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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)

OMB No 1545-1150

**2009**Department of the Treasury  
Internal Revenue Service

- Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 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.

**Open to Public Inspection**

**A For the 2009 calendar year, or tax year beginning**, 2009, and ending

**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 RIGHT TO LIFE, INC.  
Number and street (or P O box, if mail is not delivered to street address) Room/suite  
700 MELVIN AVENUE 1  
City or town, state or country, and ZIP + 4  
ANNAPOLIS MD 21401

**D Employer identification number**  
52-1690171

**E Telephone number**  
(410) 269-6397

**F 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) ►

**H Check** ☒ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

**I Website** ► www.mdrtl.org

**J Tax-exempt status** (check only one) — ☒ 501(c) ( 4 ) (insert no) ☐ 4947(a)(1) or ☐ 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 Form 990-EZ or Form 990 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 \$500,000 or more, file Form 990 instead of Form 990-EZ** ► \$ 136,762.

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

<b>1</b> Contributions, gifts, grants, and similar amounts received	<b>1</b>	134,782.
<b>2</b> Program service revenue including government fees and contracts	<b>2</b>	
<b>3</b> Membership dues and assessments	<b>3</b>	445.
<b>4</b> Investment income	<b>4</b>	
<b>5a</b> Gross amount from sale of assets other than inventory	<b>5a</b>	
<b>b</b> Less cost or other basis and sales expenses	<b>5b</b>	
<b>c</b> Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	<b>5c</b>	
<b>6</b> Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here <input type="checkbox"/>		
<b>a</b> Gross revenue (not including \$ of contributions reported on line 1)	<b>6a</b>	1,535.
<b>b</b> Less direct expenses other than fundraising expenses	<b>6b</b>	200.
<b>c</b> Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	<b>6c</b>	1,335.
<b>7a</b> Gross sales of inventory, less returns and allowances	<b>7a</b>	
<b>b</b> Less cost of goods sold	<b>7b</b>	
<b>c</b> Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	<b>7c</b>	
<b>8</b> Other revenue (describe ►)	<b>8</b>	
<b>9 Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	<b>9</b>	136,562.
<b>10</b> Grants and similar amounts paid (attach schedule)	<b>10</b>	
<b>11</b> Benefits paid to or for members	<b>11</b>	
<b>12</b> Salaries, other compensation, and employee benefits	<b>12</b>	41,143.
<b>13</b> Professional fees and other payments to independent contractors	<b>13</b>	9,255.
<b>14</b> Occupancy, rent, utilities, and maintenance	<b>14</b>	19,989.
<b>15</b> Printing, publications, postage, and shipping	<b>15</b>	35,016.
<b>16</b> Other expenses (describe ► See Other Expenses Statement)	<b>16</b>	42,025.
<b>17 Total expenses.</b> Add lines 10 through 16	<b>17</b>	147,428.
<b>18</b> Excess or (deficit) for the year (Subtract line 17 from line 9)	<b>18</b>	-10,866.
<b>19</b> 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)	<b>19</b>	25,746.
<b>20</b> Other changes in net assets or fund balances (attach explanation)	<b>20</b>	
<b>21</b> Net assets or fund balances at end of year Combine lines 18 through 20	<b>21</b>	14,880.

**Part II Balance Sheets.** If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ (See the instructions for Part II.)

	(A) Beginning of year	(B) End of year
<b>22</b> Cash, savings, and investments	27,217.	16,316.
<b>23</b> Land and buildings	2,540.	1,551.
<b>24</b> Other assets (describe ► See L-24 Stmt)	3,266.	5,323.
<b>25 Total assets</b>	33,023.	23,190.
<b>26 Total liabilities</b> (describe ► See L-26 Stmt)	7,277.	8,310.
<b>27 Net assets or fund balances</b> (line 27 of column (B) must agree with line 21)	25,746.	14,880.

