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A For the 2008 calendar year, or tax year beginning 05-01-2008, and ending 04-30-2009				
B Check if applicable	Please use IRS label or print or type. See Specific Instructions.	C Name of organization MARYLAND ORNITHOLOGICAL SOCIETY INC CO emy holdridge		D Employer identification number 52-6046316
Address change		Number and street (or P O box, if mail is not delivered to street address) Room/suite 5812 Harness Court		E Telephone number (301) 490-0444
Name change				
Initial return		City or town, state or country, and ZIP + 4 Columbia, MD 21044		F Group Exemption Number
Termination				
Amended return				
Application pending				

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 <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual Other (specify) _____
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I Website: <input type="checkbox"/> www.mdbirds.org		H Check <input type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)
J Organization type (check only one)— <input type="checkbox"/> 501(c)(3) <input type="checkbox"/> (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		

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)
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Revenue	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 <input type="checkbox"/>		
	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 <input type="checkbox"/> _____)	8	
	9	Total revenue (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8) <input type="checkbox"/>	9	167,048
	Expenses	10	Grants and similar amounts paid (attach schedule) <input type="checkbox"/>	10
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 <input type="checkbox"/> _____)	16	122,063
17		Total expenses (add lines 10 through 16) <input type="checkbox"/>	17	158,687
Net Assets	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) <input type="checkbox"/>	20	-391,800
	21	Net assets or fund balances at end of year (combine lines 18 through 20) <input type="checkbox"/>	21	1,446,662

Part III Statement of Program Service Accomplishments (See the instructions for Part III)		Expenses (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			
28 See Additional Data Table			
(Grants \$)	If this amount includes foreign grants, check here . . . <input type="checkbox"/>	28a	
29			
(Grants \$)	If this amount includes foreign grants, check here . . . <input type="checkbox"/>	29a	
30			
(Grants \$)	If this amount includes foreign grants, check here . . . <input type="checkbox"/>	30a	
31 Other program services (attach schedule)			
(Grants \$)	If this amount includes foreign grants, check here . . . <input type="checkbox"/>	31a	
32 Total program service expenses (add lines 28a through 31a)		32	123,830

