

Form **990**

**Return of Organization Exempt From Income Tax**

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

OMB No 1545-0047

**2006**

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 2006 calendar year, or tax year beginning **JUL 1, 2006** and ending **JUN 30, 2007**

**B** Check if applicable:  Address change,  Name change,  Initial return,  Final return,  Amended return,  Application pending

Please use IRS label or print or type See Specific Instructions

**C** Name of organization: **INTERNATIONAL CHIROPRACTORS ASSOCIATION, INC.**

Number and street (or P.O. box if mail is not delivered to street address): **1110 N GLEBE RD** Room/suite: **650**

City or town, state or country, and ZIP + 4: **ARLINGTON, VA 22201**

**D** Employer identification number: **42-0179650**

**E** Telephone number: **703-528-5000**

**F** Accounting method:  Cash  Accrual  Other (specify) \_\_\_\_\_

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

**G** Website: **N/A**

**J** Organization type (check only one):  501(c) ( **6** ) (insert no)  4947(a)(1) or  527

**K** Check here  if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

**L** Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12: **2,172,205.**

**H** and **I** are not applicable to section 527 organizations

**H(a)** Is this a group return for affiliates?  Yes  No

**H(b)** If "Yes," enter number of affiliates: **N/A**

**H(c)** Are all affiliates included? **N/A**  Yes  No (If "No," attach a list.)

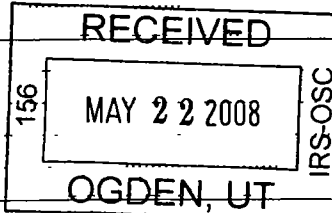
**H(d)** Is this a separate return filed by an organization covered by a group ruling?  Yes  No

**I** Group Exemption Number: **N/A**

**M** Check  if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF).

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances**

		1a		1b		1c		1d		1e	
Revenue	<b>1</b> Contributions, gifts, and similar amounts received:										
	<b>a</b> Contributions to donor advised funds										
	<b>b</b> Direct public support (not included on line 1a)										
	<b>c</b> Indirect public support (not included on line 1a)										
	<b>d</b> Government contributions (grants) (not included on line 1a)										
	<b>e</b> Total (add lines 1a through 1d) (cash \$ <b>7,528.</b> noncash \$ _____)										<b>7,528.</b>
	<b>2</b> Program service revenue including government fees and contracts (from Part VII, line 93)										<b>648,762.</b>
	<b>3</b> Membership dues and assessments										<b>1,030,588.</b>
	<b>4</b> Interest on savings and temporary cash investments										<b>167.</b>
	<b>5</b> Dividends and interest from securities										
	<b>6 a</b> Gross rents										
	<b>b</b> Less: rental expenses										
	<b>c</b> Net rental income or (loss). Subtract line 6b from line 6a										
	<b>7</b> Other investment income (describe _____)										
	<b>8 a</b> Gross amount from sales of assets other than inventory	(A) Securities									
(B) Other											
<b>8a</b>										<b>23,250.</b>	
<b>8b</b> Less: cost or other basis and sales expenses										<b>23,250.</b>	
<b>c</b> Gain or (loss) (attach schedule)											
<b>d</b> Net gain or (loss). Combine line 8c, columns (A) and (B)										<b>STMT 1</b>	
<b>9</b> Special events and activities (attach schedule) If any amount is from gaming, check here <input type="checkbox"/>											
<b>a</b> Gross revenue (not including \$ _____ of contributions reported on line 1b)											
<b>b</b> Less: direct expenses other than fundraising expenses											
<b>c</b> Net income or (loss) from special events. Subtract line 9b from line 9a											
<b>10 a</b> Gross sales of inventory, less returns and allowances											
	<b>10a</b>									<b>65,444.</b>	
	<b>10b</b> Less: cost of goods sold									<b>16,645.</b>	
<b>c</b> Gross profit or (loss) from sales of inventory (attach schedule) Subtract line 10b from line 10a										<b>STMT 2</b>	
<b>11</b> Other revenue (from Part VII, line 103)										<b>396,466.</b>	
<b>12</b> Total revenue Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11										<b>2,132,310.</b>	
Expenses	<b>13</b> Program services (from line 44, column (B))										
	<b>14</b> Management and general (from line 44, column (C))										
	<b>15</b> Fundraising (from line 44, column (D))										
	<b>16</b> Payments to affiliates (attach schedule)										
	<b>17</b> Total expenses Add lines 16 and 44, column (A)										<b>2,218,571.</b>
<b>18</b> Excess or (deficit) for the year. Subtract line 17 from line 12										<b>-86,261.</b>	
<b>19</b> Net assets or fund balances at beginning of year (from line 73, column (A))										<b>-265,363.</b>	
<b>20</b> Other changes in net assets or fund balances (attach explanation)										<b>SEE STATEMENT 3</b>	
<b>21</b> Net assets or fund balances at end of year. Combine lines 18, 19, and 20										<b>-355,225.</b>	



