

Form **990**

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Department of the Treasury Internal Revenue Service

Do not enter social security numbers on this form as it may be made public.

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

OMB No. 1545-0047 Open to Public Inspection

AF	or the 2	Touristic Variety of the Very State of the Very	enunig C	The 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					
B C	heck if oplicable:	C Name of organization		D Employer identific	cation number				
	Address change Name	THE WOMEN'S LAW CENTER OF MD, INC.		E2 1	238912				
L	change	Doing business as	****						
]Initial return	1 14difficor dila 50000 (or 1 tot box it film to the boundary	Room/suite						
	Final return/	305 WEST CHESAPEAKE AVENUE, 201		410	321-8761				
-	termin- ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	1,140,199.				
	Amende			H(a) Is this a group re	turn				
=	Jreturn]Applica-	F Name and address of principal officer: MICHELLE SIRI			? Yes X No				
	Jtion pending	305 WEST CHESAPEAKE AVENUE, TOWSON, MD	2120						
				-{ ' '	list. (see instructions)				
\perp T	ax-exer	npt status: X 501(c)(3) 501(c) ()	01 321		•				
		WWW.WLCMD.ORG	1	H(c) Group exemption					
K F	orm of o	rganization: X Corporation Trust Association Other ▶	L Year	of formation: 19/1 N	1 State of legal domicile: MD				
Pa	rt I 🖯 🤄	Summary							
	1 B	riefly describe the organization's mission or most significant activities:	MOMEN.	S LAW CENTER	C SERVES AS				
Activities & Governance	A	LEADING VOICE FOR JUSTICE AND FAIRNESS	FOR W	OMEN BY ADVO	CATING FOR				
Jan	2 0	heck this box 🕨 🔲 if the organization discontinued its operations or dispos	sed of more	than 25% of its net ass	ets.				
ē				3	16				
, Š	3 N	umber of independent voting members of the governing body (Part VI, line 1b)			16				
જ	4 N	umber of independent voting members of the governing body (tart vi, into 15)			18				
es S		otal number of individuals employed in calendar year 2017 (Part V, line 2a)			31				
Ę.		otal number of volunteers (estimate if necessary)			0.				
당	7aT	otal unrelated business revenue from Part VIII, column (C), line 12		7a	0.				
	bΝ	et unrelated business taxable income from Form 990-T, line 34							
			 	Prior Year	Current Year				
	8 C	ontributions and grants (Part VIII, line 1h)		995,799.	1,054,584.				
an l		rogram service revenue (Part VIII, line 2g)		24,072.	21,534.				
Revenue		vestment income (Part VIII, column (A), lines 3, 4, and 7d)		2,782.	2,371.				
Re	11 C	ther revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		59,800.	61,710.				
	10 T	otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,082,453.	1,140,199.				
		irants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.				
		enefits paid to or for members (Part IX, column (A), line 4)		0.	0.				
		alaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		657,247.	817,415.				
es			0.	0.					
Expenses		rofessional fundraising fees (Part IX, column (A), line 11e) otal fundraising expenses (Part IX, column (D), line 25)	68						
ă,				343,097.	311,535.				
Ш	17 C	ther expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,000,344.	1,128,950.				
	18 T	otal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)							
		evenue less expenses. Subtract line 18 from line 12		82,109.	11,249.				
50	20 T 21 T 22 N		В	eginning of Current Year	End of Year				
ets	20 T	otal assets (Part X, line 16)		1,048,064.	1,073,395.				
ASS	21 T	otal liabilities (Part X, line 26)		139,101.	154,290.				
let,	22 1	let assets or fund balances. Subtract line 21 from line 20		908,963.	919,105.				
P	irt II	Signature Block							
Und	or noneli	ies of perjury, I declare that I have examined this return, including accompanying schedule	s and staten	ents, and to the best of my	knowledge and belief, it is				
Unu	ei penan	and complete. Declaration of preparer (other than officer) is based on all information of w	hich prepare	r has any knowledge.					
true,	COFFECT	and complete. Operation of property (whish than omost) is successful.		2	9/19				
	1	Signature of officer		Date	~				
Sig	n								
Her	e	MICHELLE SIRI, EXECUTIVE DIRECTOR Type or print name and title							
				Date, Check	PTIN				
		Print/Type preparer's name Preparer's signature	\sim	2/8/10 11					
Paid NANCY JOHNSON									
Prep	Preparer Firm's name UHY ADVISORS MID-ATLANTITO MD, INC. Firm's EIN 26-0794367								
Use	Ise Only Firm's address 8601 ROBERT FULTON DRIVE, SUITE 210								
		COLUMBIA, MD 21046		Phone no. (4					
May	the IR	S discuss this return with the preparer shown above? (see instructions)			X Yes No				

52-1238912 Page 3 THE WOMEN'S LAW CENTER OF MD, INC. Form 990 (2017) Part IV Checklist of Required Schedules Yes No 1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? X If "Yes," complete Schedule A X 2 2 Is the organization required to complete Schedule B, Schedule of Contributors? Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for X public office? If "Yes," complete Schedule C, Part I Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect Х 4 during the tax year? If "Yes." complete Schedule C, Part II Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or X 5 similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to X provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes, " complete Schedule D, Part I 6 Did the organization receive or hold a conservation easement, including easements to preserve open space, X the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete X 8 Schedule D, Part III Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? X 9 If "Yes," complete Schedule D, Part IV Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent X 10 endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, X 11a Part VI b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total X 11b assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total X assets reported in Part X, line 167 [f "Yes," complete Schedule D, Part VIII d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in X 11d Part X, line 16? If "Yes," complete Schedule D, Part IX X 11e e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses Х the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 11f 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete X 12a Schedule D, Parts XI and XII b Was the organization included in consolidated, independent audited financial statements for the tax year? Х If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional X 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E X 14a 14a Did the organization maintain an office, employees, or agents outside of the United States? b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 X or more? If "Yes," complete Schedule F, Parts I and IV 14b Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any

foreign organization? If "Yes," complete Schedule F, Parts II and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to

or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,

column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines

1c and 8a? If "Yes," complete Schedule G, Part II Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"

15

16

17

18

Х

X

X

X

X

complete Schedule G. Part III

Par	t IV Checklist of Required Schedules (continued)			
			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	·	X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			*7
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		<u> </u>
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			7.7
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			*7
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			7.7
	Schedule K. If "No", go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	ļ	
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			ĺ
	any tax-exempt bonds?	24c	ļ	ļ
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit		ŀ	
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	<u> </u>	X
b	Is the organization 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	1		
	Schedula I Part I	25b	ļ	X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule I Part II	26	 	X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial		1	1
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes " complete Schedule L, Part III	27	0.000000000	X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			1
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	ļ	X
h	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			1
_	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	<u> </u>	X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	 	X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			١.,
	contributions? If "Yes," complete Schedule M	30	—	X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
٠.	If "Ves " complete Schedule N. Part I	31	╂	X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			4.7
	Schedula N. Part II	32	┼	X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations		1	7.7
	sections 301,7701-2 and 301,7701-37 f "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	1		1,7
	Part V line 1	34	┼	X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	ļ	X.
h	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			1
~	within the meaning of section 512(b)(13)? If "Yes " complete Schedule R. Part V, line 2	35b	┼	+
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	1		1
	If "Voc " complete Schedule R. Part V. line 2	36	┦	X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			v
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	. 37	+	X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197	l	1	
	Note. All Form 990 filers are required to complete Schedule O	38	X) (2017

Form 990 (2017) THE WOMEN'S LAW CENTER OF MD, INC.
Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response or note to any line in this Part V					口
					Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	3	5]		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b		0]		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and re	portat	le gaming			
	(gambling) winnings to prize winners?		,	1c	X	190000000000000000000000000000000000000
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					
	filed for the calendar year ending with or within the year covered by this return	2a	1	<u>B</u>		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?		2b	X	20100300000
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	s)				
За			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			X
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule	o		3b	ļ	<u> </u>
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	uthori	ty over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial a	ccour	t)?	4a	S 5532 323290	<u> X</u>
b	If "Yes," enter the name of the foreign country:					
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	ccoun	ts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			<u>5a</u>	 	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	ction?		5b	╀	X
¢	If "Yes." to line 5a or 5b, did the organization file Form 8886-T?		***********	5c	-	
6a	and did the	e orga	nization solicit			
	any contributions that were not tax deductible as charitable contributions?			6a	┼	<u>X</u>
b	If "Yes," did the organization include with every solicitation an express statement that such contributi	ons o	gifts			
	were not tax deductible?			6b	10 600-00-00	48.4003.000
7	Organizations that may receive deductible contributions under section 170(c).					1
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices p	rovided to the payor	7 <u>a</u>		<u>X</u>
b				7b		┼
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	as req	uired	_		
	to file Form 8282?	1	i	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			200	-
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of	ontrac			+	$\frac{X}{X}$
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contr	act?			+	+^-
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo	orm 88	99 as required (. 7g	1	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	tion ii	e a Form 1096-07	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained			8		
	sponsoning organization have excess business notatings at any time	********		-		
9	Sponsoring organizations maintaining donor advised funds.			9a		
а					+	1.
b	, -			30		
10	Section 501(c)(7) organizations. Enter:	10a	1			
а	Initiation fees and capital contributions included on Part VIII, line 12	10a		7		
	Citos receipts, moraces of the city boot and the city and city and city and the city and city and city and city and city a	100	1	7		
11	Section 501(c)(12) organizations. Enter:	11a	1			
а	Gross income from members or shareholders	110				
b		11b				
	amounts due or received from them.)		?	12:		10110101010
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	12b	Ì			
	If Yes, effer the amount of tax-exempt interest received of assisted and in year	(, , ,	<u> </u>	7		
13	Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state?			13:	1	1
а	Is the organization licensed to issue qualified health plans in more than one state?					
	Note. See the instructions for additional information the organization must report on Schedule O.					
b	Enter the amount of reserves the organization is required to maintain by the states in which the	13b	1			
	organization is licensed to issue qualified health plans	13c				
	Enter the amount of reserves on hand			14	a 📗	Х
14a	Did the organization receive any payments for indoor tarning services during the tax year. If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedu			. 14		
b	If Yes, has it filed a Form (20 to report these payments). If Iyo, provide an explanation in someone	·		Fn	m 990	2017

