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# Short Form Return of Organization Exempt From Income Tax

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

OMB No 1545-1150

2014

Open to Public Inspection

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.
 ▶ Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

Α	For the	2014 calenda	ar year, or tax year beginning , 2014, and end	ng	_		, 20
В	Check if ac	oplicable	C Name of organization		D Emp	loyer ide	entification number
	Address c	-	College of Workers Compensation, Inc		l	20	0-8237940
님	Name cha	•	Number and street (or P O box, if mail is not delivered to street address)  Room/su	ite	E Telep	ohone nu	ımber
님	Initial retur	rn n/terminated	1997 Annapolis Exchange Parkway			41	0-972-4524
H	Amended		City or town, state or province, country, and ZIP or foreign postal code		F Gro	up Exer	nption
ă	Application		Annapolis, MD 21401		Nun	nber ▶	•
G	Account	ting Method	✓ Cash	TΗ	Check	▶ Ø i	the organization is not
1.3	<b>Vebsite</b>	.► www.	cwclawyers com				ach Schedule B
J 1	ax-exen	npt status (che	ock only one) — 🗹 501(c)(3) 🔲 501(c) ( ) ◀ (insert no ) 🔲 4947(a)(1) or 🔲 527	.			)-EZ, or 990-PF).
			☑ Corporation ☐ Trust ☐ Association ☐ Other				
			7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or it	tota	assets		
			w) are \$500,000 or more, file Form 990 instead of Form 990-EZ			<b>▶</b> s	
	art I	Revenu	e, Expenses, and Changes in Net Assets or Fund Balances (see	the	instru	ctions	for Part I)
			the organization used Schedule O to respond to any question in this P				
_	1		ons, gifts, grants, and similar amounts received			1	1,330
	2		ervice revenue including government fees and contracts	• •	• •	2	1,000
	3		ip dues and assessments	• •	• •	3	61,000
	4	Investmen		•	• •	4	01,000
	5a		ount from sale of assets other than inventory   5a	•	• •	1 22	
	b		or other basis and sales expenses		-	37.20	
	C		ss) from sale of assets other than inventory (Subtract line 5b from line 5a)			<u> </u>	
	6		nd fundraising events			5c	
	a	•	ome from gaming (attach Schedule G if greater than			195	
ē	"		· · · · · · · · · · · · · · · · · · ·			3.	
Revenue	ь		me from fundraising events (not including \$ of contrib	ution		8" ( <u>)</u>	
ě	~		raising events reported on line 1) (attach Schedule G if the	utioi	:5	10.7	
Œ	1		ch gross income and contributions exceeds \$15,000)		24,900		
	С		et expenses from gaming and fundraising events 6c		26,506	15. 37.1	
	ď		e or (loss) from gaming and fundraising events (add lines 6a and 6b and	1 911		3.7	
		line 6c)				6d	(1,606)
	7a	,	s of inventory, less returns and allowances			- ou	(1,000)
	b		of goods sold			2, 1	
	C		it or (loss) from sales of inventory (Subtract line 7b from line 7a)			7c	
	8		·			8	
	9		nue (describe in Schedule O)	•		9	60,724
_	10		d similar amounts paid (list in Schedule O)	<u> </u>		10	<del> </del>
	111		aid to or for members	• •	1	11	5,000
w	1	•	ther compensation, and employee benefits		\dagger \tag{\cdot}	12	24.242
penses	13		al food and other payments to independent continue	·	S-0SC	<del></del>	24,343
ē	14	_	1937 1 A 131 40 A2 / 1117	٠ į	위 ·	13	1,080
Ä		•	1001	. 1	<u>গ্লে</u>	14	2,534
-	15		ublications, postage, and shipping		<u></u>	15	6,915
	16		enses (describe in Schedule 0) OGDEN, U	1 .		16	15,223
_	17		singes. Add lines to through to	•		17	55,095
ţ	18		(deficit) for the year (Subtract line 17 from line 9)			18	5,629
- 88	19		s or fund balances at beginning of year (from line 27, column (A)) (must a	agree	e with		
Net Assets			ar figure reported on prior year's return)			19	52,400
Š	20		nges in net assets or fund balances (explain in Schedule O)		• •	20	
	21	•	or fund balances at end of year. Combine lines 18 through 20		<u>    .                                </u>	21	58,029
Fo	r Papen	work Reduct	tion Act Notice, see the separate instructions. Cat No 1064	21			Form <b>990-EZ</b> (2014)

