

efile GRAPHIC print - DO NOT PROCESS As Filed Data - DLN: 9349232108020

Form 990EZ

Short Form
Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
Do not enter social security numbers on this form as it may be made public.
Go to www.irs.gov/Form990EZ for instructions and the latest information.

OMB No. 1545-1150
2019
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the 2019 calendar year, or tax year beginning 01-01-2019, and ending 12-31-2019
B Check if applicable:
☐ Address change
☐ Name change
☐ Initial return
☐ Final return/terminated
☐ Amended return
☐ Application pending

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
420 CHINQUAPIN ROUND RD STE 2-I
City or town, state or province, country, and ZIP or foreign postal code
ANNAPOLIS, MD 21401

D Employer identification number
52-1690171
E Telephone number
(410) 269-6397
F Group Exemption Number

G Accounting Method: ☐ Cash ☒ Accrual Other (specify)
I Website: HTTP://WWW.MDRTL.ORG/
J Tax-exempt status (check only one) - ☐ 501(c)(3) ☒ 501(c)(4) (insert no.) ☐ 4947(a)(1) or ☐ 527

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

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other
L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ \$ 107,941

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)
Check if the organization used Schedule O to respond to any question in this Part I

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	100,213
	2	Program service revenue including government fees and contracts	2	525
	3	Membership dues and assessments	3	
	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	Gaming and fundraising events		
	a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
	b	Gross income from fundraising events (not including \$ 10,673 of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	7,203
c	Less: direct expenses from gaming and fundraising events	6c	7,518	
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	-315	
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 in Schedule O)	8		
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	100,423	
Expenses	10	Grants and similar amounts paid (list in Schedule O)	10	2,718
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	48,721
	13	Professional fees and other payments to independent contractors	13	16,221
	14	Occupancy, rent, utilities, and maintenance	14	9,154
	15	Printing, publications, postage, and shipping	15	13,556
	16	Other expenses (describe in Schedule O)	16	5,948
17	Total expenses. Add lines 10 through 16	17	96,318	
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	4,105
	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	64,285
	20	Other changes in net assets or fund balances (explain in Schedule O)	20	
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	68,390

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 106421

Form 990-EZ (2019)

Check if the organization used Schedule O to respond to any question in this Part II ☒

Part III	Statement of Program Service Accomplishments (see the instructions for Part III)	Expenses
	Check if the organization used Schedule O to respond to any question in this Part III . . . ☒	(Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)
	What is the organization's primary exempt purpose?	
	TO PROMOTE STATUTORY MEASURES PROVIDING PROTECTION FOR HUMAN LIFE BEFORE AND AFTER BIRTH	
	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.	

Check if the organization used Schedule O to respond to any question in this Part III ☒

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

28
See Additional Data Table

29 See Additional Data Table

30

31 Other program services (describe in Schedule O)

(Grants \$) If this amount includes foreign grants, check here . . . ► ☐

32 Total program service expenses (add lines 28a through 31a)

Check if the organization used Schedule O to respond to any question in this Part IV. ☐

Form **990-EZ** (2019)

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V. ☐

	Yes	No
33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33	No
34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions.	34	No
35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a	No
b If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b	
c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c	No
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N 	36	No
37a Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a		
b Did the organization file Form 1120-POL for this year?	37b	No
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a	No
b If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	
39 Section 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 ▶ ; section 4912 ▶ ; section 4955 ▶		
b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b	No
c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶		
d Section 501(c)(3), 501(c)(4), and 501(c)(29) 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	40e	No
41 List the states with which a copy of this return is filed. ▶ MD		
42a The organization's books are in care of ▶ MDRTL CORPORATE OFFICE Telephone no. ▶ (410) 269-6397		
Located at ▶ 420 CHINQUAPIN ROUND RD STE 2-I ANNAPOLIS , MD ZIP + 4 ▶ 21401		

