►		

**Please Sign Here** Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

\*\*\*\*\*  
Signature of officer  
EMMALYN HOLDRIDGE TREASURER  
Type or print name and title

2010-02-22

Date

<b>Paid Preparer's Use Only</b>	Preparer's signature ► CLEM MUELLER CPA	Date 2010-02-20	Check if self-employed ► <input type="checkbox"/>	Preparer's PTIN (See Gen Inst X)
	Firm's name (or yours if self-employed), address, and ZIP + 4 ► KAWG & F PA 9690 DEERE CO RD STE 500 TIMONIUM, MD 21093		EIN ►	Phone no ► (410) 828-6432

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

2008

Open to Public  
Inspection**SCHEDULE A**  
(Form 990 or 990EZ)**Public Charity Status and Public Support**To be completed by all section 501(c)(3) organizations and section 4947(a)(1)  
nonexempt charitable trusts.

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

Department of the Treasury  
Internal Revenue Service**Name of the organization**MARYLAND ORNITHOLOGICAL SOCIETY INC  
CO emy holdridge**Employer identification number**

52-6046316

**Part I Reason for Public Charity Status** (to be completed by all organizations) (See Instructions)

The organization is not a private foundation because it is (Please check only one organization)

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)**. (Attach Schedule H )

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)**. (See instructions )

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

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?

(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 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 organizations the organization supports

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(i) Name of Supported Organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section <b>(See Instructions)</b> )	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support?
			Yes	No	Yes	No	Yes	No	
<b>Total</b>									

**Part II Support Schedule for Organizations Described in IRC 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.)
**Public Support**

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
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						
<b>4 Total.</b> Add line 1-3						
5 The portion of total contribution by each person (other than a government unit or publicly supported organization) included on line 1 that exceed 2% of the amount shown on line 11, column (f)						
<b>6 Public Support</b> subtract line 5 from line 4						

**Total Support**

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV )						
<b>11 Total Support</b> (Add lines 7 through 10)						
12 Gross receipts from related activities, etc (See instructions )					<b>12</b>	

**13 First Five Years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and **stop here**

**Computation of Public Support Percentage**

14 Public Support Percentage for 2008 (line 6 column (f) divided by line 11 column (f))	<b>14</b>	
15 Public Support Percentage for 2007 Schedule A, Part IV-A, line 26f	<b>15</b>	
<b>16a 33 1/3% Test - 2008.</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% Test - 2007.</b> If the organization did not check the 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 - 2008.</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 - 2007.</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 the 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 IRC 509(a)(2)**  
 (Complete only if you checked the box on line 9 of Part I.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	54,553	91,170	90,936	96,331	309,070	642,060
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	38,486	26,753	19,922	69,180	44,854	199,195
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total</b> Add lines 1-5	93,039	117,923	110,858	165,511	353,924	841,255
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
<b>c</b> Total of lines 7a and 7b						
<b>8 Public Support</b> (Subtract line 7c from line 6)						841,255

**Total Support**

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6	93,039	117,923	110,858	165,511	353,924	841,255
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	64,146	80,913	90,061	106,380	75,758	417,258
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after 30 June, 1975						
<b>c</b> Add lines 10a and 10b	64,146	80,913	90,061	106,380	75,758	417,258
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	4,260	13,294	8,169	9,983		35,706
<b>13 Total Support</b> (Add lines 9, 10c, 11 and 12)						1,294,219
<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 501(c)(3) organization, check this box and <b>stop here</b>						►

**Computation of Public Support Percentage**

15 Public Support Percentage for 2008 (line 8 column (f) divided by line 13 column (f))	15	65 000 %
16 Public Support Percentage for 2007 Schedule A, Part IV-A, line 27g	16	58 420 %

**Computation of Investment Income Percentage**

17 Investment Income Percentage for 2008 (line 10c column (f) divided by line 13 column (f))	17	32 240 %
18 Investment Income Percentage from 2007 Schedule A, Part IV-A, line 27h	18	37 190 %
<b>19a 33 1/3% Tests - 2008.</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 <b>stop here</b> . The organization qualifies as a publicly supported organization		►✓
<b>b 33 1/3% Tests - 2007.</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 <b>stop here</b> . The organization qualifies as a publicly supported organization		►
<b>20 Private Foundation</b> If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions		►

**Part IV** **Supplemental Information.** Complete this part to provide the information required by Part II, line 10; Part II, line 17a or 17b, or Part III, line 12. Provide any other additional information. (see instructions)

**Facts and Circumstances Test**

## TY 2008 Grants and Similar Amounts Paid Schedule

**Name:** MARYLAND ORNITHOLOGICAL SOCIETY INC

CO emy holdridge

**EIN:** 52-6046316

<b>Item No.</b>	1
<b>Class of Activity</b>	RESEARCH GRANT
<b>Donee's Name</b>	MELISSA BOYLE
<b>Donee's Address</b>	22 HICKORY AVENUE GETTYSBURG, PA 17325
<b>Amount (FMV)</b>	657
<b>Purpose of Payment to Affiliate</b>	
<b>Relationship</b>	MEMBER
<b>Description</b>	cash
<b>Book Value</b>	
<b>How BV Determined</b>	
<b>How FMV Determined</b>	
<b>Date of Gift</b>	2008-09