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**INTERNATIONAL CHIROPRACTORS ASSOCIATION,  
INC.**

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**Part II Statement of Functional Expenses**

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others.

<i>Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I</i>	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22a Grants paid from donor advised funds (attach schedule) (cash \$ <u>0</u> . noncash \$ <u>0</u> .) If this amount includes foreign grants, check here <input type="checkbox"/>	22a			
22b Other grants and allocations (attach schedule) (cash \$ <u>0</u> . noncash \$ <u>0</u> .) If this amount includes foreign grants, check here <input type="checkbox"/>	22b			
23 Specific assistance to individuals (attach schedule)	23			
24 Benefits paid to or for members (attach schedule)	24			
25a Compensation of current officers, directors, key employees, etc. listed in Part V-A	25a	140,506.		
b Compensation of former officers, directors, key employees, etc. listed in Part V-B	25b	0.		
c Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	25c			
26 Salaries and wages of employees not included on lines 25a, b, and c	26	463,850.		
27 Pension plan contributions not included on lines 25a, b, and c	27	10,342.		
28 Employee benefits not included on lines 25a - 27	28	66,803.		
29 Payroll taxes	29	45,946.		
30 Professional fundraising fees	30			
31 Accounting fees	31	16,787.		
32 Legal fees	32	450.		
33 Supplies	33	48,970.		
34 Telephone	34	24,175.		
35 Postage and shipping	35	224,223.		
36 Occupancy	36	159,522.		
37 Equipment rental and maintenance	37	15,878.		
38 Printing and publications	38	167,170.		
39 Travel	39	83,549.		
40 Conferences, conventions, and meetings	40			
41 Interest	41	14,149.		
42 Depreciation, depletion, etc (attach schedule)	42	12,364.		
43 Other expenses not covered above (itemize)				
a _____	43a			
b _____	43b			
c _____	43c			
d _____	43d			
e _____	43e			
f _____	43f			
g <b>SEE STATEMENT 4</b>	43g	723,887.		
44 Total functional expenses. Add lines 22a through 43g (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	44	2,218,571.		

Joint Costs. Check  if you are following SOP 98-2

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services?  Yes  No

If "Yes," enter (i) the aggregate amount of these joint costs \$ N/A ; (ii) the amount allocated to Program services \$ N/A ; (iii) the amount allocated to Management and general \$ N/A ; and (iv) the amount allocated to Fundraising \$ N/A

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**Part III Statement of Program Service Accomplishments** (See the instructions)

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

	Program Service Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)
What is the organization's primary exempt purpose? ► <b>SEE STATEMENT 7</b>	
All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others)	
<b>a</b> <b>SEE STATEMENT 5</b>	
(Grants and allocations \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
<b>b</b> <b>SEE STATEMENT 6</b>	
(Grants and allocations \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
<b>c</b> <b>CONFERENCES: ORGANIZE REGULAR EDUCATIONAL SEMINARS ON TOPICS IMPORTANT FOR PROFESSIONAL DEVELOPMENT AND ENHANCED CLINICAL SERVICES, AND TO PROVIDE CONTINUING EDUCATION CREDIT AS REQUIRED BY STATES FOR RELICENSURE OF DOCTORS OF CHIROPRACTIC. APPROXIMATELY 2,200 INDIVIDUALS ATTENDED ICA-SPONSORED CONFERENCES THIS YEAR.</b>	
(Grants and allocations \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
<b>d</b>	
(Grants and allocations \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
<b>e</b> Other program services (attach schedule)	
(Grants and allocations \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
<b>f</b> <b>Total of Program Service Expenses</b> (should equal line 44, column (B), Program services) ►	

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**Part IV Balance Sheets** (See the instructions.)

