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Short Form
Return of Organization Exempt From Income TaxUnder section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)► 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

2009

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.	D Employer identification number 52-1690171
Number and street (or P O box, if mail is not delivered to street address) 700 MELVIN AVENUE	Room/suite 1
City or town, state or country, and ZIP + 4 ANNAPOLIS MD 21401	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) ►I Website: ► www.mdrtl.orgJ Tax-exempt status (check only one) — 501(c) (4) ► (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 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 returnL 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.)

1 Contributions, gifts, grants, and similar amounts received	1	134,782.
2 Program service revenue including government fees and contracts	2	
3 Membership dues and assessments	3	445.
4 Investment income	4	
5a Gross amount from sale of assets other than inventory	5a	
b Less cost or other basis and sales expenses	5b	
c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
6 Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here ► <input type="checkbox"/>	6a	1,535.
a Gross revenue (not including \$ _____ of contributions reported on line 1)	6b	200.
b Less direct expenses other than fundraising expenses	6c	1,335.
c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	7a	
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 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	136,562.
10 Grants and similar amounts paid (attach schedule)	10	
11 Benefits paid to or for members	11	
12 Salaries, other compensation, and employee benefits	12	41,143.
13 Professional fees and other payments to independent contractors	13	9,255.
14 Occupancy, rent, utilities, and maintenance	14	19,989.
15 Printing, publications, postage, and shipping	15	35,016.
16 Other expenses (describe ► See Other Expenses Statement)	16	42,025.
17 Total expenses. Add lines 10 through 16	17	147,428.
18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-10,866.
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	25,746.
20 Other changes in net assets or fund balances (attach explanation)	20	
21 Net assets or fund balances at end of year Combine lines 18 through 20	21	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	
22 Cash, savings, and investments	27,217.	22	16,316.
23 Land and buildings	2,540.	23	1,551.
24 Other assets (describe ► See L-24 Stmt)	3,266.	24	5,323.
25 Total assets	33,023.	25	23,190.
26 Total liabilities (describe ► See L-26 Stmt)	7,277.	26	8,310.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	25,746.	27	14,880.

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

Part III Statement of Program Service Accomplishments (See the instructions.)		Expenses (Required for section 501(c)(3) and (4) organizations and section 4947(a)(1) trusts, optional for others)
What is the organization's primary exempt purpose? <u>SEE PART III STATEMENT 1</u>		
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)		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.)

33 Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity
 34 Were any changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the changes
 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 why the organization did not report the income on Form 990-T

a 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?
 b If 'Yes,' has it filed a tax return on **Form 990-T** for this year?

36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If 'Yes,' complete applicable parts of Schedule N

37a Enter amount of political expenditures, direct or indirect, as described in the instructions ► **37a** 0.
 b Did the organization file **Form 1120-POL** for this year?

38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return?

b If 'Yes,' complete Schedule L, Part II and enter the total amount involved
38b 1,000.

39 Section 501(c)(7) organizations Enter

a Initiation fees and capital contributions included on line 9
 b Gross receipts, included on line 9, for public use of club facilities
39a
39b

40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 ► _____, section 4912 ► _____, section 4955 ► _____

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

c 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 ► _____

d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization ► _____

e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T
40b
40e

41 List the states with which a copy of this return is filed ► Maryland

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

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 ► _____
42b
42c

See the instructions for exceptions and filing requirements for **Form TD F 90-22 1, Report of a Foreign Bank and Financial Accounts**.

c 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 ► _____

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**

44 Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ
44
45

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

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

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?

	Yes	No
46		
47		
48		
49 a		
49 b		

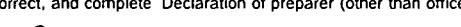
50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None'.

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

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

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

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

► Yes No

BAA

Form 990-EZ (2009)

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

Employer identification number

MARYLAND RIGHT TO LIFE, INC.

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	
Total				► \$ 1,000.						

Part III Grants or Assistance Benefiting 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

Name as Shown on Return MARYLAND RIGHT TO LIFE, INC.	Employer Identification No 52-1690171
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Line 24 - Other Assets:	Beginning of Year	End of Year
<u>DUE FROM AFFILIATE</u>	1,816.	3,873.
<u>SECURITY DEPOSIT</u>	1,450.	1,450.
Totals to Form 990-EZ, Part II, line 24	3,266.	5,323.
Line 26 - Total Liabilities:	Beginning of Year	End of Year
<u>PAYROLL LIABILITIES</u>	339.	1,965.
<u>CREDIT CARD PAYABLE</u>	4,738.	5,345.
<u>Payables to Officers, Key Employees, etc.</u>	2,200.	1,000.
Totals to Form 990-EZ, Part II, line 26	7,277.	8,310.

