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Return of Organization Exempt From Income Tax

OMB No 1545-0047

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

2009

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

The organization may have to use a copy of this return to satisfy state reporting requirements

A For the 2009 calendar year, or tax year beginning JULY 01, 2009, and ending JUNE 30, 2010

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization INTL WORKERS' COMPENSATION FD		D Employer identification number 35-1737364
		Doing Business As		
		Number and street (or P O box if mail is not delivered to street address)		Room/suite 320
		570 MEMORIAL CIRCLE		E Telephone number (386) 677-0041
		City or town, state or country, and ZIP + 4		G Gross receipts \$ 1,415,939
ORMOND BEACH FL 32174				
F Name and address of principal officer SEE ATTACHMENT #1		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions)		
I Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(c) Group exemption number		
J Website: WWW.IWCF.US				
K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		L Year of formation 1988		M State of legal domicile FL

Part I Summary

1 Briefly describe the organization's mission or most significant activities. SEE ATTACHMENT #2	
2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.	
3 Number of voting members of the governing body (Part VI, line 1a)	3 9
4 Number of independent voting members of the governing body (Part VI, line 1b)	4 8
5 Total number of employees (Part V, line 2a)	5 2
6 Total number of volunteers (estimate if necessary)	6
7a Total gross unrelated business revenue from Part VIII, column (C), line 12	7a
b Net unrelated business taxable income from Form 990-T, line 34	7b 0
8 Contributions and grants (Part VIII, line 1b)	Prior Year Current Year
9 Program service revenue (Part VIII, line 2g)	988,628 1,361,578
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	58,907 33,539
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	39,543 20,822
12 Total revenue -- add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,087,078 1,415,939
13 Grants and similar amounts paid (Part IX, column (A), lines 1-9)	10,000 20,050
14 Benefits paid to or for members (Part IX, column (A), line 4)	
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	209,024 216,278
16a Professional fundraising fees (Part IX, column (A), line 11e)	
b Total fundraising expenses (Part IX, column (D), line 25)	
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	701,746 1,012,869
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	920,770 1,249,197
19 Revenue less expenses Subtract line 18 from line 12	166,308 166,742
20 Total assets (Part X, line 16)	Beginning of Current Year End of Year
21 Total liabilities (Part X, line 26)	2,162,899 2,560,334
22 Net assets or fund balances Subtract line 21 from line 20	52,187 282,880
	2,110,712 2,277,454

Part II Signature Block

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

ERIC J. OXFELD

Type or print name and title

SECRETARY/TREASURER

Date

11/12/10

Paid Preparer's Use Only

Preparer's signature

RONALD W SMITH CPA

Date

11-10-2010

Check if self-employed ☒

Preparer's identifying number (see instr.)

Firm's name (or yours if self-employed), address, and ZIP + 4

1326 S RIDGEWOOD AVE STE 2
DAYTONA BEACH, FL 32114

EIN

Phone no (386) 255-2474

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes ☐ No

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2009)

SCANNED DEC 08 2010
RECEIVED
NOV 17 2010
CSCS
EXEMPTIONS
BALANCE SHEET
OR FUND

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission

THE FOUNDATION PROMOTES RESEARCH AND ANALYSIS OF NUMEROUS ISSUES CONCERNING WORKERS COMPENSATION. THE FOUNDATION DEVELOPES AND DISTRIBUTES EDUCATIONAL MATERIALS, SPONSORS EDUCATION CONFERENCES AND SEMINARS THAT GRANT CONTINUING EDUCATION CREDITS TO PROFESSIONALS.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

☐ Yes☒ No

If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?

☐ Yes☒ No

If "Yes," describe these changes on Schedule O.

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code _____) (Expenses \$ 903,713 including grants of \$ _____) (Revenue \$ 1,361,578)
SEE ATTACHMENT #3

4b (Code _____) (Expenses \$ 15,000 including grants of \$ _____) (Revenue \$ _____)

4c (Code _____) (Expenses \$ 5,050 including grants of \$ _____) (Revenue \$ _____)

4d Other program services. (Describe in Schedule O)

(Expenses \$ _____ including grants of \$ _____) (Revenue \$ _____)

