# Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047 Open to Public

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.

Inspection

A F	or the	2022 calendar year, or tax year beginning $$ JUL $1,$ $2022$ and end	ding J	<u>UN 30, 2023</u>				
	Check if pplicable	C Name of organization		D Employer identifi	cation number			
	Addres							
	Name change	Doing business as		52-12389	12			
	Initial return	,	om/suite	E Telephone numbe				
	Final return/	102 W. PENNSYLVANIA AVENUE, SUITE 100		410-321-				
_	terminated	3 1		G Gross receipts \$ 1,737,775.				
Ļ	☐Amend return ☐Applic	IOWSON, MD ZIZU4		H(a) Is this a group re				
	tion pendin	F Name and address of principal officer: KATTE CORKAN O FIABLE	Y	for subordinates	—			
_		SAME AS C ABOVE		<b>H(b)</b> Are all subordinates in				
		empt status: X 501(c)(3) 501(c) ( ) (insert no.) 4947(a)(1) or ce: WWW.WLCMD.ORG	527	•	list. See instructions			
	Nebsit	organization: X Corporation Trust Association Other	Voor o	H(c) Group exemption	n number  M State of legal domicile: MD			
	art I	Summary	L Year C	or formation: 19/1	M State of legal domicile: MD			
		Briefly describe the organization's mission or most significant activities: OUR MI	SSTO	N IS TO ENSI	TRE THE			
e	l '	PHYSICAL SAFETY, ECONOMIC SECURITY, AND AUT						
Governance	2	Check this box if the organization discontinued its operations or disposed						
Ver	3	Number of voting members of the governing body (Part VI, line 1a)		1 _	15			
ဗိ	4	Number of independent voting members of the governing body (Part VI, line 1b)			15			
<b>ფ</b>		Total number of individuals employed in calendar year 2022 (Part V, line 2a)			20			
ıtie.		Total number of volunteers (estimate if necessary)			26			
Activities &		Total unrelated business revenue from Part VIII, column (C), line 12			0.			
_		Net unrelated business taxable income from Form 990-T, Part I, line 11			0.			
				Prior Year	Current Year			
Ð	1	Contributions and grants (Part VIII, line 1h)		1,690,769.	1,627,906.			
eun		Program service revenue (Part VIII, line 2g)		100,504.	9,461.			
Revenue		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		581.	1,284.			
	1	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	20,322.			
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,791,854.	1,658,973.			
	1	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.			
	1	Benefits paid to or for members (Part IX, column (A), line 4)		1 069 065	1 170 603			
Ses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		1,068,065.	1,170,602.			
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)  Total fundraising expenses (Part IX, column (D), line 25)  114,022		<u> </u>	0.			
ă	17	Total fundraising expenses (Part IX, column (D), line 25) 114, 022  Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	_	327,850.	428,685.			
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,395,915.	1,599,287.			
	1	Revenue less expenses. Subtract line 18 from line 12		395,939.	59,686.			
Or Se			Beg	inning of Current Year	End of Year			
ets	20	Total assets (Part X, line 16)		1,605,942.	1,697,833.			
ASS	21	Total liabilities (Part X, line 26)		31,660.	63,865.			
Net Assets or	22	Net assets or fund balances. Subtract line 21 from line 20		1,574,282.	1,633,968.			
Pa	art II	Signature Block						
		lties of perjury, I declare that I have examined this return, including accompanying schedules an			/ knowledge and belief, it is			
true	, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of which	preparer l		10004			
		Signature of officer		05/10/	2024			
Sig				Date				
Her	е	KATIE CURRAN O'MALLEY, EXECUTIVE DIRECTOR Type or print name and title						
			In	ate Check C	PTIN			
Paid		Print/Type preparer's name  KATSIARYNA VASILIEV  Preparer's signature	ا	if				
	i Darer	Firm's name UHY ADVISORS MID-ATLANTIC, INC.		self-employ	6-0794367			
	Only	Firm's address 8601 ROBERT FULTON DRIVE, SUITE 210	0	FIIIII S EIN Z	0 0124301			
	Jy	COLUMBIA, MD 21046	~	Phone no 41	0-720-5220			
		S discuss this return with the preparer shown above? See instructions		11 110110 110	X Yes No			

Par	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	OUR MISSION IS TO ENSURE THE PHYSICAL SAFETY, ECONOMIC SECURITY, AND
	AUTONOMY OF WOMEN THROUGHOUT THE STATE. THE WOMEN'S LAW CENTER OF MD
	WORKS TOWARDS THIS GOAL BY PROVIDING DIRECT LEGAL REPRESENTATION,
	INFORMATION AND REFERRAL SERVICES, AND LEGISLATIVE ADVOCACY.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$851,555. including grants of \$) (Revenue \$)
	PROTECTION ORDER ADVOCACY & REPRESENTATION PROJECT (POARP): POARP
	REPRESENTS VICTIMS OF DOMESTIC VIOLENCE AT PROTECTION ORDER HEARINGS IN
	BALTIMORE CITY, BALTIMORE COUNTY AND CARROLL CIRCUIT COURTS. THE
	PROJECT'S ATTORNEYS REPRESENT PEOPLE WHO HAVE BEEN ABUSED BY AN
	INTIMATE PARTNER (CURRENT OR PAST BOYFRIEND / GIRLFRIEND, CURRENT OR
	EX-SPOUSE) IN PROCEEDINGS TO OBTAIN PROTECTION ORDERS, ENFORCE
	PROTECTION ORDERS THROUGH CONTEMPT, AND MODIFY EXISTING PROTECTION
	ORDERS.
	AND THE THEORY OF THE PROPERTY OF THE CONTROL OF TH
	MULTI-ETHNIC DOMESTIC VIOLENCE PROJECT (MEDOVI): THE CENTER PROVIDES
	ADVOCACY AND EDUCATION TO SURVIVORS OF DOMESTIC VIOLENCE IN IMMIGRANT
	COMMUNITIES THOUGH MEDOVI. THIS PROJECT PROVIDES REPRESENTATION TO
4b	(Code:) (Expenses \$121,659. including grants of \$) (Revenue \$)
	EDUCATION: THE CENTER'S HOTLINE IS A FREE SERVICE TO PEOPLE WITH BASIC FAMILY LAW QUESTIONS SUCH AS "WHAT ARE THE GROUNDS FOR DIVORCE?" OR "IF
	FAMILY LAW QUESTIONS SUCH AS "WHAT ARE THE GROUNDS FOR DIVORCE?" OR "IF I LEAVE WITH THE KIDS, CAN I STILL GET CHILD SUPPORT?" THE VOLUNTEER
	ATTORNEYS SCREEN THE CLIENTS FOR INCOME ELIGIBILITY AND COLLECT BASIC
	DATA REQUIRED BY THE FUNDING SOURCE, MARYLAND LEGAL SERVICES
	CORPORATION. ATTORNEYS EXPERIENCED IN FAMILY LAW STAFF THE HOTLINE.
	CORPORATION: ATTORNETS EXPERIENCED IN FAMILIT DAW STAFF THE HOTDINE.
	THE EMPLOYMENT LAW HOTLINE IS A TELEPHONE SERVICE WHICH WILL PROVIDE
	YOU WITH LEGAL INFORMATION ABOUT YOUR RIGHTS IN THE WORKPLACE. THE
	HOTLINE WILL ANSWER QUESTIONS ABOUT MANY KINDS OF WORKPLACE PROBLEMS
	INCLUDING DISCRIMINATION IN HIRING, FIRING, PROMOTIONS OR OTHER WORKING
	CONDITIONS; DISCRIMINATION BASED ON PREGNANCY; SEXUAL HARASSMENT;
40	(Code:) (Expenses \$ 264 , 832 . including grants of \$) (Revenue \$)
70	JUDICARE PROJECT: THE JUDICARE PROJECT PROVIDES PROFESSIONAL LEGAL
	REPRESENTATION IN CONTESTED CHILD CUSTODY AND FAMILY LAW CASES TO
	LOW-INCOME LITIGANTS IN BALTIMORE COUNTY. THE CENTER SCREENS POTENTIAL
	CLIENTS FOR ELIGIBILITY. CLIENTS ACCEPTED INTO THE PROGRAM ARE
	PROVIDED AN ATTORNEY FOR THEIR CASE.
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ 41,426 · including grants of \$ ) (Revenue \$ 9,461 · )
4e	Total program service expenses 1,279,472.

