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DLN: 93493329004003

Department of the Treasury

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No 1545-0047

2012

Open to Public

	Revenue Service	► The organization may have to use a copy of this return to satisfy s	state report	ng requireme	nts	Inspection
A Fo	r the 2012 ca	lendar year, or tax year beginning 07-01-2012 , 2012, and ending 06-3	30-2013			
	eck if applicable	C Name of organization MARYLAND LEGAL SERVICES CORPORATION		D Employ	er iden	tification number
	Iress change	Doing Business As		52-12	56744	
Nar	me change					
Init	ıal return	Number and street (or P O box if mail is not delivered to street address) Room/si	ute	E Telephor	ne numb	per
Ter	mınated	15 CHARLES PLAZA NO 102		(410)!	576-9	494
☐ Am	ended return	City or town, state or country, and ZIP + 4 BALTIMORE, MD 21201		(110)	3,03	151
☐ App	olication pending	BALTIMORE, MD 21201		G Gross re	ceipts \$	18,288,971
		F Name and address of principal officer	H(a) Is	this a group	return	
		SUSAN M ERLICHMAN ESQ 15 CHARLES PLAZA NO 102	aff	ılıates?		┌ Yes 🗸 No
		BALTIMORE,MD 21201	 H(b) Δr	e all affiliates	ınclud	ded?
		<u> </u>	1			(see instructions)
I Tax	x-exempt status	5] - W-> G	oup exempti	an num	nher 🌬
J W	ebsite: ► W	WW MLSC ORG	H(c) G	oup exemper	JII IIUII	iber F
K Forn	n of organizatio	n ✓ Corporation ☐ Trust ☐ Association ☐ Other ►	L Year of	formation 198	2 M	State of legal domicile
			I		MD	
Pa	rt I Sun	nmary				
		describe the organization's mission or most significant activities CEIVE AND DISTRIBUTE FUNDS IN THE FORM OF GRANTS TO NON	DDOETT OF	CANIZATIC	NCEO	D DDOVISIONS OF
		LEIVE AND DISTRIBUTE FUNDS IN THE FORM OF GRANTS TO NON LEGAL ASSISTANCE TO LOW-INCOME PERSONS IN MARYLAND	PROFILOR	KGANIZATIC	NSFO	TR PROVISIONS OF
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Œ						
Yell	Chack t	this box 📭 if the organization discontinued its operations or disposed	of more that	25% of its	nat aco	ente
Activities & Governance	Z CHECK	inis box F) If the organization discontinued its operations of disposed	or more than	125 /0 01103	160 033	sets
26	3 Number	of voting members of the governing body (Part VI, line 1a)			3	9
Įį.	4 Numbei	of independent voting members of the governing body (Part VI, line 1b)		4	9
Ĭ.	5 Total n	umber of individuals employed in calendar year 2012 (Part V, line 2a)			5	5
व	6 Total n	umber of volunteers (estimate if necessary)			6	0
	7a Total ui	nrelated business revenue from Part VIII, column (C), line 12			7a	0
	b Net unr	elated business taxable income from Form 990-T, line 34			7b	0
			Р	rior Year		Current Year
	8 Conti	abutions and grants (Part VIII, line 1h)		17,101,063		18,188,035
G)				0		
anua	_	am service revenue (Part VIII, line 2g)				0
3evenue	10 Inves	stment income (Part VIII, column (A), lines 3, 4, and 7d)		124,2	41	
Rayente	10 Inves 11 Othe	stment income (Part VIII, column (A), lines 3, 4, and 7d) rrevenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		124,2 -8,6	41	
Ravenue	10 Inves11 Othe12 Total	stment income (Part VIII, column (A), lines 3, 4, and 7d) rrevenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) revenue—add lines 8 through 11 (must equal Part VIII, column (A), lin			41	-10,433
Revenue	10 Inves 11 Othe 12 Total 12)	stment income (Part VIII, column (A), lines 3, 4, and 7d) rrevenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-8,6	41 94 10	-10,433 18,270,938
Revenue	10 Inves 11 Othe 12 Total 12) 13 Grant	stment income (Part VIII, column (A), lines 3, 4, and 7d) rrevenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) revenue—add lines 8 through 11 (must equal Part VIII, column (A), lin	e	-8,6 17,216,6	41 94 10	-10,433 18,270,938 16,582,791
_	 10 Invest 11 Othe 12 Total 12) 13 Grand 14 Bene 15 Salar 	stment income (Part VIII, column (A), lines 3, 4, and 7d) revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) revenue—add lines 8 through 11 (must equal Part VIII, column (A), lines and similar amounts paid (Part IX, column (A), lines 1–3) fits paid to or for members (Part IX, column (A), line 4)	e	-8,6 17,216,6 17,617,0	41 94 10 37 0	-10,433 18,270,938 16,582,791
_	10 Inves 11 Othe 12 Total 12) 13 Grant 14 Bene 15 Salar 5-10	stment income (Part VIII, column (A), lines 3, 4, and 7d) revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) revenue—add lines 8 through 11 (must equal Part VIII, column (A), lines and similar amounts paid (Part IX, column (A), lines 1-3) fits paid to or for members (Part IX, column (A), line 4)	е	-8,6 17,216,6	41 94 10 37 0	-10,433 18,270,938 16,582,791 0 515,018
_	10 Invest 11 Othe 12 Total 12) 13 Grand 14 Bene 15 Salar 5-10 16a Profe	stment income (Part VIII, column (A), lines 3, 4, and 7d)	е	-8,6 17,216,6 17,617,0	41 94 10 37 0	-10,433 18,270,938 16,582,791 0 515,018
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Expenses	10 Invest 11 Othe 12 Total 12) 13 Grand 14 Bene 15 Salar 5-10 16a Profe b Total f 17 Othe 18 Total	stment income (Part VIII, column (A), lines 3, 4, and 7d)	e	-8,6 17,216,6 17,617,0 524,8 387,7 18,529,6 -1,313,0	41 94 10 37 0 33 0 86 56 46	-10,433 18,270,938 16,582,791 0 515,018 0 183,085 17,280,894
Expenses	10 Invest 11 Othe 12 Total 12) 13 Grand 14 Bene 15 Salar 5-10 16a Profe b Total f 17 Othe 18 Total	stment income (Part VIII, column (A), lines 3, 4, and 7d)	e	-8,6 17,216,6 17,617,0 524,8 387,7 18,529,6	41 94 10 37 0 33 0 86 56 46	-10,433 18,270,938 16,582,791 0 515,018 0 183,085 17,280,894
Expenses	10 Invest 11 Othe 12 Total 12) 13 Grand 14 Bene 15 Salar 5-10 16a Profe b Total 17 Othe 18 Total 19 Reve	stment income (Part VIII, column (A), lines 3, 4, and 7d)	e	-8,6 17,216,6 17,617,0 524,8 387,7 18,529,6 -1,313,0 ing of Curren	41 94 10 37 0 33 0 86 56 46	-10,433 18,270,938 16,582,791 0 515,018 0 183,085 17,280,894 990,044 End of Year
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Use Only

Firm's address \blacktriangleright 36 SOUTH CHARLES ST 18TH FLOOR

BALTIMORE, MD 21201 May the IRS discuss this return with the preparer shown above? (see instructions) \cdot Phone no (410) 685-5512