4e Total program service expenses ► \$ 923,763

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors?		X
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II		X
5 Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	N/A	
6 Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		X
9 Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV		X
10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V		X
11 Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	X	
• Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.		
• Did the organization report an amount for investments -- other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII		
• Did the organization report an amount for investments -- program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII		
• Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.		
• Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X		
• Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X		
12 Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	X	
12A Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional	Yes	No
	12A	X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		X
20 Did the organization operate one or more hospitals? If "Yes," complete Schedule H		X

Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	X	
22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J,		X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? N/A		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? N/A		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? N/A		
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		X
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)		
a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
c An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV		X
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I		X
34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1		X
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2		X
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	X	

Note: All Form 990 filers are required to complete Schedule O

Part V Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U S Information Returns. Enter -0- if not applicable.	1a	0
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	1b	0
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	N/A
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.	2a	2
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions).	2b	X
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a	X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.	3b	N/A
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	X
b	If "Yes," enter the name of the foreign country: _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	X
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c	N/A
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	N/A
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	N/A
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	X
d	If "Yes," indicate the number of Forms 8282 filed during the year.	7d	
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g	X
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h	X
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8	X
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the organization make any taxable distributions under section 4966?	9a	X
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b	X
10	Section 501(c)(7) organizations. Enter		
a	Initiation fees and capital contributions included on Part VIII, line 12.	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.	10b	
11	Section 501(c)(12) organizations. Enter		
a	Gross income from members or shareholders.	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	X
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	12b	

Part VI

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Section A. Governing Body and Management

	Yes	No
1a Enter the number of voting members of the governing body	1a 9	
b Enter the number of voting members that are independent	1b 8	
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3	X
4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4	X
5 Did the organization become aware during the year of a material diversion of the organization's assets?	5	X
6 Does the organization have members or stockholders?	6	X
7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	X
b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body?	8a X	
b Each committee with authority to act on behalf of the governing body?	8b X	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9a	X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

	Yes	No
10a Does the organization have local chapters, branches, or affiliates?	10a	X
b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	N/A	10b
11 Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11	X
11a Describe in Schedule O the process, if any, used by the organization to review this Form 990		
12a Does the organization have a written conflict of interest policy? If "No," go to line 13.	12a	X
b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	N/A	12b
c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done.	N/A	12c
13 Does the organization have a written whistleblower policy?	13	X
14 Does the organization have a written document retention and destruction policy?	14	X
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision:		
a The organization's CEO, Executive Director, or top management official?	15a X	
b Other officers or key employees of the organization?	15b X	
If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)		
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	X
b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	N/A	16b

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ► NONE

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
☐ Own website ☐ Another's website ☒ Upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ► SEE ATTACHMENT #4

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors
Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.

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

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

☐ Check this box if the organization did not compensate any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)							(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		INDIVIDUAL	DIRECTOR	INSTITUTIONAL	OFFICER	KEY EMPLOYEE	HIGHLY COMPENSATED	FORMER			
RICHARD P. GANNON PRESIDENT	2.00	X			X				0	0	0
BRUCE Q. MORIN VICE PRESIDENT	1.00	X			X				0	0	0
ERIC J. OXFELD SECRETARY/TREASURER	40.00	X			X	X	X		155,558	0	0
ROBERT J. ARRIGAN TRUSTEE	0.50	X							0	0	0
SUE ANN HEAD TRUSTEE	0.50	X							0	0	0
DIANNE C. SELLERS TRUSTEE	0.50	X							0	0	0
ALLYN C. TATUM TRUSTEE	0.50	X							0	0	0
BRUCE C. WOOD TRUSTEE	0.50	X							0	0	0
CARRIE NEVANS TRUSTEE	0.50	X							0	0	0