Convided APR 1 0 2015

Part	Balance Sheets (see the instructions for	or Part II)				
·	Check if the organization used Schedule	O to respond to an	y question in this	Part II	•	<u> </u>
-				(A) Beginning of year		(B) End of year
22	Cash, savings, and investments		[	52,400	22	58,029
23	Land and buildings		[	-0-	23	-0-
24	Other assets (describe in Schedule O)		[	-0-	24	-0-
25	Total assets		[	52,400	25	58,029
26	Total liabilities (describe in Schedule O)		[	-0-	26	-0-
27	Net assets or fund balances (line 27 of column			52,400	27	58,029
Part				art III)		
	Check if the organization used Schedule	•		•		Expenses
What	is the organization's primary exempt purpose?					equired for section
	ribe the organization's program service accomplis			rogram convices		(c)(3) and 501(c)(4) anizations, optional for
	easured by expenses. In a clear and concise ma					ers.)
	ins benefited, and other relevant information for ea		pionico	,		
28						Τ
		•••••				
		••••••				
	(Grants \$ ) If this amount	includes foreign gra	nts check here	▶ □	28	a
29						<del></del>
25						
		·				1
	(Grants \$ ) If this amount	inaludas foreign gra	nto chock horo		29	ا
					250	<del></del>
30						
	/Oranta C	a aludaa farasaa ara	nto chook baro		20.	
		ıncludes foreign gra			30	a
	Other program services (describe in Schedule O)					
	(Grants \$ ) If this amount	includes foreign gra	nts, check here .	· · · <u> </u>	31:	<del></del>
	Total program service expenses (add lines 28a t				32	<u> </u>
Part						•
	Check if the organization used Schedule		(c) Reportable	Part IV	÷	<u> </u>
	(a) Name and title	(b) Average hours per week	compensation	contributions to employ		
	(a) Name and title	devoted to position	(Forms W-2/1099-MISC (if not paid, enter -0-)			other compensation
<b>D</b> 1 .	N-FI		(ii not paid, enter -o-)	delened compensatio	<u>"</u>	<del></del>
	rah Kohi	President & Director	_			•
	Bedford St , #301, Fall River, MA 02720	10-12 hours/year	-0-	·	0-	-0-
	Ingram	VP & Director				
	S W Adams St , Suite 600, Peoria, IL 61602	10-12 hours/year	-0-	•	0-	-0-
	B Torrey	Secretary & Director	_			
	Penn Avenue, Suite 300, Pittsburgh, PA 15222	10-12 hours/year	-0	·	<u>0- </u>	-0-
Kıp K		Treasurer & Director				
	0 Tomahawk Creek Parkway, #190, Leawood, KS 66211	10-12 hours/year	-0	<u> </u>	0-	-0-
	nas Kieselbach	Director				
1550	Utica Ave S , #600, Minneapolis, MN 55416	10-12 hours/year	-0	<u> </u>	<u>0- </u>	-0-
Steve	Birnbaum	Director	}		1	
711 (	Grand Avenue, Suite 130, San Rafael, CA 94901	10-12 hours/year	-0	·	0-	-0-
Alber	t Nelson	Director				
201 V	N Big Beaver Rd , Suite 1000, Troy MI 48084	10-12 hours/year	-0		-0-	-0-
Greg	Presmanes	Director				
200 A	Ashford Center N , Suite 500, Atlanta, GA 30338	10-12 hours/year	-0	.  .	0-	-0-
Corn			0			
Gera	ld Rosenthal	Director				
		Director 10-12 hours/year	-0		.0-	-0-
1401	ld Rosenthal	10-12 hours/year			0-	-0-
1401 Ann I	ld Rosenthal Forum Way, Sixth Floor, West Palm Beach, FL 33401	10-12 hours/year Director			·0-	-0-
1401 Ann I 135 F	ld Rosenthal Forum Way, Sixth Floor, West Palm Beach, FL 33401 Bishop	10-12 hours/year Director 10-12 hours/year	-0			
1401 Ann I 135 F	ld Rosenthal Forum Way, Sixth Floor, West Palm Beach, FL 33401 Bishop Powers Ferry Road, Marietta, GA 30067 ence Coriden	10-12 hours/year Director 10-12 hours/year Director	-0			-0-
1401 Ann I 135 F Terre 445 S	ld Rosenthal Forum Way, Sixth Floor, West Palm Beach, FL 33401 Bishop Powers Ferry Road, Marietta, GA 30067	10-12 hours/year Director 10-12 hours/year	-0		-0-	