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (See the instructions for Part IV)				
(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
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 MD 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
MARCIA 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 SCHWARZ 9045 DUNLOGGIN COURT ELLICOTT 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 BURNT HICKORY CIRCLE FREDERICK, MD 21704	BOARD MEMBER 1 00	0	0	0
CHUCK STIRRAT 13318 HUNT RIDGE ELLICOTT 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 IJAMSVILLE, MD 21754	MEMBER & FREDERICK CHAPTER DI 1 00	0	0	0
MARCIA 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 CALVERT 2404 DOUBS COURT ADAMSTOWN, MD 21710	FREDERICK CHAPTER PRESIDENT 1 00	0	0	0
TOM MILLER 6404 GLASGOW CIRCLE ELDERSBURG, MD 21784	HOWARD CHAPTER PRESIDENT 1 00	0	0	0
NANCY MARTIN 23460 CLARISSA ROAD CHESTERTOWN, MD 21620	KENT CHAPTER PRESIDENT 1 00	0	0	0
JIM NELSON 8510 BRADMOOR DRIVE BETHESDA, MD 20817	MONTGOMERY CHAPTER PRESIDENT 1 00	0	0	0
FRED FALLON 1700 POMONA PLACE BOWIE, MD 20716	PATUXENT CHAPTER PRESIDENT 1 00	0	0	0
CATHY COOPER 28467 PINEHURST CIRCLE EASTON, MD 21601	TALBOT CHAPTER PRESIDENT 1 00	0	0	0
SAM DYKE PO BOX 1212 SALISBURY, MD 21802	TRI-COUNTY CHAPTER PRESIDENT 1 00	0	0	0
ANNA HUTZELL 9749 BEAVER CREEK CHURCH ROAD HAGERSTOWN, MD 21740	WASHINGTON CHAPTER CONTACT 1 00	0	0	0
BARBARA GAFFNEY 43 BROOK TROUT COURT GRANTSVILLE, MD 21536	ALLEGANY/GARRETT CHAPTER DIRE 1 00	0	0	0
LINDA BAKER 379 NORTH 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 CWI 633 STONEY SPRING DRIVE BALTIMORE, MD 21210	BALTIMORE CHAPTER DIRECTOR 1 00	0	0	0
JOHN LANDERS 3304 BATAVIA 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 FRIENDSHIP COURT COLORA, MD 21917	HARFORD CHAPTER DIRECTOR 1 00	0	0	0
RANDY ROBERTSON 451 GRASMERE LANE ABERDEEN, MD 21001	HARFORD CHAPTER DIRECTOR 1 00	0	0	0
MARY-JO BETTS 9494 CRISSCROSS COURT COLUMBIA, MD 21045	HOWARD CHAPTER DIRECTOR 1 00	0	0	0
KAREN DARCY 9775 DIVERSIFIED LANE ELLICOTT CITY, MD 21042	HOWARD CHAPTER DIRECTOR 1 00	0	0	0
KATE TUFTS 2830 DUVALL ROAD WOODBINE, MD 21797	HOWARD CHAPTER DIRECTOR 1 00	0	0	0
BRAD BEUKEMA 6909 OAKRIDGE AVENUE CHEVY CHASE, MD 20815	MONTGOMERY CHAPTER DIRECTOR 1 00	0	0	0
MIKE BOWEN 8609 EWING DRIVE BETHESDA, MD 20817	MONTGOMERY 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 SWITCH ROAD PARSONBURG, MD 21849	TRI-COUNTY CHAPTER DIRECTOR 1 00	0	0	0
ANN MITCHELL 600 OBSERVATORY DRIVE HAGERSTOWN, MD 21742	WASHINGTON CHAPTER DIRECTOR 1 00	0	0	0

Part V Other Information (Note the statement requirements in the instructions for Part VI.)		Yes	No		
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33	No		
34	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	34	No		
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T				
a	Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?	35a	No		
b	If "Yes," has it filed a tax return on Form 990-T for this year?	35b			
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Schedule N	36	No		
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ <table><tr><td>37a</td><td>0</td></tr></table>	37a	0		
37a	0				
b	Did the organization file Form 1120-POL for this year?	37b			
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 unpaid at the start of the period covered by this return?	38a	No		
b	If "Yes," complete Schedule L, Part II and enter the total amount involved	38b			
39	501(c)(7) organizations. Enter				
a	Initiation fees and capital contributions included on line 9	39a			
b	Gross receipts, included on line 9, for public use of club facilities	39b			
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 ▶ 0 , section 4912 ▶ 0 , section 4955 ▶ 0				
b	Section 501(c)(3) and (4) organizations. 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.	40b	No		
c	Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ 0				
d	Enter amount of tax on line 40c reimbursed by the organization ▶ 0				
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?	40e	No		
41	List the states with which a copy of this return is filed ▶ MD				
42a	The books are in care of ▶ emy holdridge Telephone no ▶ (410) 964-0196				
	5812 Harness Court				
	Located at ▶ columbia, MD ZIP + 4 ▶ 21044				
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	No		
	If "Yes," enter the name of the foreign country ▶				
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts .				
c	At any time during the calendar year, did the organization maintain an office outside of the U S ?	42c	No		
	If "Yes," enter the name of the foreign country ▶				
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here ▶ <table><tr><td>43</td><td></td></tr></table>	43			
43					
44	Did the organization maintain any donor advised funds? If "Yes", Form 990 must be completed instead of Form 990-EZ.	44	No		
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes", Form 990 must be completed instead of Form 990-EZ.	45	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.