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1_	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4	Х	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
-	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>			
Ü	Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for	۰		
9	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
		١		X
10	If "Yes," complete Schedule D, Part IV	9_		1
10		40	х	
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	Λ	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	١	v	
_	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total		37	
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	X	
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			37
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
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			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		<u> </u>
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
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			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	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	15		X
16	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	16		X
17	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. See instructions	17		Х
18	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	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes."			
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
	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			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		x
	, , , , , , , , , , , , , , , , , , ,			

Form 990 (2022) THE WOMEN'S LAW CENTER OF MD, INC.

Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	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			l
	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			37
	Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	04-		
4	any tax-exempt bonds?  Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24c 24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	24u		
254	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	200		
-	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L. Part II	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			l
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			37
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	20		X
31	contributions? If "Yes," complete Schedule M  Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	30 31		X
32	Did the organization required the complete schedule N, Part I.  Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	31		
JZ	,	32		X
33	Schedule N, Part II  Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	UZ		
-	sections 301.7701-2 and 301.7701-3? If "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			
	Part V, line 1	34		Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," 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?			
	If "Yes," 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			
	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 on Schedule O for Part VI, lines 11b and 19?		v	1
Par	Note: All Form 990 filers are required to complete Schedule O  † V   Statements Regarding Other IRS Filings and Tax Compliance	38	X	
· ui	Check if Schedule O contains a response or note to any line in this Part V			
	Shook if Solicular O contains a response of note to any line in this fact v		Yes	No
10	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		162	INO
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable  1b  1b			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
,	(gambling) winnings to prize winners?	1c	Х	
232004	1 12-13-22	Form	990	(2022)

THE WOMEN'S LAW CENTER OF MD, INC.

Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V

				Yes	No
<b>2</b> a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	2.0			
	filed for the calendar year ending with or within the year covered by this return  2a	20		v	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b	_X_	v
3a			3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authorit	· '	4-		Х
<b>L</b>	financial account in a foreign country (such as a bank account, securities account, or other financial account	.)?	4a		Λ
D	If "Yes," enter the name of the foreign country  See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Account				
50			5a		Х
5a b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization		30		
oa	any contributions that were not tax deductible as charitable contributions?		6a		Х
h	If "Yes," did the organization include with every solicitation an express statement that such contributions or		- Ou		
	were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).		0.0		
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services process of \$75 made partly as a contribution and partly for goods and services process of \$75 made partly as a contribution and partly for goods and services process of \$75 made partly as a contribution and partly for goods and services process of \$75 made partly as a contribution and partly for goods and services process of \$75 made partly as a contribution and partly for goods and services process of \$75 made partly as a contribution and partly for goods and services process of \$75 made partly as a contribution and partly for goods and services process of \$75 made partly as a contribution and partly for goods and services process of \$75 made partly for goods and ser	ovided to the payor?	7a		х
b	tames to the contract of the c	ornada to ano payor i	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was requ				
_	to file Form 8282?		7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract	?	7e		Х
f			7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 889		7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file	e a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	,			
	sponsoring organization have excess business holdings at any time during the year?		8		
9	Sponsoring organizations maintaining donor advised funds.				
а	Did the sponsoring organization make any taxable distributions under section 4966?		9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b		
10	Section 501(c)(7) organizations. Enter:				
а	Initiation fees and capital contributions included on Part VIII, line 12 10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities				
11	Section 501(c)(12) organizations. Enter:				
а	Gross income from members or shareholders				
b	Gross income from other sources. (Do not net amounts due or paid to other sources against				
	amounts due or received from them.)				
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	·	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		120		
а	Is the organization licensed to issue qualified health plans in more than one state?		13a		
b	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which the				
b	organization is licensed to issue qualified health plans				
С	Enter the amount of reserves on hand 13c				
14a			14a		Х
	If "Yes," has it filed a Form 720 to report these payments? <i>If</i> "No," provide an explanation on Schedule O		14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration of				
	excess parachute payment(s) during the year?		15		Х
	If "Yes," see the instructions and file Form 4720, Schedule N.				
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment incom	ie?	16		Х
	If "Yes," complete Form 4720, Schedule O.				
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities				
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		17		
	If "Yes," complete Form 6069.				

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 on Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI			X						
Sec	tion A. Governing Body and Management									
			Yes	No						
1a	Enter the number of voting members of the governing body at the end of the tax year									
	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 on Schedule O.									
b	Enter the number of voting members included on line 1a, above, who are independent									
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other									
	officer, director, trustee, or key employee?	2		X						
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision									
	of officers, directors, trustees, or key employees to a management company or other person?	3		X						
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X						
5	· · · · · · · · · · · · · · · · · · ·									
6	Did the organization have members or stockholders?	6		X						
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or									
	more members of the governing body?	7a		X						
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or									
	persons other than the governing body?	7b		X						
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:									
а	The governing body?	8a	X							
b	Each committee with authority to act on behalf of the governing body?	8b	X							
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the									
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		X						
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)									
			Yes	No						
10a	Did the organization have local chapters, branches, or affiliates?	10a		X						
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,									
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b								
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X							
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.									
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X							
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X							
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe									
	on 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	X							
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?									
а	The organization's CEO, Executive Director, or top management official	15a	_X_							
b	Other officers or key employees of the organization	15b	X							
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.									
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a									
	taxable 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								
Sec	tion C. Disclosure									
17	List 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 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s	only)	availal	ole						
	for public inspection. Indicate how you made these available. Check all that apply.									
	X Own website Another's website X Upon request Other (explain on Schedule O)									
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	financ	ial							
	statements 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									
	JESSICA MORGAN, COO - 410-321-8761 102 W. PENNSYLVANTA AVENUE SUITE 100 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 the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

- 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. See the instructions for the order in which to list the persons above.

(A)	(B)	I	ıııza		CO11 C)	ipci	isan	(D)	(E)	(F)
Name and title	Average	(do	Posit		ition		one	Reportable	Reportable	Estimated
	hours per	box	, unles	ss per	son is	s both	n an	compensation	compensation	amount of
	week (list any						ĺ	from the	from related organizations	other compensation
	hours for	r direc				pa		organization	(W-2/1099-MISC/	from the
	related	stee o	rustee			ensat		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	ıal tru	onal t		ploye	ee com		1099-NEC)		and related
	below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) MICHELLE SIRI	40.00	_	_			1 0				
EXECUTIVE DIRECTOR				Х				95,569.	0.	2,867.
(2) JESSICA MORGAN	40.00									
CHIEF OPERATING OFFICER				Х				84,714.	0.	8,297.
(3) LAURENCE RUTH	40.00									
CHIEF PROGRAMS OFFICER				Х				87,966.	0.	2,658.
(4) KELLY T. SPENCER, ESQ.	5.00									
PRESIDENT		Х		Х				0.	0.	0.
(5) SARAH DAVID, ESQ.	3.00								_	_
VICE-PRESIDENT		Х		Х				0.	0.	0.
(6) GINA SNEE	3.00								_	_
SECRETARY/TREASURER		Х		Х				0.	0.	0.
(7) MEGHAN MAREK	3.00									
IMMEDIATE PAST PRESIDENT		Х		Х				0.	0.	0.
(8) KOREY JOHNSON	1.00									
BOARD MEMBER		Х						0.	0.	0.
(9) SANDY DANIELS	1.00									
BOARD MEMBER		Х						0.	0.	0.
(10) BRIAN THOMPSON	1.00									
BOARD MEMBER		Х						0.	0.	0.
(11) SWATA GANDHI	1.00									
BOARD MEMBER	1	Х						0.	0.	0.
(12) CAMILLE PARKER	1.00									
BOARD MEMBER	1 00	Х						0.	0.	0.
(13) CHANEL MASON	1.00								_	
BOARD MEMBER	1 00	Х				_		0.	0.	0.
(14) NICOLE WINDSOR	1.00	.,							_	
BOARD MEMBER	1 00	Х						0.	0.	0.
(15) VICTORIA HEYLIGER, ESQ.	1.00	3,7							_	
BOARD MEMBER	1 00	Х				_		0.	0.	0.
(16) WM. CARL ISLER, II, ESQ.	1.00	v							_	
BOARD MEMBER	1 00	Х						0.	0.	0.
(17) DELAENA STEPHENS	1.00	Х						0.	0.	
BOARD MEMBER 232007 12-13-22	<u> </u>	Λ		l			<u> </u>	1 0.	U •	0 • Eorm <b>990</b> (2022)

