

Form **990-EZ**

Short Form
Return of Organization Exempt From Income Tax

OMB No 1545-0047

2019

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

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

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

A For the 2019 calendar year, or tax year beginning **2019**, and ending **20**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization THE AMERICAN SOCIETY OF WORKERS COMPENSATION PROFESSIONALS INC	D Employer identification number 13-4036243
	Number and street (or P O box if mail is not delivered to street address) Room/suite 3601 VINCENNES ROAD	E Telephone number 717-903-5689
	City or town, state or province, country, and ZIP or foreign postal code INDIANAPOLIS, IN 46268	F Group Exemption Number ▶

G Accounting Method: Cash Accrual Other (specify) ▶

I Website: ▶ **WWW.AMCOMPPRO.COM**

J Tax-exempt status (check only one) - 501(c)(3) 501(c) (**6**) ◀ (insert no.) 4947(a)(1) or 527

K Form of organization: Corporation Trust Association Other

L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B)) are \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ **153,023**

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)
Check if the organization used Schedule O to respond to any question in this Part I

Revenue	1 Contributions, gifts, grants, and similar amounts received	1	
	2 Program service revenue including government fees and contracts	2	112,950
	3 Membership dues and assessments	3	40,000
	4 Investment income	4	73
	5a Gross amount from sale of assets other than inventory	5a	
	b Less: cost or other basis and sales expenses	5b	
	c Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a)	5c	
	6 Gaming and fundraising events:		
	a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
	b Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	
	c Less: direct expenses from gaming and fundraising events	6c	
	d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	
	7a Gross sales of inventory, less returns and allowances	7a	
	b Less: cost of goods sold	7b	
	c Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a)	7c	
	8 Other revenue (describe in Schedule O)	8	
	9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	153,023
	10 Grants and similar amounts paid (list in Schedule O)	10	
	11 Benefits paid to or for members	11	
	12 Salaries, other compensation, and employee benefits	12	
	13 Professional fees and other payments to independent contractors	13	85,800
14 Occupancy, rent, utilities, and maintenance	14		
15 Printing, publications, postage, and shipping	15		
16 Other expenses (describe in Schedule O)	16	163,133	
17 Total expenses. Add lines 10 through 16	17	248,933	
18 Excess or (deficit) for the year (subtract line 17 from line 9)	18	-95,910	
19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	431,682	
20 Other changes in net assets or fund balances (explain in Schedule O)	20		
21 Net assets or fund balances at end of year. Combine lines 18 through 20	21	335,772	

Net Assets

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990-EZ** (2019)

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Part II Balance Sheets (see the instructions for Part II)				
Check if the organization used Schedule O to respond to any question in this Part II <input checked="" type="checkbox"/>				
		(A) Beginning of year		(B) End of year
22	Cash, savings, and investments	425,437	22	337,313
23	Land and buildings		23	
24	Other assets (describe in Schedule O)	7,500	24	1,938
25	Total assets	432,937	25	339,251
26	Total liabilities (describe in Schedule O)	1,255	26	3,479
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	431,682	27	335,772

Part III Statement of Program Service Accomplishments (see the instructions for Part III)		Expenses (Required for section 501(c)(3) and 501(c)(4) organizations, optional for others.)
Check if the organization used Schedule O to respond to any question in this Part III <input checked="" type="checkbox"/>		
What is the organization's primary exempt purpose? <u>See Schedule O</u>		
Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.		
28	<u>Workers Compensation Professional designation program is available through on-line self-study or through instructor led courses with partnering universities. There are almost 1,000 people who have achieved this designation.</u> (Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	28a
29	<u>AMCOMP members gather each year in the spring for an Annual Meeting. Approximately 125-175 workers' compensation professionals meet to discuss legislative updates, industry trends and important education related to the field.</u> (Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	29a
30	<u>A Fall Meeting is held each year to discuss industry trends, network, and hear workers compensation updates. Approximately 100 professionals attend.</u> (Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	30a
31	Other program services (describe in Schedule O) _____ (Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	31a
32	Total program service expenses (add lines 28a through 31a) _____	32

Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated—see the instructions for Part IV)				
Check if the organization used Schedule O to respond to any question in this Part IV <input checked="" type="checkbox"/>				
(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
JEFFREY FENSTER PRESIDENT	1	0	0	0
ELIZABETH HECK CHAIRMAN	1	0	0	0
BONNIE PIACENTINO TREASURER	1	0	0	0
DON DECARLO CHAIRMAN-EMERITUS	1	0	0	0
JEREMY ATTIE DIRECTOR	1	0	0	0
ART CADORINE DIRECTOR	1	0	0	0
H. NEAL CONOLLY DIRECTOR	1	0	0	0
GARY ARABIAN DIRECTOR	1	0	0	0
ALFRED FABER DIRECTOR	1	0	0	0
IRA FEUERLICHT DIRECTOR	1	0	0	0
CHUCK FURLONG DIRECTOR	1	0	0	0
SEBASTIAN GRASSO DIRECTOR	1	0	0	0

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Schedule O to respond to any question in this 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		<input checked="" type="checkbox"/>
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		<input checked="" type="checkbox"/>
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)?		<input checked="" type="checkbox"/>
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		
c 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		<input checked="" type="checkbox"/>
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		<input checked="" type="checkbox"/>
37a Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a 0		
b Did the organization file Form 1120-POL for this year?		
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?		<input checked="" type="checkbox"/>
b If "Yes," complete Schedule L, Part II, and enter the total amount involved	38b	
39 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on line 9	39a	
b Gross receipts, included on line 9, for public use of club facilities	39b	
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶		
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	
c 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 ▶		
e 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	<input checked="" type="checkbox"/>
41 List the states with which a copy of this return is filed ▶ PA		
42a The organization's books are in care of ▶ GREGG DYKSTRA Telephone no. ▶ 317-875-5250 Located at ▶ 3601 VINCENNES ROAD ZIP + 4 ▶ 46268		
b 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	<input checked="" type="checkbox"/>
c 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	<input checked="" type="checkbox"/>
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43		
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	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>
c Did the organization receive any payments for indoor tanning services during the year?	44c	<input checked="" type="checkbox"/>
d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d	
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	<input checked="" type="checkbox"/>
b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions	45b	<input checked="" type="checkbox"/>

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	Yes	No
46	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Part VI Section 501(c)(3) Organizations Only

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI

47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	Yes	No
47	<input type="checkbox"/>	<input type="checkbox"/>
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	Yes	No
48	<input type="checkbox"/>	<input type="checkbox"/>
49a Did the organization make any transfers to an exempt non-charitable related organization?	Yes	No
49a	<input type="checkbox"/>	<input type="checkbox"/>
b If "Yes," was the related organization a section 527 organization?	Yes	No
49b	<input type="checkbox"/>	<input type="checkbox"/>

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees, and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation

f Total number of other employees paid over \$100,000 ▶ _____

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation

d Total number of other independent contractors each receiving over \$100,000 ▶ _____

52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations must attach a completed Schedule A ▶ Yes No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer 	Date 11-2-26
	Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name ▶	Firm's EIN ▶			
	Firm's address ▶	Phone no			

May the IRS discuss this return with the preparer shown above? See instructions ▶ Yes No