Par	t III	Statement of Program S Check if Schedule O contains				·
1	Brief	fly describe the organization's mi	ssion			
		VE AND DISTRIBUTE FUNDS II SISTANCE TO LOW-INCOME P			ORGANIZATIONS FOR PROVISION	ONS OF CIVIL
2	Dıd t	he organization undertake any si	anıfıcant program se	ervices during the year w	which were not listed on	
	the p	rior Form 990 or 990-EZ? . es," describe these new services				Yes 🗸 No
3		he organization cease conductin ces?				Yes ✓ No
	If "Ye	es," describe these changes on S	chedule O			
4	expe		.(c)(4) organization	s are required to report t	e largest program services, as mea he amount of grants and allocations	
4a	TO N ALMC CON: PROV PROV YEAR ASSI: FROI PRIV MATT ADM: PROI CON: MAR	MARYLAND LEGAL SERVICES CORPORATIONPROFIT ORGANIZATIONS THAT PROVOST \$200 MILLION TO HELP PROVIDE SESUMER, EMPLOYMENT, HEALTH CARE AND	ION (MLSC) WAS ESTAB IDE CIVIL LEGAL ASSIST. RVICES IN MORE THAN ID OTHER CIVIL LEGAL N IL PROJECTS, AND CHAI INCOME MARYLANDERS 459 NEW CASES APPRO ILLY LEGAL ISSUES AND HEIR CHILDREN, HELP T 0 CONSUMER/FINANCE, IDVICE, INFORMATION A 1, 26% WERE IN BALTIMI COUNTY, AND THE RES \$1,250,000) PROVIDED IATE LAWYERS TO SERV 13, THE PROJECTS REF 5 PROVIDED A TOTAL OF	ANCE TO LOW-INCOME PERSO 2 MILLION LEGAL MATTERS FO MATTERS IN FY 2013, MLSC A' LENGE GRANTS PROGRAM SE TOTALED \$16,582,791 SERVI DIMATELY 251,500 INDIVIDUA 31% WERE HOUSING ISSUES, O PREVENT HOME FORECLOS IMMIGRATION, EMPLOYMENT, AND REFERRAL TO THE EXTEN DRE CITY, 17% IN PRINCE GE ST IN ALL OF THE OTHER MAR FUNDS FOR CONTINUATION OF E LOW-INCOME PERSONS WH ERRED 974 CASES, WHICH D 21,754 HOURS OF SERVICES	16,582,791) (Revenue \$ ENERAL ASSEMBLY IN 1982 TO RECEIVE AND DNS FROM ITS INCEPTION, MLSC HAS MADDR MARYLAND'S FAMILIES IN AREAS OF FAM WARDED GRANTS TOTALING \$16,582,791 TO RECEIVE ACCOMPLISHMENTS GENERAL OPER CLES TO CLIENTS IN FY 2013 INCREASED 59 ALS AND FAMILIES DIRECTLY BENEFITED FROM WITH CLIENTS RECEIVING BENEFITS SUCHURES, AND PREVENTION OF EVICTIONS FROM INCOME MAINTENANCE, INDIVIDUAL RIGH DED SERVICES OF COUNSELING, NEGOTIAT CORGE'S COUNTY, 12% IN ANNE ARUNDEL CYLAND JURISDICTIONS MLSC (\$322,420) AND THE JUDICARE FAMILY LAW PILOT PROGROCULD NOT OTHERWISE AFFORD CIVIL LI IRECTLY BENEFITTED 2,699 INDIVIDUALS AIDTHAT BOTH PARTIES HAVE REPRESENTATIONS THAT BOTH PARTIES HAVE REPRESENTATIONS MESTATIONS OF THAT BOTH PARTIES HAVE REPRESENTATIONS TO THE REDUCED-FEE APPROACH PROVIDES ING THAT BOTH PARTIES HAVE REPRESENTATIONS TO THE PROBLEM OF THE PROBLEM OF THE PARTIES HAVE REPRESENTATIONS TO THE PROBLEM OF THE PARTIES HAVE REPRESENTATIONS TO THE PROBLEM OF THE PARTIES HAVE REPRESENTATIONS TO THE PARTIES HAVE REPRESENTATIONS TO THE PARTIES HAVE REPRESENTATIONS TO THE PROBLEM OF THE PARTIES HAVE REPRESENTATIONS TO THE PARTIES	E GRANTS TOTALING ILY, HOUSING, O 34 LEGAL SERVICES ATING GRANTS TO 6 FROM THE PRIOR OM THIS LEGAL H AS PROTECTION DM PUBLIC AND TS AND OTHER ION AND LITIGATION COUNTY, 11% IN ND THE RAM THROUGH THIS EGAL SERVICES IN ND FAMILIES IN ALL INCENTIVES FOR
4b	(Cod	e) (Expenses \$		ıncludıng grants of \$) (Revenue \$)
4c	(Cod	e) (Expenses \$		including grants of \$) (Revenue \$)
_						
4d	Oth	er program services (Describe ir	Schedule O)			
	(Ex	penses \$	including grants o	f \$) (Revenue \$)
4e	Tota	al program service expenses 🕨	17 089 023			

art TV	Check	list of	Required	Schedules

			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	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? $^{\circ}$	2	Yes	
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		No
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	Yes	
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 Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		No
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		No
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		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV^{\bullet}	9		No
LO	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part $\sqrt{2}$	10		Νo
L1	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, Part VI	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		No
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		No
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	Yes	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Νo
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	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	Yes	
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		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
L4a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Νo
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		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		No
L6	Did the organization report on Part IX, column (A), line 3, more than $$5,000$ of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		No
L7	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		No
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	Yes	
L9	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		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Νo
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Part	Checklist of Required Schedules (continued)			
	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		N o
	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 Schedule J	23	Yes	
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 Schedule K. If "No," go to line 25	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		No
	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		N o
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		No
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		N o
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Νo
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? <i>If</i> "Yes," complete Schedule R, Part V, line 2	36		No
	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		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	
		F	orm 990	(2012)

GI I	Statements Regarding Other IRS Filings and Tax Compliance			_
	Check if Schedule O contains a response to any question in this Part V	•	Yes	I
а	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable 1a 3		163	140
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0	_		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable	1		
-	gaming (gambling) winnings to prize winners?	1c	Yes	
а	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered			
	by this return	<u>'</u>		
)	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
ı	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		N
	If "Yes," has it filed a Form 990-T for this year? <i>If "No," provide an explanation in Schedule O</i>	3b		
1	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		N
,	If "Yes," enter the name of the foreign country 🕨			
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts	-		
ı	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		N
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		N
	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 solicit any contributions that were not tax deductible as charitable contributions?	6a		N
1	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	6b		
	were not tax deductible?	ОВ		
	Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		N
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	 	1
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to			1
	file Form 8282?	7c		N
	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
		1		
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	+	
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as			<u> </u>
	required?	7g		
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			
		8	1	\vdash
	Sponsoring organizations maintaining donor advised funds.			
	Did the organization make any taxable distributions under section 4966?	9a		-
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		-
	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12 10a	-		
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	1		
	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
)	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			
	Section 501(c)(29) qualified nonprofit health insurance issuers.	1		
	Is the organization licensed to issue qualified health plans in more than one state?			
	Note. See the instructions for additional information the organization must report on Schedule O	13a		
)	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand	Ţ	[ļ
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		N
	If "Yes " has it filed a Form 720 to report these payments? If "No " provide an explanation in Schedule O	14h		

Se	ection 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 in Schedule O			
b	Enter the number of voting members included in 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		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .	3		No
4		4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did the organization have members or stockholders?	6		Νο
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		No
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		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
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 in Schedule O	9		No
Se	ection B. Policies (This Section B requests information about policies not required by the Internal R	evenu	ıe Cod	e.)
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Νo
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	Yes	
b	Describe in 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	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
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	Yes	
b	Other officers or key employees of the organization	15b		Νo
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
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		

Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed►MD
- Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply
 - Own website Another's website Vpon request Other (explain in Schedule O)
- 19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ►THE ORGANIZATION 15 CHARLES PLAZA STE 102 BALTIMORE, MD (410) 576-9494

<u>Part VII</u> Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

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

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

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

(A) Name and Title	(B) A verage hours per week (list any hours	more pers	than on is	one bot	not box h ar	chec (, unle n offic	ess er	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation	
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	from the organization and related organizations	
(1) GLENN F IVEY ESQ	5 00] _x		×				0	0	0	
CHAIRMAN		<u> </u>						ű	Ŭ.		
(2) NANCY A SACHITANO ESQ TREASURER	5 00	х		х				0	0	0	
(3) TERI A HEGER	5 00	.						_	_	_	
DIRECTOR		X						0	0	0	
(4) BERNARD L JENNINGS	5 00	х						0	0	0	
DIRECTOR (5) HON ROBERT B KERSHAW	5 00										
	3 00	x						0	0	0	
DIRECTOR (6) FRANKLIN CHAMBERS JR PHD	5 00	×						0	0	0	
DIRECTOR								· ·	0		
(7) HON PAMELA J WHITE	5 00	l x						0	0	0	
DIRECTOR		<u> </u>									
(8) MARK F SCURTI ESQ DIRECTOR	5 00	х						0	0	0	
(9) MNATALIE MCSHERRY ESQ	5 00	<u> </u>								_	
DIRECTOR		X						0	0	0	
(10) SUSAN M ERLICHMAN ESQ	40 00			х				141,870	0	36,103	
EXECUTIVE DIR											