Part	Other Information (Note the Schedule A and personal benefit contract statement requirements	in th	ne	
	instructions for Part V) Check if the organization used Schedule O to respond to any question in this	Part	_	
00	Dubble annulation against the state of the s		Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33		1
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed			
	copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	۱		,
35a	change on Schedule O (see instructions)	34		✓
55 <b>a</b>	activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		1
	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule 0	35b		
С	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice,			
26	reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		✓
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		1
	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a -0-			
	Did the organization file Form 1120-POL for this year?	37ь		✓
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? .	38a		
b	If "Yes," complete Schedule L, Part II and enter the total amount involved   38b   N/A			<b>.</b> ✓
39	Section 501(c)(7) organizations. Enter:			ŀ
а	Initiation fees and capital contributions included on line 9			
b	Gross receipts, included on line 9, for public use of club facilities			
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:			
	section 4911 ▶	-		
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year			
	that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		1
С	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax imposed			Ť
	on organization managers or disqualified persons during the year under sections 4912,			
	4955, and 4958	1		- 3
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter			
_	transaction? If "Yes," complete Form 8886-T	40e		1
41	List the states with which a copy of this return is filed ▶			
42a	The organization's books are in care of ▶ Susan Wan  Telephone no. ▶	10-97	2-452	4
	Located at ► 1997 Annapolis Exchange Parkway, Annapolis, MD ZIP + 4 ►	21401	-3273	
ь	At any time during the calendar year, did the organization have an interest in or a signature or other authority over	401	Yes	No
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  If "Yes," enter the name of the foreign country:	42b		_
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and			
	Financial Accounts (FBAR).			
С	At any time during the calendar year, did the organization maintain an office outside the U.S.?	42c		<b>√</b>
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here		. 1	▶┌
	and enter the amount of tax-exempt interest received or accrued during the tax year		1.7	
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be		Yes	No
	completed instead of Form 990-EZ	44a		1
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be			
	completed instead of Form 990-EZ	44b		1
C	Did the organization receive any payments for indoor tanning services during the year?	44c		<b>√</b>
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schodulo O			
AE a	explanation in Schedule O	44d	<b> </b>	<del>⊢,</del>
45a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		✓
	meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of			
	Form 990-EZ (see instructions)	45b		1