Form 990 (2017) THE WOMEN'S LAW CENTER OF MD, INC. 52-1238912 Pag
Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

	to line 6a, 6b, or 10b below, describe the directifications, proceeding to entire			[47]
	Check if Schedule O contains a response or note to any line in this Part VI	*******		X
Sec	tion A. Governing Body and Management		V	T
	Enter the number of voting members of the governing body at the end of the tax year.	1000000	Yes	No
1a	Enter the number of voting members of the governing body at the old of the tax year.	1		
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule 0.			
b	Enter the number of voting members included in the ra, above, who are independent	1		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	2		х
	officer, director, trustee, or key employee?	-	 	 ^ -
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision	3		х
	of officers, directors, or trustees, or key employees to a management company or other person?	4		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	5		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	6		X
6	Did the organization have members or stockholders?	-	-	
7a		7a	x	ł
	more members of the governing body?	10	12	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	7b		х
	persons other than the governing body?	70	10000	41
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	0-	х	
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	<u> </u>	╁
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	١.		x
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	<u> </u>	1 1
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)		T.v	T
		[40	Yes	No X
10a	Did the organization have local chapters, branches, or affiliates?	10a	\vdash	1
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	40%	l	
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	X	╂──
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	12	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	10-	x	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a 12b	X	+
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	120	<u>^~</u>	╁──
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	40-	x	
	in Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14		42373
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		x	
а		15a	X	+
b	Other officers or key employees of the organization	15b	1^	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			v
	tayable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		1
Sec	ction C. Disclosure			
17	Liet the states with which a copy of this Form 990 is required to be filed MD			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)	availab	le	
	for public inspection. Indicate how you made these available. Check all that apply			
	X Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an	d finan	cial	
	etatements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records:			
d- 10	JESSICA MORGAN, COO - 410-321-8761			
	305 WEST CHESAPEAKE AVE. #201, TOWSON, MD 21204			

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors**

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.
 Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organizate	ion nor any related	orga	niza			npen	sate		rector, or trustee.	45)
(A)	(B)			(C Posi				(D)	(E)	(F)
Name and Title	Average	(do	not c	heck r	nore	than c	ne	Reportable	Reportable compensation	Estimated amount of
	hours per	box,	, unle:	ss per	son i	s both r/trust	an	compensation from	from related	other
	week (list anv	10						the	organizations	compensation
	hours for	direc				-		organization	(W-2/1099-MISC)	from the
	related	ee or	trustee			ensalı		(W-2/1099-MISC)		organization
	organizations	trus	nattr		loyee	d mo				and related
	below	individual trustee or director	Institutional t	Officer	Key employee	Highest compensated employee	Former			organizations
	line)	를	E	ŧ	\$	五百	윤			
(1) BARRETT KING	4.00	l						0.	0.	0.
PRESIDENT		X	_	X	-		├	V •	0.	
(2) SANDY DANIELS	3.00	 						0.	0.	0.
VICE PRESIDENT		X		X	<u> </u>	-	-	<u> </u>	U •	<u> </u>
(3) GINA SNEE	3.00	١				'		0.	0.	0.
SECRETARY/TREASURER		X	<u> </u>	X	<u> </u>	<u> </u>	<u> </u>	<u> </u>	V .	<u> </u>
(4) ANDREA MARCIN	1.00	 						0.	0.	0.
BOARD MEMBER		X	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	V .	<u> </u>
(5) ASHLEY JENKINS	1.00	 	l					0.	0.	0.
BOARD MEMBER		X	<u> </u>	_	<u> </u>	ــ	<u> </u>	V.	V •	<u> </u>
(6) STEVEN KLEPPER	1.00	4							0.	0.
BOARD MEMBER		X	_	<u> </u>	<u> </u>	—	<u> </u>	0.	V •	U .
(7) KELLY SPENCER	1.00	 						0.	0.	0.
BOARD MEMBER		X	<u> </u>	↓	_	 	┞	<u>U.</u>	V •	
(8) MEGHAN MAREK	1.00	┨						0.	0.	0.
BOARD MEMBER		X		╀	├	╀	-	<u> </u>	V.	· ·
(9) GINGER ROBINSON	1.00	┨						0.	0.	0.
BOARD MEMBER		X	<u> </u>		↓		╀—	U •	V•	<u> </u>
(10) CAMILLE PARKER	1.00	١						0.	0.	0.
BOARD MEMBER		X	ļ			┼	╀	<u> </u>	0.	0.
(11) REBECCA SALSBURY	1.00	١						0.	0.	0.
BOARD MEMBER		X	↓_	ـ		╀	╂	V.	U •	
(12) JENNIFER SQUILLARIO	1.00	┨		Ì				0.	0.	0.
BOARD MEMBER		X		-	╀	┼	╀	<u> </u>	0.	- 0,
(13) MARLA ZIDE	1.00	┨						0.	0.	0.
BOARD MEMBER		X	╀	 	-	+	╀	U •		<u> </u>
(14) NICOLE WINDSOR	1.00	┨						0.	0.	0.
BOARD MEMBER		X	\vdash	╄	┼	┼	╂-	V ·	<u> </u>	
(15) OLIVIA HOLCOMBE-VOLKE	1.00	<u>ا۔۔</u>					1	0.	0.	0.
BOARD MEMBER		X	┼	┼	+	+-	+	J	<u> </u>	
(16) CATHRIN O'DONNELL	1.00	┨"						0.	0.	0.
BOARD MEMBER	40.00	X	+	+	+-	+-	+	<u> </u>	 	
(17) MICHELLE SIRI	40.00	4		1,,				88,126.	0.	8,231.
EXECUTIVE DIRECTOR				X				1 00,120.		Form 990 (2017)

Part VII Section A. Officers, Directors, Trus	tees, Key Emp	loy	ees,	and	Hig	ghes	t C	ompensated Employee	s (continued)	т	
(A)	(B)			(0	2)			(D)	(E)		(F)
Name and title	Average	(dn		Pos			one	Reportable	Reportable	1	Estimated
	hours per	box	, unle	ss per	son i	s boti	n an	compensation	compensation		amount of other
	week (list any		l a	T	10010	1	100,	from the	from related organizations	- 1	compensation
	hours for	Individual trustee or director						organization	(W-2/1099-MIS		from the
	related	96 07 0	age			Highest compensated employee		(W-2/1099-MISC)	(-	organization
	organizations	truste	institutional trustee		yee	E E				1	and related
	below	idual	tution	to	Key employee	est co	ig i				organizations
	line)	별	Insti	Officer	ě	喜	Former				
(18) JESSICA MORGAN	40.00										5 060
CHIEF OPERATING OFFICER			<u> </u>	X				59,504.		0.	7,368.
										- 1	
		<u> </u>			<u> </u>	<u> </u>	<u> </u>				
		1			1	l					
		<u> </u>	_		<u> </u>	<u> </u>	<u> </u>				
		1								1	
		L	<u> </u>		<u> </u>	<u> </u>	ļ				
		1									
		<u> </u>	_	<u> </u>	<u> </u>	<u> </u>	<u> </u>				
		1			ļ						
		<u> </u>			<u> </u>	_	<u> </u>				
			<u> </u>	<u> </u>	<u> </u>	 	_				
		1									
		<u> </u>	<u> </u>		<u> </u>	_	ļ				
		1			1						
	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u></u>	<u></u>	<u></u>	147 (20		0.	15,599.
1b Sub-total	,,	•••••						147,630.		0.	0.
c Total from continuation sheets to Part V								0.		0.	15,599.
d Total (add lines 1b and 1c)			*****	<u> </u>		•••••	<u> </u>	147,630.	200 (10,000.
Total number of individuals (including but r	not limited to th	ose	liste	ed al	bove	e) wi	no re	eceived more than \$100	,uuu or reportable	,	0
compensation from the organization											Yes No
									malausa an		
3 Did the organization list any former officer	, director, or tr	uste	e, k	ey er	mple	oyee	, or	nignest compensated e	inployee on		з х
line 1a? If "Yes," complete Schedule J for s	such individual			•••••		•••••			ha avenization		3 22
4 For any individual listed on line 1a, is the s	um of reportab	le c	omp	ensa	atior	and	J OU	ner compensation from	ine organization		4 X
and related organizations greater than \$15	0,000? If "Yes	," c	mp	lete	Sch	edul	e J i	for such individual	dual for conjicas		
5 Did any person listed on line 1a receive or	accrue compe	nsat	ion 1	rom	any	/ uni	elat	ed organization of indivi	dual for services		5 X
rendered to the organization? If "Yes," con	nplete Schedu	e J	for s	uch	per	son	****				<u> </u>
Section B. Independent Contractors								hat received more than	100 000 of com	nensa	tion from
1 Complete this table for your five highest co	ompensated in	uep	ייביים	ent C	OUI	acio	us () -ishi-	the organization's tay i	, , , , , , , , , , , , , , , , , , ,	J G 100	
the organization. Report compensation for	the calendar y	ear	ena	ng v	vitti	OI W	111111	(B)	,021,		(C)
(A) Name and busines:	s address	N	ON	F.				Description of	services	(Compensation
Name and business	7 4440,000		OIN	<u> </u>							
										1	
										<u> </u>	
2 Total number of independent contractors	(including but t	not I	imite	ed to	the	se li	stec	d above) who received n	nore than		
2 Total number of independent contractors \$100,000 of compensation from the organ	visation 🕨					0		•			
\$100,000 of compensation from the organ	ncauon -										Form 990 (2017

