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)

▶ Go to www.irs.gov/Form990EZ for instructions and the latest information.

2018

OMB No 1545-1150

▶ Do not enter social security numbers on this form as it may be made public. Department of the Treasury Internal Revenue Service

Open to Public Inspection

ΑI	For the	e 2018 calend	ar year, or tax year beginning , 2018, and ending		, 20
В	Check if	applicable	· -		lentification number
	Address	change	College of Workers Compensation Lawyers, Inc.		208237940
	Name cl	hange	Number and street (or P O box, if mail is not delivered to street address) Room/suite E	Telephone n	
=	Initial re		1997 Annapolis Exchange Parkway	41	10-972-4524
≓		urn/terminated	City or town, state or province, country, and ZIP or foreign postal code	Group Exe	emption
=		id return ion pending	Annapolis, MD 21401-3273	Number I	▶ 123
		nting Method	✓ Cash Accrual Other (specify) ► H Che	eck ▶ 🔲	if the organization is not
	Vebsi	-			tach Schedule B
					0-EZ, or 990-PF)
			☑ Corporation ☐ Trust ☐ Association ☐ Other		
		of organization	7b to line 9 to determine gross receipts If gross receipts are \$200,000 or more, or if total as:	sets	
			500,000 or more, file Form 990 instead of Form 990-EZ	▶ a	129,500
<u> </u>			e, Expenses, and Changes in Net Assets or Fund Balances (see the ins	tructions	·
Ч	art I			Muchonic	5 101 1 ait i) <u>100</u> □
1	1-2		the organization used Schedule O to respond to any question in this Part I	· · ·	1,395
r	1		ons, gifts, grants, and similar amounts received		1,000
	2	_	ervice revenue including government fees and contracts	2	85,760
H	3		p dues and assessments	. 3	33,700
T	4	Investment	1 1	. 4	
	5a		unt from sale of assets other than inventory		
	b		or other basis and sales expenses		
	C		ss) from sale of assets other than inventory (Subtract line 5b from line 5a)	. <u>5</u> c	
	6	-	d fundraising events:		
	а		ome from gaming (attach Schedule G if greater than		
ĭ		\$15,000)			
Revenue	b		me from fundraising events (not including \$of contributions		
Ä			aising events reported on line 1) (attach Schedule G if the		
_		sum of suc	h gross income and contributions exceeds \$15,000) . 6b 42,3	345	
	c	Less direc	t expenses from gaming and fundraising events 6c 45,7	703	
	d		e or (loss) from gaming and fundraising events (add lines 6a and 6b and subtra	ıct	
		line 6c)		6d	(3,358)
	7a	Gross sale	s of inventory, less returns and allowances	原	-
	b		of goods sold		
	c		t or (loss) from sales of inventory (Subtract line 7b from line 7a)	. 7c	
	8	•	nue (describe in Schedule O)	. 8	
	9		nue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	▶ 9	83,797
	10		similar amounts paid (list in Schedule O)	10	5,000
	11		and to or for members	. 11	
s	12	Salarios of	her compensation, and employee benefits in	12	34,190
Se	1	Drofossion	ol food and other payments to independent central drs 🖾	. 13	430
ē	13	Column	v, rent, utilities, and maintenance	. 14	3,038
Expense	14		v, rent, utilities, and maintenance	. 15	9,852
ш	15				23,472
	16		nses (describe in Schedule O) 🔯 OGDEN, UT	. 16	75,981
—-	17		nses. Add lines 10 through 16	17	75,981
ţ	18		deficit) for the year (Subtract line 17 from line 9)	18	7,015
SSe	19		or fund balances at beginning of year (from line 27, column (A)) (must agree with four appeared on prior year's return)		50.40 ~
Net Assets		~ .	r figure reported on prior year's return)	19	56,167
ě	20		ges in net assets or fund balances (explain in Schedule O)	20	-0-
~	21	►Net assets	or fund balances at end of year Combine lines 18 through 20	▶ 21	63,982