**Note:** Where required, attached schedules and amounts within the description column should be for end-of-year amounts only

		(A) Beginning of year		(B) End of year
<b>Assets</b>	45 Cash - non-interest-bearing	200.	45	100.
	46 Savings and temporary cash investments	41,754.	46	20,552.
	47 a Accounts receivable	124,377.		
	b Less: allowance for doubtful accounts		24,531.	124,377.
	48 a Pledges receivable			
	b Less: allowance for doubtful accounts			
	49 Grants receivable			
	50 a Receivables from current and former officers, directors, trustees, and key employees			
	b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)			
	51 a Other notes and loans receivable			
	b Less: allowance for doubtful accounts			
	52 Inventories for sale or use	60,967.	52	80,582.
	53 Prepaid expenses and deferred charges	6,709.	53	26,310.
	54 a Investments - publicly-traded securities <b>STMT 11</b> <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	1,633.	54a	1,741.
	b Investments - other securities <input type="checkbox"/> Cost <input type="checkbox"/> FMV		54b	
55 a Investments - land, buildings, and equipment basis				
b Less: accumulated depreciation				
56 Investments - other				
57 a Land, buildings, and equipment basis	294,268.			
b Less: accumulated depreciation <b>STMT 8</b>	235,246.			
58 Other assets, including program-related investments (describe <b>SEE STATEMENT 9</b> )	114,226.	58	106,739.	
59 <b>Total assets</b> (must equal line 74) Add lines 45 through 58	257,155.	59	419,423.	
<b>Liabilities</b>	60 Accounts payable and accrued expenses	171,576.	60	310,385.
	61 Grants payable		61	
	62 Deferred revenue	268,548.	62	274,827.
	63 Loans from officers, directors, trustees, and key employees		63	
	64 a Tax-exempt bond liabilities		64a	
	b Mortgages and other notes payable		64b	
	65 Other liabilities (describe <b>SEE STATEMENT 10</b> )	82,394.	65	189,436.
66 <b>Total liabilities.</b> Add lines 60 through 65	522,518.	66	774,648.	
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74			
	67 Unrestricted	-265,363.	67	-355,225.
	68 Temporarily restricted		68	
	69 Permanently restricted		69	
	<b>Organizations that do not follow SFAS 117, check here</b> <input type="checkbox"/> and complete lines 70 through 74			
	70 Capital stock, trust principal, or current funds		70	
	71 Paid-in or capital surplus, or land, building, and equipment fund		71	
	72 Retained earnings, endowment, accumulated income, or other funds		72	
	73 <b>Total net assets or fund balances.</b> Add lines 67 through 69 or lines 70 through 72 (Column (A) must equal line 19 and column (B) must equal line 21)	-265,363.	73	-355,225.
	74 <b>Total liabilities and net assets/fund balances.</b> Add lines 66 and 73	257,155.	74	419,423.

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<b>Part VI Other Information</b> (continued)		Yes	No
82 a Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82a		X
b If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II (See instructions in Part III)	82b		N/A
83 a Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X	
b Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	X	
84 a Did the organization solicit any contributions or gifts that were not tax deductible?	84a	X	
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b	X	
85 501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?	85a		X
b Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year	85b		X
c Dues, assessments, and similar amounts from members	85c		1,030,588.
d Section 162(e) lobbying and political expenditures	85d		6,739.
e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e		10,306.
f Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f		-3,567.
g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g		N/A
h If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h		N/A
86 501(c)(7) organizations Enter. a Initiation fees and capital contributions included on line 12	86a		N/A
b Gross receipts, included on line 12, for public use of club facilities	86b		N/A
87 501(c)(12) organizations Enter. a Gross income from members or shareholders	87a		N/A
b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them)	87b		N/A
88 a At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX	88a		X
b At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI	88b		X
89 a 501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under: section 4911 <u>N/A</u> ; section 4912 <u>N/A</u> ; section 4955 <u>N/A</u>			
b 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction	89b		N/A
c Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			0.
d Enter Amount of tax on line 89c, above, reimbursed by the organization			0.
e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?	89e		X
f All organizations Did the organization acquire a direct or indirect interest in any applicable insurance contract?	89f		X
g For supporting organizations and sponsoring organizations maintaining donor advised funds Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	89g		X
90 a List the states with which a copy of this return is filed <b>NONE</b>			
b Number of employees employed in the pay period that includes March 12, 2006	90b		12
91 a The books are in care of <b>INTERNATIONAL CHIROPRACTORS ASSOCIA</b> Telephone no. <b>703-528-5000</b> Located at <b>1110 NORTH GLEBE ROAD SUITE 650, ARLINGTON, VA</b> ZIP + 4 <b>22201</b>			
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 <u>N/A</u> See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts	91b		X