<b>Item No.</b>	2
<b>Class of Activity</b>	RESEARCH GRANT
<b>Donee's Name</b>	RACHEL STURGE DEPT OF BIO SCIENCE UMBC
<b>Donee's Address</b>	1000 HILLTOP CIRCLE BALTIMORE, MD 21250
<b>Amount (FMV)</b>	1,500
<b>Purpose of Payment to Affiliate</b>	
<b>Relationship</b>	none
<b>Description</b>	cash
<b>Book Value</b>	
<b>How BV Determined</b>	
<b>How FMV Determined</b>	
<b>Date of Gift</b>	2008-09

<b>Item No.</b>	3
<b>Class of Activity</b>	RESEARCH GRANT
<b>Donee's Name</b>	POLISTES FOUNDATION
<b>Donee's Address</b>	10300 BALTIMORE AVENUE BLDG 308 BELTSVILLE, MD 20705
<b>Amount (FMV)</b>	1,700
<b>Purpose of Payment to Affiliate</b>	
<b>Relationship</b>	none
<b>Description</b>	cash
<b>Book Value</b>	
<b>How BV Determined</b>	
<b>How FMV Determined</b>	
<b>Date of Gift</b>	2009-04

<b>Item No.</b>	4
<b>Class of Activity</b>	RESEARCH GRANT
<b>Donee's Name</b>	AUDUBON MARYLAND-DC
<b>Donee's Address</b>	2437 EASTERN AVENUE BALTIMORE, MD 21224
<b>Amount (FMV)</b>	6,150
<b>Purpose of Payment to Affiliate</b>	
<b>Relationship</b>	NONe
<b>Description</b>	Cash
<b>Book Value</b>	
<b>How BV Determined</b>	
<b>How FMV Determined</b>	
<b>Date of Gift</b>	2009-04

<b>Item No.</b>	5
<b>Class of Activity</b>	RESEARCH GRANT
<b>Donee's Name</b>	SMITHSONIAN MIGRATORY BIRD CENTER
<b>Donee's Address</b>	PO BOX 37012 - MRC 5503 WASHINGTON, DC 20013
<b>Amount (FMV)</b>	2,000
<b>Purpose of Payment to Affiliate</b>	
<b>Relationship</b>	None
<b>Description</b>	Cash
<b>Book Value</b>	
<b>How BV Determined</b>	
<b>How FMV Determined</b>	
<b>Date of Gift</b>	2009-04

<b>Item No.</b>	6
<b>Class of Activity</b>	RESEARCH GRANT
<b>Donee's Name</b>	FRANK AMMER DEPT OF BIOLOGY FROSTBURG STATE UNIVERSITY
<b>Donee's Address</b>	101 BRADDOCK ROAD FROSTBURG, MD 21532
<b>Amount (FMV)</b>	2,720
<b>Purpose of Payment to Affiliate</b>	
<b>Relationship</b>	None
<b>Description</b>	Cash
<b>Book Value</b>	
<b>How BV Determined</b>	
<b>How FMV Determined</b>	
<b>Date of Gift</b>	2009-04

## TY 2008 Other Assets Schedule

**Name:** MARYLAND ORNITHOLOGICAL SOCIETY INC

CO emy holdridge

**EIN:** 52-6046316

Description	Beginning of Year Amount	End of Year Amount
SECURITIES	1,294,254	803,790
Other Depreciable Assets	459	66

## TY 2008 Other Changes in Net Assets Schedule

**Name:** MARYLAND ORNITHOLOGICAL SOCIETY INC

CO emy holdridge

**EIN:** 52-6046316

Description	Amount
Unrealized Losses on Investments	-391,800

## TY 2008 Other Expenses Schedule

**Name:** MARYLAND ORNITHOLOGICAL SOCIETY INC

CO emy holdridge

**EIN:** 52-6046316

Description	Amount
Atlas Program	43,227
Sanctuary Expenses	23,600
Scholarships	313
Insurance	3,206
Education	4,033
Special event expense	1,185
Miscellaneous	1,979
Rainforest conservation project	5,596
Conferences, Conventions, Meetings	38,205
Committee expenses	719

## TY 2008 Other Liabilities Schedule

**Name:** MARYLAND ORNITHOLOGICAL SOCIETY INC

CO emy holdridge

**EIN:** 52-6046316

Description	Beginning of Year Amount	End of Year Amount
Accounts Payable and Accrued Expenses	2,841	0

## TY 2008 Transfers Personal Benefits Contracts Declaration

**Name:** MARYLAND ORNITHOLOGICAL SOCIETY INC

CO emy holdridge

**EIN:** 52-6046316

**Declaration:** 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.