46	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	Yes	No
47	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II		No
48	Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "yes," complete Schedule E		No
49a	Did the organization make any transfers to an exempt non-charitable related organization?		No
b	If "Yes," was the related organization(s) a section 527 organization?		
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		2010-02-22 Date		
Paid Preparer's Use Only	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 DEERECO 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. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

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.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization MARYLAND ORNITHOLOGICAL SOCIETY INC CO emy holdridge	Employer identification number 52-6046316
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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	<input type="checkbox"/>	A church, convention of churches, or association of churches described in Section 170(b)(1)(A)(i).
2	<input type="checkbox"/>	A school described in Section 170(b)(1)(A)(ii). (Attach Schedule E)
3	<input type="checkbox"/>	A hospital or a cooperative hospital service organization described in Section 170(b)(1)(A)(iii). (Attach Schedule H)
4	<input type="checkbox"/>	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	<input type="checkbox"/>	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	<input type="checkbox"/>	A federal, state, or local government or governmental unit described in Section 170(b)(1)(A)(v).
7	<input type="checkbox"/>	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	<input type="checkbox"/>	A community trust described in Section 170(b)(1)(A)(vi) (Complete Part II)
9	<input checked="" type="checkbox"/>	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	<input type="checkbox"/>	An organization organized and operated exclusively to test for public safety See Section 509(a)(4). (See instructions)
11	<input type="checkbox"/>	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 <div><div>a <input type="checkbox"/> Type I</div><div>b <input type="checkbox"/> Type II</div><div>c <input type="checkbox"/> Type III - Functionally Integrated</div><div>d <input type="checkbox"/> Type III - Other</div></div>
e	<input type="checkbox"/>	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	<input type="checkbox"/>	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	<input type="checkbox"/>	Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? <div><div>(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?</div><div>(ii) a family member of a person described in (i) above?</div><div>(iii) a 35% controlled entity of a person described in (i) or (ii) above?</div></div>
h	<input type="checkbox"/>	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 (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 support?
			Yes	No	Yes	No	Yes	No	
Total									

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						
4 Total. 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)						
6 Public Support 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)						
11 Total Support (Add lines 7 through 10)						
12 Gross receipts from related activities, etc (See instructions)					12	
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						<input type="checkbox"/>

Computation of Public Support Percentage		
14 Public Support Percentage for 2008 (line 6 column (f) divided by line 11 column (f))	14	
15 Public Support Percentage for 2007 Schedule A, Part IV-A, line 26f	15	
16a 33 1/3% Test - 2008. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 33 1/3% Test - 2007. 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 stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% Facts and Circumstances Test - 2008. If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% Facts and Circumstances Test - 2007. If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private Foundation. If the organization did not check the box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions		<input type="checkbox"/>

Part IIISupport 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
1Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")	54,553	91,170	90,936	96,331	309,070	642,060
2Gross 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
3Gross receipts from activities that are not an unrelated trade or business under section 513						
4Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5The value of services or facilities furnished by a governmental unit to the organization without charge						
6Total Add lines 1-5	93,039	117,923	110,858	165,511	353,924	841,255
7aAmounts included on lines 1, 2, and 3 received from disqualified persons						
bAmounts 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						
cTotal of lines 7a and 7b						
8Public Support (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
9Amounts from line 6	93,039	117,923	110,858	165,511	353,924	841,255
10aGross 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
bUnrelated business taxable income (less section 511 taxes) from businesses acquired after 30 June, 1975						
cAdd lines 10a and 10b	64,146	80,913	90,061	106,380	75,758	417,258
11Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12Other 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
13Total Support (Add lines 9, 10c, 11 and 12)						1,294,219
14First 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	<input type="checkbox"/>					

Computation of Public Support Percentage			
15Public Support Percentage for 2008 (line 8 column (f) divided by line 13 column (f))	15	65 000 %	
16Public 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 %
19a	33 1/3% Tests - 2008. 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% Tests - 2007. 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. 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 and 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

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

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

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

Item No.	4
Class of Activity	RESEARCH GRANT
Donee's Name	AUDUBON MARYLAND-DC
Donee's Address	2437 EASTERN AVENUE BALTIMORE, MD 21224
Amount (FMV)	6,150
Purpose of Payment to Affiliate	
Relationship	NONE
Description	Cash
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	2009-04

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

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