Form **990** (2022)

	990 (2022) THE WOME	N'S LAW	CE	INI	'ER	. C	F	MD	, INC.	52-12	3891	2	Page 8
Par	t VII Section A. Officers, Directors, Trus	tees, Key Em	oloy	ees,	and	d Hig	ghes	st C	ompensated Employee	s (continued)			
	(A)	(B)				C)			(D)	(E)		(F)	)
	Name and title	Average		not c		more	than		Reportable	Reportable		Estima	
		hours per week		, unle cer ar					compensation	compensation from related	1	amour	
		(list any	tor						from the	organizations	C	ompen	
		hours for	r direc				pa		organization	(W-2/1099-MIS		from	
		related	stee o	rustee			ensat		(W-2/1099-MISC/	1099-NEC)		organiz	
		organizations below	al trus	onal t		loyee	S comp		1099-NEC)		I	and rel	
		line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			°	rganiza	ations
(18)	SAMANTHA STEPHEY	1.00	=	=	0	ž	王壺	Œ			+		
BOAF	D MEMBER		Х						0.		0.		0.
											$\bot$		
			1										
							<u> </u>				+		
			1										
											+		
			1										
											+		
			1										
									0.50 0.40			10	
	Subtotal								268,249.			13,	822.
	Total from continuation sheets to Part V								268,249.		0.	12	$\frac{0.}{822.}$
_ <u>a</u> 2	Total (add lines 1b and 1c)  Total number of individuals (including but r										<u> </u>	<u> </u>	044.
2	compensation from the organization	iot iiinitea to tii	1036	IISLE	ual	JOVE	y vvi	10 16	ceived more than \$100,	000 of reportable			0
	compensation from the organization											Ye	
3	Did the organization list any <b>former</b> officer	. director, trust	ee. ł	cev e	lame	ove	e. or	hia	hest compensated emp	lovee on			
	line 1a? If "Yes," complete Schedule J for s										з	;	Х
4	For any individual listed on line 1a, is the su												
	and related organizations greater than \$15	0,000? If "Yes,	" co	mple	ete S	Sche	edule	J f	or such individual		4	<u> </u>	X
5	Did any person listed on line 1a receive or												
_	rendered to the organization? If "Yes," con	nplete Schedul	e J f	or su	ıch <u>ı</u>	oers	on				5	<u>i</u>	X
	tion B. Independent Contractors												
1	Complete this table for your five highest co										nsation	trom	
	the organization. Report compensation for (A)	trie caleridar y	eare	eriair	ig w	illi C	or wi	LITHIT	(B)	ear.		(C)	
	Name and business	address	NO	ONE	3				Description of s	ervices	Com	pensat	tion
									·			<u> </u>	
								_					
								$\dashv$					

Total number of independent contractors (including but not limited to those listed above) who received more than

\$100,000 of compensation from the organization

		Chack if Schodula O contains a response	or note to any lin	o in this Dort VIII			
		Check if Schedule O contains a response	or note to any iin	(A)	(B)	(C)	(D)
				Total revenue	Related or exempt	Unrelated	Revenuè excluded
					function revenue	business revenue	from tax under sections 512 - 514
							360110113 3 12 - 3 14
nts		Federated campaigns 1a	22 016				
Gra		Membership dues 1b	22,916.				
s, ( Am		Fundraising events 1c	3,868.				
ar Far	d	Related organizations 1d					
is,	е	Government grants (contributions) 1e 1	,496,298.				
tio S	f	All other contributions, gifts, grants, and					
bul		similar amounts not included above <b>1f</b>	104,824.				
Contributions, Gifts, Grants and Other Similar Amounts	g	Noncash contributions included in lines 1a-1f 1g \$					
Co	h	Total. Add lines 1a-1f		1,627,906.			
			Business Code				
o l	2 a	CONTRACT SERVICES	541100	8,784.	8,784.		
ķ	b		541100	677.	677.		
Ser	С						
E S	d						
Program Service Revenue	u 0						
Pro		All other program service revenue					
	'			9,461.			
-	3 3	Total. Add lines 2a-2f		J, 401.			
	3	Investment income (including dividends, inter		3,583.			3,583.
		other similar amounts)		3,303.			3,303.
	4	Income from investment of tax-exempt bond	='				
	5	Royalties(i) Real					
			(ii) Personal				
		Gross rents 6a					
	b	Less: rental expenses 6b					
	С	Rental income or (loss) 6c					
	d	Net rental income or (loss)					
	7 a	Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory 7a 50,000	,				
	b	Less: cost or other basis					
e		and sales expenses	,				
Revenue	С	Gain or (loss) 7c -2,299	•				
Re		Net gain or (loss)		-2,299.			-2,299.
ē		Gross income from fundraising events (not					
됩		including \$ 3,868. of					
		contributions reported on line 1c). See					
		Part IV, line 18	46,825.				
	h	Less: direct expenses					
		Net income or (loss) from fundraising events		20,322.			20,322.
		Gross income from gaming activities. See					
	o u	Part IV, line 19					
	h	Less: direct expenses 9					
		Net income or (loss) from gaming activities	<u> </u>				
	ю а	Gross sales of inventory, less returns					
		and allowances 10					
		Less: cost of goods sold 10					
-+	С	Net income or (loss) from sales of inventory					
2			Business Code				
eor re	11 a						
Miscellaneous Revenue	b						
Sel Sev	С						
Mis	d	All other revenue					
	е	Total. Add lines 11a-11d		4 650 050	2 151		04 666
	12	Total revenue. See instructions		1,658,973.	9,461.	0.	21,606.

### Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX (**D**) Fundraising expenses (B)
Program service
expenses (C) Management and general expenses Do not include amounts reported on lines 6b. Total expenses 7b, 8b, 9b, and 10b of Part VIII. Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 ....... Benefits paid to or for members ..... Compensation of current officers, directors, 282,071. 236,904. 25,066. 20,101. trustees, and key employees ..... Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 755,257. 634,319. Other salaries and wages 67,111. 53,827. 7 Pension plan accruals and contributions (include 11,698. 4,091. 6,800. 807. section 401(k) and 403(b) employer contributions) 22,384. 43,724. 18,283. 3,057. Other employee benefits 9 77,852. 42,819. 29,583. 5,450. 10 Payroll taxes 11 Fees for services (nonemployees): Management Legal Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees ..... Other. (If line 11g amount exceeds 10% of line 25, 247,939. 16,825. 3,098. column (A), amount, list line 11g expenses on Sch O.) 267,862. Advertising and promotion 12 42,610. 26,571. 12,522. 3,517. 13 Office expenses Information technology 14 Royalties 15 39,236. 23,926. 12,928. 2,382. 16 Occupancy 6,286. 4.259. 2,016. 11. 17 Travel Payments of travel or entertainment expenses 18 for any federal, state, or local public officials 478. 478. Conferences, conventions, and meetings 19 20 Payments to affiliates 21 7,945. 4,370. 3,019. 556. Depreciation, depletion, and amortization ..... 22 13,488. 8,812. 4,372. 304. 23 Other expenses. Itemize expenses not covered 24 above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.) 37,986. 17,247. 4,543. 16,196. DUES AND SUBSCRIPTIONS **MISCELLANEOUS** 8,763. 5,831. 2,725. 207. BANK FEES 4,031. 4,031. С d All other expenses 1,599,287. 1,279,472. 205,793. 114,022. Total functional expenses. Add lines 1 through 24e 25 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)