52-1238912 THE WOMEN'S LAW CENTER OF MD, INC. Page 9 Form 990 (2017) Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (B) Related or (D) Revenue excluded from tax under (C) Unrelated Total revenue exempt function business sections 512 - 514 revenue revenue s, Grants Amounts 1 a Federated campaigns 1a 1b b Membership dues 1c c Fundraising events Contributions, Gifts, and Other Similar Ar d Related organizations 1d 900,293. e Government grants (contributions) 1e f All other contributions, gifts, grants, and 154,291. similar amounts not included above 14,056. g Noncash contributions included in lines 1a-1f: \$ 054,584 h Total. Add lines 1a-1f Business Code 15,034. 15,034. 900099 2 a MEMBERSHIP DUES Program Service Revenue 6,500. 6,500. 900099 CONTRACT SERVICES f All other program service revenue 21,534. g Total. Add lines 2a-2f Investment income (including dividends, interest, and 2,371. 2,371. other similar amounts) Income from investment of tax-exempt bond proceeds Royalties 5 (i) Real (ii) Personal 6 a Gross rents b Less: rental expenses c Rental income or (loss) d Net rental income or (loss) (ii) Other 7 a Gross amount from sales of (i) Securities assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not Other Revenue including \$ ___ contributions reported on line 1c). See Part IV, line 18 _____a b Less: direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 _____a b Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 54,019 54,019. 900099 11 a ANNUAL MEETING

7,691.

83,244.

 $2,\overline{371}$.

Form 990 (2017)

7,691.

61,710.

140,199.

900099

b MISCELLANEOUS

d All other revenue

e Total. Add lines 11a-11d

Total revenue, See instructions.

	on 501(c)(3) and 501(c)(4) organizations must compl Check if Schedule O contains a respons	e or note to any line in t	his Part IX(B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	170,904.	111,626.	50,386.	8,892
	trustees, and key employees	170,304.	111,020.	30,300.	0,002
6	Compensation not included above, to disqualified			•	
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	560,582.	519,576.	9,077.	31,929
7	Other salaries and wages	300,302.	313,3,01		
8	Pension plan accruals and contributions (include	1 065	4,427.	453.	85.
	section 401(k) and 403(b) employer contributions)	4,965.	24,105.	4,674.	85. 843.
9	Other employee benefits	51,342.	44,505.	3,980.	2,857
10	Payroll taxes	31,342.	44,505.	3,3001	
11	Fees for services (non-employees):				
а	Management				
b	Legal	12,600.	6,174.	5,418.	1,008
C	Accounting	12,000.	0,174	3,1201	
d					
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,	134,775.	130,511.	3,571.	693
	column (A) amount, list line 11g expenses on Sch O.)	134,173.	130,311.	3,3,21	
12	Advertising and promotion	42,917.	28,665.	5,842.	8,410
13	Office expenses	42,317	20,0031		
14	Information technology				
15	Royalties	43,135.	24,936.	14,501.	3,698
16	Occupancy	8,874.	8,596.	194.	84
17	Travel	0,074.	0,350.		
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	18,188.	369.	271.	17,548
19	Conferences, conventions, and meetings	10,100.			
20	Interest				
21	Payments to affiliates	3,121.	1,717.	1,194.	210
22	Depreciation, depletion, and amortization	9,687.	7,131.	2,432.	124
23	Insurance	3,00,0			
24	Other expenses, Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, coolunn (A)				
	amount, list line 24e expenses on Schedule 0.) MISCELLANEOUS	20,352.	3,706.	2,006.	14,640
a	DITTE AND GIRGOD TRUTONG	17,886.	6,136.	8,703.	3,047
b		2.,0001			
C					
d					
е		1,128,950.	922,180.	112,702.	94,068
25	Total functional expenses. Add lines 1 through 24e	1,110,2001			
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)		L.,,		Form 990 (201

	3 4	Cash - non-interest-bearing		(A) Beginning of year		(B) End of year
	2 3 4	Cash - non-interest-bearing				
	2 3 4			313,274.	1	277,198
	3 4	Savings and temporary cash investments		164,003.	2	116,508
	4	Pledges and grants receivable, net		317,687.	3	365,197
		Accounts receivable, net			4	
	5	Loans and other receivables from current and form				
	•	trustees, key employees, and highest compensated				
		Part II of Schedule L		A TOTAL CONTRACTOR OF THE PROPERTY OF THE PROP	5	
	6	Loans and other receivables from other disqualified				
	Ü	section 4958(f)(1)), persons described in section 49				
		employers and sponsoring organizations of section				
		employees' beneficiary organizations (see instr). Co		2 State make of the religious for the state of	6	
Assets		Notes and loans receivable, net			7	
ŝ	7				8	
`	8	Inventories for sale or use		8,084.	9	16,509
	9	Land, buildings, and equipment: cost or other				
	10a	Land, buildings, and equipment, cost of other	55.997			
		basis, Complete Part VI of Schedule D1	10a 55,997. 10b 42,265.	10,760.	10c	13,732
		Less: accumulated depreciation1 Investments - publicly traded securities		233,099.	11	13,732 283,094
- 1	11	Investments - other securities. See Part IV, line 11			12	
1	12	Investments - other securities. See Part IV, line 11 Investments - program-related. See Part IV, line 11			13	
- 1	13				14	
- 1	14	Intangible assets		1,157.	15	1,157
i	15	Other assets. See Part IV, line 11		1,048,064.	16	1,073,395
_	16	Total assets. Add lines 1 through 15 (must equal li		28,540.	17	35,045
	17	Accounts payable and accrued expenses			18	**************************************
- 1	18	Grants payable	110,561.	19	119,245	
	19	Deferred revenue		20	**************************************	
- 1	20	Tax-exempt bond liabilities		21		
- 1	21	Escrow or custodial account liability. Complete Par				
S	22	Loans and other payables to current and former of				
≣		key employees, highest compensated employees,			22	
Liabilities		Complete Part II of Schedule L			23	
- 1	23	Secured mortgages and notes payable to unrelated	u thiru parties		24	
- 1	24	Unsecured notes and loans payable to unrelated th	the to related third			
	25	Other liabilities (including federal income tax, paya	704) Complete Bart Y of			
-		parties, and other liabilities not included on lines 1			25	
-		Schedule D		139.101.	26	154,290
+	26	Total liabilities. Add lines 17 through 25	task bara N X and			
		Organizations that follow SFAS 117 (ASC 958),	check here P (11) and			
es		complete lines 27 through 29, and lines 33 and 3		741,984.	27	729,297
2	27	Unrestricted net assets		166,979.	28	189,808
ă	28	Temporarily restricted net assets		29		
פַ	29	Permanently restricted net assets				
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC	100			
ō		and complete lines 30 through 34.		30		
ets	30	Capital stock or trust principal, or current funds			31	
Ass	31	Paid-in or capital surplus, or land, building, or equi	me or other funds		32	,
e	32	Retained earnings, endowment, accumulated inco		908,963.	33	919,105
z	33 34	Total net assets or fund balances Total liabilities and net assets/fund balances		1,048,064.	34	1,073,395