Part VIII		Statement of Revenue		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
OTHER CONTRIBUTIONS SIMILAR AMOUNTS	1a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, & similar amounts not included above	1f					
	g Noncash contributions included in lines 1a-1f		\$				
h Total. Add lines 1a-1f							
PROGRAM SERVICE REVENUE	Business Code						
	2a CALIFORNIA ED. CONF.		521253	521253			
	b TEXAS EDUCATIONAL CONF		280350	280350			
	c NO. CAROLINA ED. CONF.		194775	194775			
	d TENNESSEE ED. CONF.		125475	125475			
	e W. VIRGINIA ED. CONF.		76950	76950			
	f All other program service revenue #5		162775	162775			
g Total. Add lines 2a-2f			1361578				
OTHER REVENUE	3 Investment income (including dividends, interest, and other similar amounts)			33539	33539		
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
			(i) Real	(ii) Personal			
	6a Gross Rents						
	b Less rental expenses						
	c Rental income or (loss)						
	d Net rental income or (loss)						
			(i) Securities	(ii) Other			
	7a Gross amount from sales of assets other than inventory						
	b Less cost or other basis and sales expenses						
	c Gain or (loss)						
	d Net gain or (loss)						
	8a Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18		a				
	b Less direct expenses		b				
c Net income or (loss) from fundraising events							
9a Gross income from gaming activities. See Part IV, line 19		a					
b Less direct expenses		b					
c Net income or (loss) from gaming activities							
10a Gross sales of inventory, less returns and allowances		a					
b Less cost of goods sold		b					
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue		Business Code					
11a CONFERENCE COMMISSIONS			18322	18322			
b ADMINISTRATIVE FEES			2500	2500			
c							
d All other revenue							
e Total. Add lines 11a-11d			20822				
12 Total revenue. See instructions			1415939	1415939			

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U S See Part IV, line 21	20050	20050		
2 Grants and other assistance to individuals in the U S See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	155558		155558	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	43683		43683	
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits	4667		4667	
10 Payroll taxes	12370		12370	
11 Fees for services (non-employees)				
a Management				
b Legal				
c Accounting	6500		6500	
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees				
g Other				
12 Advertising and promotion				
13 Office expenses	16443		16443	
14 Information technology				
15 Royalties				
16 Occupancy	16066		16066	
17 Travel	24093		24093	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	885825	885825		
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	679		679	
23 Insurance	42329		42329	
24 Other expenses Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
a POSTAGE AND SHIPPING	20218	17888	2330	
b PRINTING	716		716	
c				
d				
e				
f All other expenses				
25 Total functional expenses. Add lines 1 through 24f	1249197	923763	325434	
26 Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
A S S E T S	1 Cash -- non-interest bearing	105,940	1	167,893
	2 Savings and temporary cash investments	2,037,267	2	2,333,806
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net		4	30,025
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	15,607	9	25,204
	10a Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D	10a 43,706		
	b Less accumulated depreciation	10b 41,552	2,833	10c 2,154
	11 Investments -- publicly traded securities		11	
	12 Investments -- other securities. See Part IV, line 11		12	
	13 Investments -- program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	1,252	15	1,252
16 Total assets. Add lines 1 through 15 (must equal line 34)	2,162,899	16	2,560,334	
L I A B I L I T I E S	17 Accounts payable and accrued expenses	762	17	70,660
	18 Grants payable		18	
	19 Deferred revenue	51,425	19	212,220
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities. Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	52,187	26	282,880
N E T A S S E T S O R F U N D B A L A N C E S	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	1,990,712	27	2,157,454
	28 Temporarily restricted net assets	120,000	28	120,000
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	2,110,712	33	2,277,454
	34 Total liabilities and net assets/fund balances	2,162,899	34	2,560,334

Part XI Financial Statements and Reporting

1 Accounting method used to prepare the Form 990 ☐ Cash ☒ Accrual ☐ Other _____

If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O

2a Were the organization's financial statements compiled or reviewed by an independent accountant? . . .

2a Yes No X

b Were the organization's financial statements audited by an independent accountant?

2b X

c If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? . . .

2c X

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O

d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both:

☒ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?

3a X

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

N/A

3b

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.

OMB No. 1545-0047

2009

Open to Public Inspection

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

Name of the organization

TNTL WORKERS' COMPENSATION FD

Employer identification number

35-1737364

Part I	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)

- ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)

☐ 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 _____

☐ 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)

☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II)

☒ An organization that normally receives: (1) more than 33 1/3 % 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 33 1/3 % 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.)

☐ An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**

☐ 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 that describes the type of supporting organization and complete lines 11e through 11h

a ☐ Type I b ☐ Type II c ☐ Type III--Functionally integrated d ☐ Type III--Other

☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?

(ii) A family member of a person described in (i) above?