Additional Information

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

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

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	<u>42,025.</u>
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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	Title COUNTY DIRECTOR			
Foreign city _____	Hours/Week 1.00	0.	0.	
Foreign country _____				
Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> TIM JACKSON 700 MELVIN AVENUE, SUITE 1 ANNAPOLIS MD 21401	Title COUNTY DIRECTOR			
Foreign city _____	Hours/Week 1.00	0.	0.	
Foreign country _____				
Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> TERESA VON RIEGEN 700 MELVIN AVENUE, SUITE 1 ANNAPOLIS MD 21401	Title COUNTY DIRECTOR			
Foreign city _____	Hours/Week 1.00	0.	0.	
Foreign country _____				
Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> LISA FLYNN 700 MELVIN AVENUE, SUITE 1 ANNAPOLIS MD 21401	Title COUNTY DIRECTOR			
Foreign city _____	Hours/Week 1.00	0.	0.	
Foreign country _____				

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"/> X DAN WAGNER <u>700 MELVIN AVENUE, SUITE 1</u> <u>ANNAPOLIS MD 21401</u>	Title <u>COUNTY DIRECTOR</u>			
Foreign city _____ Foreign country _____	Hours/Week <u>1.00</u>	0.	0.	
Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> X WAYNE DICKIE <u>700 MELVIN AVENUE, SUITE 1</u> <u>ANNAPOLIS MD 21401</u>	Title <u>COUNTY DIRECTOR</u>			
Foreign city _____ Foreign country _____	Hours/Week <u>1.00</u>	0.	0.	
Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> X BOB BROWN <u>700 MELVIN AVENUE, SUITE 1</u> <u>ANNAPOLIS MD 21401</u>	Title <u>COUNTY DIRECTOR</u>			
Foreign city _____ Foreign country _____	Hours/Week <u>5.00</u>	0.	0.	
Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> X IRENE WALSH <u>700 MELVIN AVENUE, SUITE 1</u> <u>ANNAPOLIS MD 21401</u>	Title <u>COUNTY DIRECTOR</u>			
Foreign city _____ Foreign country _____	Hours/Week <u>1.00</u>	0.	0.	
Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> X TIM WYMORE <u>700 MELVIN AVENUE, SUITE 1</u> <u>ANNAPOLIS MD 21401</u>	Title <u>COUNTY DIRECTOR</u>			
Foreign city _____ Foreign country _____	Hours/Week <u>1.00</u>	0.	0.	
Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> X JIM MCFILLIN <u>700 MELVIN AVENUE, SUITE 1</u> <u>ANNAPOLIS MD 21401</u>	Title <u>COUNTY DIRECTOR</u>			
Foreign city _____ Foreign country _____	Hours/Week <u>10.00</u>	0.	0.	
Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> X LOUISE WALTER <u>700 MELVIN AVENUE, SUITE 1</u> <u>ANNAPOLIS MD 21401</u>	Title <u>COUNTY DIRECTOR</u>			
Foreign city _____ Foreign country _____	Hours/Week <u>1.00</u>	0.	0.	
Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> X ELIZABETH RENNINGER <u>700 MELVIN AVENUE, SUITE 1</u> <u>ANNAPOLIS MD 21401</u>	Title <u>COUNTY DIRECTOR</u>			
Foreign city _____ Foreign country _____	Hours/Week <u>1.00</u>	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"/> X <u>PAUL OKERBLOM</u> <u>700 MELVIN AVENUE, SUITE 1</u> <u>ANNAPOLIS</u> <u>MD</u> <u>21401</u> Foreign city _____ Foreign country _____	Title <u>COUNTY DIRECTOR</u> Hours/Week 1.00	0.	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 ►
- 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 and click on e-file for Charities & Nonprofits.

Type or print	Name of Exempt Organization	Employer identification number
	MARYLAND RIGHT TO LIFE, INC.	52-1690171
File by the due date for filing your return. See instructions	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

3a 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	3a \$ <u> </u>
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	3b \$ <u> </u>
c Balance Due. 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	3c \$ <u> </u>

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

Type or print File by the extended due date for filing the return. See instructions	Name of Exempt Organization MARYLAND RIGHT TO LIFE, INC.	Employer identification number 52-1690171
	Number, street, and room or suite number. If a P O box, see instructions 700 MELVIN AVENUE, #1	For IRS use only
	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.

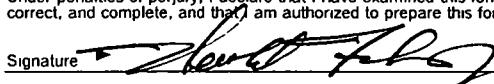
- The books are in care of ► **CORPORATE OFFICE**
Telephone No. ► **(410) 269-6397** FAX No. ►
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this 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**, 20**10**.
- 5 For calendar year **2009**, or other tax year beginning , 20**09**, and ending , 20**10**.
- 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.**

8a 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	8a \$ 0.
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	8b \$ 0.
c Balance Due. 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	8c \$ 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 

Title ►

CPA

Date ► **5/21/09**

BAA

FIFZ0502 03/11/09

Form 8868 (Rev 4-2009)