Form 990 (2022)
Part X Balance Sheet

Par	t X	Balance Sheet					
		Check if Schedule O contains a response or n	ote to ar	y line in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			662,376.	1	680,090.
	2	Savings and temporary cash investments			315,539.	2	128,105.
	3	Pledges and grants receivable, net			542,468.	3	608,603.
	4	Accounts receivable, net			4		
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, sub	stantial	contributor, or 35%			
		controlled entity or family member of any of th	ese pers	ons		5	
	6	Loans and other receivables from other disqua					
		under section 4958(f)(1)), and persons describ	ed in sed	etion 4958(c)(3)(B)		6	
Ŋ	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
As	9	Prepaid expenses and deferred charges			9,912.	9	14,144.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	. 10a	53,409.			
	b	Less: accumulated depreciation	22,904.	10c	20,467.		
	11	Investments - publicly traded securities		11			
	12	Investments - other securities. See Part IV, line	51,586.	12	242,118.		
	13	Investments - program-related. See Part IV, lin		13			
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11	1,157.	15	4,306.		
	16	Total assets. Add lines 1 through 15 (must ed	1,605,942.	16	1,697,833.		
	17	Accounts payable and accrued expenses			30,185.	17	55,890.
	18	Grants payable		18			
	19	Deferred revenue		1,475.	19	7,975.	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete	e Part IV	of Schedule D		21	
ဖွ	22	Loans and other payables to any current or for	rmer offi	cer, director,			
Liabilities		trustee, key employee, creator or founder, sub	stantial	contributor, or 35%			
iabi		controlled entity or family member of any of th	ese pers	ons		22	
	23	Secured mortgages and notes payable to unre	elated th	rd parties		23	
	24	Unsecured notes and loans payable to unrelat	ed third	parties		24	
	25	Other liabilities (including federal income tax, p	oayables	to related third			
		parties, and other liabilities not included on lin	es 17-24	). Complete Part X			
		of Schedule D			24 662	25	52.25
	26				31,660.	26	63,865.
,		Organizations that follow FASB ASC 958, cl	neck he	e X			
Š		and complete lines 27, 28, 32, and 33.			1 222 524		1 001 000
lan	27	Net assets without donor restrictions			1,339,534.	27	1,221,823.
B	28	Net assets with donor restrictions			234,748.	28	412,145.
<u> </u>		Organizations that do not follow FASB ASC	958, ch	eck here			
F		and complete lines 29 through 33.					
ध	29	Capital stock or trust principal, or current fund				29	
SSe	30	Paid-in or capital surplus, or land, building, or				30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated			1 574 000	31	1 (22 000
Ş	32	Total net assets or fund balances			1,574,282.	32	1,633,968.
	33	Total liabilities and net assets/fund balances			1,605,942.	33	1,697,833.

Page 12 Part XI Reconciliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI 1,658,973. Total revenue (must equal Part VIII, column (A), line 12) 1 1,599,287. Total expenses (must equal Part IX, column (A), line 25) 2 2 59,686. Revenue less expenses. Subtract line 2 from line 1 3 3 1,574,282. Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 4 Net unrealized gains (losses) on investments 5 5 Donated services and use of facilities 6 6 7 7 Investment expenses 8 8 Prior period adjustments Other changes in net assets or fund balances (explain on Schedule O) 0. 9 9 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, 10 1,633,968. 10 column (B)) Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII Yes No Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O. Х 2a Were the organization's financial statements compiled or reviewed by an independent accountant? 2a If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Both consolidated and separate basis Separate basis Consolidated basis Х **b** Were the organization's financial statements audited by an independent accountant? 2b If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: X Separate basis Consolidated basis Both consolidated and separate basis c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, Х review, or compilation of its financial statements and selection of an independent accountant? **2**c If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the

Uniform Guidance, 2 C.F.R. Part 200, Subpart F?

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

or audits, explain why on Schedule O and describe any steps taken to undergo such audits

Form 990 (2022)

За

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### **SCHEDULE A**

(Form 990)

<u>Total</u>

Department of the Treasury Internal Revenue Service

# **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

Open to Public Inspection

Name of the organization

THE WOMEN'S LAW CENTER OF MD, INC.

Employer identification number

		THE	WOMEN'S LAV	W CENTER OF M	MD, IN	IC.		5	2-1238912				
Pa	rt I	Reason for Public (	Charity Status.	All organizations must c	omplete th	nis part.) S	ee instruction	S.					
The o	organ	ization is not a private found A church, convention of ch	•	• ,	•	•	I)(A)(i).						
2		A school described in secti	ion 170(b)(1)(A)(ii). (	Attach Schedule E (Form	า 990).)								
3		A hospital or a cooperative	hospital service orga	nization described in se	ection 170	(b)(1)(A)(ii	i).						
4		A medical research organization	ation operated in cor	njunction with a hospital	described	in <b>sectio</b>	n 170(b)(1)(A)	(iii). Enter	the hospital's nam	ne,			
		city, and state:	•					•	•				
5		An organization operated for	or the benefit of a col	lege or university owned	or operat	ed by a go	vernmental u	nit describe	ed in				
3				lege of armiversity owned	or operat	od by a go	verminental a	iii dosonibi	,				
_		section 170(b)(1)(A)(iv). (Complete Part II.)  A federal state or local government or governmental unit described in section 170(b)(1)(A)(v)											
6	37	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in											
7	X		•	ntial part of its support fr	om a gove	ernmental	unit or from th	e general p	oublic described in	1			
		section 170(b)(1)(A)(vi). (C											
8		A community trust describe	ed in <b>section 170(b)(</b>	1)(A)(vi). (Complete Part	t II.)								
9		An agricultural research org	ganization described	in <b>section 170(b)(1)(A)(</b> i	ix) operate	ed in conju	nction with a	land-grant	college				
		or university or a non-land-g	rant college of agricu	ulture (see instructions).	Enter the i	name, city	, and state of	the college	or				
		university:											
10		An organization that norma	Ilv receives (1) more t	than 33 1/3% of its supp	ort from c	ontribution	s. membersh	in fees, and	d gross receipts fro	om			
		activities related to its exem											
		income and unrelated busin		· · · · · · · · · · · · · · · · · · ·					-				
				(less section 511 tax) no	iiii busiiies	ses acquii	ed by the org	ariizatiori a	itei Julie 30, 1973	).			
		See section 509(a)(2). (Cor											
11		An organization organized a											
12		An organization organized a	and operated exclusi	vely for the benefit of, to	perform t	ne functior	ns of, or to ca	rry out the	purposes of one o	r			
		more publicly supported org	ganizations describe	d in <b>section 509(a)(1)</b> o	r section	509(a)(2).	See <b>section</b> 5	509(a)(3). (	Check the box on				
		lines 12a through 12d that	describes the type of	supporting organization	and com	plete lines	12e, 12f, and	12g.					
а		Type I. A supporting orga	anization operated, si	upervised, or controlled	by its supp	orted orga	anization(s), ty	pically by	giving				
		the supported organization	on(s) the power to reg	gularly appoint or elect a	majority o	f the direc	tors or trustee	es of the su	pporting				
		organization. You must o	complete Part IV. Se	ctions A and B.									
b		Type II. A supporting org			ion with it:	s supporte	d organizatio	n(s), by hay	ina				
_		control or management o	· ·				-	• • •	-				
		organization(s). You mus			arric perso	110 11141 001	THO OF MANA	je trie supp	ortou				
_		¬ _ ~ ` i i			:	.:		:	ملائد، ام				
С			- ' '					ly integrate	a with,				
		its supported organization											
d								-	* *				
		that is not functionally int	egrated. The organiz	ation generally must sati	isfy a distr	ibution rec	luirement and	an attentiv	reness				
		requirement (see instructi	ions). <b>You must con</b>	nplete Part IV, Sections	A and D,	and Part	V.						
е		Check this box if the orga	anization received a v	vritten determination from	m the IRS	that it is a	Type I, Type I	I, Type III					
		functionally integrated, or	Type III non-function	nally integrated supportir	ng organiz	ation.							
f	Ente	er the number of supported o	organizations										
g	Prov	vide the following information	about the supporte	d organization(s).									
		i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	inization listed	(v) Amount of	monetary	(vi) Amount of ot	her			
		organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see in	structions)	support (see instruc	ctions)			
				above (see instructions)									