Cat No 106421

Form **990-EZ** (2018)

For Paperwork Reduction Act Notice, see the separate instructions. $\frac{0}{3}$

	Check if the organization	on used Schedi	ale o to respond to a		(A) Beginning of year	(B)	End of year
22	Cash, savings, and investmen	nte		}	.,	22	63,982
23	Land and buildings				-0-	23	-0-
24	Other assets (describe in Sch				-0-	24	-0-
:5	Total assets				56,167	25	63,982
26	Total liabilities (describe in S				-0-	26	-0-
27	Net assets or fund balances	•	mn (B) must agree wit	th line 21)	56,167	27	63,982
	t III Statement of Progran						
	Check if the organization						xpenses
ha	t is the organization's primary ex						d for section and 501(c)(4)
990	cribe the organization's program	service accom	plishments for each of	of its three largest of	program services.		tions, optional for
	neasured by expenses. In a cle					others)	
	ons benefited, and other relevan			·			
8							
?1	(Grants \$) If this amou	int includes foreign gra	ants, check here .	▶ 🗆	28a	
9				· · · ·			
	(Grants \$		int includes foreign gr	ants, check here .	▶ 🗆	29a	
0							
						1	
	(Grants \$) If this amou	nt includes foreign gra	ants, check here .	. ▶ 🗆	30a	
1	Other program services (describ	be in Schedule C	D)				
1	Other program services (describ (Grants \$)) . . Int includes foreign gra	ants, check here	▶ □	31a	
) If this amou	nt includes foreign gra	ants, check here .		31a 32	
2	(Grants \$) If this amou ses (add lines 28	nt includes foreign gra a through 31a)			32	ns for Part IV)
2	(Grants \$ Total program service expens) If this amou ses (add lines 28 s, Trustees, and K	nt includes foreign gra a through 31a) . (ey Employees (list eac	h one even if not com ny question in this	pensated – see the in Part IV	32 Istruction	
2	(Grants \$ Total program service expens t IV List of Officers, Directors) If this amou ses (add lines 28 s, Trustees, and K	nt includes foreign gra a through 31a) . (ey Employees (list eac	h one even if not com ny question in this (c) Reportable	pensated—see the in Part IV	32 estruction	
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	Part	Other Information (Note the Schedule A and personal benefit contract statement requirements				•
	<u> </u>	instructions for Part V.) Check if the organization used Schedule O to respond to any question in this	s Part	V . Yes	No	-
	33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33	103	✓ ×	-
	34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions	34		v	- X
	35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		<i>y</i>	-
	c b	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35b			•
	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		~	7
	37a b 38a	Enter amount of political expenditures, direct or indirect, as described in the instructions Did the organization file Form 1120-POL for this year? 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?	37b 38a		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
	b 39 a b 40a	If "Yes," complete Schedule L, Part II and enter the total amount involved				
	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		<u> </u>	(7)
	С	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958				
	d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization.				
	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		<u> </u>	
	41	List the states with which a copy of this return is filed ▶				
	42a	The organization's books are in care of P	410-97	2-4524		
•	b	Located at ▶ 1997 Annapolis Exchange Parkway, Annapolis, MD 21401-3273 ZIP + 4 ▶ 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)? If "Yes," enter the name of the foreign country ▶ See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	42b	Yes	No V	•
	С	At any time during the calendar year, did the organization maintain an office outside the United States? . If "Yes," enter the name of the foreign country ▶	42c			
	43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here and enter the amount of tax-exempt interest received or accrued during the tax year	• •	Yes	<u>No</u>	
	44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	163		
	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		₹ •	
	c d	Did the organization receive any payments for indoor tanning services during the year?	44c		✓	•
	45a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a 45b	ing orbital	V	