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

	(A) Name and Title	(B) A verage hours per week (list any hours for related	more t perso and	tion (han d on is	one l both	box, an c r/trus	unless fficer stee)		(D) Reporta compens from t organizati 2/1099-1	able ation he on (W-	(E) Reportable compensation from related organizations (W 2/1099-MISC)	- ((F) Estima mount of compens from t rganizati	ted fother ation he
		organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Ke, emplojee	Highest compensated employee	Former	2,1033	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	2,1033 11200,		relate organiza	ed
-														
												+		
												-		
												+		
												_		
1b	Sub-Total							•						
C	Total from continuation sheet	•			•	•	•	-		141.070				26.102
d										141,870		0		36,103
2	Total number of individuals (in \$100,000 of reportable compe						a abov	e) w	no received	more tr	ian			
													Yes	No
3	Did the organization list any f oon line 1a? <i>If</i> "Yes," complete 5					key •	emplo	yee •	, or highest	compen	sated employee	3		No
4	For any individual listed on line organization and related organ													
	individual	yreater			•	• 11	• •	•	rece scriedul			4	Yes	
5	Did any person listed on line 1													
	services rendered to the organ	nization? <i>If "Ye</i> s	," compl	ete S	ched	ule J	tor su	ch p	erson		[5		No
Se	ection B. Independent Co	ntractors												
1	Complete this table for your five												tax vear	
compensation from the organization Report compensation for the calendar year ending with or within the organization (A) (B)								(C)					
	Λ	lame and business	address							Des	cription of services		Comper	isation

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

\$100,000 of compensation from the organization $\blacktriangleright 0$

Part V	777	Statement of Revenue Check if Schedule O contains a response to any question	in this Part VIII			
			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512,513,or 514
2 2	1a	Federated campaigns 1a				
ributions, Gifts, Grants Other Similar Amounts	b	Membership dues 1b				
9 9	c	Fundraising events 1c 19,560				
ifts,	d	Related organizations 1d				
nii G	e	Government grants (contributions) 1e 17,022,647				
Sir	f	All other contributions, gifts, grants, and 1f 1,145,828				
Contributions, Gifts, Grants and Other Similar Amounts	•	similar amounts not included above				
를 물	g	Noncash contributions included in lines 1a-1f \$				
Cont	h	Total. Add lines 1a-1f	18,188,035			
		Business Code				
aurie	2a					
- Fe	b					
93	c					
er w	d					
ි ව	e					
Program Serwce Revenue	f	All other program service revenue				
Š	g	Total. Add lines 2a-2f				
	3	Investment income (including dividends, interest,	93,336	93,336		
		and other similar amounts)	93,330	93,330		
	4 5	Royalties				
	J	(i) Real (ii) Personal				
	6a	Gross rents				
	b	Less rental expenses				
	c	Rental income				
	d	or (loss) Net rental income or (loss)				
		(ı) Securities (ıı) Other				
	7a	Gross amount from sales of				
		assets other than inventory				
	b	Less cost or other basis and				
		sales expenses				
	C	Gain or (loss)				
	d 8a	Net gain or (loss)				
Other Revenue		events (not including \$19,560 of contributions reported on line 1c) See Part IV, line 18				
- l	_	a 7,600				
둦		Less direct expenses b 18,033 Net income or (loss) from fundraising events b	-10,433			-10,433
-	c 9a	Gross income from gaming activities	10,133			10,133
	-	See Part IV, line 19				
		a				
	b C	Net income or (loss) from gaming activities				
		Gross sales of inventory, less				
		returns and allowances .				
	L	a l				
	b C	Less cost of goods sold b Net income or (loss) from sales of inventory b				
}		Miscellaneous Revenue Business Code				
ţ	11a					
	b					
	c					
	d	All other revenue				
	e	Total. Add lines 11a-11d				
	12	Total revenue. See Instructions	10 370 030	02.225		10.422
			18,270,938	93,336	C	-10,433

orm	990 (2012)				Page :
	Statement of Functional Expenses				
ectio	on 501(c)(3) and 501(c)(4) organizations must complete all columns. Al				
	Check if Schedule O contains a response to any question in this Pa		(B)] (D)
	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21	16,582,791	16,582,791		
2	Grants and other assistance to individuals in the United States See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and				
	key employees	164,714	123,643	41,071	
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages	240,285	180,371	59,914	
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	23,196	17,412	5,784	
9	Other employee benefits	59,867	44,939	 	
0	Payroll taxes	26,956	,	· · ·	
1	Fees for services (non-employees)			3,122	
- а	Management				
_	-				
b	Legal	22.200	2.552	20.540	
с	Accounting	23,200	2,552	20,648	
d	Lobbying				
е	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	29,965	22,474	7,491	
2	Advertising and promotion				
3	Office expenses	39,138	26,520	12,618	
4	Information technology	9,767	7,325	2,442	
5	Royalties				
6	Occupancy	49,975	37,481	12,494	
7	Travel	10,729	8,047	2,682	
8	Payments of travel or entertainment expenses for any federal, state, or local public officials				
9	Conferences, conventions, and meetings				
0	Interest				
1	Payments to affiliates				
2	Depreciation, depletion, and amortization	11,527	8,645	2,882	
3	Insurance	3,787	2,840	 	
4	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
а	DUES AND SUBSCRIPTIONS	4,997	3,748	1,249	
b					
С					
d					
e	All other expenses				
5	Total functional expenses. Add lines 1 through 24e	17,280,894	17,089,023	191,871	
6	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined		2.,103,023	232,0,1	
	educational campaign and fundraising solicitation Check here ►				

Part X Balance Sheet

		Check if Schedule O contains a response to any question in this		(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing		153,448		282,896
	2	Savings and temporary cash investments			2	<u>-</u>
	3	Pledges and grants receivable, net			3	
Assets	4	Accounts receivable, net		215,255		243,012
	5	Loans and other receivables from current and former officers, diremployees, and highest compensated employees. Complete Par Schedule L	ectors, trustees, key t II of		5	
	6	Loans and other receivables from other disqualified persons (as $4958(f)(1)$), persons described in section $4958(c)(3)(B)$, and coand sponsoring organizations of section $501(c)(9)$ voluntary emorganizations (see instructions) Complete Part II of Schedule L	ntributing employers		6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		11.956	_	8,526
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	 156,869	,		0,020
	Ь	Less accumulated depreciation	10b 138,316	24,210	10c	18,553
	11	Investments—publicly traded securities	4,245,903		5,180,014	
	12	Investments—other securities See Part IV, line 11	, ,	12	, ,	
	13	Investments—program-related See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		872,603		938,013
	16	Total assets. Add lines 1 through 15 (must equal line 34)		5,523,375		6,671,014
	17	Accounts payable and accrued expenses		526,619		312,573
	18	Grants payable	020,010	18	012,070	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability Complete Part IV of Sched			21	
lities	22	Loans and other payables to current and former officers, director key employees, highest compensated employees, and disqualifie	s, trustees,		21	
Liabilit		persons Complete Part II of Schedule L			22	
Ï	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to relate and other liabilities not included on lines 17-24) Complete Part	X of Schedule		25	
	٦,	D		526,619	25	312,573
	26	Total liabilities. Add lines 17 through 25		520,019	26	312,373
n þ		Organizations that follow SFAS 117 (ASC 958), check here ► lines 27 through 29, and lines 33 and 34.	and complete			
<u>-</u>	27	Unrestricted net assets		4,996,756	27	6,358,441
5	28	Temporarily restricted net assets			28	
3	29	Permanently restricted net assets			29	
ol ruiki Balalice		Organizations that do not follow SFAS 117 (ASC 958), check her complete lines 30 through 34.				
) /	30	Capital stock or trust principal, or current funds			30	
i D	31	Paid-in or capital surplus, or land, building or equipment fund			31	
4224(5	32	Retained earnings, endowment, accumulated income, or other fu			32	
¯ Į	33	Total net assets or fund balances		4,996,756		6,358,441
Ž	34	Total liabilities and net assets/fund balances		5,523,375		6.671.014

Par	Reconcilliation of Net Assets Check if Schedule O contains a response to any question in this Part XI				୮
1	Total revenue (must equal Part VIII, column (A), line 12)	1		18,2	270,938
2	Total expenses (must equal Part IX, column (A), line 25)	2		17,2	280,894
3	Revenue less expenses Subtract line 2 from line 1	3		c	90,044
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			96,756
5	Net unrealized gains (losses) on investments	5			371,641
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10		6,3	358,441
Par	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII				. \sqsubset
				Yes	No
1	Accounting method used to prepare the Form 990 Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or review a separate basis, consolidated basis, or both	ved on			
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separ basis, consolidated basis, or both	rate			
	▼ Separate basis				
С	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight audit, review, or compilation of its financial statements and selection of an independent accountant?	of the	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O				
3 a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	<u>:</u>	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the re	equire	3b		

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As Filed Data -

DLN: 93493329004003

OMB No 1545-0047

Employer identification number

SCHEDULE A (Form 990 or 990EZ)

Name of the organization

MARYLAND LEGAL SERVICES CORPORATION

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. ► See separate instructions.