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2017

Open to Public Inspection
Employer identification number

		тне у	MOMEN'S LAW	CENTER OF M	D. IN	c.		52	2-1238912					
Par	tl	Reason for Public C					e instructions) .						
CONTRACTOR STATE	Chartenant	ization is not a private founda												
1 [<u> </u>	A church convention of chu	rches, or association	of churches described	in section	170(b)(1)	(A)(i).							
2	〓	A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)												
3	=	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).												
ř	=	A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name,												
4 [city, and state:												
<u>-</u> [An organization operated for the benefit of a college or university owned or operated by a governmental unit described in												
5 [An organization operated for the benefit of a college of university owned of operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)												
e [A federal, state, or local gov	ernment or governme	ental unit described in s	ection 17	0(b)(1)(A)(v).							
6 L	V	An organization that normal	lu rocoivas a substan	tial part of its support fro	om a gove	rnmental u	nit or from th	ne general p	ublic described in					
, F	42.1	section 170(b)(1)(A)(vi). (Co		that part of the cappaint.										
۱ ۵		A community trust describe		IVAVvi) (Complete Part	11.5									
8 [An agricultural research orga	anization described i	n section 170(h)(1)(A)(i	x) operate	d in coniu	nction with a	land-grant o	college					
9 [or university or a non-land-g	ront college of agricu	itura (can instructions)	Enter the n	ame. citv.	and state of	the college	or					
			rant college or agrico	ittire (acc mondonom).		,,,		·						
an [university:	ly receives: (1) more	than 33 1/3% of its supr	ort from c	ontribution	ns. membersl	nip fees, and	d gross receipts from					
10 [activities related to its exem	ny receives. (1) more	to cottain excentions	and (2) no	more than	33 1/3% of it	ts support f	rom gross investment					
		income and unrelated busin	ipt tunctions - subject	loss soction 511 tayl fro	m husines	ses acquir	ed by the ord	anization a	fter June 30, 1975,					
				less section of that no		000 0040	,	,	·					
		See section 509(a)(2). (Con An organization organized a	npiete rait iii.)	rely to test for nublic saf	etv. See .s	ection 50	9(a)(4).							
11 [=	An organization organized a	and operated exclusive	vely for the benefit of to	perform th	ne function	s of, or to ca	rry out the	purposes of one or					
12		All Organization organized a	ranizatione describer	in section 509(a)(1) o	section 5	509(a)(2).	See section	509(a)(3). C	Check the box in					
	more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.													
		Type I. A supporting orga	nization operated st	nervised or controlled	ov its supp	orted orga	anization(s), t	ypically by (giving					
а	L	the supported organizatio	inization operated, so	ularly appoint or elect a	maiority o	f the direc	tors or truste	es of the su	pporting					
					majority o									
		organization. You must c Type II. A supporting organization.	omplete rait iv, se	or controlled in connect	ion with its	supporte	d organizatio	n(s), by hav	ing					
b	L	control or management of	anization supervised	nization vected in the se	me nersor	ns that cor	ntrol or mana	ae the supr	oorted					
		control or management of	rine supporting orga	Partians A and C	ine perso.	10 11.01 00.		3						
	г	organization(s). You must	t complete rait iv,	organization operated	in connect	ion with a	nd functiona	llv integrate	d with.					
С	L	its supported organization	grated, A supporting	Vou must complete I	art IV Se	ctions A.	D. and E.	.,	•					
		its supported organization Type III non-functionally	n(s) (see instructions)	. You must complete r	ated in cor	nection w	ith its sunno	rted organiz	ration(s)					
d	L		integrated. A supp	ording organization open	ateu iii coi infu a dietri	hution ron	uirement and	l an attentiv	eness					
		that is not functionally int	egrated. The organiza	ation generally must sau	A and D	and Dart	diomonica and	. an account	4.1442					
	,	requirement (see instructi	ons). You must con	iplete Part IV, Sections	m the IDC	that it is a	Tuna l Tuna	II Type III						
e	L_	Check this box if the orga	anization received a v	vritten determination iro	in the ind	uiai ii i5 a otion	Type I, Type	ii, iype iii						
		functionally integrated, or		ially integrated supporting	ig organiza	auon.								
f	Ent	er the number of supported of	organizations			••••••		***************************************	<u> </u>					
g	Pro	vide the following information	about the supported	(iii) Type of organization	(IV) Is the orga	inization listed	(v) Amount o	f monetary	(vi) Amount of other					
		(i) Name of supported organization	\n, = n \	(described on lines 1-10	in your governi Yes	No No	support (see i		support (see instructions)					
				above (see instructions))										
								l						
														
						1								
					 	 	<u> </u>							
						<u> </u>								
							<u> </u>							

Schedule A (Form 990 or 990-EZ) 2017 THE WOMEN'S LAW CENTER OF MD, INC. 52-1238912 Page 2

Part II Support Schedule for Organizations Described in Sections 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 or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
	Gifts, grants, contributions, and						
	membership fees received. (Do not					4054504	4604000
	include any "unusual grants.")	868,046.	867,044.	908,559.	995,799.	1054584.	4694032.
2	Tax revenues levied for the organ-		,				
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to					16 000	00.000
	the organization without charge	20,320.	20,320.	20,320.	20,320.	16,988.	
4	Total. Add lines 1 through 3	888,366.	887,364.	928,879.	1016119.	1071572.	4792300.
	The portion of total contributions						
	by each person (other than a			100			
	governmental unit or publicly						
	supported organization) included	1000					
	on line 1 that exceeds 2% of the						
	amount shown on line 11,			100			
	column (f)	100					
6	Public support. Subtract line 5 from line 4.						4792300.
	tion B. Total Support				,	r	
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
	Amounts from line 4	888,366.	887,364.	928,879.	1016119.	1071572.	4792300.
8	Gross income from interest,				,		
	dividends, payments received on						
	securities loans, rents, royalties,				4.05	0 274	7 605
	and income from similar sources	469.	1,540.	3,130.	185.	2,371.	7,695.
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					ŀ	
	assets (Explain in Part VI.)						4500005
11							4799995.
12	Gross receipts from related activities.	, etc. (see instructi	ons)		********	12	352,524.
13	First five years. If the Form 990 is fo	r the organization's	s first, second, thir	d, fourth, or fifth to	ax year as a sectio	n 501(c)(3)	
	organization check this box and sto	p here					
	ction C. Computation of Publ					T T	99.84 %
14	Public support percentage for 2017 (line 6, column (f) d	ivided by line 11, o	olumn (f))	******************	14	
15	Public support percentage from 2016	6 Schedule A, Part	II, line 14			15	
16	33 1/3% support test - 2017. If the	organization did n	ot check the box o	n line 13, and line	14 is 33 1/3% or n	nore, check this bo	ox and ► X
	stop here. The organization qualifies	as a publicly supp	orted organization	·		·	
ì	33 1/3% support test - 2016. If the	organization did n	ot check a box on	line 13 or 16a, and	ine 15 is 33 1/3%	or more, cneck th	nis box
	and aton have. The organization gua	lifies as a publicly	supported organiz	ation			
178	a 10% -facts-and-circumstances tes	t - 2017. If the or	ganization did not	check a box on lin	e 13, 16a, or 16b,	and line 14 is 10%	or more,
	and if the organization meets the "far	cts-and-circumstan	ices" test, check tl	nis box and stop	here. Explain in Pa	art vi now the orga	inization
	meets the "facts and circumstances"	test. The organiza	ition qualifies as a	publicly supported	d organization		▶ ــــا
ı	o 10% -facts-and-circumstances tes	t - 2016. If the or	ganization did not	check a box on lin	ie 13, 16a, 16b, or	1/a, and line 15 is	10% OF
	more and if the organization meets t	the "facts-and-circu	ımstances" test, c	heck this box and	stop here. Explai	n in Part VI now tr	ie
	organization meets the "facts-and-cit	cumstances" test.	The organization	qualifies as a publi	icly supported orga	inization	▶∐
18	Private foundation. If the organizati	on did not check a	box on line 13, 16	Sa, 16b, 17a, or 17	b, check this box a	and see instruction	0 or 990-FZ\ 2017