)/III 95	90-EZ (2018)		.				, ,	age 4
	2			h - h - 16 - 6 -			Yes	No
6	Did the organization engage, directly or to candidates for public office? If "Yes,"							~
art		<u> </u>	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	· · ·	· · ·	40		
alt	All section 501(c)(3) organization		estions 47–49b and	52, and co	mplete th	e tables f	or line	es
	50 and 51.	4		,				
	Check if the organization used S	chedule O to respond	d to any question in the	nis Part VI				
							Yes	No
7	Did the organization engage in lobbyin							
	year? If "Yes," complete Schedule C, Pa					47		
8	Is the organization a school as described						\vdash	<u> </u>
9a	Did the organization make any transfers If "Yes," was the related organization as	·	-	ation .		. 49a		
ь 0	Complete this table for the organization			 er than offi	 cers. directo		es. an	d ke
•	employees) who each received more that							,
		(b) Average	(c) Reportable		benefits,	(a) 5atat-		-4 -4
	(a) Name and title of each employee	hours per week devoted to position	compensation (Forms W-2/1099-MISC)		to employee and deferred	(e) Estimate other con		
		devoted to position	(FUITIS W-2/1099-WI3C)	compe	nsation			
lone) 							
				-				
			1	1				
	•	-1						
		-						-
f	Total number of other employees paid of		. ▶0					
	Complete this table for the organizatio	n's five highest comp	ensated independent	contractor	s who each	n received	more	thar
	· · ·	n's five highest comp	ensated independent	contractor	s who each	received	more	than
	Complete this table for the organizatio	n's five highest comp panization If there is no	ensated independent			received		thar
1	Complete this table for the organizatio \$100,000 of compensation from the organization from the organization state. (a) Name and business address of each independent of the organization	n's five highest comp panization If there is no	ensated independent one, enter "None "					than
1	Complete this table for the organizatio \$100,000 of compensation from the organization from the organization state. (a) Name and business address of each independent of the organization	n's five highest comp panization If there is no	ensated independent one, enter "None "					thar
1	Complete this table for the organizatio \$100,000 of compensation from the organization from the organization state. (a) Name and business address of each independent of the organization	n's five highest comp panization If there is no	ensated independent one, enter "None "					thar
1	Complete this table for the organizatio \$100,000 of compensation from the organization from the organization state. (a) Name and business address of each independent of the organization	n's five highest comp panization If there is no	ensated independent one, enter "None "					thar
1	Complete this table for the organizatio \$100,000 of compensation from the organization from the organization state. (a) Name and business address of each independent of the organization	n's five highest comp panization If there is no	ensated independent one, enter "None "					thar
1	Complete this table for the organizatio \$100,000 of compensation from the organization from the organization state. (a) Name and business address of each independent of the organization	n's five highest comp panization If there is no	ensated independent one, enter "None "					thar
1	Complete this table for the organizatio \$100,000 of compensation from the organization from the organization state. (a) Name and business address of each independent of the organization	n's five highest comp panization If there is no	ensated independent one, enter "None "					thar
1	Complete this table for the organizatio \$100,000 of compensation from the organization from the organization state. (a) Name and business address of each independent of the organization	n's five highest comp panization If there is no	ensated independent one, enter "None "					thar
1	Complete this table for the organizatio \$100,000 of compensation from the organization from the organization state. (a) Name and business address of each independent of the organization	n's five highest comp panization If there is no	ensated independent one, enter "None "					thar