2012

Open to Public Inspection

									52-126		
	rt I			blic Charity Sta				•	<u> </u>	instruction	ıs.
The c	rganı			te foundation becaus			= -				
1			•	on of churches, or a				section 170	(b)(1)(A)(i)	•	
2		A scho	ol described	in section 170(b)(1	L)(A)(ii). (A1	ttach Sched	dule E)				
3	Г	A hosp	ital or a coo	perative hospital se	rvice organiz	zatıon desc	rıbed ın sect i	ion 170(b)(1)(A)(iii).		
4	Γ			h organization operat	ted ın conjur	nction with a	a hospital de	scribed in s	ection 170(b)(1)(A)(iii).	Enter the
_	_			ty, and state							
5	ı	_	<u>.</u>	erated for the benefi	_	e or univers	ity owned or	operated by	/ a governme	ntal unit des	scribed in
_	_			(A)(iv). (Complete P	•						
6	_			local government or						_	
7	굣			at normally receives			s support from	n a governn	nental unit or	from the ge	neral public
8	\Box			on 170(b)(1)(A)(vi). : described in sectior			mnlete Part	π,			
9	,		-	at normally receives			-	-	ibutions ma	mhershin fe	es and arnes
•	'			rities related to its ex							
				oss investment inco							
				ganization after June						ı tax) nom i	Jusiliesses
10	_	-	-	ganization after June ganized and operated	-			-	-		
	<u>'</u>	_									t the nurneses of
11	1			ganized and operated ly supported organiz							
				bes the type of supp						500 5000.	Sos(a)(S): elleek
				b						Non-functioi	nally integrated
e	\sqcap			ox, I certify that the							
				on managers and ot	her than one	or more pu	blicly suppor	ted organız	atıons descr	ıbed ın sectı	on 509(a)(1) or
f			1 509(a)(2)	received a written de	atarmınatıan	from the II	0C +ba+ ı+ ıc :	Tuno I Tu	no II or Tun	o III cuppo	rting organization
ı				received a written de	etermination	i irom the H	RS MALILIS 6	i Type I, Ty	pe II, or Typ	e III Suppo	rting organization,
g		check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the									
_			ng persons?	-		_					
				irectly or indirectly o				h persons d	escribed in (Yes No
		and (111) below, the	governing body of th	ie supported	organizatio	n?			11	lg(i)
		(ii) A f	amıly memb	er of a person descr	ıbed ın (ı) ab	ove?				11	g(ii)
		(iii) A	35% contro	lled entity of a perso	n described	ın (ı) or (ıı)	above?			11	g(iii)
h		Provide	e the follown	ng information about	the support	ed organıza	tıon(s)				
				·							
_) Nan		(ii) EIN	(iii) Type of	(iv) Is		(v) Did yo		(vi) I:		(vii) A mount of
	uppoi ganiz			organization	organizat		the organ		organiza		monetary
OI	yanız	ation		(described on lines 1- 9 above	col (i) lis your gove		ın col (i) suppo	'	col (i) or in the		support
				or IRC section	docume	_	Зарр	71 (-	"" ""		
				(see							
				instructions))	Yes	No	Yes	No	Yes	No	
						† · · · ·	+	+	+	+	
							+				
Tota											+

instructions

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.) Section A. Public Support Calendar year (or fiscal year beginning (a) 2008 **(b)** 2009 (c) 2010 (d) 2011 (e) 2012 (f) Total in) 🟲 Gifts, grants, contributions, and membership fees received (Do 13,823,371 11,652,341 16,742,984 17,101,063 18,188,035 77,507,794 not include any "unusual grants ") Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 13,823,371 11,652,341 16,742,984 17,101,063 18,188,035 77,507,794 Total. Add lines 1 through 3 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) Public support. Subtract line 5 77,507,794 from line 4 Section B. Total Support Calendar year (or fiscal year (c) 2010 (e) 2012 (a) 2008 **(b)** 2009 (d) 2011 (f) Total beginning in) 🟲 13,823,371 16,742,984 17,101,063 18,188,035 Amounts from line 4 11,652,341 77,507,794 Gross income from interest, dividends, payments received on 235,979 securities loans, rents, royalties 163,847 129,524 124,241 93,336 746,927 and income from similar sources Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) 11 Total support (Add lines 7 78,254,721 through 10) 12 Gross receipts from related activities, etc (see instructions) 12 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check 13 Section C. Computation of Public Support Percentage 14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f)) 14 99 050 % Public support percentage for 2011 Schedule A, Part II, line 14 15 98 750 % 16a 33 1/3% support test—2012. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box **▶**▼ and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test—2011. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10%-facts-and-circumstances test - 2012. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization b 10%-facts-and-circumstances test - 2011. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

Schedule A (Form 990 or 990-EZ) 2012 Page 3 Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 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.) Section A. Public Support Calendar year (or fiscal year beginning (a) 2008 **(b)** 2009 (c) 2010 (d) 2011 (e) 2012 (f) Total in) 🟲 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") Gross receipts from admissions, merchandise sold or services performed, 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						
	business under section 513			-			
4	Tax revenues levied for the						
	organization's benefit and either						
	paid to or expended on its behalf						
5	The value of services or facilities						
3	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2,						
<i>7</i> a	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						
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c						
	from line 6)						
_Se	ction B. Total Support						
Cale	ndar year (or fiscal year beginning	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
	in) ►	(u) 2000	(6) 2003	(6) 2010	(4) 2011	(6) 2012	(1) 10tai
9	A mounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar						
	sources						
Ь	Unrelated business taxable income (less section 511 taxes)						
	from businesses acquired after						
	June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated						
	business activities not included						
	in line 10b, whether or not the						
	business is regularly carried on						
12	Other income Do not include						
	gain or loss from the sale of						
	capital assets (Explain in Part						
	IV)						
13	Total support. (Add lines 9, 10c,						
	11, and 12)			Librari Corretto con	6.01	E04(-)(2)	
14	First five years. If the Form 990 is for	or the organization	on's first, second	i, thira, fourth, or	ππη tax year as a	1 501(c)(3) org	anization, ►
	check this box and stop here	a Cunnaut Da					<u> </u>
	ction C. Computation of Public			1.2		T I	
15	Public support percentage for 2012			13, column (T))		15	
16	Public support percentage from 2011	L Schedule A, Pa	art III, line 15			16	
Se	ction D. Computation of Inve	stment Inco	me Percenta	ge			
17	Investment income percentage for 20				nn (f))	17	
					. , ,		
18	Investment income percentage from					18	
19a	33 1/3% support tests—2012. If the o						ıd lıne 17 ıs not ▶□

33 1/3% support tests—2011. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18

is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2012

DLN: 93493329004003

OMB No 1545-0047

SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527 ▶ Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Inspection

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

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

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

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

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

◆ Section 501(c)(4), (5), or (6) organizations Complete Part III Name of the organization **Employer identification number** MARYLAND LEGAL SERVICES CORPORATION

				52-1266744	
Par	t I-A Complete if the or	ganization is exempt under	section 501(d	c) or is a section 527	organization.
1	Provide a description of the org	ganızatıon's dırect and ındırect politi	cal campaign act	ıvıtıes ın Part IV	
2	Political expenditures			▶	\$
3	Volunteer hours				
Par	t I-B Complete if the or	ganization is exempt under	section 501(d	c)(3).	
1	Enter the amount of any excise	e tax incurred by the organization un	der section 4955	▶	\$
2	Enter the amount of any excise	e tax incurred by organization manag	ers under sectior	n 4955 🕨	\$
3	If the organization incurred a s	section 4955 tax, did it file Form 472	0 for this year?		┌ Yes ┌ No
4a	Was a correction made?				☐ Yes ☐ No
b	If "Yes," describe in Part IV				
Par	t I-C Complete if the or	ganization is exempt under	section 501(d	c), except section 50)1(c)(3).
1	Enter the amount directly expe	ended by the filing organization for se	ction 527 exemp	ot function activities 🕨	\$
2	Enter the amount of the filing of exempt function activities	organization's funds contributed to ot	her organizations	for section 527 ►	\$
3	Total exempt function expendi	tures Add lines 1 and 2 Enter here	and on Form 112	0-POL, line 17b ►	¢
4	Did the filing organization file F	Form 1120-POL for this year?			↑ — Yes
	organization made payments famount of political contribution	nd employer identification number (E For each organization listed, enter th ns received that were promptly and d political action committee (PAC) If	e amount paıd fro ırectly delıvered	m the filing organization's to a separate political orga	funds Also enter the anization, such as a ition in Part IV
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none, enter - 0 -