(iii) A 35% controlled entity of a person described in (i) or (ii) above?

h Provide the following information about the supported organization(s)

	Yes	No
11g(i)		X
11g(ii)		X
11g(iii)		X

	Yes	No
11g(I)		X
11g(II)		X
11g(III)		X

[illegible]

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2009

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
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	1166024	892652	1534666	988628	1361578	5943548
3 Gross receipts from activities that are not an unrelated trade or business under section 513			17429	39543	20822	77794
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5	1166024	892652	1552095	1028171	1382400	6021342
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6)						6021342

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6	1166024	892652	1552095	1028171	1382400	6021342
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	35268	62403	86797	58907	33539	276914
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	35268	62403	86797	58907	33539	276914
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 Total support. (Add lines 9, 10c, 11, and 12)	1201292	955055	1638892	1087078	1415939	6298256

14 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) organization, check this box and **stop here** ☐

Section C. Computation of Public Support Percentage

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	95.60 %
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	95.58 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	4 %
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	4 %

19a 33 1/3 % support tests -- 2009. If the organization did not check the box on line 14, and line 15 is more than 33 1/3 %, and line 17 is not more than 33 1/3 %, check this box and **stop here**. The organization qualifies as a publicly supported organization ☒

b 33 1/3 % support tests -- 2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3 %, and line 18 is not more than 33 1/3 %, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ☐

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

► **Complete if the organization answered "Yes," to Form 990,
Part IV, line 6, 7, 8, 9, 10, 11, or 12.**

► **Attach to Form 990. ► See separate instructions.**

OMB No 1545-0047

2009

**Open to Public
Inspection**

Name of the organization

INTL WORKERS' COMPENSATION FD

Employer identification number

35-1737364

Part I

Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if
the organization answered "Yes" to Form 990, Part IV, line 6

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Part II

Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7

1 Purpose(s) of conservation easements held by the organization (check all that apply)

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or pleasure)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ► _____

4 Number of states where property subject to conservation easement is located ► _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ► _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ► \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III

Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 8

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(I) Revenues included in Form 990, Part VIII, line 1 ► \$ _____

(II) Assets included in Form 990, Part X ► \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items:

a Revenues included in Form 990, Part VIII, line 1 ► \$ _____

b Assets included in Form 990, Part X ► \$ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)

a ☐ Public exhibition

b ☐ Scholarly research

c ☐ Preservation for future generations

d ☐ Loan or exchange programs

e ☐ Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes

☐ No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes

☐ No

b If "Yes," explain the arrangement in Part XIV and complete the following table

c Beginning balance

d Additions during the year

e Distributions during the year

f Ending balance

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21?

☐ Yes

☐ No

b If "Yes," explain the arrangement in Part XIV

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the year end balance held as:

a Board designated or quasi-endowment %

b Permanent endowment %

c Term endowment %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

(i) unrelated organizations

(ii) related organizations

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

	Yes	No
3a(i)		
3a(ii)		
3b		

4 Describe in Part XIV the intended uses of the organization's endowment funds

Part VI Investments -- Land, Buildings, and Equipment. See Form 990, Part X, line 10

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		43,706	41,552	2,154
e Other				
Total. Add lines 1a through 1e (Column (d) should equal Form 990, Part X, column (B), line 10(c))				2,154

Part VII Investments -- Other Securities. See Form 990, Part X, line 12

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives		
Closely-held equity interests		
Other		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)		

Part VIII Investments -- Program Related. See Form 990, Part X, line 13

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)		

Part IX Other Assets. See Form 990, Part X, line 15

(a) Description	(b) Book value
DEPOSITS ON LEASED PROPERTY	1,252
Total. (Column (b) must equal Form 990, Part X, col (B) line 15)	1,252

Part X Other Liabilities. See Form 990, Part X, line 25

1. (a) Description of liability	(b) Amount
Federal income taxes	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	

2. FIN 48 Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48

Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	1,415,939
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	1,249,197
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	166,742
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 through 8	9	
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	166,742

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements	1	1,415,939
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	1,415,939
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	1,415,939

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	1,249,197
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	1,249,197
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	1,249,197

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

Name of the organization

INTL WORKERS' COMPENSATION FD

Employer identification number

35-1737364

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ **Yes** ☐ **No**

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed

Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
INSTITUTE FOR LABOR STUDIES & RESEARCH 99 BALD HILL ROAD CRANSTON RI 02920 KIDS' CHANCE OF ARKANSAS P.O. BOX 250249 LITTLE ROCK AR 72225	05-0387211	501(C)(3)	15,000				CONTINUED SUPPORT OF DONES MISSION
	04-3667535	501(C)(3)	5,050				DONES SCHOLARSHIP PROGRAM

2 Enter total number of section 501(c)(3) and government organizations

3 Enter total number of other organizations

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22
Use Part IV and Schedule I-1 (Form 990) if additional space is needed