lone	Complete this table for the organizatio \$100,000 of compensation from the organization f	n's five highest complianization. If there is no indent contractor	ensated independent one, enter "None " (b) Type of serving the se		(c)			thar
d	Complete this table for the organizatio \$100,000 of compensation from the organization f	n's five highest complianization. If there is no indent contractor.	ensated independent one, enter "None " (b) Type of service.	ce	(c)	Compensati		thar
d	Complete this table for the organizatio \$100,000 of compensation from the organization f	n's five highest complianization. If there is no indent contractor.	ensated independent one, enter "None " (b) Type of service.	ce	(c)	Compensati	on	
d d	Complete this table for the organizatio \$100,000 of compensation from the organization complete Schedule A .	n's five highest complianization. If there is no indent contractor. ractors each receiving fulle A? Note: All secondary including accompans	ensated independent one, enter "None " (b) Type of service over \$100,000 . Dection 501(c)(3) organizing schedules and stateme	nts, and to the	nust attach	Compensati	on	lo
d der p	Complete this table for the organizatio \$100,000 of compensation from the organization complete Schedule A	n's five highest complianization. If there is no indent contractor. ractors each receiving fulle A? Note: All secondary including accompans	ensated independent one, enter "None " (b) Type of service over \$100,000 . Dection 501(c)(3) organizing schedules and stateme	nts, and to the	nust attach	Compensati	on	lo
d 2	Complete this table for the organizatio \$100,000 of compensation from the organization dependent control of the organization complete Schedule A completed Schedule A complete Declaration of preparer (other the following services).	n's five highest complianization. If there is no indent contractor. ractors each receiving fulle A? Note: All secondary including accompans	ensated independent one, enter "None " (b) Type of service over \$100,000 . Dection 501(c)(3) organizing schedules and stateme	nizations r	nust attach	Compensati	on	lo
d 2 der p con	Complete this table for the organizatio \$100,000 of compensation from the organization complete Schedule A .	n's five highest complanization. If there is no manufacture is not marked to the contractor. Tractors each receiving dule A? Note: All second an officer) is based on all info	over \$100,000 . I ection 501(c)(3) organ	nizations r	nust attach	Compensati	on	lo
None d d dogs d	Complete this table for the organizatio \$100,000 of compensation from the organization from the organization from the organization from the organization complete Schedule A penalties of perjury, I declare that I have examined the prect, and complete Declaration of preparer (other the signature of officer	n's five highest complanization. If there is no manufacture is not marked to the contractor. Tractors each receiving dule A? Note: All second an officer) is based on all info	ensated independent one, enter "None " (b) Type of service over \$100,000 . Dection 501(c)(3) organizing schedules and stateme	nizations r	nust attach	Compensati	on	lo
d die conder pries	Complete this table for the organizatio \$100,000 of compensation from the organization complete Schedule A completed Schedule A complete Declaration of preparer (other the firect, and complete Declaration of preparer (other the firect).	ractors each receiving fulle A? Note: All se seturn, including accompanan officer) is based on all info	over \$100,000 . I ection 501(c)(3) organ bying schedules and stateme ormation of which preparer h	nizations nones any knowles	nust attach	Compensati	on	do
d der pe, coolinger ere	Complete this table for the organizatio \$100,000 of compensation from the organization complete Schedule A completed Schedule A complete Declaration of preparer (other the firect, and complete Declaration of preparer (other the firect).	n's five highest complanization. If there is no manufacture is not marked to the contractor. Tractors each receiving dule A? Note: All second an officer) is based on all info	over \$100,000 . I ection 501(c)(3) organ	nizations nones any knowles	nust attach	Compensati	on	Jo t is