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**Part VI Other Information** (continued)

**Yes No**

- c At any time during the calendar year, did the organization maintain an office outside of the United States? 91c  Yes  No  
 If "Yes," enter the name of the foreign country N/A
- 92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here   
 and enter the amount of tax-exempt interest received or accrued during the tax year 92 N/A

**Part VII Analysis of Income-Producing Activities** (See the instructions)

Note: Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclu- sion code	(D) Amount	
93 Program service revenue					
a SEMINARS					648,762.
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					1,030,588.
95 Interest on savings and temporary cash investments			14	167.	
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate.					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					48,799.
103 Other revenue					
a ROYALTIES	900004	15,223.	15	216,692.	
b ADVERTISING	541800	158,951.			
c MISCELLANEOUS			01	5,600.	
d					
e					
104 Subtotal (add columns (B), (D), and (E))		174,174.		222,459.	1,728,149.
105 Total (add line 104, columns (B), (D), and (E))					2,124,782.

Note: Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I

**Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes** (See the instructions)

Line No	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
▼	SEE STATEMENT 14

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities** (See the instructions)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%			
	%			
	%			
	%			

**Part X Information Regarding Transfers Associated with Personal Benefit Contracts** (See the instructions.)

- (a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  Yes  No
- (b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  Yes  No
- Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions)

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**Part XI** Information Regarding Transfers To and From Controlled Entities. Complete only if the organization is a controlling organization as defined in section 512(b)(13) **N/A**

106 Did the reporting organization make any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity

	Yes	No
Totals		

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	-----			
b	-----			
c	-----			
Totals				

107 Did the reporting organization receive any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity

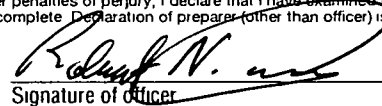
	Yes	No
Totals		

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	-----			
b	-----			
c	-----			
Totals				

108 Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?

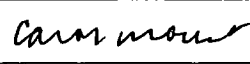
	Yes	No
--	-----	----

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.

Please Sign Here:  Date: 5-14-2008

Signature of officer: Robert N. Pohtos Executive Director

Type or print name and title

Paid Preparer's Use Only: Preparer's signature:  Date: MAY 14 2008 Check if self-employed:  Preparer's SSN or PTIN (See Gen Inst X):

Firm's name (or yours if self-employed), address, and ZIP + 4: HALT, BUZAS & POWELL, LTD.  
99 CANAL CENTER PLAZA, SUITE 230  
ALEXANDRIA, VA 22314

EIN: Phone no.: (703) 836-1350

Form 990 (2006)

FORM 990                      GAIN (LOSS) FROM SALE OF OTHER ASSETS                      STATEMENT    1

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED		
DISPOSAL OF ASSETS	VARIOUS	VARIOUS	PURCHASED		
NAME OF BUYER	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	DEPREC	NET GAIN OR (LOSS)
	23,250.	23,250.	0.	0.	0.
TO FM 990, PART I, LN 8	23,250.	23,250.	0.	0.	0.

FORM 990

INCOME AND COST OF GOODS SOLD  
INCLUDED ON PART I, LINE 10

STATEMENT 2

INCOME

1. GROSS RECEIPTS . . . . .	65,444	
2. RETURNS AND ALLOWANCES . . . . .		
3. LINE 1 LESS LINE 2 . . . . .		65,444
4. COST OF GOODS SOLD (LINE 13) . . . . .	16,645	
5. GROSS PROFIT (LINE 3 LESS LINE 4) . . . . .		48,799

COST OF GOODS SOLD

6. INVENTORY AT BEGINNING OF YEAR . . . . .	60,967	
7. MERCHANDISE PURCHASED . . . . .	36,260	
8. COST OF LABOR . . . . .		
9. MATERIALS AND SUPPLIES . . . . .		
10. OTHER COSTS . . . . .		
11. ADD LINES 6 THROUGH 10 . . . . .		97,227
12. INVENTORY AT END OF YEAR . . . . .	80,582	
13. COST OF GOODS SOLD (LINE 11 LESS LINE 12). . . . .		16,645

FORM 990	OTHER CHANGES IN NET ASSETS OR FUND BALANCES	STATEMENT	3
DESCRIPTION		AMOUNT	
UNREALIZED LOSS ON INVESTMENTS PRIOR PERIOD ADJUSTMENT		-804. -2,797.	
TOTAL TO FORM 990, PART I, LINE 20		-3,601.	