om 990	)-EZ (20	14)						F	age 4
<b>4</b> 6	Did th	e organization engage, directly or indidates for public office? If "Yes," o	ndirectly, in political c	ampaign activities on	behalf of	f or in oppositi	on 46	Yes	No
Part V	<b>71</b>	Section 501(c)(3) organizations All section 501(c)(3) organization 50 and 51. Check if the organization used Sci	only s must answer que	stions 47–49b and	52, and	complete the	tables f		
		ne organization engage in lobbying If "Yes," complete Schedule C, Par		section 501(h) electio	n in effe	ct during the t	tax 47	Yes	No
49a b 50	Did the off "Yes Comp	organization a school as described in the organization make any transfers t s," was the related organization a se tolete this table for the organization's byees) who each received more than	o an exempt non-cha ection 527 organizations five highest compen	ritable related organizon? sated employees (oth	ation? .  ner than c	officers, director		es an	
	(a) !	Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	contribution benefit pla	alth benefits, ons to employee ns, and deferred ipensation	(e) Estimate other con		
None									
	Total	number of other employees paid ov	er \$100 000						_
51 	Comp	olete this table for the organization 000 of compensation from the organization	's five highest comp	ensated independent	contract	ors who each	received	l more	tha
None	(a)	Name and business address of each independent	dent contractor	(b) Type of serv	/ice	(c)	Compensat	ion	
					<del></del> ·			_	
								-	
d 52	Did 1	number of other independent contr	•	• •			. —		
	enalties	of perjury, I declare that I have examined this decomplete Declaration of preparer (other that			ents, and to	the best of my kn	.► ✓ Ye		No f, it is
Sign Here		Type or print name and title	ngram			Date 3 - 2	1-15	>	
Paid Prep	arer	Print/Type preparer's name Stewer Foot Cu	Preparer's signature	<i>7</i> 1/1	Moch 2	Check Self-emplo	yed P	014664	
Use (		Firm's name	Contact Town Mark T	20100		Firm's EIN ▶	45-41	20641	

Firm's address > 4763 Barwick Drive, Suite 100, Fort Worth, Texas 76132

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

817-263-5190

. ► ✓ Yes 🗌 No

Phone no

#### SCHEDULE A (Form 990 or 990-EZ)

## **Public Charity Status and Public Support**

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

2014

OMB No 1545-0047

Department of the Treasury Internal Revenue Service ► Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Employer identification number

College of Workers Compensation Lawyers. Inc 20-8237940 Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state. 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives: (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions-subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. ☐ Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations -0-Provide the following information about the supported organization(s). (i) Name of supported organization (iv) is the organization 60 EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of listed in your governing (described on lines 1-9 support (see other support (see above or IRC section document? instructions) instructions) (see instructions)) Yes (A) (B) (C) (D) (E)

Total

Part II

(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 in) (a) 2010 **(b)** 2011 (c) 2012 (d) 2013 (e) 2014 (f) Total Gifts, grants, contributions. membership fees received. (Do not include any "unusual grants.") . . . Tax revenues levied for organization's benefit and either paid to or expended on its behalf . . . The value of services or facilities furnished by a governmental unit to the organization without charge . . . . Total. Add lines 1 through 3. . . . The portion of total contributions by person (other than 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 from line 4. Section B. Total Support (a) 2010 **(b)** 2011 Calendar year (or fiscal year beginning in) ▶ (c) 2012 (d) 2013 (e) 2014 (f) Total Amounts from line 4 . . . . . . Gross income from interest, dividends. payments received on securities loans. rents, royalties and income from similar sources . . . . . . . . . . . . Net income from unrelated business activities, whether or not the business is regularly carried on . . . . . Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . . . . . **Total support.** Add lines 7 through 10 11 12 Gross receipts from related activities, etc. (see instructions) . . . . . . . . . . First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) Section C. Computation of Public Support Percentage Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f) . . . . % Public support percentage from 2013 Schedule A, Part II, line 14 . . . . . . . . . . . . . . . 15 % 331/3% support test-2014. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check this 331/3% support test - 2013. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10%-facts-and-circumstances test - 2014. 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 VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported 10%-facts-and-circumstances test - 2013. 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 VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iy) and 170(b)(1)(A)(vi)