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) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	1133494.	1205985.	1309817.	1690769.	1627906.	6967971.
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	16 000	16 000	16 000	16 000	0.4.040
	the organization without charge	16,988.	16,988.	16,988.			84,940.
	Total. Add lines 1 through 3	1150482.	1222973.	1326805.	1707757.	1644894.	7052911.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
_	column (f)						7052911.
	Public support. Subtract line 5 from line 4.						7052911.
		(a) 2019	/b) 2010	(a) 2020	(4) 2021	(a) 2022	(f) Total
	ndar year (or fiscal year beginning in) Amounts from line 4	(a) 2018 1150482.	(b) 2019 1222973.	(c) 2020 1326805.	(d) 2021 1707757.	(e) 2022 1644894.	(f) Total 7052911.
	Gross income from interest,	1130402.	1222773•	1320003.	1707737.	1044074.	7032311.
0	,						
	dividends, payments received on						
	securities loans, rents, royalties, and income from similar sources	9,549.	3,382.	685.	581.	3,583.	17,780.
9	Net income from unrelated business	3,343.	3,302.	003•	301.	3,303.	17,700.
3	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						7070691.
12		etc. (see instruction	ons)			12	362,950.
	First 5 years. If the Form 990 is for the					01(c)(3)	•
	organization, check this box and stop	-		•			
Sec	ction C. Computation of Publi	ic Support Per	centage				
14	Public support percentage for 2022 (I	ine 6, column (f), d	ivided by line 11, c	olumn (f))		14	99.75 %
15	Public support percentage from 2021	Schedule A, Part	II, line 14			15	99.66 %
16a	33 1/3% support test - 2022. If the	organization did no	t check the box or	n line 13, and line 1	14 is 33 1/3% or m	ore, check this box	
	$\ensuremath{\mathbf{stop}}$ here. The organization qualifies	as a publicly supp	orted organization				X
b	33 1/3% support test - 2021. If the						
	and stop here. The organization qual	lifies as a publicly s	supported organiza	ition			
17a	10% -facts-and-circumstances test	-					
	and if the organization meets the fact			=	· ·	VI how the organiz	ation
	meets the facts-and-circumstances te	ū	•				
b	10% -facts-and-circumstances test	_					10% or
	more, and if the organization meets the		•		•		
	organization meets the facts-and-circu		-		•		
18	<b>Private foundation.</b> If the organization	on did not check a l	box on line 13, 16a	a, 16b, 17a, or 17b	, check this box a	nd see instructions	·

# Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(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.)

Sed	ction A. Public Support	slow, picase comp	oicte i art ii.j				
	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not						
	include any "unusual grants.")						
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						
3	Gross receipts from activities that are not an unrelated trade or bus-						
_	iness under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	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						
c	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 6	(a) 2010	(6) 2019	(6) 2020	(4) 2021	(6) 2022	(i) iotai
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b						
	Net income from unrelated business activities not included on 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.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	J		,	•	( ) ( )	· —
	check this box and stop here						
	ction C. Computation of Publi					<del> </del>	
	Public support percentage for 2022 (li	, ,,,	•	column (f))		15	%
	Public support percentage from 2021					16	%
	ction D. Computation of Inves			. 10 1 (0)		14-1	
	Investment income percentage for 20					17	%
	Investment income percentage from 2					18	% 7 in
198	33 1/3% support tests - 2022. If the						
b	more than 33 1/3%, check this box ar 33 1/3% support tests - 2021. If the	organization did r	not check a box or	line 14 or line 19a	a, and line 16 is m	ore than 33 1/3%, a	and
	line 18 is not more than 33 1/3%, che	ck this box and st	<b>top here.</b> The orga	anization qualifies a	as a publicly supp	orted organization	
20	Private foundation. If the organization	n did not check a	hox on line 14 19	a or 19h check th	nis hox and see in	structions	

# Part IV | Supporting Organizations

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

# Section A. All Supporting Organizations

- 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 lines 3b and 3c 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 box 12a or 12b in Part I, answer lines 4b and 4c 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.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c 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?
- 6 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.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as 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).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 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 on 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 on 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 line 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		
3с		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
9с		
10a		
10b		

	THE MONTH OF THE THE TANK OF THE	2001	<b>^</b>	
Sche	edule A (Form 990) 2022 THE WOMEN'S LAW CENTER OF MD, INC. 52-12 rt IV Supporting Organizations (continued)	1389I	∠ Pa	age <b>5</b>
Pa	Supporting Organizations (continued)		· ·	
			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 on lines 11b and	44-		
	11c below, the governing body of a supported organization?	11a		
	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide	44-		
<u>Sac</u>	<u>detail in</u> Part VI. etion B. Type I Supporting Organizations	11c		
366	Tion B. Type i Supporting Organizations		V	N <sub>a</sub>
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, 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		Yes	No
	organization, describe how the powers to appoint and/or remove officers, 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			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	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			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the 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		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	•		
_	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how			
	, ,	2		
3	the organization maintained a close and continuous working relationship with the supported organization(s).  By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a 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		
Sec	supported organizations played in this regard. Stion E. Type III Functionally Integrated Supporting Organizations			
1 a	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions  The organization satisfied the Activities Test. Complete line 2 below.	<b>).</b>		
b	The organization is the parent of each of its supported organizations. Complete line 3 below.		- 1	
င	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	nstruction		NI-
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
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			
	that these activities constituted substantially all of its activities.	2a		
b	· · · · · · · · · · · · · · · · · · ·			
	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

**b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.

these activities but for the organization's involvement.

3 Parent of Supported Organizations. Answer lines 3a and 3b below.

2b

За

Sche	dule A (Form 990) 2022 THE WOMEN S LAW CENTER			02-1236912 Page <b>6</b>
Pai	t V Type III Non-Functionally Integrated 509(a)(3) Supporting	ng Orgar	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyir	ng trust on	Nov. 20, 1970 ( explain in	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mus		•	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
_7_	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			

\_\_\_ Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see

Schedule A (Form 990) 2022

emergency temporary reduction (see instructions).

instructions).

10	Line 8 amount divided by line 9 amount		10	
Section E - Distribution Allocations (see instructions)		(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2022 (reason-			
	able cause required - explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2022			
а	From 2017			
b	From 2018			
С	From 2019			
d	From 2020			
е	From 2021			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2022 distributable amount			
i	Carryover from 2017 not applied (see instructions)			
<u>j</u>	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2022 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2022 distributable amount			
С	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2022, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2022. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2023. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2018			
b	Excess from 2019			
С	Excess from 2020			
d	Excess from 2021			
е	Excess from 2022			

Schedule A (Form 990) 2022

Schedule A	(Form 990) 2022	THE	WOMEN'S	LAW	CENTER	OF :	MD,	INC.	52-1238912	Page 8
Part VI	Part IV, Section A, lines	: 1, 2, 3b, 3c	, 4b, 4c, 5a, 6	, 9a, 9b,	9c, 11a, 11b,	and 11d	c; Part	IV, Section B, li	7a or 17b; Part III, line 12; nes 1 and 2; Part IV, Section Part V, Section B, line 1e; Par	C,
	Section D, lines 5, 6, an (See instructions.)	nd 8; and Pa	rt V, Section E	, lines 2,	5, and 6. Also	comple	ete this	s part for any ac	Iditional information.	ι v,

232028 12-09-22 Schedule A (Form 990) 2022

# Schedule B

(Form 990)

Schedule of Contributors Attach to Form 990 or Form 990-PF.