FORM 990

OTHER EXPENSES

STATEMENT 4

DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING
TAXES AND LICENSES	6,551.			
INSURANCE	7,954.			
BANK AND FINANCIAL FEES	44,084.			
ADVERTISING	8,828.			
AV RENTAL	26,135.			
BAD DEBT	320.			
MISCELLANEOUS	1,176.			
DESIGN/LAYOUT	22,287.			
CONTRIBUTIONS/GIFTS	7,280.			
DUES AND SUBSCRIPTIONS	20,045.			
ENTERTAINMENT	4,483.			
FACILITY RENTALS	37,509.			
FOOD SERVICE	110,415.			
FREIGHT	33,315.			
HONORARIUM	143,322.			
MAILING SERVICE	12,792.			
MATERIALS AND PLAQUES	14,116.			
OUTSIDE SERVICES	31,514.			
REGISTRATION FEES	115,112.			
ROYALTIES	2,725.			
TEMPORARY SERVICES	34,791.			
TYPESETTING	37,120.			
OTHER OFFICE EXPENSES	2,013.			
TOTAL TO FM 990, LN 43	723,887.			

FORM 990

STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

STATEMENT 5

DESCRIPTION OF PROGRAM SERVICE ONE

REPRESENTATION FOR PROFESSIONAL CHIROPRACTORS: TO REPRESENT OVER 4,000 MEMBERS AND PROMOTE THE INTERESTS OF CHIROPRACTIC BEFORE THE GENERAL PUBLIC, THE MEDIA, OTHER HEALTH CARE PROVIDERS, INSURANCE COMPANIES, RESEARCH ORGANIZATIONS AND GOVERNMENT BODIES THROUGH SUCH MEANS AS NEWS RELEASES, EDUCATIONAL MATERIALS, HEALTH ADVISORIES TO THE PUBLIC, BOOKS, CORRESPONDENCE, TESTIMONY AND APPEARANCES. OFFER MEMBERSHIP BENEFITS SUCH AS GROUP HEALTH, PROFESSIONAL LIABILITY AND LIFE INSURANCE. SUPPORT THE CHIROPRACTIC EDUCATION PROCESS THROUGH SCHOLARSHIPS AND SUPPORT OF SEVEN AFFILIATED EDUCATIONAL INSTITUTIONS.

GRANTS

EXPENSES

TO FORM 990, PART III, LINE A

FORM 990

STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

STATEMENT 6

DESCRIPTION OF PROGRAM SERVICE TWO

PUBLICATIONS: APPROXIMATELY 9,000 COPIES OF A MEMBERSHIP BENEFIT MAGAZINE (INTERNATIONAL REVIEW OF CHIROPRACTIC) AND APPROXIMATELY 300,000 COPIES OF A NEWSPAPER (THE CHIROPRACTIC CHOICE) CONTAINING SCIENTIFIC AND OTHER ARTICLES TO ASSIST IN THE PRACTICE OF CHIROPRACTIC WERE DISTRIBUTED THIS YEAR TO MEMBERS, LEADERS IN THE PROFESSION AND THE MAJORITY OF CHIROPRACTORS THROUGHOUT THE WORLD RECEIVED THE NEWSPAPER.

GRANTS

EXPENSES

TO FORM 990, PART III, LINE B

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FORM 990      STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE      STATEMENT      7  
PART III

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EXPLANATION

TO PROMOTE THE UNIQUE PHILOSOPHY SCIENCE AND ART OF THE CHIROPRACTIC PROFESSION AND TO PROMOTE BETTER PUBLIC HEALTH THROUGH UNFETTERED ACCESS TO CHIROPRACTIC CARE.