	Yes	No
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 FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
c At any time during the calendar year, did the organization maintain an office outside 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 ☐ and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43		

	Yes	No
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	No
b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b	No
c Did the organization receive any payments for indoor tanning services during the year?	44c	No
d If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d	
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	No
45b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b	No

		Yes	No
46	Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I.		No

Part VI Section 501(c)(3) Organizations Only
All section 501(c)(3) organizations must answer questions 47- 49b and 52, and complete the tables for lines 50 and 51.
Check if the organization used Schedule O to respond to any question in this Part VI ☐

		Yes	No
47	Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II		
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		
49a	Did the organization make any transfers to an exempt non-charitable related organization?		
49b	If "Yes," was the related organization a section 527 organization?		

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

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation

f Total number of other employees paid over \$100,000 ▶ _____

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

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation

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

52 Did the organization complete Schedule A? **NOTE.** All section 501(c)(3) organizations must attach a completed Schedule A ▶ ☐ **Yes** ☐ **No**

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

Sign Here	***** Signature of officer	2020-11-16 Date
	ERNEST OHLOFF 1ST V.P. Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name JAMES E KERICH	Preparer's signature	Date 2020-11-16	Check ☐ if self-employed	PTIN P00751531
	Firm's name ▶ JAMES E KERICH CPA			Firm's EIN ▶ 20-1206342	
	Firm's address ▶ 26501 RIDGE RD STE 1 DAMASCUS, MD 20872			Phone no. (301) 253-3700	

May the IRS discuss this return with the preparer shown above? See instructions ▶ ☒ **Yes** ☐ **No**

Additional Data

Software ID:
Software Version:
EIN: 52-1690171
Name: MARYLAND RIGHT TO LIFE INC

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

Describe the organization’s program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.		Expenses (Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)
28 THE PROMOTION, ENCOURAGEMENT AND SPONSORSHIP OF SUCH AMENDATORY AND STATUTORY MEASURES WHICH WILL PROVIDE PROTECTION FOR HUMAN LIFE BEFORE AND AFTER BIRTH; PARICULARLY FOR THE DEFENSELESS, INCOMPETENT, IMPAIRED AND INCAPACITATED (Grants \$ 218)	28a	69,885
If this amount includes foreign grants, check here . . . ☐		

Form 990EZ, Part III - Statement of Program Service Accomplishments	
Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.	Expenses (Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)
29 PRINTING AND DISTRIBUTION OF "LIFE REPORT" NEWSPAPER, OTHER PUBLICATIONS AND RESOURCE MATERIAL RELATED TO THE ORGANIZATION'S EXEMPT PURPOSE. (Grants \$) If this amount includes foreign grants, check here . . . ☐	29a 8,279

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

(list each one even if not compensated — see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV. ☐

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
DARLA ST MARTIN PRESIDENT	5.00	0		
INGRID DURAN 2ND V.P.	5.00	0		
ERNEST OHLOFF 1ST V.P.	5.00	0		
DEAN AUSTIN TREASURER	5.00	0		
BOB BROWN CHAPTER REP	5.00	0		
ANGELA MARTIN IMMEDIATE PAST P	1.00	0		
DAY GARDNER AT LARGE DIR	1.00	0		
VINCE VENTIMIGLIA AT LARGE DIR	1.00	0		
ALI RAK CHAPTER REP	1.00	0		
JOHN MILLER DIRECTOR	1.00	0		
BRENDA ENGLISH CHAPTER REP	1.00	0		
JIM MCFILLIN CHAPTER REP	1.00	0		
LOUISE WALTER CHAPTER REP	1.00	0		
CHELSEA SASSCER CHAPTER REP	1.00	0		
FRANK ARLINGHAUS CHAPTER REP	1.00	0		