e Grassroots ceiling amount (150% of line 2d, column (e))

f Grassroots lobbying expenditures

Sch	nedule C (Form 990 or 990-EZ) 2012					Page 2
Pa	art II-A Complete if the organization	is exempt under	section 501(c)(3) and fil	ed Form 5768	(election
_	under section 501(h)). Check ► if the filing organization belongs to a	an affiliated group (and	lict in Part IV os	ach affiliated are	un mambar's nam	o addross EIN
	expenses, and share of excess lobb	ying expenditures)		_	up member s nam	e, address, LTN
<u>B</u>	Check Frifthe filing organization checked box	x A and "limited contro	ıl" provisions apı	oly		
	Limits on Lobbying E (The term "expenditures" means an		l .)		(a) Filing organization's totals	(b) Affiliated group totals
1a	Total lobbying expenditures to influence public o	pınıon (grass roots lob	bying)			
b	Total lobbying expenditures to influence a legisla	ative body (direct lobb	yıng)			
c	Total lobbying expenditures (add lines 1a and 1b	o)				
d	O ther exempt purpose expenditures					
e	Total exempt purpose expenditures (add lines 1c	c and 1d)				
f	Lobbying nontaxable amount Enter the amount fo	rom the following table	ın both			
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontax	able amount is:			
	Not over \$500,000	20% of the amount on li	ne 1e			
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the	e excess over \$500,0	000		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the	e excess over \$1,000	0,000		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the	excess over \$1,500,	.000		
	Over \$17,000,000	\$1,000,000				
	Grassroots nontaxable amount (enter 25% of lin	e 1f)				
_	Subtract line 1g from line 1a If zero or less, ente	•		-		
i	Subtract line 1f from line 1c If zero or less, ente			-		
_	If there is an amount other than zero on either lin		organization file	Form 4720 rep	ortina	1
-	section 4911 tax for this year?					┌ Yes ┌ No
_	4-Voor Av	veraging Period U	Inder Section	F01/b)		
	(Some organizations that made a scolumns below. See the	section 501(h) el	ection do not	have to cor		ne five
	Lobbying Expe	enditures During	4-Year Avera	ging Period		1
	Calendar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) Total
2a	Lobbying nontaxable amount					
b	Lobbying ceiling amount (150% of line 2a, column(e))					
c	Total lobbying expenditures					
d	Grassroots nontavable amount					

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)).	

	and West and a section of the later and the	(ã	1)	(b)	
activ	ach "Yes" response to lines 1a through 11 below, provide in Part IV a detailed description of the lobbying ity.	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?		Νo		
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		Νo		
C	Media advertisements?		Νo		
d	Mailings to members, legislators, or the public?		Νo		
е	Publications, or published or broadcast statements?		Νo		
f	Grants to other organizations for lobbying purposes?		Νo		
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		10,400	
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No		
i	O ther activities?		No		
j	Total Add lines 1c through 1i			10,400	
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No		
b	If "Yes," enter the amount of any tax incurred under section 4912				
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912		ľ		
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?		İ		
Par	TIME-A Complete if the organization is exempt under section $501(c)(4)$, section	n 501(c)(5), o	r section	

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

			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?	2		
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?	3		

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes." 1 Dues, assessments and similar amounts from members

2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
а	Current year	2a	
b	Carryover from last year	2b	
C	Total	2c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess		

does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?

Taxable amount of lobbying and political expenditures (see instructions)

Part IV Supplemental Information

Complete this part to provide 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, line 2, and Part II-B, line 1 Also, complete this part for any additional information

Identifier	Return Reference	Explanation
EXPLANATION OF LOBBYING ACTIVITIES		MLSC RECEIVES COURT FILING FEE SURCHARGE REVENUE THROUGH A 2010 LEGISLATION THAT CONTAINED A THREE-YEAR SUNSET PROVISION WHICH WAS SCHEDULED TO TAKE EFFECT JUNE 30, 2013 WITH THE ASSISTANCE OF A LOBBYIST, MLSC WAS SUCCESSFUL IN HAVING THE SUNSET PROVISION EXTENDED FOR FIVE YEARS (FROM JUNE 30, 2013 TO JUNE 30, 2018) IN ADDITION, DURING THE 2013 SESSION OF THE MARYLAND GENERAL ASSEMBLY, LEGISLATION WAS PASSED INCREASING THE DISTRIBUTION MLSC RECEIVES FROM THE ABANDONED PROPERTY FUND

4

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493329004003

OMB No 1545-0047

SCHEDULE D (Form 990)

Department of the Treasury

Supplemental Financial Statements ► Complete if the organization answered "Yes," to Form 990,

Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b

► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

terria	F Attacil to For	III 330. F See separate instructions.		Inspection
	me of the organization RYLAND LEGAL SERVICES CORPORATION			loyer identification number
D۵	rt I Organizations Maintaining Donor Ad	vised Funds or Other Similar F	_	1266744 or Accounts Complete if the
-4:	organization answered "Yes" to Form 990		unus	or Accounts. Complete if the
		(a) Donor advised funds		(b) Funds and other accounts
1	Total number at end of year			
2	Aggregate contributions to (during year)			
3	Aggregate grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advis funds are the organization's property, subject to the o		nor adv	rsed Yes No
6	Did the organization inform all grantees, donors, and dused only for charitable purposes and not for the bene			er purpose
_	conferring impermissible private benefit?	: II	·	Yes No
	rt II Conservation Easements. Complete if		to Forr	n 990, Part IV, line 7.
1	Purpose(s) of conservation easements held by the org Preservation of land for public use (e.g., recreation	<u> </u>	n hictor	really important land area
	Protection of natural habitat	•		d historic structure
	Preservation of open space	, Treservation or a	cereme	a motorie stracture
2	Complete lines 2a through 2d if the organization held a easement on the last day of the tax year	a qualified conservation contribution in	the forr	n or a conservation
	,			Held at the End of the Year
а	Total number of conservation easements		2a	
b	Total acreage restricted by conservation easements		2b	
c	Number of conservation easements on a certified histo	oric structure included in (a)	2c	
d	Number of conservation easements included in (c) accommodate structure listed in the National Register	quired after 8/17/06, and not on a	2d	
3	Number of conservation easements modified, transfer	red, released, extinguished, or terminat	ed by th	ne organization during
	the tax year 🛌		·	
4	Number of states where property subject to conservat	ion easement is located 🗠		
5	Does the organization have a written policy regarding enforcement of the conservation easements it holds?	the periodic monitoring, inspection, har	ndling of	f violations, and Yes No
6	Staff and volunteer hours devoted to monitoring, inspe	cting, and enforcing conservation ease	ments (during the year
7	Amount of expenses incurred in monitoring, inspecting	a. and enforcing conservation easement	ts durın	g the vear
,	▶ \$	5,		3
8	Does each conservation easement reported on line 2(and section 170(h)(4)(B)(ii)?	d) above satisfy the requirements of se	ction 1	70(h)(4)(B)(ı)
9	In Part XIII, describe how the organization reports co balance sheet, and include, if applicable, the text of th the organization's accounting for conservation easeme	e footnote to the organization's financia		
Par	Organizations Maintaining Collection Complete if the organization answered "Y	s of Art, Historical Treasures,	or Ot	her Similar Assets.
1a	If the organization elected, as permitted under SFAS 1 works of art, historical treasures, or other similar assesservice, provide, in Part XIII, the text of the footnote	ets held for public exhibition, education,	or rese	earch in furtherance of public
b	If the organization elected, as permitted under SFAS 1 works of art, historical treasures, or other similar assesservice, provide the following amounts relating to thes	ets held for public exhibition, education,		
	(i) Revenues included in Form 990, Part VIII, line 1			▶ \$
	(ii) Assets included in Form 990, Part X			• \$
2	If the organization received or held works of art, histor following amounts required to be reported under SFAS			• •
а	Revenues included in Form 990, Part VIII, line 1	(, . <u> </u>		▶ \$
	Nevenues included in Form 330, Part VIII, life I			- P