OMB No. 1545-0047

52-1238912

Department of the Treasury Internal Revenue Service

Name of the organization

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

THE WOMEN'S LAW CENTER OF MD

**Employer identification number** INC.

Organization type (check one): Filers of: Section: X 501(c)( 3 ) (enter number) organization Form 990 or 990-EZ 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 is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** ☐ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules X 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), 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 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. 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 (entering "N/A" in column (b) instead of the contributor name and address), II, and III. 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 \$ Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990) (2022)

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	ADMINISTRATIVE OFFICE OF THE COURTS  187 HARRY S TRUMAN PKWY  ANNAPOLIS, MD 21401	\$ 252,575.	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	MARYLAND LEGAL SERVICES CORPORATION  15 CHARLES PLZ STE 102  BALTIMORE, MD 21201	\$537,330.	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	GOVERNORS OFFICE OF CRIME PREVENTION, YOUTH & VICTIMS SERVICES  100 COMMUNITY PL  CROWNSVILLE, MD 21032	\$516,430.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Person Payroll Complete Part II for noncash contributions.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
.,,,,	rumo, ada oss, und En TT	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash Complete Part II for noncash contributions.)

Name of organization Employer identification number

# THE WOMEN'S LAW CENTER OF MD, INC.

52-1238912

Part II	<b>Noncash Property</b> (see instructions). Use duplicate copies of Part 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. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		- - \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		· \$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		· \$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		-	
		- \$	

Page 4 Name of organization **Employer identification number** THE WOMEN'S LAW CENTER OF MD, INC. 52-1238912 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (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. 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. 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

# SCHEDULE C

(Form 990)

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.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information.

**Political Campaign and Lobbying Activities** 

• 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.

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 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

• Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization	ions. Complete Fait III.		Er	nployer identification number
THE WOM	EN'S LAW CENTER	OF MD, INC.		52-1238912
Part I-A   Complete if the org	anization is exempt und	der section 501(c)	or is a section 527	organization.
<ol> <li>Provide a description of the organiz</li> <li>Political campaign activity expendit</li> <li>Volunteer hours for political campai</li> </ol>	ures gn activities			
	anization is exempt und		•	
1 Enter the amount of any excise tax	incurred by the organization un	der section 4955		\$
2 Enter the amount of any excise tax	incurred by organization manag	gers under section 4955	·	\$
3 If the organization incurred a section				
4a Was a correction made?				Yes No
b If "Yes," describe in Part IV.  Part I-C Complete if the org	anization is exempt und	ler section 501(c)	except section 501	(0)(3)
-			-	
<ul><li>1 Enter the amount directly expended</li><li>2 Enter the amount of the filing organ</li></ul>				<b>D</b>
exempt function activities		•		¢
3 Total exempt function expenditures				\$
line 17b				\$
4 Did the filing organization file <b>Form</b>				
5 Enter the names, addresses and en				
made payments. For each organiza		•	-	
contributions received that were pro			· ·	rate segregated fund or a
political action committee (PAC). If	additional space is needed, pro	vide information in Part	IV.	
(a) Name	(b) Address	(c) EIN	(d) Amount paid from	1
			filing organization's funds. If none, enter-	
			lulius. Il fiorie, eriter -	delivered to a separate
				political organization.
				If none, enter -0

Schedule C (Fo	orm 990) 2022 THE W	OMEN'S LAW CENTER OF MD, INC.	. 52-1	238912 Page 2
Part II-A	section 501(h)).	n is exempt under section 501(c)(3) and file	ed Form 5/68 (ele	ction under
A Check  B Check	if the filing organization belong expenses, and share of excess	gs to an affiliated group (and list in Part IV each affiliated s lobbying expenditures). ed box A and "limited control" provisions apply.	group member's name	e, address, EIN,
		oying Expenditures eans amounts paid or incurred.)	(a) Filing organization's totals	<b>(b)</b> Affiliated group totals
1a Total lob	bying expenditures to influence publ	ic opinion (grassroots lobbying)	530.	
<b>b</b> Total lob	bying expenditures to influence a leg	gislative body (direct lobbying)	14,285.	
c Total lob	bying expenditures (add lines 1a and	i 1b)	14,815.	
d Other ex	empt purpose expenditures		1,685,533.	
e Total exe	empt purpose expenditures (add line	s 1c and 1d)	1,700,348.	
<b>f</b> Lobbying	g nontaxable amount. Enter the amo	unt from the following table in both columns.	235,017.	
If the amo	ount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:		
Not over	\$500,000	20% of the amount on line 1e.		
Over \$50	00,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.		
Over \$1,	000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.		
Over \$1,	500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.		
Over \$17	7,000,000	\$1,000,000.		
<b>g</b> Grassroo	ots nontaxable amount (enter 25% of	line 1f)	58,754.	
h Subtract	line 1g from line 1a. If zero or less, e	nter -0-	0.	
i Subtract	line 1f from line 1c. If zero or less, e	nter -0-	0.	
-	s an amount other than zero on eithe g section 4911 tax for this year?	r line 1h or line 1i, did the organization file Form 4720		Yes No
	(Some organizations that made a	4-Year Averaging Period Under Section 501(h) a section 501(h) election do not have to complete all of the separate instructions for lines 2a through 2f.)	of the five columns be	low.

Lobbying Expenditures During 4-Year Averaging Period									
Calendar year (or fiscal year beginning in)	<b>(a)</b> 2019	<b>(b)</b> 2020	(c) 2021	( <b>d)</b> 2022	(e) Total				
2a Lobbying nontaxable amount	204,089.	195,198.	222,969.	235,017.	857,273.				
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					1,285,910.				
<b>c</b> Total lobbying expenditures	7,830.	7,853.	9,825.	14,815.	40,323.				
d Grassroots nontaxable amount	51,022.	48,800.	55,742.	58,754.	214,318.				
e Grassroots ceiling amount (150% of line 2d, column (e))					321,477.				
f Grassroots lobbying expenditures	460.	356.	530.	530.	1,876.				

Schedule C (Form 990) 2022

# Schedule C (Form 990) 2022 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)).

For e	ach "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description	(a)	)	(b)	
of th	e lobbying activity.	Yes	No	Amount	
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:				
а	Volunteers?				
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
c	Media advertisements?				
C	Mailings to members, legislators, or the public?				
e	Publications, or published or broadcast statements?				
f	Grants to other organizations for lobbying purposes?				
ç					
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)?				
	If "Yes," enter the amount of any tax incurred under section 4912				
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?t III-A Complete if the organization is exempt under section 501(c)(4), section	2 F01/a\/F	\ or ooc	tion	
Ра	t III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).	1 50 1 (6)(5	), or sec	LIOH	
	001(0)(0).			Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?				
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the				
Pa	t III-B   Complete if the organization is exempt under section 501(c)(4), section	n 501(c)(5	), or sec	tion	
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered '		•		3, is
	answered "Yes."				
1	Dues, assessments and similar amounts from members		1		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic				
	expenses for which the section 527(f) tax was paid).				
а	Current year		2a		
b	Carryover from last year				
c	<b>-</b>				
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues				
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exce	ess			
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and po	olitical			
	expenditures next year?		4		
5	Taxable amount of lobbying and political expenditures. See instructions		5		
Pa	t IV Supplemental Information				
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	list); Part II-A	A, lines 1 a	nd 2 (See	
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 Inspection

Name of the organization

THE WOMEN'S LAW CENTER OF MD, INC.