732022 10-06-17

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support					·	
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 20	17 (f) Total
	Gifts, grants, contributions, and						
	membership fees received. (Do not			•			
	include any "unusual grants.")					ļ	
2	Gross receipts from admissions,			}			
	merchandise sold or services per-				,	-	
	formed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose					<u> </u>	
3	Gross receipts from activities that						
	are not an unrelated trade or bus-			1			
	iness under section 513					<u> </u>	
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf					<u> </u>	
5	The value of services or facilities						
_	furnished by a governmental unit to					İ	
	the organization without charge			<u> </u>		<u> </u>	
6	Total. Add lines 1 through 5					<u> </u>	
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
Ł	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
	Add lines 7a and 7b						Photograph (PASS)
	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support					-γ	
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 20	017 (f) Total
	Amounts from line 6						
10	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties,					1	
	and income from similar sources						
ŧ	Unrelated business taxable income						
	(less section 511 taxes) from businesses					1	
	acquired after June 30, 1975					<u> </u>	
	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether or not the business is						
	regularly carried on						
12	Other income. Do not include gain			***			
	or loss from the sale of capital assets (Explain in Part VI.)				<u> </u>	_	
13	Total support (Add lines 9, 10c, 11, and 12.)				<u> </u>		
14	First five years. If the Form 990 is fo	r the organization	s first, second, thi	rd, fourth, or fifth t	ax year as a section	on 501(c)(3)	organization,
	check this box and stop here						<u> PLJ</u>
Se	ction C. Computation of Publ	ic Support Pe	rcentage				
15	Public support percentage for 2017	(line 8, column (f) c	livided by line 13,	column (f))		15	%
16	Public support percentage from 201	6 Schedule A, Parl	III, line 15		***************************************	16	%
Se	ction D. Computation of Inve	stment Incom	e Percentage			1	0/
17	Investment income percentage for 2	017 (line 10c, colu	mn (f) divided by l	ine 13, column (1))		17	9/0
40	Investment income percentage from	2016 Schedule A	. Part III, line 17			18	9/
19	a 33 1/3% support tests - 2017. If th	e organization did	not check the box	on line 14, and lin	ie 15 is more than	33 1/3%, ar	na line 1 / is not
	more than 33 1/3% check this box a	ind stop here. Th	e organization qua	alifies as a publicly	supported organi	zauon	
	- 22 1/20/ cupport tosts - 2016. If th	e organization did	not check a box o	n line 14 or line 19	a, and line 16 is m	ore than 33	3 1/3%, and
				anization avalifies	ac a publicly curr	ANTON MOTION	กเวลาเดก 📂 🗎
	line 18 is not more than 33 1/3%, ch Private foundation. If the organizati	eck this box and s	top here. The org	anization qualifies	as a publicly supp	orted organ	

Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section	A. All	Supp	orting	Orgar	nizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
2 3a		
3b		
3c		
4a		
4b		
4c 5a		
5b		
5c 6		
7		
8		
9a	38.00	
9b		
9c		
THE PERSON OF TH		1
10a		

	dule A (Form 990 of 990-EZ/2011 TILL 1102-EL)	0001	<u> Pa</u>	ge 5
Par	t IV Supporting Organizations (continued)			
		MARCHES SERVE	Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
C	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a. b. or c. provide detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
	r	2000 - 2-00 - 1,000	Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
•	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
•	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
500	don of Type is capporting organization		Yes	No
	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
1	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	-	1	3103-0000799	
200	the supported organization(s). tion D. All Type III Supporting Organizations	***************************************		
360	tion D. All Type in outporting organizations		Yes	No
	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
1	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	Product fundadas	NAMOANGUITE
_	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
2	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	organization(s) or (iii) serving on the governing body of a supported organization(s)	2	1,000/10/00/10/10/10	
_	the organization maintained a close and continuous working relationship with the supported organization(s). By reason of the relationship described in (2), did the organization's supported organizations have a			
3	By reason of the relationship described in (2), and the organization's supported organization's			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	3	300000000000000000000000000000000000000	Canadous Castoo
	supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations			L
Sec	tion E. Type III Functionally integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.	uctions	١	
C	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions)	20110113	Yes	No
2	Activities Test. Answer (a) and (b) below.			
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined	2a	1925	SPETTER LEADING
	that these activities constituted substantially all of its activities.			
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these	2b		
	activities but for the organization's involvement.	<u>-u</u>		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	3a		1201/55000
	trustees of each of the supported organizations? Provide details in Part VI.	- 08		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	9h		
	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b	1	ــــــــــــــــــــــــــــــــــــــ

Schedule A (Form 990 or 990-EZ) 2017

instructions).

e Excess from 2017

Part V. Section A, Inea 1, 28, 36, 44, 64, 65, 8, 98, 98, 98, 11, 115, and 115; pert II, Section A, Inea 1 and 2; Part IV, Section C, Inea 1, 28, 28, 24, 46, 46, 86, 98, 98, 98, 11, 115, and 115; pert IV, Section D, Inea 1 and 2; Part IV, Section C, Inea 2, 13, 12, 12, 12, 13, 13, 13, 13, 13, 13, 13, 13, 13, 13	Schedule A	(Form 990 or 990-E	Z) 2017 THE	WOMEN'S LA	AW CENTER	OF MD, I	NC.	32-1230912 Page
	Part VI	Supplemental Part IV, Section A, line 1; Part IV, Sec Section D, lines 5, (See instructions)	Information. lines 1, 2, 3b, 3c tion D, lines 2 and 6, and 8; and Pa	Provide the explar , 4b, 4c, 5a, 6, 9a, 9 d 3; Part IV, Section rt V, Section E, line	nations required t 9b, 9c, 11a, 11b, n E, lines 1c, 2a, 2 es 2, 5, and 6. Also	oy Part II, line 10; and 11c; Part IV, 2b, 3a, and 3b; Pa o complete this pa	Part II, line 17a or Section B, lines 1 art V, line 1; Part V, art for any addition	17b; Part III, line 12; and 2; Part IV, Section C, , Section B, line 1e; Part V, al information.
	***************************************	(See instructions.)			······			
							<u></u>	
						<u> </u>		
								-
			·					

	<u></u>							
								

Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Attach to Form 990, Form 990-EZ, or Form 990-PF.

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

OMB No. 1545-0047

2017

Name of the organization

Employer identification number

TH	HE WOMEN'S LAW CENTER OF MD, INC.	52-1238912				
Organization type (check o						
Filers of:	Section:					
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization					
	4947(a)(1) nonexempt charitable trust not treated as a private foundation					
	527 political organization					
Form 990-PF	501(c)(3) exempt private foundation					
	4947(a)(1) nonexempt charitable trust treated as a private foundation					
	501(c)(3) taxable private foundation					
Check if your organization Note: Only a section 501(c	is covered by the General Rule or a Special Rule.)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule	e. See instructions.				
General Rule						
For an organization property) from any	on filing Form 990, 990·EZ, or 990·PF that received, during the year, contributions totaling yone contributor. Complete Parts I and II. See instructions for determining a contributor's	\$5,000 or more (in money or s total contributions.				
Special Rules						
For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line or (ii) Form 990-EZ, line 1. Complete Parts I and II.						
year, total contrib	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.					
year, contribution is checked, enter purpose. Don't co	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year					
but it must answer "No" o	that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Forn Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Forthe filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).	orm 990, 990-EZ, or 990-PF), orm 990-PF, Part I, line 2, to				

Schedule of Contributors

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

Name of organization

Employer identification number

THE WOMEN'S LAW CENTER OF MD, INC.

52-1238912

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	I space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	UNITED JEWISH ENDOWMENT FUND 6101 MONTORSE RD ROCKVILLE, MD 20852	\$ 34,302.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	ADMINISTRATIVE OFFICE OF THE COURTS 580 TAYLOR AVENUE ANNAPOLIS, MD 21401	\$304,236.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	MARYLAND LEGAL SERVICES CORPORATION 305 WEST CHESAPEAKE AVENUE, SUITE 201 TOWSON, MD 21204	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
No. 4	GOVERNOR'S OFFICE OF CRIME CONTROL & PREVENTION 300 E JOPPA RD #1105 BALTIMORE, MD 21286	\$311,065.	Person X Payroli
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$Schedule B (Form	Person Payroll Complete Part II for noncash contributions.)

Employer identification number

THE WOMEN'S LAW CENTER OF MD, INC.

52-1238912

art II Nonca	ash Property (see instructions). Use duplicate copies of Pa	rt II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. rom art I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. rom art I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. rom art I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. rom art I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. irom	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	990, 990-EZ, or 990-PF) (2

ime of organ	ization		Employer Identification number				
HE WOM	MEN'S LAW CENTER OF MD,	INC.	52-1238912				
Part III	Exclusively religious, charitable, etc., contributhe year from any one contributor. Complete coluctoring Part III, enter the total of exclusively religious, cluse duplicate copies of Part III if additional s	tions to organizations described in imns (a) through (e) and the follow haritable, etc., contributions of \$1,000 or lo	section 501(c)(7), (8), or (10) that total more than \$1,000 for ving line entry. For organizations see for the year. (Enterthis info. once.) \$				
a) No. from		(c) Use of gift	(d) Description of how gift is held				
Part I	(b) Purpose of gift	(c) Ose of gift	(d) Bosonpton of No. 9 sectorion				
-							
-							
		(e) Transfer of gift					
	Transferee's name, address, and	ZIP + 4	Relationship of transferor to transferee				
-							
-							
a) No							
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
_							
-							
_		(e) Transfer of gift					
	Transferee's name, address, and	ZIP + 4	Relationship of transferor to transferee				
-							
-							
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
Part I							
-							
	(e) Transfer of gift						
	Transferee's name, address, and	ZIP + 4	Relationship of transferor to transferee				
-							
-							
(a) No.			(d) Description of how gift is held				
from Part I	(b) Purpose of gift	(c) Use of gift	(a) Description of now gift is need				
-							
-							
-		(e) Transfer of gift	t				
		71D . 4	Relationship of transferor to transferee				
-	Transferee's name, address, and	ZIF + 4	metationismp of transferor to transferor				
.							