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

► Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization College of Workers Compensation Lawyers, Inc Employer identification number 20-8237940

Pa		Reason for Public Cha	rity Status (All	organizations must	comple	te this n	part) See instruction	ากร	
		zation is not a private founda							
1		church, convention of churc						4	
2		school described in section					<i>#</i>	7 U	
		hospital or a cooperative ho						ノ (
3								/:::\	tar tha
4	ho	medical research organizationspital's name, city, and stat	e.						
5		n organization operated for ection 170(b)(1)(A)(iv). (Com		college or university	owned o	or operate	ed by a governmen	tal unit	described in
6		federal, state, or local gover							
7		organization that normally			port fron	n a gover	nmental unit or fror	n the g	eneral public
	de	escribed in section 170(b)(1)	(A)(vi). (Complet	te Part II)					
8	\square A	community trust described i	n section 170(b)	(1)(A)(vi). (Complete	Part II)				
9	□Ar	n agricultural research organ	zation described	d in section 170(b)(1)	(A)(ix) or	erated in	conjunction with a	and-gr	ant college
	or ur	university or a non-land-gra	nt college of agr	iculture (see instruction	ons). Ente	er the nar	ne, city, and state of	the co	llege or
10	∠ Ar	organization that normally	receives: (1) mor	e than 331/3% of its si	upport fro	om contri	butions, membershi	p tees,	and gross
	re	ceipts from activities related ipport from gross investmen	to its exempt iu t income and un	nctions—subject to c related business taxa	ertain exi ble incon	ceptions, ne (less s	ection 511 tax) from	busine	% OF ILS ISSES
	ac	equired by the organization a	fter June 30, 19	75 See section 509(a	a)(2). (Co	mplete Pa	art III.)	0000	
11		n organization organized and							
12		n organization organized and						rry out	the purposes
		one or more publicly suppo							
		neck the box in lines 12a thro							
а	П	Type I. A supporting organ	ization operated	l. supervised, or contr	olled by	its suppo	rted organization(s).	typical	lly by giving
_	_	the supported organization							
		supporting organization. Y							
b		Type II. A supporting organ	nization sunen/is	ed or controlled in co	nnection	with its s	supported organizati	on(s) t	ov having
	u	control or management of							
		organization(s) You must				porsonis	that control of man	ago un	опрожов
_		Type III functionally integ				onnectio	n with, and function:	ally inte	orated with
С	Ц	its supported organization(any mic	grated with,
		Type III non-functionally i	, ,	-				orted o	raanization(e)
d	ш	that is not functionally integ							
		requirement (see instruction						ic an a	terraveness
_		•	•	•				. u .	- 111
е	Ш	Check this box if the organ functionally integrated, or 3						e II, Typ	oe III
		• •	• •	tionally integrated sup	pporting	organizat	1011		
1		er the number of supported of	•						
<u> </u>		vide the following information		_			I		
	(i) Nan	ne of supported organization	(II) EIN	(III) Type of organization (described on lines 1–10		organization ur governing	(v) Amount of monetary support (see		support (see
				above (see instructions))	docu	ment?	instructions)		structions)
					Yes	Na			
					res	No			
(A)									
						-	· · · · · · · · · · · · · · · · · · ·		
(B)									
		· · · · · · · · · · · · · · · · · · ·			<u>-</u>				
(C)					_				
(D)									
									
(E)									
Total									

Part	Support Schedule for Organiza						
•	(Complete only if you checked the						alify under
	Part III. If the organization fails to	o qualify unde	er the tests lis	sted below, p	lease comple	ete Part III.)	
	on A. Public Support	(-) 0014	(F) 201E	(-) 0016	(4) 2017	(-) 2019	/ Total
	dar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
2	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 .			,			
4	Total. Add lines 1 through 3	TO CAMPEN AND SECURITION			1004319042 - NO - 114042907	and the talk of the second track	
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4		racing/e	War and the state of the state	CALES AND	WASTERN ST	
	on B. Total Support	(-) 2014	(b) 2015	(=) 2016	(4) 2017	(a) 2019	(f) Total
Calen 7	dar year (or fiscal year beginning in) Amounts from line 4	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(i) rotai
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on		<i>f</i>				
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	./					
11 12 13	Total support. Add lines 7 through 10 Gross receipts from related activities, etc First five years. If the Form 990 is for thorganization, check this box and stop he	ne organization	ons) n's first, secon	d, third, fourth	o, or fifth tax yo		- -
Secti	on C. Computation of Public Suppor			<u> </u>	· ·	<u> </u>	
14	Public support percentage for 2018 (line 6	_		1, column (fl)		14	%
15 16a	Public support percentage from 2017 Sch 331/3% support test—2018. If the organi box and stop here. The organization qua	nedule A, Part ization did not ilifies as a publ	II, line 14 . check the box icly supported	on line 13, ar organization	 nd line 14 is 33		% check this
b	331/3% support test—2017. If the organithis box and stop here. The organization					ıs 33 ¹ /3% or m 	
17a	10%-facts-and-circumstances test—20 10% or more, and if the organization me Part VI how the organization meets the " organization	eets the "facts	-and-circumsta	ances" test, chest. The organi	neck this box a	and stop here. s as a publicly	Explain in
b	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organization in Part VI how the organization in supported organization in	ation meets th	e "facts-and-d s-and-circums	ircumstances'	" test, check t	this box and	stop here.
18	Private foundation. If the organization di instructions						see