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		CHAPTER BANQUET (event type)	(event type)	(total number)	(add col. (a) through col. (c))
Revenue					
	1 Gross receipts	17,876			17,876
	2 Less: Contributions	10,673			10,673
	3 Gross income (line 1 minus line 2)	7,203			7,203
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages	7,203			7,203
	8 Entertainment				
	9 Other direct expenses	315			315
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				7,518
11 Net income summary. Subtract line 10 from line 3, column (d) ▶				-315	

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col.(a) through col.(c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes _____ % ☐ No	☐ Yes _____ % ☐ No	☐ Yes _____ % ☐ No	
	7 Direct expense summary. Add lines 2 through 5 in column (d) ▶				
	8 Net gaming income summary. Subtract line 7 from line 1, column (d) ▶				

9 Enter the state(s) in which the organization conducts gaming activities: _____

a Is the organization licensed to conduct gaming activities in each of these states? ☐ Yes ☐ No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," explain: _____

11	Does the organization conduct gaming activities with nonmembers?	☐ Yes	☐ No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	☐ Yes	☐ No
13	Indicate the percentage of gaming activity conducted in:		
a	The organization's facility	13a	%
b	An outside facility	13b	%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name ►		
	Address ►		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	☐ Yes	☐ No
b	If "Yes," enter the amount of gaming revenue received by the organization ► \$ and the amount of gaming revenue retained by the third party ► \$		
c	If "Yes," enter name and address of the third party:		
	Name ►		
	Address ►		
16	Gaming manager information:		
	Name ►		
	Gaming manager compensation ► \$		
	Description of services provided ►		
	☐ Director/officer ☐ Employee ☐ Independent contractor		
17	Mandatory distributions:		
a	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No		
b	Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$		

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

Return Reference	Explanation
------------------	-------------

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Name of the organization
MARYLAND RIGHT TO LIFE INC

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Employer identification number

52-1690171

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 10	NATIONAL RIGHT TO LIFE ORATORY AWARDS 2,500 1446 DUKE STREET ALEXANDRIA VA 22314

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 16	EXPENSES ADVERTISING/BILLBOARDS 2,163 SUPPLIES, SML EQUIP/SFTWR 277 EQUIP LEASE, RENTAL 626 MATERIALS 4,474 TELEPHONE 900 TECH SVCES / MNTNC 2,381 WEBSITE & INTERNET 1,003 MEMBER C ONTRACT SERVICES 1,880 MILEAGE, PARKING, TRVL 148 LOBBYING TRAVEL & MISC EXP 1,493 MEALS, ENTERTAINMENT 95 FAIRS / EXHIBITS 3,191 NATL CONVENTION 1,262 OTHER PROGRAM SVC EXPENSE 60 6 EXPENSE REIMBURSEMENT -17,053 BANK SERVICE CHARGES 396 MERCHANT SERVICE FEES 1,660 PAYRO LL PROCESSING FEE 31 LICENSES/PERMITS/FEES 200 NON-INVESTMENT DEPRECIATION 215 TOTAL 5,948

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990- EZ, PART II, LINE 24	ACCOUNTS RECEIVABLE 0 1,579 PREPAID EXPENSES AND DEFERRED CHARGES 2,629 3,250 COMPUTER, CO PIER & OTHER EQUIP 15,675 15,675 LESS ACCUMULATED DEPRECIATION 15,460 15,675 DUE FROM MD R IGHT TO LIFE FOUNDATION 33,462 42,079 SECURITY DEPOSIT 1,175 1,175 TOTAL 37,481 48,083

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART II, LINE 26	ACCOUNTS PAYABLE AND ACCRUED EXPENSES 4,671 5,920 ACCRUED EXPENSES 7,164 6,691 PAYROLL LIABILITIES 27 0 LICENCE PLATE PAYABLE 25 25

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990- EZ, PART III	TO PROMOTE STATUTORY MEASURES PROVIDING PROTECTION FOR HUMAN LIFE BEFORE AND AFTER BIRTH

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990- EZ, PART III, LINE 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