**Employer identification number** 52-1238912

Pai	t I Organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, lin.		imilar Funds o	or Accoun	ts. Complete if the
	organization answered Tee Sitt offit 600, Fart IV, IIII	(a) Donor advise	d funds	(b) Fun	ds 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)				
4	Aggregate value at end of year				
5	Did the organization inform all donors and donor advisors in v		ld in donor advise	d funds	
	are the organization's property, subject to the organization's	exclusive legal control?			Yes No
6	Did the organization inform all grantees, donors, and donor a				
	for charitable purposes and not for the benefit of the donor of	r donor advisor, or for an	y other purpose c	onferring	
	impermissible private benefit?				
Par	t II Conservation Easements. Complete if the org	ganization answered "Yes	s" on Form 990, P	art IV, line 7.	
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).	_		
	Preservation of land for public use (for example, recreated	tion or education)	Preservation of	a historically	important land area
	Protection of natural habitat		Preservation of	a certified his	storic structure
	Preservation of open space				
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contribu	ition in the form o	f a conserva	
	day of the tax year.				Held at the End of the Tax Year
а	Total number of conservation easements			2a	
b					
С	Number of conservation easements on a certified historic stru	ucture included in (a)		2c	
d	Number of conservation easements included in (c) acquired a				
	historic structure listed in the National Register			2d	
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or to	erminated by the o	organization	during the tax
	year				
4	Number of states where property subject to conservation eas				
5	Does the organization have a written policy regarding the per		ion, handling of		
	violations, and enforcement of the conservation easements it				Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, an	d enforcing conse	ervation ease	ments during the year
_	<del></del>				
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and en	orcing conservati	on easement	is during the year
•	Door and accounting account was acted as line O(d) about		fti 170/b	\/4\/D\/;\	
8	Does each conservation easement reported on line 2(d) above				□ vaa □ Na
•	and section 170(h)(4)(B)(ii)?				Yes No
9	In Part XIII, describe how the organization reports conservation				
	balance sheet, and include, if applicable, the text of the footn	iote to the organization's	imanciai statemer	nts that desc	ribes trie
Par	organization's accounting for conservation easements.  † III Organizations Maintaining Collections of	Art. Historical Trea	sures, or Oth	ner Simila	r Assets.
	Complete if the organization answered "Yes" on Form	•	,		
1a	If the organization elected, as permitted under FASB ASC 95		nue statement an	d balance sh	neet works
	of art, historical treasures, or other similar assets held for pub	•			
	service, provide in Part XIII the text of the footnote to its finan			-	
b	If the organization elected, as permitted under FASB ASC 95				works of
	art, historical treasures, or other similar assets held for public				
	provide the following amounts relating to these items:	,			,
	(i) Revenue included on Form 990, Part VIII, line 1				\$
					\$
2	If the organization received or held works of art, historical trea			gain, provide	
	the following amounts required to be reported under FASB A				
а	Revenue included on Form 990, Part VIII, line 1				\$
b	Assets included in Form 990, Part X				\$

Description of property	(a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation						
1a Land							
<b>b</b> Buildings							
c Leasehold improvements							
<b>d</b> Equipment		53,409.	32,942.	20,467.			
e Other							
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)							

Schedule D (Form 990) 2022

Part VII	Investments	<ul> <li>Other Securitie</li> </ul>

Part VII Investments - Other Securities.  Complete if the organization answered "Yes"	on Form 990 Part IV line 1	I1b. See Form 990. Part X. line 12	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	-of-vear market value
(1) Financial derivatives	(b) Book value	(c) mounds of valuation. Cook of one	Toryour market value
(2) Closely held equity interests			
(3) Other			
(A)	242,118.	COST	
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	242,118.		
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line 1	I1c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(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"		I1d. See Form 990, Part X, line 15.	
	Description		(b) Book value
<u>(1)</u>			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	<u>: 15.)                                    </u>		
Part X Other Liabilities.	F 000 D-+ N/ E	14 146 O Farm 000 Part V Fra 05	
Complete if the organization answered "Yes" (	on Form 990, Part IV, line	The or Th. See Form 990, Part X, line 25.	
1. (a) Description of liability			(b) Book value
(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 X organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Schedule D	(Form 990)	) 2022	<u>'</u>	THE	WOMEN	· S	LAV	W	CENTER	OF.	MD,	INC.	

Par	rt XI Reconciliation of Revenue per Audited Financial Stat	tements With R	evenue per Ret	turn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, lin	ne 12a.			
1	Total revenue, gains, and other support per audited financial statements			1	1,760,034.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities		74,558.		
С	Recoveries of prior year grants				
d	Other (Describe in Part XIII.)		26,503.		
е	Add lines 2a through 2d			2e	101,061.
3	Subtract line 2e from line 1			3	1,658,973.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
С	Add lines <b>4a</b> and <b>4b</b>			4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.	)		5	1,658,973.
Pa	rt XII Reconciliation of Expenses per Audited Financial Sta	atements With	Expenses per R	eturr	٦.
	Complete if the organization answered "Yes" on Form 990, Part IV, lin	ne 12a.			
1	Total expenses and losses per audited financial statements			1	1,700,348.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a	74,558.		
b	Prior year adjustments				
С	Other losses				
d	Other (Describe in Part XIII.)		26,503.		
е	Add lines 2a through 2d			2e	101,061.
3	Subtract line 2e from line 1			3	1,599,287.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
С	Add lines <b>4a</b> and <b>4b</b>	·		4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line 18	3.)		5	1,599,287.
Pai	rt XIII Supplemental Information.	•			
Provi	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	1; Part IV, lines 1b a	nd 2b; Part V, line 4;	Part >	K, line 2; Part XI,
lines	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide ar	ny additional informa	ation.		
PAF	RT V, LINE 4:				
TO	GENERATE REVENUE TO SUPPORT SPECIFIC PR	ROGRAMS AS	APPROPRIA'	TED	BY THE

BOARD.

## PART X, LINE 2:

THE INCOME TAX POSITIONS TAKEN BY THE CENTER FOR ANY YEARS OPEN UNDER THE VARIOUS STATUTES OF LIMITATIONS ARE THAT THE CENTER CONTINUES TO BE EXEMPT FROM INCOME TAXES AND THAT THEY HAVE PROPERLY REPORTED UNRELATED BUSINESS INCOME THAT IS SUBJECT TO INCOME TAXES. THE CENTER BELIEVES THAT THERE ARE NO TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN THAT WOULD SIGNIFICANTLY INCREASE UNRECOGNIZED TAX LIABILITIES WITHIN 12 MONTHS OF THE REPORTING DATE. NONE OF THE CENTER'S FEDERAL OR STATE INCOME TAX RETURNS ARE

Schedule D (Form 990) 2022 THE WOMEN'S LAW CENTER OF MD, INC.  Part XIII Supplemental Information (continued)	52-1238912 Page 5
CURRENTLY UNDER EXAMINATION.	
PART XI, LINE 2D - OTHER ADJUSTMENTS:	
FUNDRAISING EXPENSES	26,503.
PART XII, LINE 2D - OTHER ADJUSTMENTS:	
FUNDRAISING EXPENSES	26,503.

# SCHEDULE G (Form 990)

Department of the Treasury Internal Revenue Service

### **Supplemental Information Regarding Fundraising or Gaming Activities**

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization Employer identification number THE WOMEN'S LAW CENTER OF MD, 52-1238912 Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. а Mail solicitations Solicitation of non-government grants Internet and email solicitations b Solicitation of government grants Phone solicitations Special fundraising events С g In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Did fundraiser have custody or control of contributions? (v) Amount paid (vi) Amount paid (i) Name and address of individual (iv) Gross receipts to (or retained by) (ii) Activity to (or retained by) fundraiser or entity (fundraiser) from activity organization listed in col. (i) Yes No Total 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-F7, lines 1 and 6b. List events with gross receipts greater than \$5.00