Part III 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	on A. Public Support						
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and membership fees			]			
	received (Do not include any "unusual grants.")	27,750	35,155	38,900	53,925	62,330	218,060
2	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 .	28,264	37,234	24,527	32,550	24,900	1 47,835
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513	-0-	-0-	-0-	-0-	-0-	-0-
4	Tax revenues levied for the				l	1	
	organization's benefit and either paid						
	to or expended on its behalf	-0-	-0-	-0-	-0-	-0-	-0-
5	The value of services or facilities						
	furnished by a governmental unit to the						
_	organization without charge	-0-	-0-	-0-	-0-	-0-	-0-
6 7a	<b>Total.</b> Add lines 1 through 5 Amounts included on lines 1, 2, and 3	56,014	72,389	63,427	86,475	87,230	365,535
ı a	received from disqualified persons .	-0-	-0-	-0-	-0-	-0-	0
			-0-			-0-	-0-
b	Amounts included on lines 2 and 3 received from other than disqualified						
	persons that exceed the greater of \$5,000		1			Ì	
	or 1% of the amount on line 13 for the year	-0-	-0-	-0-	<b>-</b> 0-	-0-	-0-
С	Add lines 7a and 7b	-0-	-0-	-0-	-0-	-0-	-0-
8	Public support (Subtract line 7c from		,			, -	
	line 6)	;	ļ	, ,	æ -		365,535
Secti	on B. Total Support						
Calen	dar year (or fiscal year beginning in)	(a) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9	Amounts from line 6	56,014	72,389	63,427	86,475	87,230	365,535
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,						
	royalties and income from similar sources .	-0-	-0-	-0-	-0-	-0-	-0-
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses acquired after June 30, 1975			]	•		•
_		-0- -0-	-0- -0-	-0- -0-	-0-	-0-	-0-
С 11	Add lines 10a and 10b	-0-		-0-	-0-	-0-	-0-
"	activities not included in line 10b, whether						
	or not the business is regularly carried on	-0-	-0-	-0-	-0-	-0-	-0-
12	Other income. Do not include gain or	<u>-</u>					<u>_</u>
	loss from the sale of capital assets						
	(Explain in Part VI.)	-0-	-0-	-0-	-0-	-0-	-0-
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)	56,014	72,389		86,475	87,230	365,535
14	First five years. If the Form 990 is for the		i's first, secon	d, third, fourth	, or fifth tax ye	ear as a sectio	n 501(c)(3)
	organization, check this box and stop he			<u></u>	<u></u>	<u> </u>	· · <u></u>
	on C. Computation of Public Support					<del></del>	
15	Public support percentage for 2014 (line		-	3, column (f))		<del></del>	100 %
16	Public support percentage from 2013 Sci			· · · · · · · · · · · · · · · · · · ·	<del></del>	16	100 %
	ion D. Computation of Investment In			lun a 40	(0)	145	
17 18	Investment income percentage for 2014 (	-		•	nn (f))	17	0 %
	Investment income percentage from 201:					18	0 %
19a	331/3% support tests – 2014. If the organ 17 is not more than 331/3%, check this box						
ь	331/s% support tests—2013. If the organization						
D	line 18 is not more than 331/3%, check this						
20	Private foundation. If the organization d						

## Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Secti	on A. All Supporting Organizations			
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2) (B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.	3c	<u> </u>	
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c		
5а	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in <b>Part VI</b> , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)	5a	). 	
	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
6	Substitutions only. Was the substitution the result of an event beyond the organization's control?  Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.	5c		,
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in <b>Part VI</b> .	9a		, ,
b	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in <b>Part VI</b> .	9b	<u> </u>	
	Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c	ļ	1-22-7
10a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer (b) below.	10a	ļ	-
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)	10b		-

Part I	V Supporting Organizations (continued)	
4.		Yes No
11	Has the organization accepted a gift or contribution from any of the following persons?	
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a
ь	A family member of a person described in (a) above?	11b
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c
	on B. Type I Supporting Organizations	
		Yes No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2
Section	on C. Type II Supporting Organizations	
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s)	Yes No
Section	on D. All Type III Supporting Organizations	<del></del>
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	Yes No
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).	
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard.	3
Secti	on E. Type III Functionally-Integrated Supporting Organizations	
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see	instructions):
a b	☐ The organization satisfied the Activities Test. Complete line 2 below. ☐ The organization is the parent of each of its supported organizations. Complete line 3 below	(
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (	see instructions).
2	Activities Test. Answer (a) and (b) below.	Yes No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a
<b>b</b>	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement	2b
3 a	Parent of Supported Organizations. <i>Answer (a) and (b) below.</i> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	3a
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes " describe in Part VI the role placed by the organization of this green!	25