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

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

Secti	on A. Public Support						
Calen	dar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received (Do not include any "unusual grants")	62,330	67,940	73,765	75,990	87,155	367,180
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the						100 015
	organization's tax-exempt purpose .	24,900	34,500	34,050	25,050	42,345	160,845
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 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	Total. Add lines 1 through 5	87,230	102,440	107,815	101,040	129,500	528,025
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons	-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 or 1% of the amount on line 13 for the year	-0-	-0-	-0-	-0-	-0-	-0-
_		-0-	-0-	-0-	-0-	-0-	-0-
C	Add lines 7a and 7b Public support. (Subtract line 7c from	1909-696		and the second		This is a same	
8	line 6)						528,025
	on B. Total Support	(-) 0014	(h) 0015	(a) 0016	(d) 2017	(e) 2018	(f) Total
	dar year (or fiscal year beginning in)	(a) 2014 87,230	(b) 2015 102,440	(c) 2016 107,815	101,040	129,500	528,025
9 10a	Amounts from line 6	-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-
_	Add lines 10a and 10b .	-0-	-0-	-0-	-0-	-0-	-0-
11	Net income from unrelated business 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 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)	87,230	102,440	107,815	101,040	129,500	528,025
14	First five years. If the Form 990 is for the organization, check this box and stop he	_	's first, second		, or fifth tax ye		
Secti	on C. Computation of Public Suppor	rt Percentage	e				
15	Public support percentage for 2018 (line			3, column (f))		15	100 %
16	Public support percentage from 2017 Scl	nedule A, Part	III, line 15 .			16	100 %
	on D. Computation of Investment In						
17	Investment income percentage for 2018 (y line 13, colu	mn (f))	17	0 %
18	Investment income percentage from 2017			•		18	0 %
19a	331/3% support tests—2018. If the organ						
	17 is not more than 331/3%, check this box						
b	331/3% support tests—2017. If the organization 18 is not more than 331/3%, check this	ation did not cl	heck a box on	line 14 or line 1	9a, and line 16	is more than 3	3 ¹ /3%, and
					-		_
20	Private foundation. If the organization di	d not check a !	box on line 14	. 19a. or 19b വ	heck this box :	and see instru	ctions 🕨 🗀

Part IV. Supporting Organizations

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

Section A. All Supporting Organizations

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

		Vac	No
ning I by		Yes	No 3
atus	1		
ted	2	amona da	}
wer	3a		<u> </u>
and the	3b		
?)(B)	3c		
? If	4a		
eign tion	4b		
tion sed			\$ Q/I
)(B) 	I 4C		l
es," EIN			
ion; tion	5a		
ady	5b	96 († 2 <u>1</u>	
ted t or	6		
utor	7		
7?	8		
ore oed	9a		
ich	9b		
efit	9c		
ion ted	9c 	l e	
to			