		of fundraising event contributions and gro	oss income on Form 990	-EZ, III les T and 60. List e	vents with gross receipt	s greater than \$5,000.
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			ANNUAL		NONE	(add col. (a) through
			DINNER	TRIVIA NIGHT		col. <b>(c)</b> )
മ			(event type)	(event type)	(total number)	301. <b>(0</b> )
Revenue						
Seve	1	Gross receipts	49,766.	927.		50,693.
ш						
	2	Less: Contributions	3,681.	187.		3,868.
			46 005	740		46 005
	3	Gross income (line 1 minus line 2)	46,085.	740.		46,825.
	_	Cook prizes	4,280.			4,280.
	4	Cash prizes	4,200.			4,200.
	5	Noncash prizes	367.			367.
S	٥	Nondan prizes	3070			3077
Direct Expenses	6	Rent/facility costs				
ž						
St E	7	Food and beverages	18,155.	352.		18,507.
Dire						
	8	Entertainment	12.			12.
	9	Other direct expenses	3,281.	56.		3,337.
	10	Direct expense summary. Add lines 4 through	9 in column (d)			26,503.
_	11	Net income summary. Subtract line 10 from li				20,322.
Pa	rt I		answered "Yes" on Form	n 990, Part IV, line 19, or r	reported more than	
		\$15,000 on Form 990-EZ, line 6a.	Τ	(I.) Dull take (in atom)		( N Tatal manakan (add
e			(a) Bingo	<b>(b)</b> Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c)
Revenue				billigo/progressive billige		(c)
Вè	1	Gross revenue				
	•	Gross revenue				
	2	Cash prizes				
ses		•				
Direct Expenses	3	Noncash prizes				
Ě						
irec	4	Rent/facility costs				
	5	Other direct expenses				
			Yes %	Yes %	Yes %	
	6	Volunteer labor	No	No	No	
	7	Direct expense summary. Add lines 2 through	15 in column (d)			
		Not gaming income cummany Cultivat line 7	from line 1 column (d)			
	8	Net gaming income summary. Subtract line 7	from line 1, column (a)			
a	En	ter the state(s) in which the organization condu	cts gaming activities.			
		the organization licensed to conduct gaming ac	_			Yes No
		No," explain:				
		· · · ·				
10a	We	ere any of the organization's gaming licenses re	voked, suspended, or te	rminated during the tax y	/ear?	Yes No
b	lf "	Yes," explain:				
	_					

Sch	ledule G (Form 990) 2022 THE WOMEN'S LAW CENTER OF MD, INC. 52-1	1238912	Page 3
11	Does the organization conduct gaming activities with nonmembers?	Yes	O No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		
	to administer charitable gaming?	Yes	O No
13	Indicate the percentage of gaming activity conducted in:		
а	The organization's facility	13a	%
	An outside facility	13b	%
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name		
	Address		
15a	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	☐ No
r	If "Yes," enter the amount of gaming revenue received by the organization \$ and the amount		
_	of gaming revenue retained by the third party \$		
	If "Yes," enter name and address of the third party:		
	; in res, entername and address of the tillid party.		
	News		
	Name		
	Address		
16	Gaming manager information:		
	Name		
	Gaming manager compensation \$		
	Description of services provided		
	☐ Director/officer ☐ Employee ☐ Independent contractor		
17	Mandatory distributions:		
	Is the organization required under state law to make charitable distributions from the gaming proceeds to		
_	retain the state gaming license?	Yes	☐ No
r	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		
~	organization's own exempt activities during the tax year \$		
Pa	irt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Pal	rt III lines 0	9h 10h
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	t III, III 103 0, v	55, 105,
	100, 100, 10, and 170, as applicable. Also provide any additional information. See instructions.		

Schedule G	(Form 990)	THE	WOMEN'S	LAW	CENTER	OF	MD,	INC.	52-1238912 P	age 4
Part IV	(Form 990) Supplemental Inform	nation	(continued)							

## SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service

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 Form 990-EZ.

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

2022 Open to Public Inspection

OMB No. 1545-0047

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 STATE. THE WOMEN'S LAW CENTER OF MD WORKS TOWARDS THIS GOAL BY

PROVIDING DIRECT LEGAL REPRESENTATION, INFORMATION AND REFERRAL

SERVICES, AND LEGISLATIVE ADVOCACY.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

FOREIGN BORN VICTIMS OF DOMESTIC VIOLENCE IN VAWA SELF-PETITIONS, VAWA

BATTERED SPOUSE WAIVERS, 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.

COLLATERAL LEGAL ASSISTANCE FOR SURVIVORS PROJECT (CLAS)

THE CLAS PROJECT PROVIDES ALL OF THE ABOVE SERVICES OF POARP AS WELL AS

REPRESENTING VICTIMS OF DOMESTIC VIOLENCE, IN COLLATERAL, PRIMARILY

FAMILY-LAW RELATED ISSUES, AS TIME AND RESOURCES ALLOW. THESE

COLLATERAL ISSUES INCLUDE ADVOCACY (SOMETIMES OUT OF COURT) AND

REPRESENTATION IN DIVORCE AND CUSTODY PROCEEDINGS, LANDLORD/TENANT

MATTERS, REPLEVIN CASES, AND CRIMINAL ACCOMPANIMENTS. REPRESENTATION

INCLUDES THE FULL ARRAY OF LEGAL SERVICES, INCLUDING DISCOVERY,

DEPOSITIONS, RETENTION OF EXPERTS, WHEN NECESSARY, SETTLEMENT

NEGOTIATIONS, AND LITIGATION. BY RETAINING THE ATTORNEY-CLIENT

RELATIONSHIP AFTER THE PROTECTIVE ORDER HEARING FOR COLLATERAL ISSUES,

CLAS CAN PROVIDE CLIENT-CENTERED AND CULTURALLY SENSITIVE SERVICES AND

<u>Schedule O (Form 990) 2022</u> Page **2** 

Name of the organization THE WOMEN'S LAW CENTER OF MD, INC.

Employer identification number 52-1238912

TO PREVENT THE RE-TRAUMATIZATION OF CLIENTS WHO WOULD OTHERWISE BE FORCED TO RELIVE AND RETELL THEIR STORIES TO NEW ATTORNEYS, OR MORE

OFTEN, CANNOT FIND REPRESENTATION AT ALL FOR THESE ON-GOING ISSUES.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

FAMILY OR MEDICAL LEAVE ISSUES; UNPAID WAGES; CONTRACT ISSUES; MINIMUM

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 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, BOARD TREASURER WHO IS A CPA. IT IS 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

ENFORCED ANNUALLY. AT BOTH THE BOARD AND STAFF RETREATS, BOARD MEMBERS AND

EMPLOYEES ARE REQUIRED TO COMPLETE AND SIGN THE CONFLICT OF INTEREST

DISCLOSURE FORM. THE COMPLETED FORMS ARE REVIEWED BY THE EXECUTIVE

DIRECTOR.

FORM 990, PART VI, SECTION B, LINE 15:

THE EXECUTIVE DIRECTOR'S COMPENSATION IS DETERMINED BY THE BOARD OF
DIRECTORS. THE BOARD CONDUCTS AN ANNUAL PERFORMANCE EVALUATION ON THE DATE

Schedule O (Form 990) 2022 Page **2** 

Schedule O (Form 990) 2022	Page 2
Name of the organization THE WOMEN'S LAW CENTER OF MD, INC.	Employer identification number 52-1238912
OF THE EXECUTIVE DIRECTOR'S EMPLOYMENT ANNIVERSARY. THE BO	DARD COMPARES THE
SALARIES OF WLC TO THOSE OF COMPARABLE LEGAL SERVICES AND	NONPROFIT
ORGANIZATIONS AND DECIDES ON THE COMPENSATION OF ALL EMPLO	DYEES.
FORM 990, PART VI, SECTION C, LINE 19:	
THE WOMEN'S LAW CENTER MAKES ITS GOVERNING DOCUMENTS, CONF	FLICT OF INTEREST
POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC U	JPON REQUEST.
EODM 000 DADM TY I THE 11C OMUED FEEC.	
FORM 990, PART IX, LINE 11G, OTHER FEES:  CONTRACT LABOR:	
PROGRAM SERVICE EXPENSES	215,434.
MANAGEMENT AND GENERAL EXPENSES	215,434.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	215,434.
TOTAL EXPENSES	213,434.
PAYROLL SERVICE FEES:	
PROGRAM SERVICE EXPENSES	2,465.
MANAGEMENT AND GENERAL EXPENSES	1,703.
FUNDRAISING EXPENSES	313.
TOTAL EXPENSES	4,481.
PROFESSIONAL FEES:	
PROGRAM SERVICE EXPENSES	30,040.
MANAGEMENT AND GENERAL EXPENSES	15,122.
FUNDRAISING EXPENSES	2,785.
TOTAL EXPENSES	47,947.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	267,862.

Schedule O (Form 990) 2022 Page 2 Employer identification number Name of the organization THE WOMEN'S LAW CENTER OF MD, INC. 52-1238912 FORM 990, PART XII, LINE 2C THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.