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical	jani	zations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying			instructions. All
other Type III non-functionally integrated supporting organizations must con	mple	te Sections A through E.	1 (0) (0)
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		<u> </u>
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		<u></u>
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year).	L.,		
a Average monthly value of securities	1a		
<b>b</b> Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	10		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other		•	
factors (explain in detail in Part VI).	L _	<u> </u>	٠, ., .,
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by 035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2		
3 Mınimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			1
emergency temporary reduction (see instructions)	6		
7 Check here if the current year is the organization's first as a non-functional	ly-in	tegrated Type III supporti	ng organization (see
instructions).	•	• //· //	J (

Part '	Type III Non-Functionally Integrated 509(a)(3	<ol><li>Supporting Organia</li></ol>	zations (continued)				
Secti	on D - Distributions	···		Current Year			
1	Amounts paid to supported organizations to accomplish	exempt purposes					
2							
3	organizations, in excess of income from activity  3 Administrative expenses paid to accomplish exempt purposes of supported organizations						
6	Other distributions (describe in Part VI). See instructions.						
7_	Total annual distributions. Add lines 1 through 6.						
8	Distributions to attentive supported organizations to which	h the organization is res	ponsive				
	(provide details in Part VI). See instructions.						
	Distributable amount for 2014 from Section C, line 6						
10	Line 8 amount divided by Line 9 amount						
Se	ction E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014			
1	Distributable amount for 2014 from Section C, line 6						
_ 2	Underdistributions, if any, for years prior to 2014						
	(reasonable cause required-see instructions)						
_3	Excess distributions carryover, if any, to 2014:						
a							
<u>b</u>				<del></del>			
c	c						
<u>d</u>	•						
<u>e</u>	From 2013						
<u>f</u> _	Total of lines 3a through e						
<u>_</u> _g	Applied to underdistributions of prior years						
_ <u>h</u> _	Applied to 2014 distributable amount	`					
i_	Carryover from 2009 not applied (see instructions)	·- , -		,			
i_	Remainder. Subtract lines 3g, 3h, and 3i from 3f.						
4	Distributions for 2014 from Section						
	D, line 7: \$		·	**			
_ <u>a</u>	Applied to underdistributions of prior years			-			
_ <u>b</u>	Applied to 2014 distributable amount						
<u>c</u>	Remainder. Subtract lines 4a and 4b from 4.	<u> </u>		,			
5	Remaining underdistributions for years prior to 2014, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).	• •		,			
6	Remaining underdistributions for 2014 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).						
<del>-</del> 7	Excess distributions carryover to 2015 Add lines 3 <sub>j</sub> and 4c.						
_ 8	Breakdown of line 7:						
a							
b		٠					
c	1	,	1				
d	Excess from 2013						
е	Excess from 2014						

	form 990 or 990-EZ) 2014 Page 8
Part VI	<b>Supplemental Information.</b> Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions.)
	······································
•••••	

#### **SCHEDULE O** (Form 990 or 990-EZ)

### Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

▶ Attach to Form 990 or 990-EZ. ▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection Employer identification number