b Assets included in Form 990, Part X

Part	Organizations Maintaining Co	<u>llections of Ar</u>	t, His	stori	cai ii	reasur	<u>es, or O</u>	<u>tne</u>	r Similar As	sets (c	ontinued)
3	Using the organization's acquisition, accessicollection items (check all that apply)	on, and other reco	rds, cl	heck	any of	the follo	wing that a	are a	sıgnıfıcant use	of its	
а	Public exhibition		d	Γ	Loan	or exch	ange progr	ams			
b	Scholarly research		e	Γ	Othe	r					
С	Preservation for future generations										
4	Provide a description of the organization's co Part XIII	ollections and expl	aın ho	w the	y furth	er the or	ganızatıon	's ex	empt purpose ı	n	
5	During the year, did the organization solicit o	or receive donation	s of a	rt, hıs	torical	treasur	es or othe	rsım			
	assets to be sold to raise funds rather than t									Yes	☐ No
Par	Escrow and Custodial Arrang Part IV, line 9, or reported an an						answere	d "Y	es" to Form 9	90,	
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?					utions o	r other ass	ets r	not	☐ Yes	┌ No
b	If "Yes," explain the arrangement in Part XII	I and complete the	e follo	wing	able		_				
							-		An	nount	
С .	Beginning balance						-	1c			
d	Additions during the year						-	1d			
е	Distributions during the year						-	1e			
f	Ending balance							1f			
2a	Did the organization include an amount on Fo	orm 990, Part X, Iır	ne 21?)						Yes	┌ No
b	If "Yes," explain the arrangement in Part XII	I Check here if the	e expla	anatı	on has	been pr	ovided in P	art X	(111		Γ
Pa	Tt V Endowment Funds. Complete	f the organizatio	n ans	swer	ed "Ye	s" to F	orm 990,	Par	t IV, line 10.		
		(a)Current year	(b)Prior	year	b (c) Tw	o years back	(d)	Three years back	(e)Four	ears back
1a	Beginning of year balance							_			
Ь	Contributions							-			
С	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities										
_	and programs							-			
f	Administrative expenses							\vdash			
g	End of year balance										
2	Provide the estimated percentage of the curr	ent year end balan	ice (lir	ne 1g	, colum	nn (a)) h	eld as				
а	Board designated or quasi-endowment ►										
b	Permanent endowment ►										
c	Temporarily restricted endowment ► The percentages in lines 2a, 2b, and 2c show	uld equal 100%									
3a	Are there endowment funds not in the posses organization by	_	zatıon	that	are hel	d and ac	dministered	d for		Yes	No
	(i) unrelated organizations		•					٠	3a(_	
b	(ii) related organizations If "Yes" to 3a(ii), are the related organization	ns listed as require	ed on S	Sche	dule R?				3a(
4	Describe in Part XIII the intended uses of th										
Par	t VI Land, Buildings, and Equipme Description of property	e nt. See Form 99	90, Pa		<u>, line </u> a) Cost d		(b)Cost or	other	(c) Accumulate	d (d)	Book value
	Description of property					estment)	basis (oth		depreciation		500k value
1a	Land										
b	Buildings										
C	Leasehold improvements							3,260	3,2	260	0
d	Equipment						15	3,609	135,0	056	18,553
e	Other										
Tota	I. Add lines 1a through 1e <i>(Column (d) must e</i>	qual Form 990, Part	X, colu	ımn (B), line	10(c).)			🕨		18,553

Part VIII Investments—Other Securities. Se	<u>e Form 990, Part X, line 1</u>	12.	
(a) Description of security or category	(b)Book value	(c) Method of va	luation
(including name of security)		Cost or end-of-year r	
(1)Financial derivatives			
(2)Closely-held equity interests			
Other			
Other			
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	F		
	oo Form 000 Part V June	. 12	
Part VIII Investments—Program Related. S			
(a) Description of investment type	(b) Book value	(c) Method of va	
		Cost or end-of-year r	narket value
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)	<u> </u>		
Part IX Other Assets. See Form 990, Part X,	line 15.		
(a) Desc	rıptıon	(b) Book value
(1) DEPOSITS			1,650
(2) DUE FROM THE STATE OF MD			936,363
Total (Column (b) must send from 2000 D 111 (Column (b) must send from			000 010
Total. (Column (b) must equal Form 990, Part X, col.(B) line			938,013
Part X Other Liabilities. See Form 990, Part			
1 (a) Description of liability	(b) Book value		
	-	-	
Federal income taxes		<u> </u>	
See Additional Data Table			
		7	
	1	1	
	+	-	
	+	1	
		4	
		1	
		-	
		_	
		_	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	b		
Total. (Column (b) must equal Form 990, Part X, col (B) line 25) 2. Fin 48 (ASC 740) Footnote In Part XIII, provide the to	avt of the footnate to the corr	anization's financial statements	hat reports the

Par	Reconciliation of Revenue per Audited Financial Stat	teme	nts With F	Revenue p	er R	eturn
1	Total revenue, gains, and other support per audited financial statements				1	18,668,304
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12					
a	Net unrealized gains on investments	2a		371,641		
b	Donated services and use of facilities	2b		7,692		
c	Recoveries of prior year grants	2c				
d	Other (Describe in Part XIII)	2d		18,033		
e	Add lines 2a through 2d				2e	397,366
3	Subtract line 2e from line 1				3	18,270,938
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				
c	Add lines 4a and 4b	· .			4 c	0
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line	12)			5	18,270,938
Part	XII Reconciliation of Expenses per Audited Financial Sta	atem	ents With	Expenses	per	Return
1	Total expenses and losses per audited financial statements	•			1	17,306,619
2	Amounts included on line 1 but not on Form 990, Part IX, line 25					
а	Donated services and use of facilities	2a		7,692		
b	Prior year adjustments	2b				
C	Other losses	2c				
d	Other (Describe in Part XIII)	2d		18,033		
e	Add lines 2a through 2d				2e	25,725
3	Subtract line 2e from line 1				3	17,280,894
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				
c	Add lines 4a and 4b				4 c	0
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, lin	e 18)			5	17,280,894

Part XIII Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information

Identifier	Return Reference	Explanation
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48		THE ORGANIZATION HAD NO LIABILITY FOR UNCERTAIN TAX POSITIONS THE ORGANIZATION'S FEDERAL EXEMPT ORGANIZATION RETURNS ARE SUBJECT TO EXAMINATION BY THE IRS, GENERALLY FOR A PERIOD OF THREE YEARS AFTER THE RETURNS ARE FILED
PART XI, LINE 2D - OTHER ADJUSTMENTS		DIRECT EXPENSES RELATED TO A FUNDRAISING EVENT
PART XII, LINE 2D - OTHER ADJUSTMENTS		DIRECT EXPENSES RELATED TO A FUNDRAISING EVENT
		PART XI, LINE 2D, OTHER DIRECT EXPENSES RELATED TO A FUNDRAISING EVENT, OFFSET AGAINST FUNDRAISING REVENUE \$18,033 PART XII, LINE 2D, OTHER DIRECT EXPENSES RELATED TO A FUNDRAISING EVENT, WHICH HAVE BEEN OFFSET AGAINST FUNDRAISING REVENUE \$18,033

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MARYLAND LEGAL SERVICES CORPORATION

DLN: 93493329004003

OMB No 1545-0047

SCHEDULE G (Form 990 or 990-EZ)

Name of the organization

Department of the Treasury

Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a. Form 990-EZ filers are not required to complete this part.

Attach to Form 990 or Form 990-EZ. See separate instructions.