SCHEDULE C

(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ.
 ► Go to www.irs.gov/Form990 for instructions and the latest information.

2017
Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

A Cantino Fr)1(c)(4), (5), or (6) organizati	ons: Complete Part III			
Name of organ		ons. Complete Fait III.		Emplo	yer identification number
ivanie oi oigai	mrre MOM	EN'S LAW CENTER (OF MD. TNC.		52-1238912
Part I-A	Complete if the org	anization is exempt unde	er section 501(c) o	or is a section 527 org	anization.
1 Provide a	description of the organiza	ation's direct and indirect politica ures	al campaign activities in	n Part IV.	
3 Voluntee					
Part I-B	Complete if the org	anization is exempt unde	er section 501(c)(3).	
1 Enter the	amount of any excise tax i	ncurred by the organization und	er section 4955	▶\$	
2 Enter the	amount of any excise tax i	ncurred by organization manage	rs under section 4955		
3 If the org	anization incurred a section	1 4955 tax, did it file Form 4720	for this year?		Yes No
4a Was a co	rrection made?				Yes No
b if "Yes,"	describe in Part IV.		wastion E01/al	except section 501(c)	(3)
Part I-C	Complete if the org	anization is exempt unde	er section sortcy,	except section of (c)	(0).
1 Enter the	amount directly expended	by the filing organization for sec	tion 527 exempt funct	ion activities	
2 Enter the	amount of the filing organi	ization's funds contributed to other	ter organizations for se	© \$ \$	
exempt f	unction activities	. Add lines 1 and 2. Enter here a	nd on Form 1120-POL		
3 Total exe	empt function expenditures	. Add intes 1 and 2. Lines here a	10 011 0	▶\$	
line 17b	line executivation file Earm	1120-POL for this year?		•••••	Yes No
5 Enter the made pa	names, addresses and em yments. For each organizations received that were pro	nployer identification number (EIN tion listed, enter the amount paid omptly and directly delivered to a additional space is needed, prov	N) of all section 527 po I from the filing organiz I separate political orga	litical organizations to which cation's funds. Also enter the anization, such as a separate	the filing organization amount of political
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0
	,				

Schedule C (Form 990 or 990-EZ) 2017 [Part II-A Complete if the organization	THE WOMEN'S	S LAW CENTER	OF MD, INC.	52-1 d Form 5768 (ele	238912 Page 2 ction under
Part II-A Complete if the organization 501(h)).	anization is exe	mpt under section	Soricito) and me	a i onii oroo (cic	otton anaci
1 77	ion holonge to an af	filiated group (and list in	Part IV each affiliated	aroup member's name	address FIN
A Check Lifthe filing organizate expenses, and share			Tart IV baoff affiliated	group member a name	, addiood, Elit,
		and "limited control" pro	vicione anniv		
			visions apply.	(a) Filing	(b) Affiliated group
	s on Lobbying Exp	enditures unts paid or incurred.)		organization's totals	totals
(The term expend	itures means amo	unts paid of modifical		totais	
1a Total lobbying expenditures to influ	ence public opinion	(grass roots lobbying)	***************************************	1,853.	
b Total lobbying expenditures to influ	10,863.				
c Total lobbying expenditures (add lin	12,716.				
d Other exempt purpose expenditure	s			1,116,234.	
e Total exempt purpose expenditures	(add lines 1c and 1	d)		1,128,950.	
f Lobbying nontaxable amount. Ente				187,895.	
If the amount on line 1e, column (a) or	1	bbying nontaxable amo			
Not over \$500,000	20% o	f the amount on line 1e.			
Over \$500,000 but not over \$1,000	,000 \$100,0	000 plus 15% of the exce	ess over \$500,000.		
Over \$1,000,000 but not over \$1,50		000 plus 10% of the exce	ess over \$1,000,000.		
Over \$1,500,000 but not over \$17,6		000 plus 5% of the exces			
Over \$17,000,000	\$1,000			10000	
10.0.0.0.0.0					
g Grassroots nontaxable amount (en	er 25% of line 1f)			46,974.	
h Subtract line 1g from line 1a. If zero				0.	
i Subtract line 1f from line 1c. If zero				0.	
j If there is an amount other than zer	o on either line 1h o	r line 1i, did the organiza	tion file Form 4720		
reporting section 4911 tax for this					Yes No
	4-Year A	veraging Period Under	section 501(h)		
(Some organizations th	at made a section	501(h) election do not l	nave to complete all o	of the five columns be	low.
		rate instructions for lin			
	Lobbying Exp	enditures During 4-Yea	r Averaging Period	r	I
Calendar year	(a) 2014	(ы) 2015	(c) 2016	(d) 2017	(e) Total
(or fiscal year beginning in)					
			4== 004	400 000	747 022
2a Lobbying nontaxable amount	172,944	. 181,159.	175,034.	187,895.	717,032.
b Lobbying ceiling amount					1 075 540
(150% of line 2a, column(e))					1,075,548.
		- 404	10 755	10 716	20 216
c Total lobbying expenditures	7,414	7,431.	10,755.	12,716.	38,316.
	42 026	45 200	42 7E0	46,974.	179,259.
d Grassroots nontaxable amount	43,236	. 45,290.	43,759.	40,374.	113,233.
e Grassroots ceiling amount					268,889.
(150% of line 2d, column (e))					200,009.
	2 400	2 250	5,628.	1,853.	14,253.
f Grassroots lobbying expenditures	3,422	. 3,350.	3,048.	T T'023+	1 14,600.

Schedule C (Form 990 or 990-EZ) 2017 THE WOMEN'S LAW CENTER OF MD, INC. 52-12389

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

	ach "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description	(:	a)	(t	o)
	ach "Yes," response on lines. Ta through 11 below, provide in Fart IV a detailed description lobbying activity.	Yes	No	Amo	ount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: Volunteers?				
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? Media advertisements?				
	Mailings to members, legislators, or the public?				
d	Publications, or published or broadcast statements?				
	Grants to other organizations for lobbying purposes?				
f	Direct contact with legislators, their staffs, government officials, or a legislative body?				
g	Direct contact with legislators, their staris, government officials, of a legislative body:				
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
i	Other activities?				
j	Total, Add lines 1c through 1i				
	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
b	If "Yes," enter the amount of any tax incurred under section 4912				
C	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?	n 501/0\/	E) or cor	tion	
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section	n sur(c)(o), or sec	HOH	
	501(c)(6).			T 37	A.
				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?				
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		2		ļ
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(4), section 501(c)(4).	ne prior year	r? 3	<u> </u>	<u> </u>
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes." Dues, assessments and similar amounts from members				
1	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political	cal			
2	expenses for which the section 527(f) tax was paid).				
_	Current year		2a		
	Carryover from last year				
C					
3	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exc				
4	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and p	olitical			
			4		
	expenditure next year? Taxable amount of lobbying and political expenditures (see instructions)	•••••			
5	Taxable amount of lobbying and political expenditures (see institutions)			<u> </u>	
Pal	TIV Supplemental Information	lict): Dort I	I.A lines 1 s	nd 2 (see	
Prov	ide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group	isy, i aiti	171, 11105 1 0	114 Z 1000	
instr	uctions); and Part II-B, line 1. Also, complete this part for any additional information.				

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

▶ Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

THE WOMEN'S LAW CENTER OF MD, INC.

Employer identification number 52-1238912

Par	200000		S of Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		•
3	Aggregate value of grants from (during year)		
	Aggregate value at end of year		
4	Did the organization inform all donors and donor advisors in w	riting that the assets held in donor adv	rised funds
5	are the organization's property, subject to the organization's	exclusive legal control?	Yes No
_	Did the organization inform all grantees, donors, and donor ad	lyisors in writing that grant funds can b	e used only
6	for charitable purposes and not for the benefit of the donor or	donor advisor or for any other purpos	e conferring
	impermissible private benefit?	dollor advisor, or for any other purpos	Yes No
Pai		anization answered "Yes" on Form 990	
100000000000000000000000000000000000000			
1	Purpose(s) of conservation easements held by the organization	dunction) Preservation of a h	istorically important land area
	Preservation of land for public use (e.g., recreation or ed		ertified historic structure
	Protection of natural habitat	Fleseivation of a c	erunda matana audatana
	Preservation of open space	at a security and the for	m of a concentration easement on the last
2	Complete lines 2a through 2d if the organization held a qualifi	ed conservation contribution in the lon	Held at the End of the Tax Year
	day of the tax year.		
а	Total number of conservation easements		
b			••••••
C	Number of conservation easements on a certified historic stru	icture included in (a)	2c
d	Number of conservation easements included in (c) acquired a		
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminated by t	ne organization during the tax
	year >		
4	Number of states where property subject to conservation eas	ement is located	
5	Does the organization have a written policy regarding the peri	odic monitoring, inspection, handling o	
	violations, and enforcement of the conservation easements it	holds?	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
6	Staff and volunteer hours devoted to monitoring, inspecting, I	handling of violations, and enforcing co	onservation easements during the year
	>		
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violations, and enforcing conser	vation easements during the year
	\$		
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 17	⁷ O(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		YesNo
9	In Part XIII, describe how the organization reports conservation	on easements in its revenue and expen	se statement, and balance sheet, and
	include, if applicable, the text of the footnote to the organization	ion's financial statements that describe	es the organization's accounting for
Pa	t III Organizations Maintaining Collections of	Art, Historical Treasures, or	Other Similar Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (AS	C 958), not to report in its revenue stat	ement and balance sheet works of art,
	historical treasures, or other similar assets held for public exh	sibition, education, or research in furthe	erance of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that describ	bes these items.	
h	If the organization elected, as permitted under SFAS 116 (AS	C 958), to report in its revenue stateme	ent and balance sheet works of art, historical
~	treasures, or other similar assets held for public exhibition, ec	ducation, or research in furtherance of	public service, provide the following amounts
	relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		> \$
	(ii) Assets included in Form 990, Part X		
_	If the organization received or held works of art, historical tree	asures, or other similar assets for finan	
2	the following amounts required to be reported under SFAS 1:	16 (ASC 958) relating to these items:	
	m		▶ \$
a	Revenue included on Form 990, Part VIII, IIIIe I		L A