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

2019

**Open to Public
Inspection**

Name of the organization

THE AMERICAN SOCIETY OF WORKERS' COMP PROFESSIONALS INC

Employer identification number

13-4036243

PART I LINE 16 OTHER EXPENSES

ANNUAL MEETING EXPENSE \$94,701; FALL MEETING EXPENSE \$33,084, WCP COURSE MATERIALS \$9,787, BANK FEES \$2,039

LEARNING MANAGEMENT SYSTEM \$5,940, CONTRIBUTION \$10,000, INSURANCE \$969, MISCELLANEOUS \$6,613

PART II LINE 24 OTHER ASSETS

2018 PREPAID EXPENSE \$7,500

2019 PREPAID EXPENSE \$1,938

PART II LINE 26 TOTAL LIABILITIES

2018 ACCOUNTS PAYABLE \$1,255

2019 ACCOUNTS PAYABLE \$3,479

PART III EXEMPT PURPOSE - TO MAINTAIN THE INTEGRITY AND DEGREE OF EXCELLENCE IN THE FIELD OF WORKERS' COMPENSATION

BY PROVIDING PROFESSIONAL DESIGNATION UPON FULFILLMENT OF VARIOUS CRITERIA, INCLUDING SUCCESSFUL COMPLETION

PART IV - OFFICERS, DIRECTORS

TONY GRIPPA, DIRECTOR, 1 0 HOURS DEVOTED; \$0, \$0 \$0

BRENT HAINES, DIRECTOR; 1 0 HOURS DEVOTED, \$0; \$0; \$0

MARK HAMBURGER, DIRECTOR; 1 0 HOURS DEVOTED; \$0, \$0; \$0

DANIEL HANNON; DIRECTOR, 1 0 HOURS DEVOTED, \$0; \$0; \$0

DOUGLAS HAYDEN, DIRECTOR; 1 0 HOURS DEVOTED; \$0; \$0; \$0

WARREN HECK, DIRECTOR; 1 0 HOURS DEVOTED; \$0, \$0; \$0

EDWARD HILLER; DIRECTOR; 1 0 HOURS DEVOTED, \$0; \$0, \$0

TIMOTHY HOWLIN; DIRECTOR, 1 0 HOURS DEVOTED, \$0; \$0, \$0

FREDERICK HUBER, DIRECTOR, 1.0 HOURS DEVOTED, \$0, \$0, \$0

LINDA HULL; DIRECTOR, 1.0 HOURS DEVOTED; \$0, \$0, \$0

EDWARD KELLY, DIRECTOR, 1.0 HOURS DEVOTED; \$0; \$0; \$0

HOWARD LAVIN, DIRECTOR, 1.0 HOURS DEVOTED, \$0, \$0; \$0

GEOFF LAVINSON; DIRECTOR, 1 0 HOURS DEVOTED, \$0; \$0, \$0

Name of the organization

Employer identification number

THE AMERICAN SOCIETY OF WORKERS' COMP PROFESSIONALS INC

13-4036243

WILLIAM LENTZ, DIRECTOR, 1 0 HOURS DEVOTED, \$0, \$0, \$0

BARRY LOVELL, DIRECTOR, 1 0 HOURS DEVOTED, \$0, \$0, \$0

ANNETTE MALPICA, DIRECTOR, 1 0 HOURS DEVOTED; \$0, \$0; \$0

MERTON MARKS; DIRECTOR, 1 0 HOURS DEVOTED, \$0, \$0, \$0

DAN MCGARVEY, DIRECTOR; 1 0 HOURS DEVOTED; \$0, \$0, \$0

DAVID MERRILL, DIRECTOR, 1 0 HOURS DEVOTED, \$0, \$0, \$0

MARTIN MINKOWITZ, DIRECTOR, 1 0 HOURS DEVOTED; \$0, \$0, \$0

THOMAS NOWAK, DIRECTOR, 1 0 HOURS DEVOTED; \$0, \$0, \$0

HUGH O'BOYLE; DIRECTOR, 1 0 HOURS DEVOTED, \$0; \$0; \$0

MARTY OVENS; DIRECTOR, 1 0 HOURS DEVOTED; \$0, \$0, \$0

RICHARD PALCYNSKI, DIRECTOR; 1 0 HOURS DEVOTED, \$0; \$0, \$0

FRANK PECHT, DIRECTOR, 1 0 HOURS DEVOTED, \$0, \$0, \$0

THOMAS PHELAN, DIRECTOR, 1 0 HOURS DEVOTED, \$0; \$0; \$0

JOE PICONE, DIRECTOR, 1 0 HOURS DEVOTED, \$0, \$0, \$0

BRIAN REARDON; DIRECTOR, 1 0 HOURS DEVOTED, \$0; \$0, \$0

STEVEN SIBNER, DIRECTOR, 1 0 HURS DEVOTED, \$0; \$0, \$0

MICHAEL STINZIANO; DIRECTOR, 1 0 HOURS DEVOTED, \$0, \$0; \$0

WILLIAM TAYLOR, DIRECTOR, 1 0 HOURS DEVOTED, \$0, \$0, \$0

STEPHEN UNGAR, DIRECTOR; 1 0 HOURS DEVOTED; \$0; \$0, \$0