Open to Public Inspection

Employer identification number

52-1266744

	rt I Fundraising Act						, line 17.
a b c d 2a	Indicate whether the organ Mail solicitations Internet and email solicitations Phone solicitations In-person solicitations Did the organization have a or key employees listed in If "Yes," list the ten highes to be compensated at least	citations written or oral agre Form 990, Part VII) t paid individuals or	ement with or entity of entities (fi	e f g n any Indi	Solicitation of non Solicitation of gov Special fundraising vidual (including officer	-government grants ernment grants g events -s, directors, trustees undraising services?	FYes FN o
	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	fundrais custo cont	Did ser have ody or rol of utions?	(iv) Gross receipts from activity	(v) A mount paid to (or retained by) fundraiser listed in col (i)	(vi) A mount paid to (or retained by) organization
			Yes	No			
Tota				>			
3	List all states in which the licensing	organization is regis	tered or li	censed to	solicit funds or has be	l en notified it is exempt	I from registration or

Pa	rt II	Fundraising Events. Commore than \$15,000 of fundrevents with gross receipts g	aising event contribut			
			(a) Event #1 ANNUAL AWARDS (event type)	(b) Event #2	(c) O ther events (total number)	(d) Total events (add col (a) through col (c))
≗	1	Gross receipts	27,16		(2012)	27,160
Revenue	2	Less Contributions	19,56			19,560
<u>*</u>	3	Gross income (line 1 minus line 2)	7,600			7,600
	4	Cash prizes				
ဟ	5	Noncash prizes				
anse.	6	Rent/facility costs	12,55	4		12,554
Expenses	7	Food and beverages .				
Direct	8	Entertainment				
à	9	Other direct expenses .	5,479	9		5,479
	10	Direct expense summary Add lir	ies 4 through 9 in columr	n (d)		(18,033)
	11	Net income summary Combine li	ne 3, column (d), and line	e 10		-10,433
Par	t III	Gaming. Complete if the oi \$15,000 on Form 990-EZ, li		"Yes" to Form 990, Pa	rt IV, line 19, or rep	orted more than
Revenue			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
<u>~</u>	1	Gross revenue				
<u>S</u> es	2	Cash prizes				
Expenses	3	Non-cash prizes				
	4	Rent/facility costs				
Direct	5	Other direct expenses				
	6	Volunteer labor	Г Yes	Г Yes	Г Yes	
	7	Direct expense summary Add line	s 2 through 5 in column ((d)		
	8	Net gaming income summary Com	bine lines 1 and 7 in colu	umn (d)	<u> ▶</u>	
9		er the state(s) in which the organiza		<u> </u>		
a b		he organization licensed to operate No," explain				
10a b		re any of the organization's gaming Yes," explain	licenses revoked, suspei	nded or terminated during	; the tax year?	

70ES	the organization operate gaming	activities with nonlinelinders		· · I Yes I No
.2		neficiary or trustee of a trust or a men		
	formed to administer charitable of	gaming?		· · · · Fyes F No
.3	Indicate the percentage of gamir	ng activity operated in		
а	The organization's facility			13a
b	An outside facility			13b
.4	Enter the name and address of th	ne person who prepares the organizati	on's gaming/special events books	and records
	Name ►			
	Address 🟲			
	revenue?	ntract with a third party from whom the		
	amount of gaming revenue retain	ed by the third party 🟲 \$		
C	If "Yes," enter name and address	s of the third party		
	Name 🟲			
	Address ►			
.6	Gaming manager information			
	Name 🟲			
	Gaming manager compensation I	\$ \$		
	Description of services provided	>		
	☐ Director/officer	Employee	Independent contractor	
.7	Mandatory distributions			
а	Is the organization required unde	er state law to make charitable distrib	utions from the gaming proceeds to	
	retain the state gaming license?			Г _{Yes} Г _{No}
b	Enter the amount of distributions	required under state law distributed t	to other exempt organizations or sp	ent
	<u> </u>	activities during the tax year 🟲 💲		
Par	columns (III) and (v), a	mation. Complete this part to pr and Part III, lines 9, 9b, 10b, 15b ditional information (see instructi	, 15c, 16, and 17b, as applical	
	Identifier	Return Reference	Explana	tion

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Grants and Other Assistance to Organizations, Governments and Individuals in the United States

Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22.

OMB No 1545-0047

Open to Public

DLN: 93493329004003

Schedule I

(Form 990)

Department of the Treasury Internal Revenue Service	Complet		Attach to Form 990	11 990, Part 1V, IIIIe 21 01	22.	O	pen to Public Inspection
Name of the organization MARYLAND LEGAL SERVICES CORF	PORATION					Employer identificati	ion number
						52-1266744	
Part I General Informatio Does the organization maintain			grants or accustance th	o grantoos' aligibility for	the grapte or accept	ange and	
Does the organization maintain the selection criteria used to aw							✓ Yes
2 Describe in Part IV the organiza							
Part II Grants and Other A Form 990, Part IV, line							es" to
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
See Additional Data Table							
2 Enter total number of section 503 Enter total number of other orga						_	
For Paperwork Reduction Act Notice see				Cat No. 50055P			ule I (Form 990) 2012

Part III	Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, I	Part IV, line 22.
	Part III can be duplicated if additional space is needed.	

(a)Type of grant or assistance (b)Number of recipients cash grant non-cash assistance (d)Amount of non-cash assistance (book, FMV, appraisal, other)					
	(a)Type of grant or assistance	(c) A mount of cash grant	(d)A mount of non-cash assistance	(book,	(f)Description of non-cash assistance

Part IV Supplemental Information.

Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information

Identifier	Return Reference	Explanation
PROCEDURE FOR MONITORING GRANTS IN THE U S		SCHEDULE I, PART I, LINE 2 APPLICATION PROCESS THE PUBLIC IS NOTIFIED OF THE ANNUAL GRANT APPLICATION PROCESS AND DEADLINE, AND AN ANNUAL GRANT INFORMATIONAL MEETING IS HELD IN JANUARY TO DISTRIBUTE THE APPLICATION PACKET AND EXPLAIN THE PROCESS GRANT REVIEW STAFF CAREFULLY REVIEWS ALL GRANT APPLICATIONS AND PREPARES SUMMARIES FOR THE BOARD BASED ON SPECIFIC GOALS AND CRITERIA, ARTICULATED IN THE GRANT APPLICATION PACKET THE BOARD/STAFF REVIEW COMMITTEES CONDUCT MEETINGS OR SITE VISITS WITH APPLICANTS AS DETERMINED NECESSARY TO COMPLETE THE REVIEW THE FULL BOARD MEETS IN MAY OR JUNE TO REVIEW COMMITTEE RECOMMENDATIONS AND MAKE GRANT AWARD DETERMINATIONS AWARD PROCESS CONTRACTS ARE SENT TO GRANT RECIPIENTS AND ONCE FULLY EXECUTED, GRANT PAYMENTS BEGIN IN MID-JULY AND ARE PAID ON VARYING SCHEDULES DEPENDING ON THE GRANT MONITORING GRANT RECIPIENTS ARE REQUIRED TO SUBMIT SEMI-ANNUAL AND ANNUAL PROGRESS REPORTS AND FINANCIAL AUDIT REPORTS, WHICH ARE REVIEWED BY STAFF AND REPORTED TO THE BOARD STATEMENTS OF POSITIVE ASSURANCE WITH REGARD TO GRANT PROVISION COMPLIANCE ARE ALSO OBTAINED
		Cabadula I (Farma 000) 2012

(a) Name and address of

(b) EIN

(h) Purpose of grant

Software ID:

Software Version: EIN: 52-1266744

(c) IRC Code section (d) Amount of cash (e) Amount of non-

Name: MARYLAND LEGAL SERVICES CORPORATION

(f) Method of

(g) Description of

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

organization or government		ıf applıcable	grant	cash assistance	valuation (book, FMV , appraisal, other)	non-cash assistance	or assistance
ALLEGANY COUNTY LAW FND110 GREENE STREET BALTIMORE,MD 21502	52-2086928	501 (C)(3)		184,089			GENERAL SUPPORT
ALTERNATIVE DIRECTIONS 2505 NORTH CHARLES STREET BALTIMORE,MD 21218	52-1578625	501 (C)(3)		273,914			GENERAL SUPPORT
ASIAN PACIFIC AMERICAN LEGAL1012 14TH ST NW STE 450 WASHINGTON, DC 20005	52-2148028	501 (C)(3)		36,240			GENERAL SUPPORT
BALTIMORE BAR FOUNDATION111 NORTH CALVERT ST RM 627 BALTIMORE,MD 21202	23-7105896	501 (C)(3)		51,500			GENERAL SUPPORT
BALTIMORE NEIGHBORHOODS2530 NORTH CHARLES STSTE 200 BALTIMORE, MD 21218	52-0743353	501 (C)(3)		115,150			GENERAL SUPPORT
CASA DE MARYLAND8151 15TH AVENUE HYATTSVILLE,MD 20783	52-1372972	501 (C)(3)		123,500			GENERAL SUPPORT
CASA116 W BALTIMORE STREET HAGERSTOWN,MD 21740	52-1157651	501 (C)(3)		33,250			GENERAL SUPPORT
CATHOLIC CHARITIES BALTIMORE430 SOUTH BROADWAY STREET BALTIMORE,MD 21231	52-0591538	501 (C)(3)		117,590			GENERAL SUPPORT
CATHOLIC CHARITIES DC 924 G STREET NW WASHINGTON,DC 20001	53-0196524	501 (C)(3)		132,715			GENERAL SUPPORT
COMMUNITY LAW CENTER 3355 KESWICK RD STE 200 BALTIMORE,MD 21211	52-1320934	501 (C)(3)		90,250			GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of (b) EIN (c) IRC Code section (d) Amount of cash (e) Amount of non- (f) Method of (g)