Sche	dule D (Form 990) 2017 THE WOM	EN'S LAW CI	ENTER OF I	MD, :	INC.		<u>52-12</u>			<u> 19e 2</u>
	t III Organizations Maintaining C	ollections of Art	t, Historical T	reasur	es, or Othe	r Simila	r Assets	(contin	ued)	
3	Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):									
а	Public exhibition	d	Loan or e	xchange	programs					
b	Scholarly research			_						
	Preservation for future generations	ŭ								
C	Provide a description of the organization's co	dections and explain	how they further	the ora:	anization's exe	mpt purpo	se in Part	XIII.		
4	During the year, did the organization solicit o	r receive donations (of art historical tre	asures	or other similar	rassets				
5	to be sold to raise funds rather than to be ma	intained ac next of th	na organization's	collection	n?			Yes		No
Par	t IV Escrow and Custodial Arrang	gements. Comple	ete if the organiza	tion ans	wered "Yes" or	Form 990), Part IV, I	ine 9, or		1
			ian day aantributie	no or ot	har accate not	included				
1a	Is the organization an agent, trustee, custodi on Form 990, Part X?	an or other intermed					\square	Yes] No
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	lowing table:				T			
								Amount	<u> </u>	
С	Beginning balance					<u>1c</u>				
d	Additions during the year					1d				
e	Distributions during the year	·				<u>1e</u>				
f	Ending balance					1f	L .			
2a	Did the organization include an amount on Fe	orm 990, Part X, line	21, for escrow or	custodia	al account liabi	lity?	L	_ Yes	<u></u>	No
b	if "Yes," explain the arrangement in Part XIII.	Check here if the ex	planation has bee	n provid	led on Part XIII					<u></u>
Par		f the organization an	swered "Yes" on	Form 99	0, Part IV, line	10.		r		
		(a) Current year	(b) Prior year	(c) T	Two years back	(d) Three	years back	(e) Four		
1a	Beginning of year balance	27,557.	27,73	<u>). </u>	27,877.		28,023.	ļ	28,	170.
b	Contributions							ļ		
	Net investment earnings, gains, and losses	-160.	-17	3.	-147.		-146.			147.
d	Grants or scholarships									
	Other expenditures for facilities									
•	and programs									
f	Administrative expenses					<u> </u>				
g	End of year balance	27,397.	27,55	7.	27,730.	<u> </u>	27,877.		28,	023.
2	Provide the estimated percentage of the curr	ent year end balance	e (line 1g, column	(a)) held	as:					
a	Board designated or quasi-endowment		%							
b	Permanent endowment	%								
	Temporarily restricted endowment	 %				•				
·	The percentages on lines 2a, 2b, and 2c sho									
30	Are there endowment funds not in the posse	ssion of the organiza	ation that are held	and adr	ministered for t	he organiz	ation			
- Cu	by:	•							Yes	No
	(i) unrelated organizations							3a(i)		X
	(ii) related organizations					• • • • • • • • • • • • • • • • • • • •		3a(ii)		X
h	If "Yes" on line 3a(ii), are the related organize	itions listed as requir	ed on Schedule F	17				3b		<u> </u>
4	Describe in Part XIII the intended uses of the									
	t VI Land, Buildings, and Equipm	ent.								
Englisher and	Complete if the organization answere), Part IV, line 11a	. See Fo	rm 990, Part X	, line 10.				
- 1	Description of property	(a) Cost or o	other (b) Co	ost or otl sis (other	her (c)	Accumulat epreciation	1	(d) Boo	k valu	9
4	Land									
	Land Buildings	1								
	Leasehold improvements									
		1		51,5	99.	37,8	67.	1	3,7	32.
	Equipment				398.		98.			0.
e	Other	arred Form 000 Port	Y column (R) line				. ▶	1	3,7	32.
Tota	i. Add lines Ta through Te. (Column (d) must e	tuuai romi 990. Pan	A. COMMINICOL RU	شسالك كالماست	***********		0 1 1 1	- D /F	- 000	1 2017

Schedule D (Form 990) 2017 THE WOMEN'S	LAW CENTER O	r MD, INC.	JZ-IZJUJIZ Page
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11b. See Form 990, Part X, I	ine 12.
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation	: Cost or end-of-year market value
(1) Financial derivatives			
(2) Closely-held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11c. See Form 990, Part X, I	ine 13.
(a) Description of investment	(b) Book value	(c) Method of valuation	: Cost or end-of-year market value
(1)			
(2)			
(3)			
(4)		<u> </u>	
(5)			
(6)			
(7)		<u> </u>	
(8)			
(9)			

Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 950, Part IV, line 11d.	
(a) Description	(b) Book value
(4)	
(1)	
(2)	
(3)	
(4)	<u> </u>
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990. Part X. col. (B) line 15.)	<u> </u>

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. (b) Book value (a) Description of liability (1) Federal income taxes (2)(3)(4)(5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

^{2.} Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

732054 10-09-17

52-1238912 Page 4

Schedule Drom 990 2017 THE WOMEN'S LAW CENTER OF MD, INC. 52-1238912 Page 6 Part XIII Supplemental Information Confidence CURRENTLY UNDER EXAMINATION.	Schedule D (Form	990) 2017	THE	WOMEN'S	LAW	CENTER	OF	MD,	INC.	52-1238912 Page 5
CURRENTLY UNDER EXAMINATION.	Part XIII Sup	plementa	I Information	(continued)						
	CURRENTLY	UNDER	EXAMINAT	ION.						
	001111111111111111111111111111111111111							,		

					······					
		,								
								<u> </u>	<u>, - , </u>	
		<u>-</u>						<u>,</u>		
	***************************************		,				······································			
							····			

SCHEDULE O

(Form 990 or 990-EZ)

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 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

THE WOMEN'S LAW CENTER OF MD, INC.

Employer identification number 52-1238912

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:				
THE PROTECTION AND EXPANSION OF WOMEN'S LEGAL RIGHTS THROUGH LEGAL				
ASSISTANCE TO INDIVIDUALS AND STRATEGIC INITIATIVES TO ACHIEVE SYSTEMIC				
CHANGE. THE WOMEN'S LAW CENTER PROVIDES FREE LEGAL REPRESENTATION,				
ADVICE AND INFORMATION TO PREDOMINATELY LOW INCOME INDIVIDUALS. THE				
DIRECT SERVICE AND EDUCATION INITIATIVES PROTECT AND EMPOWER INDIVIDUAL				
WOMEN AND THEIR FAMILIES. USING EXPERIENCE GAINED FROM WORKING WITH				
CLIENTS AS WELL AS RESEARCH AND POLICY ANALYSIS, THE WOMEN'S LAW CENTER				
ADVOCATES TO ADVANCE ACCESS TO JUSTICE AND EQUALITY.				
ADVOCATES TO ADVANCE ACCEDS TO CONTINUE 12.00 Egonille.				
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:				
CENTER PROVIDES FREE LEGAL REPRESENTATION, ADVICE AND INFORMATION TO				
PREDOMINATELY LOW INCOME INDIVIDUALS. THE DIRECT SERVICE AND EDUCATION				
INITIATIVES PROTECT AND EMPOWER INDIVIDUAL WOMEN AND THEIR FAMILIES.				
USING EXPERIENCE GAINED FROM WORKING WITH CLIENTS AS WELL AS RESEARCH				
AND POLICY ANALYSIS, THE WOMEN'S LAW CENTER ADVOCATES TO ADVANCE ACCESS				
TO JUSTICE AND EQUALITY.				
FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:				
INTERIM U-VISA APPLICATIONS, AS WELL AS IN FINAL PROTECTION ORDER				
HEARINGS AROUND THE STATE OF MARYLAND. THE MEDOVI STAFF WORK WITH				
FOREIGN BORN CLIENTS WHO HAVE BEEN ABUSED BY AN INTIMATE PARTNER. ANY				
PERSON WITH A LANGUAGE BARRIER CAN ACCESS THE SERVICE BECAUSE OF THE				
CENTER'S COMMITMENT TO SECURE AN APPROPRIATE LANGUAGE INTERPRETER.				