Name of the organization			Employer is	dentification	
College of Workers Compensation Lawyers, Ir	nc		<u> </u>	20-8237	940
D. A.A. L. A.G. Olhan Francisco					
Part 1, Line 16 - Other Expenses			·····		
					***************************************
Advertising and Promotion	\$1,263				
Awards - Writing Competition	\$2,500				
Contribution of Floring	e 479				
Certificates of Election	\$ 473	···			
Computer and Network Expenses	\$ 168				
	***************************************				
Insurance	\$ 643				
Long Distance	\$ 17				·
Meals - Board Meeting	\$3,213				
Office Supplies	\$ 615				
Reimbursement	\$ 10				••••
Filing Fees	\$ 22				
riiiig rees	Ψ Ζζ	***************************************			
Travel Expense - Board	\$2,210				
	**************************************	***************************************			
Travel Expense - Executive Director	\$2,300				•••••
Traval Evenana Canalyar	¢ 504				
Travel Expense - Speaker	\$ 584				
Website Maintenance	\$1,205				
			·		
TOTAL OTHER EXPENSES	\$15,223				
Part IV, List of Officers (continuation)		***************************************			
	·		·		
(3)		(b)	(0)	(4)	(a)
(a)	**	(b)	(c)	(d)	(e)
		······································			
John Lazzara		Director			
1190 Application Reducers State 200 Tellete	2000 FL 20204	10.101	_	•	•
1180 Apalachee Parkway, Suite 202, Tallaha	ssee, FL 32301	10-12 hours/year	-0-	-0-	-0-

#### **SCHEDULE 0** (Form 990 or 990-EZ)

# Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or 990-EZ. ▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Inspection

Employer identification number

Name of the organization College of Workers Compensation Lawyers			Employer ide	ntification number 20-8237940
College of Workers Compensation Early Cro				
(a)	(b)	(c)	(d)	(e)
Susan Wan	Executive Director			
1997 Annapolis Exchange Parkway				
Annapolis, MD 21401	12 hours per week	\$24,343	-0-	-0-
Part III - Statement of Program Service Accom	plishments			
The College of Workers Compensation Lawyer	s, Inc. was incorporated in the state of Tennes	ssee as a non-p	rofit corporatio	n on January 15,
2007 to recognize outstanding practitioners of	workers compensation laws with the understa	nding that "Worl	kers Compens	ation is a very
important field of law, if not the most important	It touches more lives than any other field of la	w It involves t	he payment of	huge sums of
money The welfare of human beings, the suc	cess of business and the pocketbooks of cons	umers are affec	ted by it."	
(Judge E R Mills, Singletary vs Maugham Cor	nstruction, 418 So 2d 1138 (Fla 1st DCA, 198	2)	*****	
The qualifications for election are				
Candidates must have been in the field of Wor	kers Compensation Law for at least 20 years	and have prove	n to their peers	, the bar, bench
and public that they possess the highest profes	ssional qualifications and ethical standards, th	e highest level o	of character, in	tegrity,
professional expertise and leadership, a comm	nitment to fostering and furthering the objective	of the College	, sustained exc	eptional high
quality professional services to clients, bar, be				***************************************
distinguished public writing on Workers Compa			·····	
domigation paths with government				
In addition to the traits described above, a Fell	low is avacated to display the following traits in	the day-to-day	nractice of law	
below is by no means complete, but it is provide		ance in determi	mig whether a	candidate
meets the expectations for a Fellow A Fellow	is an individual who			
Would stand out to newer attorneys as a mode	el of professionalism in deportment and advoc	acy, a person w	ho should be e	emulated,
Has earned the respect of the bench, opposin	g counsel and the legal community,			

Schedule O (Form 990 or 990-EZ) (2014)		Page 2
Name of the organization		Employer identification number
Displays civility in an adversanal relationsh	ıp,	
Avoids allowing ideological differences to a	ffect civility in negotiations, litigation and other aspects of law p	ractice,
Demonstrates an active interest in resolving	g issues,	
Is a student of the law,		
Has a thirst for knowledge in all areas of th	e law that affects the representation of such person's clients in	Workers Compensation,
Actively participates in the State, Local and	National Bar, and	
Has a reputation as an individual with broa	d knowledge in all aspects of Workers Compensation Law	
The College focuses on two separate activ	ities The first is the co-sponsorship of continuing legal educati	on seminars, which occur in
conjunction with the induction dinner of the	College The second is a student writing competition in which	the winner receives an
award at the annual induction dinner in ad	dition, the Board of Directors, for the second year in a row deci	ded to make a grant of \$5,000 to Kids' Chang
non-profit organization dedicated to helping	g children further their educational opportunities	
Part I, Line 10 - Grants and Similar Amoun	ts Paid	
Kids' Chance \$5	5,000	