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

Part IV **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information

UPON REQUEST FOR GRANT ASSISTANCE, THE BOARD OF TRUSTEES INSURES THAT THE REQUEST IS CONSISTANT WITH THE FOUNDATIONS MISSION TO PROMOTE EDUCATION AND COMMUNICATIONS IN THE WORKERS' COMPENSATION SYSTEM WITHOUT TAKING SIDES WITH ANY INTEREST GROUP. A SIMPLE MAJORITY VOTE FOR OR AGAINST IS MADE. THE EXECUTIVE DIRECTOR INSURES THAT THE DONEE UNDERSTANDS ALL PROVISIONS OF THE APPROVED GRANT AND MONITORS ITS COMPLIANCE.

WRITTEN ACKNOWLEDGEMENTS ARE OBTAINED AND ON FILE AT THE FOUNDATIONS OFFICE.

10

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

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
ERIC J. OXFELD	(i) 141,558			14,000		155,558	148,555
	(ii)						
	(iii)						
	(iv)						
	(v)						
	(vi)						
	(vii)						
	(viii)						
	(ix)						
	(x)						
	(xi)						
	(xii)						
	(xiii)						
	(xiv)						
	(xv)						
	(xvi)						
	(xvii)						
	(xviii)						
	(xix)						
	(xx)						
	(xxi)						
	(xxii)						
	(xxiii)						
	(xxiv)						
	(xxv)						

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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

► Attach to Form 990.

OMB No 1545-0047

2009

**Open to Public
Inspection**

Name of the organization

INTL WORKERS' COMPENSATION FD

Employer identification number

35-1737364

COMPENSATION INCREASES ARE REVIEWED BY THE BOARD OF TRUSTEES AT A SCHEDULED MEETING. THE EXECUTIVE DIRECTOR PRESENTS AN ANNUAL REVIEW OF ANY EMPLOYEE ON STAFF. THE EXECUTIVE DIRECTOR RENDERS HIS OPINIONS AND RECOMMENDATIONS TO THE BOARD OF TRUSTEES FOR THEIR APPROVAL OF THE SALARY INCREASE.

THE EXECUTIVE DIRECTOR ALSO HAS AN ANNUAL REVIEW AT A SCHEDULED BOARD MEETING. THE BOARD OF TRUSTEES RENDER THEIR OPINIONS AND CONCERNS AND VOTE APPROVAL OR DENIAL OF A ANNUAL SALARY INCREASE. THE EXECUTIVE DIRECTOR WHO ALSO IS THE SECRETARY/TREASURE OF THE FOUNDATION ABSTAINS FROM THE VOTE ON HIS ANNUAL SALARY INCREASE, DECREASE OR STATUS QUO.

COPIES OF FORM 990: FORM 990 FOR FYE 6/30/10-NO REVIEW WAS OR WILL BE CONDUCTED.

A COPY OF THE FORM 990 IS AVAILABLE FOR REVIEW TO THE PUBLIC AT THE FOUNDATIONS OFFICE AT ALL TIMES. COPIES CAN BE OBTAINED UPON REQUEST AND ARE SUBJECT TO A COPYING CHARGE TO OFFSET COST.

PRINCIPAL OFFICER NAME AND ADDRESS

ATTACHMENT 1: FORM 990 PAGE 1, LINE F

OPEN TO PUBLIC

INSPECTION

For calendar year 2009, or tax period beginning 07-01-2009, and ending 06-30-2010.

Name of Organization

INTL WORKERS' COMPENSATION FD

Employer Identification Number

35-1737364

990, Page 1, Line F

Principal officer name

ERIC J. OXFELD

or

Business Name

Street Address

570 MEMORIAL CIRCLE RM 320

U S Address:

Zip code 32174

City ORMOND BEACH

State FL

or

Foreign Address

City

Province or State

Country

Postal code

2009 Federal Depreciation Schedule

INTL WORKERS' COMPENSATION FD
35-1737364

11-12-2010

Description	Date	Method	Year	Cost	Land/ Other	\$179	Spec Allow	Basis	Prior	Current
Form 990										
<u>1992</u>										
OFFICE EQUIPMENT	06-30-92	200DBHY	7	1,336	0	0	0	1,336	1,336	0
1 Asset			Subtotals	1,336	0	0	0	1,336	1,336	0
<u>1993</u>										
OFFICE EQUIPMENT	06-30-93	200DBHY	7	1,084	0	0	0	1,084	1,084	0
1 Asset			Subtotals	1,084	0	0	0	1,084	1,084	0
<u>1994</u>										
OFFICE EQUIPMENT	06-30-94	200DBHY	7	994	0	0	0	994	994	0
OFFICE EQUIPMENT	06-30-94	200DBHY	5	9,238	0	0	0	9,238	9,238	0
2 Assets			Subtotals	10,232	0	0	0	10,232	10,232	0
<u>1996</u>										
OFFICE EQUIPMENT	06-30-96	200DBHY	5	15,042	0	0	0	15,042	15,042	0
OFFICE EQUIPMENT	06-30-96	200DBHY	7	363	0	0	0	363	311	0
2 Assets			Subtotals	15,405	0	0	0	15,405	15,353	0
<u>1997</u>										
OFFICE EQUIPMENT	06-30-97	200DBHY	5	1,681	0	0	0	1,681	1,681	0
1 Asset			Subtotals	1,681	0	0	0	1,681	1,681	0
<u>1998</u>										
OFFICE EQUIPMENT	06-30-98	200DBHY	5	1,313	0	0	0	1,313	1,313	0
1 Asset			Subtotals	1,313	0	0	0	1,313	1,313	0
<u>1999</u>										
OFFICE EQUIPMENT	06-30-99	200DBHY	5	5,448	0	0	0	5,448	5,448	0
1 Asset			Subtotals	5,448	0	0	0	5,448	5,448	0
<u>2000</u>										
OFFICE EQUIPMENT	06-30-00	200DBHY	5	324	0	0	0	324	324	0
1 Asset			Subtotals	324	0	0	0	324	324	0
<u>2001</u>										
OFFICE EQUIPMENT	06-30-01	200DBHY	5	1,598	0	0	0	1,598	1,598	0
1 Asset			Subtotals	1,598	0	0	0	1,598	1,598	0
<u>2002</u>										
OFFICE EQUIPMENT	06-30-02	200DBHY	5	1,995	0	0	0	1,995	1,995	0
1 Asset			Subtotals	1,995	0	0	0	1,995	1,995	0
<u>2007</u>										

* Asset disposed this year

~C Carryover basis in like-kind exchange transaction

~B Excess basis in like-kind exchange transaction

2009 Federal Depreciation Schedule

INTL WORKERS' COMPENSATION FD
35-1737364

11-12-2010

Description	Date	Method	Year	Cost	Land/ Other	\$179	Spec Allow	Basis	Prior	Current
Form 990										
2008										
DESKTOP COMPUTER	12-10-07	S/L	5	714	0	0	0	714	214	143
1 Asset			Subtotals	714	0	0	0	714	214	143
2008										
FAX MACHINE O DEPOT	05-19-08	S/L	5	308	0	0	0	308	93	62
BLACKBERRY STORM	12-16-08	S/LMQ	5	238	0	0	0	238	30	48
2 Assets			Subtotals	546	0	0	0	546	123	110
2009										
15IN MESSENGER BAG	03-13-09	200DBMQ	7	24	0	0	0	24	3	6
320GB PASSPORT PORT	03-13-09	200DBHY	5	150	0	0	0	150	30	48
DELL LAPTOP COMPUTER	03-20-09	S/LMQ	5	1,858	0	0	0	1,858	139	372
3 Assets			Subtotals	2,032	0	0	0	2,032	172	426
18 Assets			Totals	43,708	0	0	0	43,708	40,873	679
18 Assets			Grand Totals	43,708	0	0	0	43,708	40,873	679

* Asset disposed this year
~C Carryover basis in like-kind exchange transaction
~B Excess basis in like-kind exchange transaction

2009 DETAIL STATEMENTS

INTL WORKERS' COMPENSATION FD
35-1737364

PAGE 1

STATEMENT #1 - PROGRAM SERVICE REVENUE (990-EO PG 1 LINE 9)

CALIFORNIA EDUCATIONAL CONFERENCE.....	514,615
NORTH CAROLINA EDUCATIONAL CONFERENCE.....	217,300
TENNESSEE EDUCATIONAL CONFERENCE.....	124,375
NEW ENGLAND EDUCATIONAL CONFERENCE 2009.....	88,263
ARKANSAS WORKER'S COMP CMTE FALL FORUM 09.....	44,075