BAA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2009)

**Part III Statement of Program Service Accomplishments** (See the instructions.)**Expenses**What is the organization's primary exempt purpose? SEE PART III STATEMENT 1

(Required for section 501(c)(3) and (4) organizations and section 4947(a)(1) trusts, optional for others)

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 THE PROMOTION, ENCOURAGEMENT AND SPONSORSHIP OF SUCH AMENDATORY AND STATUTORY MEASURES WHICH WILL PROVIDE PROTECTION FOR HUMAN LIFE BEFORE AND AFTER BIRTH; PARTICULARLY FOR THE DEFENSELESS, INCOMPETENT, IMPAIRED AND INCAPACITATED. (Grants \$ 0. ) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	85,151.
29 PUBLICATION OF NEWSPAPER CALLED "LIFE REPORT", ANNUAL CIRCULATION 6,000 AND OTHER PUBLICATIONS RELATED TO THE ORGANIZATION'S EXEMPT PURPOSE. (Grants \$ 0. ) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	5,592.
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) <input type="checkbox"/>	32	90,743.

**Part IV List of Officers, Directors, Trustees, and Key Employees.** List each one even if not compensated (See the instrs )

(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 and deferred compensation	(e) Expense account and other allowances
ANGELA MARTIN 700 MELVIN AVENUE, SUITE 1 ANNAPOLIS MD 21401	EXECUTIVE DIRECTOR 28.00	15,553.	0.	
DARLA ST. MARTIN 700 MELVIN AVENUE, SUITE 1 ANNAPOLIS MD 21401	PRESIDENT 5.00	0.	0.	
INGRID DURAN 700 MELVIN AVENUE, SUITE 1 ANNAPOLIS MD 21401	1ST V PRESIDENT 2.00	0.	0.	
SIDNEY MARCUS 700 MELVIN AVENUE, SUITE 1 ANNAPOLIS MD 21401	SECRETARY 5.00	0.	0.	
JOE MORSON 700 MELVIN AVENUE, SUITE 1 ANNAPOLIS MD 21401	TREASURER 5.00	0.	0.	
ERNIE OHLHOFF 700 MELVIN AVENUE, SUITE 1 ANNAPOLIS MD 21401	AT-LARGE DIRECTOR 5.00	0.	0.	
THOMAS LYNCH 700 MELVIN AVENUE, SUITE 1 ANNAPOLIS MD 21401	AT-LARGE DIRECTOR 1.00	0.	0.	
VINCE VENTIMIGLIA 700 MELVIN AVENUE, SUITE 1 ANNAPOLIS MD 21401	AT-LARGE DIRECTOR 1.00	0.	0.	
SR. ROBERTA HARDING, IHM 700 MELVIN AVENUE, SUITE 1 ANNAPOLIS MD 21401	AT-LARGE DIRECTOR 1.00	0.	0.	
CATHY MCLEOD 700 MELVIN AVENUE, SUITE 1 ANNAPOLIS MD 21401	AT-LARGE DIRECTOR 5.00	1,269.	0.	
MARY MILTENBERGER 700 MELVIN AVENUE, SUITE 1 ANNAPOLIS, MD 21401	COUNTY DIRECTOR 1.00	0.	0.	
See List of Officers, Directors, Trustees, & Key Employees Stmt _____ _____				

**Part V Other Information** (Note the statement requirements in the instrs for Part V.)

	Yes	No
<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		X
<b>34</b> Were any changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the changes		X
<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 why the organization did not report the income on Form 990-T		
<b>a</b> Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?		X
<b>b</b> If 'Yes,' has it filed a tax return on <b>Form 990-T</b> for this year?		
<b>36</b> Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If 'Yes,' complete applicable parts of Schedule N		X
<b>37a</b> Enter amount of political expenditures, direct or indirect, as described in the instructions <b>37a</b> 0.		
<b>b</b> Did the organization file <b>Form 1120-POL</b> for this year?		X
<b>38a</b> Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return?	X	
<b>b</b> If 'Yes,' complete Schedule L, Part II and enter the total amount involved <b>38b</b> 1,000.		
<b>39</b> Section 501(c)(7) organizations Enter		
<b>a</b> Initiation fees and capital contributions included on line 9 <b>39a</b>		
<b>b</b> Gross receipts, included on line 9, for public use of club facilities <b>39b</b>		
<b>40a</b> Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 <b>40a</b> , section 4912 <b>40a</b> , section 4955 <b>40a</b>		
<b>b</b> Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I <b>40b</b>		X
<b>c</b> Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 <b>40c</b>		
<b>d</b> Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization <b>40d</b>		
<b>e</b> All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T <b>40e</b>		X
<b>41</b> List the states with which a copy of this return is filed <b>41</b> Maryland		

**42a** The organization's books are in care of **42a** CORPORATE OFFICE Telephone no. **42a** (410) 269-6397  
 Located at **42a** 700 MELVIN AVENUE, SUITE 1 ANNAPOLIS MD ZIP + 4 **42a** 21401