Part	Supporting Organizations (continued)			,
		Friends:	Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?	2.37		
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	34		
	below, the governing body of a supported organization?	11a		<u> </u>
	A family member of a person described in (a) above?	11b		<u> </u>
	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		<u> </u>
Section	on B. Type I Supporting Organizations		Vaa	Na
	Did the dispeters trustees as memberahin of one or more supported arganizations have the newer to	32	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	10.00		
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			3
	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	10.5		
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1	27242334	-020229
2	Did the organization operate for the benefit of any supported organization other than the supported	300	1 (3) (4) 5-40 (2)	
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part		1	
	VI 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			
-		Sur Lawrence	Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed		200	
	the supported organization(s).	<u> </u>		
Section	on D. All Type III Supporting Organizations		Vaa	No
4	Did the executation provide to each of its supported executations, by the last day of the fifth month of the	175.18%	Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			ACCOUNTS OF THE
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	** <u>****</u> *	
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	26.3	930	200
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how		NY X	
	the organization maintained a close and continuous working relationship with the supported organization(s)	2		
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 Part VI the role the organization's			
	supported organizations played in this regard.	3		
Section	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	instru	ctions	s)
a	The organization satisfied the Activities Test Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below	/aaa .a		
C	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see ins	Yes	
2	Activities Test. Answer (a) and (b) below.	100.70	res	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of	2.		
	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,		100	
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a	×461-1	3400000
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations Answer (a) and (b) below.	7		1
а	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? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	112	\$4.75	
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard	3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	<u>gan</u>	izations	
 1 Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organ 			
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		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
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):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other			
factors (explain in detail in Part VI).			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use. Enter 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 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions).			
7 Check here if the current year is the organization's first as a non-functional instructions.	y in	tegrated Type III supporting	g organization (see

Part	Type III Non-Functionally Integrated 509(a)(3) Supporting Organ	izations (continued)	<u> </u>
	ion D—Distributions			Current Year
1_	Amounts paid to supported organizations to accomplish			
2	Amounts paid to perform activity that directly furthers exe	empt purposes of suppo	orted	
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purp	poses of supported orga	anizations	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6_	Other distributions (describe in Part VI) See instructions			
	Total annual distributions. Add lines 1 through 6.			
	Distributions to attentive supported organizations to whic (provide details in Part VI) See instructions.	th the organization is res	sponsive	
9	Distributable amount for 2018 from Section C, line 6			
_10	Line 8 amount divided by line 9 amount	1		/····
Sect	ion E—Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018 (reasonable cause required—explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2018			The Carlo Sec
а	From 2013		然以说解析的特殊的 。然	
b	From 2014	Part Selection	F : 18: 77: 180 (140	WCGONY TO MAKE THE
с	From 2015 .	in the first of the special property of the special pr	de la company e de Marine de Calabrilla	ioni de la companya
d	From 2016 .	是公司的政治的	是不是對於不過的方面	
е	From 2017		Walder Art Berger	有效的一种的
f	Total of lines 3a through e		第代語的/認識/門閣	
g	Applied to underdistributions of prior years	**************************************		
h	Applied to 2018 distributable amount			
i	Carryover from 2013 not applied (see instructions)			
j	Remainder Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2018 from Section D, line 7: \$			
a	Applied to underdistributions of prior years	第275年的大型外省		
b	Applied to 2018 distributable amount		25、001 (102)。	
c	Remainder. Subtract lines 4a and 4b from 4.	contined		
5	Remaining underdistributions for years prior to 2018, if any Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions			
6	Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1 For result greater than zero, explain in Part VI. See instructions.			
7	Excess distributions carryover to 2019. Add lines 3j and 4c.			
8	Breakdown of line 7	and the second second	and the second s	inindisandia), ng pantesana (ng pantesana)
a	Excess from 2014	manananing pagasa		
b	Excess from 2015	afrikation of fishing in the contract of a contract of the con	er (de la jungania er idina) Principalis de la jungania en la jung	Series Commission Commission of the Commission o
С	Excess from 2016 .		Antonomia Sunformation (Section 2007)	
d	Excess from 2017			
θ	Excoss from 2018			

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Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
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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 990-EZ or to provide any additional information.