TOTAL CARRIED TO 990-EO PG 1 LINE 9.....	988,628
--	---------

STATEMENT #2 - OTHER REVENUE (990-EO PG 1 LINE 11)

ADMIN FEES, CONFERENCE COMMISSIONS.....	39,543
---	--------

TOTAL CARRIED TO 990-EO PG 1 LINE 11.....	39,543
---	--------

STATEMENT #3 - CONF. CONVERSIONS, AND MEETING (990 EO PG 10 LINE 19)

TRAVEL AND LODGING-CONFERENCES.....	634,676
PRINTING COSTS-CONFERENCES.....	108,610
SPEAKERS-CONFERENCES.....	19,566
BOOTH AND EXHIBITS-CONFERENCES.....	17,333
HANDOUTS AND ATTENDEE KEEPSAKES.....	23,443
CALIFORNIA DWC TRAINING-CONFERENCE.....	33,746
AUDIO VISUAL-AT CONFERENCES.....	33,208
CONTINUING EDUCATION CERTIFICATION.....	9,723
SECURITY-AT CONFERENCES.....	5,520

TOTAL CARRIED TO 990 EO PG 10 LINE 19.....	885,825
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PRIMARY EXEMPT PURPOSE

ATTACHMENT 2: FORM 990 PAGE 1, PART I

OPEN TO PUBLIC INSPECTION	For calendar year 2009 or tax period beginning 07-01, and ending 06-30-2010.
Name of Organization INTL WORKERS' COMPENSATION FD	Employer Identification Number 35-1737364

Primary Purpose

THE FOUNDATION PROMOTES RESEARCH AND ANALYSIS OF NUMEROUS ISSUES CONCERNING WORKERS COMPENSATION. THE FOUNDATION DEVELOPES AND DISTRIBUTES EDUCATIONAL MATERIALS, SPONSORS EDUCATION CONFERENCES AND SEMINARS THAT GRANT CONTINUING EDUCATION CREDITS TO PROFESSIONALS.

PART III - STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENT

ATTACHMENT 3: FORM 990 PAGE 2, PART III

OPEN TO PUBLIC INSPECTION	For calendar year 2009, or tax period beginning 07-01-2009, and ending 06-30-2010.
Name of Organization INTL WORKERS' COMPENSATION FD	Employer Identification Number 35-1737364

Part III - Statement of Program Service Accomplishments

Code.	Expenses	903,713	including Grants of	Revenue	1,361,578
Exempt Purpose Achievements					

THE FOUNDATION PROMOTES RESEARCH AND ANALYSIS OF NUMEROUS ISSUES CONCERNING WORKERS COMPENSATION. THE FOUNDATION DEVELOPS AND DISTRIBUTES EDUCATIONAL MATERIALS, SPONSORS CONTINUING EDUCATION SEMINARS PROVIDING CONTINUING EDUCATION CREDIT HOURS TO THE ATTENDEES. DURING THIS FISCAL YEAR THERE WERE 3,676 ATTENDEES AT THE VARIOUS CONFERENCES AND WORKSHOPS.

PART III - STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENT

ATTACHMENT 3: FORM 990 PAGE 2, PART III

OPEN TO PUBLIC INSPECTION	For calendar year 2009, or tax period beginning 07-01-2009, and ending 06-30-2010.
Name of Organization INTL WORKERS' COMPENSATION FD	Employer Identification Number 35-1737364

Part III - Statement of Program Service Accomplishments

Code	Expenses	15,000	including Grants of	Revenue
Exempt Purpose Achievements				

BY WAY OF THE RHODE ISLAND INSTITUTE FOR LABOR STUDIES AND RESEARCH (ISRL), THE FOUNDATION PROVIDED FUNDS FOR THE SUPPORT OF THE RHODE ISLAND WORKERS' COMPENSATION COURT. THIS DONATION IS INTENDED TO ASSIST THE COURT IN EDUCATING IMMIGRANT WORKERS AND EMPLOYERS ABOUT THEIR RESPECTIVE RIGHTS AND RESPONSIBILITIES UNDER THE RHODE ISLAND WORKERS' COMPENSATION ACT, AND TO PROMOTE PREVENTION OF WORKPLACE INJURY. FUNDS ARE USED IN PARTNERSHIP WITH THE CHIEF JUDGE TO CONDUCT COMMUNITY FORUMS, DEVELOP TRAINING VIDEOS, AND RADIO AND TV PROGRAMS, AS WELL AS OTHER FORMS OF OUTREACH. 35,000 IMMIGRANT WORKERS HAVE BEEN INFORMED BY THIS EXPOSURE. THIS IS A CONTINUING DONATION BY THIS FOUNDATION FOR THIS CAUSE.