	Yes	No
<b>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 <b>42b</b>		X
<b>42c</b> See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts. At any time during the calendar year, did the organization maintain an office outside of the U.S.? If 'Yes,' enter the name of the foreign country <b>42c</b>		X

**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** ☐

	Yes	No
<b>44</b> Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ <b>44</b>		X
<b>45</b> 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 <b>45</b>		X

**Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.** All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b 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
<b>46</b>		
<b>47</b>		
<b>48</b>		
<b>49a</b>		
<b>49b</b>		

**47** Did the organization engage in lobbying activities? 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.'


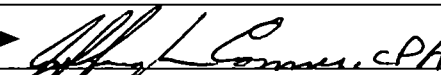
(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
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**f** 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 address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
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**d** Total number of other independent contractors each receiving over \$100,000 ▶

<b>Sign Here</b>	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		11/9/10 Date	
	ANGELA A. MARTIN, EXECUTIVE DIRECTOR Type or print name and title			
<b>Paid Preparer's Use Only</b>	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	Preparer's Identifying Number (See instructions)
	 Firm's name (or yours if self-employed)		11/05/10	
	113 National Highway address, and ZIP + 4 LaVale MD 21502		EIN Phone no ▶ (301) 777-9383	

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

☒ Yes ☐ No

**SCHEDULE L**  
**(Form 990 or 990-EZ)**Department of the Treasury  
Internal Revenue Service**Transactions with Interested Persons**

► Complete if the organization answered  
'Yes' on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c,  
or Form 990-EZ, Part V, line 38a or 40b.  
► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No 1545-0047

**2009****Open to Public  
Inspection**

Name of the organization

MARYLAND RIGHT TO LIFE, INC.

Employer identification number

52-1690171

**Part I Excess Benefit Transactions** (section 501(c)(3) and section 501(c)(4) organizations only).  
Complete if the organization answered 'Yes' on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Description of transaction	(c) Corrected?	
			Yes	No

**2** Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958

► \$

**3** Enter the amount of tax, if any, on line 2, above, reimbursed by the organization

► \$

**Part II Loans to and/or From Interested Persons.**

Complete if the organization answered 'Yes' on Form 990, Part IV, line 26 or Form 990-EZ, Part V, line 38a.

(a) Name of interested person and purpose	(b) Loan to or from the organization?		(c) Original principal amount	(d) Balance due	(e) In default?		(f) Approved by board or committee?		(g) Written agreement?	
	To	From			Yes	No	Yes	No	Yes	No
SIDNEY MARCUS EXPENSES	X		5,000.	1,000.		X	X		X	
<b>Total</b>				► \$ 1,000.						

**Part III Grants or Assistance Benefitting Interested Persons.**

Complete if the organization answered 'Yes' on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount and type of assistance

**Part IV Business Transactions Involving Interested Persons.**

Complete if the organization answered 'Yes' on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction \$	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No

**BAA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.**

Schedule L (Form 990 or 990-EZ) 2009

**Form 990-EZ**  
**Part II**

**Other Assets and Liabilities**

**2009**

Name as Shown on Return  
MARYLAND RIGHT TO LIFE, INC.

Employer Identification No  
52-1690171

	Beginning of Year	End of Year
<b>Line 24 - Other Assets:</b>		
DUE FROM AFFILIATE	1,816.	3,873.
SECURITY DEPOSIT	1,450.	1,450.
<b>Totals to Form 990-EZ, Part II, line 24</b>	<b>3,266.</b>	<b>5,323.</b>
<b>Line 26 - Total Liabilities:</b>		
PAYROLL LIABILITIES	339.	1,965.
CREDIT CARD PAYABLE	4,738.	5,345.
Payables to Officers, Key Employees, etc.	2,200.	1,000.
<b>Totals to Form 990-EZ, Part II, line 26</b>	<b>7,277.</b>	<b>8,310.</b>

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**Additional Information**

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PART III STATEMENT 1 - STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE

PROMOTE STATUTORY MEASURES PROVIDING PROTECTION FOR HUMAN LIFE BEFORE  
AND AFTER BIRTH.