> ► Attach to Form 990 or 990-EZ. ➤ Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization	_	ì		Employer identification number
College of Workers Compensation Lawyer	rs, Inc.	 		20-8239740
Part I, Line 10 - Grants and Similar Amo	unts Paid 	***************************************		
			· '	·
Kids Chance	\$ 5,000			•
				`
Total Grants and Similar Amounts Paid	\$ 5,000			
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·····				
Part I. Ulna 16 Other Expenses	and the second of the second o			A company of the comp
	ediandinalisticalisti producti i Iuli			
		·		
Bank Service Charges	\$ 150			
Certificates of Election	\$ 521			
Insurance Expense	\$ 1,529			
	J 1,323			·····
Meals and Entertainment	\$ 4,629			
	-	·····		·
Report Fees	\$ 20			
Travel Expense	\$ 8,967			
Mahada Maintanana	£ 4 000		1	
Website Maintenance	\$ 1,028			
Writing Competition Awards	\$ 5,500		•	•
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Total Other Expenses	\$23,472			·
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980 Hammond Drive, Suite 800 Atlanta, GA 30328

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

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OMB No 1545-0047

2018
Open to Public

Inspection

Employer identification number Name of the organization 20-8239740 College of Workers Compensation Lawyers, Inc Part IV - List of Officers, Trustees, Directors and Key Employees (continued) (d) (e) (a) Deborah G. Kohl, Ex-Officio Director 10-12 hours/year -0--0--0-191 Bedford Street, #301 Fall River, MA 02720 James A. Reiter, Ex-Officio Director 10-12 hours/year 30500 Northwestern Highway, Suite 450, Farmington Hills, MI 48334 Sharon F Murphy, Ex-Officio Director 10-12 hours/year 8415 Allison Pointe Boulevard, Suite 210, Indianapolis, IN 46250 -0--0--0-Bradford Ingram, Ex-Officio Director 10-12 hours/year 124 SW Adams Street, Suite 600, Peoria IL 61602 Susan Wan, Executive Director 34,190 -0--0-20 hours per week 1997 Annapolis Exchange Parkway, Annapolis, MD 21401 Part III - Statement of Program Service Accomplishments The College of Workers Compensation Lawyers, Inc. was incorporated in the State of Tennessee as a non-profit corporation on January 15, 2007, to recognize outstanding practitioners of workers compensation laws with the understanding that "Workers Compensation is a very important field of law, if not the most important. It touches more lives than any other field of law. It involves the payment of huge sums of money The welfare of human beings, the success of business and the pocketbooks of consumers are affected by it " Judge E.R Mills, Singletary vs. Maugham Construction, 418 So. 2d 1138 (Fla 1st DCA 1982)

Name of the organization College of Workers Compensation Lawyers, Inc.	20-8237940					
The qualifications for election are:						
Candidates must have been in the field of Workers Compensation Law for at east 20 years and have proven to their peer	rs, the bar, bench					
and public that they possess the highest professional qualifications and ethical standards; the highest le	evel of character, integrity,					
professional expertise and leadership; commitment to fostering and furthering the objective of the College, sustained exceptional high quality						
professional services to clients, bar, bench and public; and significant evidence of scholarship, teaching, lecturing and/or distinguished						
public writing on Workers Compensation or related fields of law.						
In addition to the traits described above, a Fellow is expected to display the following traits in the day-to-	day practice of law The list					
below is by no means complete, but it is provided to Sponsors and Candidates for their guidance in determining whether	er a candidate meets					
the expectations of a Fellow A Fellow is an individual who:						
Would stand out to newer attorneys as a model of professionalism in deportment and advocacy, a perso	n who should be emulated;					
Has earned the respect of the bench, opposing counsel and the legal community;						
Displays civility in an adversarial relationship,						
Avoids allowing ideological differences to affect civility in negotiations, litigation and other aspects of law practice;						
Demonstrates an active interest in resolving issues,						
Is a student of the law;						
Has a thirst for knowledge in all areas of the law that affects the representation of such person's clients in	n Workers compensation;					
Actively participates in the State, Local and National Bar; and						
Has a reputation as an individual with broad knowledge in all aspects of Workers Compensation Law						
The College focuses on two separate activities The first is the co-sponsorship of continuing legal educa	ition seminars, which occur in					
conjunction with the induction dinner of the College The second is a student writing competition in which the winners	receive an award					
at the annual induction dinner The Board of Directors has also decided to make a grant of \$5,000 to Kids	Chance, a non-profit					
organization dedicated to helping children further their educational opportunities.						