PART III - STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENT

ATTACHMENT 3: FORM 990 PAGE 2, PART III

OPEN TO PUBLIC INSPECTION	For calendar year 2009, or tax period beginning 07-01-2009, and ending 06-30-2010.
Name of Organization INTL WORKERS' COMPENSATION FD	Employer Identification Number 35-1737364
Part III - Statement of Program Service Accomplishments	
Code	Expenses 5,050 including Grants of Revenue.
Exempt Purpose Achievements	

A DONATION WAS MADE TO THE KIDS' CHANCE OF ARKANSAS A 501(C)(3) ENTITY. THIS DONATION GOES TOWARDS FUNDING SCHOLARSHIPS FOR CHILDREN OF ARKANSAS WORKERS WHO HAVE BEEN KILLED OR LEFT PERMANENTLY AND TOTALLY DISABLED BY A JOB-RELATED INJURY OR ILLNESS THAT IS COVERED UNDER THE ARKANSAS WORKERS' COMPENSATION LAWS.

BOOKS ARE IN CARE OF

ATTACHMENT 4: FORM 990 PAGE 6, PART VI, SECTION C, LINE 20

OPEN TO PUBLIC INSPECTION	For calendar year 2009 or tax period beginning 07-01, and ending 06-30-2010.
Name of Organization INTL WORKERS' COMPENSATION FD	Employer Identification Number 35-1737364
Part VI - Line 91a	

Individual Name ERIC OXFELD EXECUTIVE DIRECTOR
or
Business Name'

Street Address 570 MEMORIAL CIRCLE
SUITE 320

U S Address

Zip code 32174 City ORMOND BEACH State FL
or
Foreign Address

City
Province or State
Country
Postal code
Phone Number (386) 677-0041
Fax Number (386) 677-0155

ATTACHMENT 5: FORM 990 PAGE 9, LINE 2 - PROGRAM SERVICE REVENUE

For calendar year 2009, or tax period beginning 07-01-2009 , and ending 06-30-2010.

Employer Identification Number

35-1737364

Program Service Revenue	business code	(a) Total revenue	(b) Related or exempt function revenue	(c) Unrelated business revenue	(d) Revenue excluded from tax under IRC 512, 513, or 514
ARKANSAS W. COMP C.		62,925	62,925		
NEW ENGLAND ED.CONF.		55,700	55,700		
OREGON ED. CONF.		44,150	44,150		
Totals		162,775	162,775		

Depreciation and Amortization (Including Information on Listed Property)

OMB No 1545-0172

2009Attachment
Sequence No. **67**Department of the Treasury
Internal Revenue Service (99)

▶ See separate instructions.

▶ Attach to your tax return.

Name(s) shown on return

Business or activity to which this form relates

Identifying number

INTL WORKERS' COMPENSATION FD

FOR FORM 990

35-1737364

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I

1	Maximum amount See the instructions for a higher limit for certain businesses	1	\$250,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	\$800,000
4	Reduction in limitation Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	250,000
6	(a) Description of property	(b) Cost (busn. use only)	(c) Elected cost
7	Listed property Enter the amount from line 29	7	
8	Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2008 Form 4562	10	
11	Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	250,000
12	Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2010. Add lines 9 and 10, less line 12	13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property) (See instructions)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	

Part III MACRS Depreciation (Do not include listed property) (See instructions)**Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2009	17	679
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here		

Section B -- Assets Placed in Service During 2009 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depr (business/investment use only -- see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs		S/L	
h Residential rental property			27.5 yrs	MM	S/L	
			27 5 yrs	MM	S/L	
i Nonresidential real property			39 yrs	MM	S/L	
				MM	S/L	

Section C -- Assets Placed in Service During 2009 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs		S/L	
c 40-year			40 yrs	MM	S/L	

Part IV Summary (See instructions)

21	Listed property Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations -- see instructions	22	679
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate Instructions.

Form 4562 (2009)