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Form 990-EZ, Part I, Line 16

**Other Expenses Statement**

Other expenses (describe)

ADVERTISING	3,768.
INSURANCE	2,115.
INTEREST AND FEES	503.
LICENSES AND PERMITS	775.
OFFICE EXPENSE	11,396.
LOBBYING EXPENSE	207.
MISSION EXPENSES	678.
Depreciation	988.
CONTRIBUTIONS	850.
RESOURCE MATERIALS	3,547.
CONFERENCE/CONVENTION	298.
MISCELLANEOUS	970.
PROPERTY TAX	201.
TRAVEL	1,562.
TELEMARKETING	14,167.
Total	42,025.

Form 990-EZ, Page 2, Part IV

**List of Officers, Directors, Trustees, & Key Employees Stmt**

(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 and deferred compensation	(e) Expense account and other allowances
Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> JOE HEENEY 700 MELVIN AVENUE, SUITE 1 ANNAPOLIS MD 21401 Foreign city _____ Foreign country _____	Title COUNTY DIRECTOR  Hours/Week 1.00	0.	0.	
Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> TIM JACKSON 700 MELVIN AVENUE, SUITE 1 ANNAPOLIS MD 21401 Foreign city _____ Foreign country _____	Title COUNTY DIRECTOR  Hours/Week 1.00	0.	0.	
Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> TERESA VON RIEGEN 700 MELVIN AVENUE, SUITE 1 ANNAPOLIS MD 21401 Foreign city _____ Foreign country _____	Title COUNTY DIRECTOR  Hours/Week 1.00	0.	0.	
Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> LISA FLYNN 700 MELVIN AVENUE, SUITE 1 ANNAPOLIS MD 21401 Foreign city _____ Foreign country _____	Title COUNTY DIRECTOR  Hours/Week 1.00	0.	0.	

Form 990-EZ, Page 2, Part IV

Continued

**List of Officers, Directors, Trustees, & Key Employees Stmt**

(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 and deferred compensation	(e) Expense account and other allowances
Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> <b>DAN WAGNER</b> 700 MELVIN AVENUE, SUITE 1 ANNAPOLIS MD 21401 Foreign city _____ Foreign country _____	Title COUNTY DIRECTOR  Hours/Week 1.00	0.	0.	
Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> <b>WAYNE DICKIE</b> 700 MELVIN AVENUE, SUITE 1 ANNAPOLIS MD 21401 Foreign city _____ Foreign country _____	Title COUNTY DIRECTOR  Hours/Week 1.00	0.	0.	
Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> <b>BOB BROWN</b> 700 MELVIN AVENUE, SUITE 1 ANNAPOLIS MD 21401 Foreign city _____ Foreign country _____	Title COUNTY DIRECTOR  Hours/Week 5.00	0.	0.	
Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> <b>IRENE WALSH</b> 700 MELVIN AVENUE, SUITE 1 ANNAPOLIS, MD 21401 Foreign city _____ Foreign country _____	Title COUNTY DIRECTOR  Hours/Week 1.00	0.	0.	
Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> <b>TIM WYMORE</b> 700 MELVIN AVENUE, SUITE 1 ANNAPOLIS MD 21401 Foreign city _____ Foreign country _____	Title COUNTY DIRECTOR  Hours/Week 1.00	0.	0.	
Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> <b>JIM MCFILLIN</b> 700 MELVIN AVENUE, SUITE 1 ANNAPOLIS MD 21401 Foreign city _____ Foreign country _____	Title COUNTY DIRECTOR  Hours/Week 10.00	0.	0.	
Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> <b>LOUISE WALTER</b> 700 MELVIN AVENUE, SUITE 1 ANNAPOLIS MD 21401 Foreign city _____ Foreign country _____	Title COUNTY DIRECTOR  Hours/Week 1.00	0.	0.	
Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> <b>ELIZABETH RENNINGER</b> 700 MELVIN AVENUE, SUITE 1 ANNAPOLIS MD 21401 Foreign city _____ Foreign country _____	Title COUNTY DIRECTOR  Hours/Week 1.00	0.	0.	

Form 990-EZ, Page 2, Part IV

Continued

**List of Officers, Directors, Trustees, & Key Employees Stmt**

(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 and deferred compensation	(e) Expense account and other allowances
Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> PAUL OKERBLOM 700 MELVIN AVENUE, SUITE 1 ANNAPOLIS MD 21401 Foreign city _____ Foreign country _____	Title COUNTY DIRECTOR  Hours/Week 1.00	0.	0.	