THE WOMEN'S LAW CENTER OF MD, INC.

Employer identification number 52-1238912

WAGE AND OVERTIME VIOLATIONS; ELIGIBILITY FOR UNEMPLOYMENT INSURANCE; OR, BEING PUNISHED BY THE EMPLOYER FOR HAVING ACTED TOGETHER WITH OTHER

EMPLOYEES TO IMPROVE WORKING CONDITIONS.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

OTHER PROGRAM SERVICES: LEGISLATIVE, TRAFFICKING, AND MISCELLANEOUS

SEMINARS

EXPENSES \$ 44,747. INCLUDING GRANTS OF \$ 0. REVENUE \$ 83,244.

FORM 990, PART VI, SECTION A, LINE 7A:

ANY PERSON SUBSCRIBING TO THE PURPOSE OF THE CORPORATION AND COMPLYING WITH THE ARTICLES OF INCORPORATION AND BY-LAWS OF THE CORPORATION IS ELIGIBLE FOR MEMBERSHIP. EACH MEMBER SHALL PAY YEARLY DUES IN THE AMOUNT DETERMINED BY THE BOARD OF DIRECTORS, PAYABLE ON DATE OF MEMBERSHIP AND YEARLY THEREAFTER ON JANUARY 1ST. EACH MEMBER IS ENTITLED TO ONE VOTE ON EACH MATTER SUBMITTED TO A VOTE AT A MEETING OF MEMBERS.

FORM 990, PART VI, SECTION B, LINE 11B:

THE 990 IS REVIEWED BY THE BOARD OF DIRECTORS PRIOR TO BEING FILED. WHEN IT IS COMPLETE, THE 990 IS REVIEWED BY THE EXECUTIVE DIRECTOR, CHIEF OPERATING OFFICER, A BOARD MEMBER WHO IS A CPA, AND THE OUTSIDE CPA. THEN FORWARDED TO THE ENTIRE BOARD OF DIRECTORS FOR REVIEW. BOARD MEMBERS ARE GIVEN TIME TO REVIEW THE 990, ASK QUESTIONS AND PROVIDE FEEDBACK. AFTER BOARD MEMBERS HAVE HAD THE OPPORTUNITY TO REVIEW THE 990, IT IS FILED WITH THE IRS.

FORM 990, PART VI, SECTION B, LINE 12C:

THE WOMEN'S LAW CENTER'S CONFLICT OF INTEREST POLICY IS MONITORED AND

	Para 0
Schedule O (Form 990 or 990-EZ) (2017) Name of the organization THE WOMEN'S LAW CENTER OF MD, INC.	Employer identification number 52-1238912
ENFORCED ANNUALLY. AT BOTH THE BOARD AND STAFF RETREATS,	BOARD MEMBERS AND
	F INTEREST
DISCLOSURE FORM. THE COMPLETED FORMS ARE REVIEWED BY THE	EXECUTIVE
DIRECTOR.	
DIRECTOR	
FORM 990, PART VI, SECTION B, LINE 15:	
THE EXECUTIVE DIRECTOR'S COMPENSATION IS DETERMINED BY THE	BOARD OF
DIRECTORS. THE BOARD OF DIRECTORS CONDUCTS AN ANNUAL PERF	
EVALUATION ON THE DATE OF THE EXECUTIVE DIRECTOR'S EMPLOYN	MENT ANNIVERSARY.
	SE OF COMPARABLE
LEGAL SERVICES AND NOT-FOR-PROFIT ORGANIZATIONS AND DECIDE	S ON THE
COMPENSATION OF ALL EMPLOYEES.	
FORM 990, PART VI, SECTION C, LINE 19:	
THE WOMEN'S LAW CENTER MAKES ITS GOVERNING DOCUMENTS, CONI	FLICT OF INTEREST
POLICY AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC U	ON REQUEST.
FORM 990, PART IX, LINE 11G, OTHER FEES:	
CONSULTING:	
PROGRAM SERVICE EXPENSES	3,149.
MANAGEMENT AND GENERAL EXPENSES	2,764.
FUNDRAISING EXPENSES	514.
TOTAL EXPENSES	6,427.
CONTRACT LABOR:	
PROGRAM SERVICE EXPENSES	126,403.
MANAGEMENT AND GENERAL EXPENSES	0.
	0.

Schedule O (Form 990 or 990-EZ) (2017)

Schedule O (Form 990 or 990-EZ) (2017)	Page 2
Name of the organization THE WOMEN'S LAW CENTER OF MD, INC.	Employer identification number 52–1238912
TOTAL EXPENSES	126,403.
INTERPRETER:	
PROGRAM SERVICE EXPENSES	959.
MANAGEMENT AND GENERAL EXPENSES	807.
FUNDRAISING EXPENSES	179.
TOTAL EXPENSES	1,945.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	134,775.
FORM 990, PART XII, LINE 2C:	
NO CHANGES TO OVERSIGNT PROCESS OR SELECTION PROCESS.	
	,
·	

Form **8868**

(Rev. January 2017)

Application for Automatic 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.

▶ Information about Form 8868 and its instructions is at www.irs.gov/form8868 .

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the

forms lis	sted below with the exception of Form 8870, Information P	leturn for 7	Fransfers Associated With Certain Po	ersonal Bei	nent		
Contrac	ts, for which an extension request must be sent to the IRS	in paper 1	format (see instructions). For more d	letails on th	ne electronic		
filing of	this form, visit www.irs.gov/efile, click on Charities & Non-	Profits, and	d click on <i>e-file</i> for Charities and No	n-Profits.			
Auton	natic 6-Month Extension of Time. Only subm	it origina	al (no copies needed).				
	orations required to file an income tax return other than Fo			s, REMICs,	, and trusts		
	e Form 7004 to request an extension of time to file income						
must us	or one root to roquot air oxionation of the			Enter file	r's identifying	number	
		- 1 2		Employer identification number (EIN) or			
Type or	Name of exempt organization or other filer, see instruc	Employer recrumoanter restriction (Endy or					
print	MATERIAL TAN CENTED OF M	יות דאז	r.	52-1238912			
File by the	THE WOMEN'S LAW CENTER OF M			Social security number (SSN)			
due date fo	Number, street, and room or suite no. If a P.O. box, so 305 WEST CHESAPEAKE AVENUE,		10113.		Godal Security Hamber (GOTY)		
return. See			ress see instructions	L			
instruction	TOWSON, MD 21204	neign addi	Bas, see maraonone.				
Enter th	e Return Code for the return that this application is for (file	a separat	e application for each return)			0 1	
		Return	Application			Return	
Applica	tion	Code	Is For			Code	
Is For	00 or Form 990-EZ	01	Form 990-T (corporation)		07		
Form 99		02	Form 1041-A		08		
·	720 (individual)	03	Form 4720 (other than individual)	09			
		04	Form 5227			10	
Form 990-PF 04 Form 5227 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069							
	90-T (trust other than above)	06	06 Form 8870				
	TESSICA MORGAN	, COO					
• The	books are in the care of > 305 WEST CHESAL	PEAKE	AVE. #201 - TOWSON	1, MD	21204		
Telei	phone No. ► 410-321-8761		Fax No. D			. —	
• If the	organization does not have an office or place of business	in the Un	ited States, check this box			▶ ∟	
• If thi	s is for a Group Return, enter the organization's four digit	Group Exe	mption Number (GEN)	If this is for	r the whole gro	up, check this	
box 🕨	. If it is for part of the group, check this box	and atta	ch a list with the names and EINs of	f all membe	ers the extensi	on is for.	
1	request an automatic 6-month extension of time until			e the exem	pt organization	n return	
fo	or the organization named above. The extension is for the	organizatio	on's return for:				
	calendar year or						
	X tax year beginning JUL 1, 2017		id ending <u>JUN 30, 2018</u>		·		
2 If	the tax year entered in line 1 is for less than 12 months, c	heck reaso	on: Initial return	Final retur	"		
	Change in accounting period		and the Assistant and Issa pay	1	<u> </u>		
3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any				3a	\$	0.	
nonrefundable credits. See instructions.					<u> </u>		
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and					ŝ	0.	
estimated tax payments made, include any prior year overpayment allowed as a ground							
c Balance due, Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.					\$	0.	
b	y using EFTPS (Electronic Federal Tax Payment System). n: If you are going to make an electronic funds withdrawal	Idirect de	bit) with this Form 8868, see Form 8		<u> </u>	O for payment	
Cautio		(ancor do	wing 17:11: 4:10: 4:11: 4-2-7				

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 1-2017)