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COMMUNITY LEGAL SERV OF PG6801 KENILWORTH AVE STE 150 RIVERDALE, MD 20737	52-1481332	501 (C)(3)		548,864			GENERAL SUPPORT
DOMESTIC VIOLENCE CENTER5457 TWIN KNOLLS ROAD S 310 COLUMBIA,MD 21046	52-1115111	501 (C)(3)		47,320			GENERAL SUPPORT
HARFORD COUNTY BAR FOUNDATION18 OFFICE STREET BEL AIR, MD 21014	52-1722344	501 (C)(3)		181,115			GENERAL SUPPORT
HEARTLY HOUSEPO BOX 857 FREDERICK,MD 21701	52-1186250	501 (C)(3)		68,125			GENERAL SUPPORT
HOMELESS PERSONS REPRES PROJ1800 NORTH CHARLES STSTE 206 BALTIMORE, MD 21201	52-1697260	501 (C)(3)		237,625			GENERAL SUPPORT
HOUSE OF RUTH MARYLAND2201 ARGONNE DRIVE BALTIMORE,MD 21218	52-1100236	501 (C)(3)		362,474			GENERAL SUPPORT
LEGAL AID BUREAU500 EAST LEXINGTON STREET BALTIMORE,MD 21202	52-0591621	501 (C)(3)		10,497,107			GENERAL SUPPORT
MD COALITION INCLUSIVE EDUC7484 CANDLEWOOD RD STE R HANOVER, MD 21076	52-1566261	501 (C)(3)		57,200			GENERAL SUPPORT
MD CRIME VICTIM RESOURCE CTR1001 PRINCE GEORGES BLVD UPPER MARLBORO, MD 20774	52-1376744	501 (C)(3)		111,695			GENERAL SUPPORT
MD DISABILITY LAW CENTER1800 NORTH CHARLES STSTE 400 BALTIMORE,MD 21201	51-0215570	501 (C)(3)		712,454			GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of (b) EIN (c) IRC Code section (d) Amount of cash (e) Amount of non- (f) Method of (g) Description of

organization or government	(5) 1111	ıf applicable	grant	cash	valuation (book, FMV, appraisal, other)	non-cash assistance	or assistance
MD VOLUNTEER LAWYERS' SERVICEONE NORTH CHARLES ST STE 222 BALTIMORE, MD 21201	52-1225979	501 (C)(3)		864,860			GENERAL SUPPORT
MID-SHORE COUNCIL FAMILY VIOLPO BOX 5 DENTON,MD 21629	52-1179234	501 (C)(3)		111,435			GENERAL SUPPORT
MID-SHORE PRO BONO PROJECT216 EAST DOVER STREET BG 300 EASTON,MD 21601	16-1779280	501 (C)(3)		254,000			GENERAL SUPPORT
MONTGOMERY CO BAR FOUNDATION27 WEST JEFFERSON STREET ROCKVILLE, MD 20850	52-1272181	501 (C)(3)		426,230			GENERAL SUPPORT
PRO BONO RESOURCE CENTER520 WEST FAYETTE STREET BALTIMORE,MD 21201	52-1664796	501 (C)(3)		217,100			GENERAL SUPPORT
PUBLIC JUSTICE CENTER ONE NORTH CHARLES ST STE 200 BALTIMORE, MD 21201	52-1412226	501 (C)(3)		231,050			GENERAL SUPPORT
SEXUAL ASSAULT RESOURCE CTRPO BOX 1207 BEL AIR, MD 21014	52-1224705	501 (C)(3)		25,175			GENERAL SUPPORT
SEXUAL ASSAULT LEGAL INSTPO BOX 8782 SILVER SPRING,MD 20907	52-1907037	501 (C)(3)		49,875			GENERAL SUPPORT
SOUTHERN MD CTR FAMILY ADV 23918 MERVELL DEAN ROAD HOLLYWOOD, MD 20636	52-1190915	501 (C)(3)		57,712			GENERAL SUPPORT
UNIV OF MD LAW SCHOOL - HIV500 WEST BALTIMORE STREET BALTIMORE,MD 21201	31-1678679	501 (C)(3)		48,240			GENERAL SUPPORT

(h) Purpose of grant

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

	•			_			
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WHITMAN-WALKER CLINIC 1701 14TH STREET NW WASHINGTON, DC 20009	52-1122122	501 (C)(3)		50,350			GENERAL SUPPORT
WOMEN'S LAW CENTER305 W CHESAPEAKE AVESTE 201 TOWSON, MD 21204	52-1238912	501 (C)(3)		266,687			GENERAL SUPPORT
LESS UNUSED GRANT FUNDS RETURNED FROM PRIOR YEARS				-2,100			GENERAL SUPPORT

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DLN: 93493329004003

OMB No 1545-0047

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees**

► Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

Name of the organization MARYLAND LEGAL SERVICES CORPORATION

Schedule J (Form 990)

Department of the Treasury

Internal Revenue Service

Employer identification number

52-1266744

	Questions Regarding compensation		\/	
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax idemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III			
	Compensation committee Written employment contract			
	Form 990 of other organizations Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization			
а	Receive a severance payment or change-of-control payment?	4a		Νo
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		Νo
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
а	The organization?	5a		Νo
b	Any related organization?	5b		Νo
	If "Yes," to line 5a or 5b, describe in Part III			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
а	The organization?	6a		Νo
b	Any related organization?	6b		Νo
	If "Yes," to line 6a or 6b, describe in Part III			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7		No
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III	8		No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	9		

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(1)-(111) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

(A) Name and Title		(i) Base (ii) Bonus & (iii) Other reportable compensation compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(I)-(D)	(F) Compensation reported as deferred in prior Form 990
(1)SUSAN M ERLICHMAN ESQ EXECUTIVE DIR	(i) (ii)	141,870 0	0	0	14,556 0	21,547 0	177,973 0	0

Schedule J (Form 990) 2012

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II Also complete this part for any additional information

Identifier Return Reference Explanation

Schedule J (Form 990) 2012

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DLN: 93493329004003

SCHEDULE O (Form 990 or 990-EZ)

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 to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047
2012
Open to Public

Inspection

Name of the organization	Employer ident if i	cation number
MARYLAND LEGAL SERVICES CORPORATION		
	52-1266744	

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 11	LINE 11A EXPLANATION - COPIES WILL BE GIVEN TO THE BOARD AND EXECUTIVE DIRECTOR FOR REVIEW BEFORE MAILING TO THE IRS
	FORM 990, PART VI, SECTION B, LINE 12C	ALL BOARD MEMBERS AND EMPLOYEES ARE REQUIRED, ANNUALLY, TO READ THE CONFLICT OF INTEREST POLICY AND COMPLETE THE DISCLOSURE STATEMENT QUESTIONS IN ADDITION, MLSC BOARD MEMBERS ARE REQUIRED TO COMPLETE AN APPOINTEE EXEMPTION DISCLOSURE FORM
	FORM 990, PART VI, SECTION B, LINE 15A	THE PROCESS FOR DETERMINING COMPENSATION OF THE ORGANIZATION'S EXECUTIVE DIRECTOR INCLUDES REVIEW AND APPROVAL BY THE MLSC BOARD OF DIRECTORS, WHICH CONSISTS OF NINE INDEPENDENT PERSONS THE MLSC BOARD IS PROVIDED CURRENT DATA, COLLECTED IN AN ANNUAL SURVEY, CONDUCTED BY THE NATIONAL ASSOCIATION OF IOLTA PROGRAMS (NAIP), AND CONSIDERS IN ITS DELIBERATIONS, COMPENSATION PAID TO EXECUTIVE DIRECTORS IN LIKE ORGANIZATIONS THAT ARE MOST COMPARABLE WITH REGARD TO RESPONSIBILITIES, SKILL SET, CREDENTIALS, AND TENURE
	FORM 990, PART VI, SECTION C, LINE 19	ALL ARE AVAILABLE UPON WRITTEN REQUEST ADDITIONALLY, THE ORGANIZATION SUBMITS ANNUAL AUDITED FINANCIAL STATEMENTS AND ANNUAL REPORTS TO THE FOLLOWING OFFICES OFFICE OF THE MARY LAND SECRETARY OF STATE, ADMINISTRATIVE OFFICE OF THE COURTS MARY LAND JUDICIAL CENTER, DEPARTMENT OF LEGISLATIVE SERVICES LIBRARY, AND THE OFFICE OF GOVERNOR MARTIN O'MALLEY