**Application for Extension of Time To File an Exempt Organization Return**

OMB No 1545-1709

Department of the Treasury  
Internal Revenue Service► **File a separate application for each return.**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ☒ **X**
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form)

**Do not complete Part II unless** you have already been granted an automatic 3-month extension on a previously filed Form 8868**Part I Automatic 3-Month Extension of Time.** Only submit original (no copies needed).A corporation required to file Form 990-T and requesting an automatic 6-month extension — check this box and complete Part I only ☐*All other corporations (including 1120-C filers), partnerships, REMICS, and trusts must use Form 7004 to request an extension of time to file income tax returns*

**Electronic Filing (e-file).** Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on *e-file for Charities & Nonprofits*.

<b>Type or print</b>  File by the due date for filing your return. See instructions.	Name of Exempt Organization	Employer identification number
	MARYLAND RIGHT TO LIFE, INC.	52-1690171
	Number, street, and room or suite number. If a P.O. box, see instructions	
	700 MELVIN AVENUE, #1	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions	
	ANNAPOLIS	MD 21401

**Check type of return to be filed** (file a separate application for each return)

- |   |  |                                    |
|---|--|------------------------------------|
| <input type="checkbox"/> Form 990               | <input type="checkbox"/> Form 990-T (corporation)                    | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL            | <input type="checkbox"/> Form 990-T (section 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input checked="" type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above)         | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF            | <input type="checkbox"/> Form 1041-A                                 | <input type="checkbox"/> Form 8870 |

- The books are in the care of ► CORPORATE OFFICE

Telephone No ► (410) 269-6397 FAX No ► \_\_\_\_\_

- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_ If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension will cover

- 1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until Aug 16, 20 10, to file the exempt organization return for the organization named above. The extension is for the organization's return for

- ☒ calendar year 20 09 or
- ☐ tax year beginning \_\_\_\_\_, 20 \_\_\_\_\_, and ending \_\_\_\_\_, 20 \_\_\_\_\_

- 2 If this tax year is for less than 12 months, check reason ☐ Initial return ☐ Final return ☐ Change in accounting period

<b>3a</b> If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b>	\$	0.
<b>b</b> If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	<b>3b</b>	\$	0.
<b>c Balance Due.</b> Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$	0.

**Caution.** If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions**BAA For Privacy Act and Paperwork Reduction Act Notice, see instructions.**Form **8868** (Rev 4-2009)

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box ☒

**Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1)

**Part III Additional (Not Automatic) 3-Month Extension of Time.** Only file the original (no copies needed).

<b>Type or print</b>  File by the extended due date for filing the return. See instructions	Name of Exempt Organization	Employer identification number
	MARYLAND RIGHT TO LIFE, INC.	52-1690171
	Number, street, and room or suite number. If a P.O. box, see instructions	For IRS use only
	700 MELVIN AVENUE, #1	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions	
	ANNAPOLIS MD 21401	

**Check type of return to be filed** (File a separate application for each return):

- |   |  |                                      |                                    |
|---|--|--------------------------------------|------------------------------------|
| <input type="checkbox"/> Form 990               | <input type="checkbox"/> Form 990-PF                                 | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-BL            | <input type="checkbox"/> Form 990-T (section 401(a) or 408(a) trust) | <input type="checkbox"/> Form 4720   | <input type="checkbox"/> Form 8870 |
| <input checked="" type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above)         | <input type="checkbox"/> Form 5227   |                                    |

**STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.**

- The books are in care of ☒ CORPORATE OFFICE  
Telephone No. (410) 269-6397 FAX No. \_\_\_\_\_
- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_ If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for

- 4 I request an additional 3-month extension of time until Nov 15, 2010.
- 5 For calendar year 2009, or other tax year beginning \_\_\_\_\_, 20\_\_\_\_, and ending \_\_\_\_\_, 20\_\_\_\_.
- 6 If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period
- 7 State in detail why you need the extension ALL PERTINENT INFORMATION HAS NOT YET BEEN RECEIVED TO PREPARE AN ACCURATE TAX RETURN.

<b>8a</b> If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions	<b>8a</b> \$	0.
<b>b</b> If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868	<b>8b</b> \$	0.
<b>c Balance Due.</b> Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instrs	<b>8c</b> \$	0.

**Signature and Verification**

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form

Signature [Signature] Title CPA Date 8/2/10