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**FORM 990      DEPRECIATION OF ASSETS NOT HELD FOR INVESTMENT      STATEMENT      8**


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DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE
FURNITURE AND COMPUTER EQUIPMENT	53,743.	53,637.	106.
LEASEHOLD IMPROVEMENTS	240,525.	181,609.	58,916.
<b>TOTAL TO FORM 990, PART IV, LN 57</b>	<b>294,268.</b>	<b>235,246.</b>	<b>59,022.</b>

FORM 990	OTHER ASSETS	STATEMENT	9
DESCRIPTION		AMOUNT	
DEPOSITS		20,338.	
ACCRUED INCOME		84,766.	
EMPLOYEE ADVANCES		1,635.	
TOTAL TO FORM 990, PART IV, LINE 58, COLUMN B		106,739.	

FORM 990

OTHER LIABILITIES

STATEMENT 10

DESCRIPTION

AMOUNT

ACCRUED VACATION

32,083.

OTHER PAYABLES

105,479.

LINE OF CREDIT

0.

CAPITAL LEASE OBLIGATIONS

51,874.

TOTAL TO FORM 990, PART IV, LINE 65, COLUMN B

189,436.

FORM 990

NON-GOVERNMENT SECURITIES

STATEMENT 11

SECURITY DESCRIPTION	COST/FMV	CORPORATE STOCKS	CORPORATE BONDS	OTHER PUBLICLY TRADED SECURITIES	TOTAL NON-GOV'T SECURITIES
EQUITIES	FMV	1,741.			1,741.
TO FORM 990, LINE 54A, COL B		1,741.			1,741.

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FORM 990      PART V-A - LIST OF CURRENT OFFICERS, DIRECTORS,      STATEMENT 12  
TRUSTEES AND KEY EMPLOYEES

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NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
RONALD HENDRICKSON 1110 NORTH GLEBE RD STE 650 ARLINGTON, VA 22201	DEPUTY EXEC DIRECTOR FOR MEMBERSHIP 55.00	53,000.	8,648.	0.
JOHN K MALTBY 1110 NORTH GLEBE RD STE 650 ARLINGTON, VA 22201	PRESIDENT 15.00	0.	0.	0.
DANIEL J MURPHY 1110 NORTH GLEBE RD STE 650 ARLINGTON, VA 22201	VICE PRESIDENT 2.00	0.	0.	0.
GARY WALSEMANN 1110 NORTH GLEBE RD STE 650 ARLINGTON, VA 22201	SECRETARY-TREASURER 12.00	0.	0.	0.
MICHAEL S MCLEAN 1110 NORTH GLEBE RD STE 650 ARLINGTON, VA 22201	CHAIRMAN OF THE BOARD 8.00	0.	0.	0.
W GENE CRETSINGER 1110 NORTH GLEBE RD STE 650 ARLINGTON, VA 22201	REPRESENTATIVE ASSEMBLY CH 0.00	0.	0.	0.
R J KELLY 1110 NORTH GLEBE RD STE 650 ARLINGTON, VA 22201	SOUTHERN REGIONAL DIRECTOR 6.00	0.	0.	0.
J RICHARD BURNS 1110 NORTH GLEBE RD STE 650 ARLINGTON, VA 22201	BOARD MEMBER (COLLEGES) 6.00	0.	0.	0.
GEORGE B CURRY 1110 NORTH GLEBE RD STE 650 ARLINGTON, VA 22201	NORTHEASTERN REGIONAL DR 8.00	0.	0.	0.
TIMOTHY E MENG 1110 NORTH GLEBE RD STE 650 ARLINGTON, VA 22201	BOARD MEMBER (COLLEGES) 2.00	0.	0.	0.
CARL F DIETER 1110 NORTH GLEBE RD STE 650 ARLINGTON, VA 22201	BOARD MEMBER (COLLEGES) 1.00	0.	0.	0.

DONALD W HIRSH 1110 NORTH GLEBE RD STE 650 ARLINGTON, VA 22201	BOARD MEMBER AT LARGE 6.00	0.	0.	0.
C J MERTZ 1110 NORTH GLEBE RD STE 650 ARLINGTON, VA 22201	IMMEDIATE PAST PRESIDENT 2.00	0.	0.	0.
JAMES E MUSICK 1110 NORTH GLEBE RD STE 650 ARLINGTON, VA 22201	WESTERN REGIONAL DIRECTOR 15.00	0.	0.	0.
PINCHAS NOYMAN 1110 NORTH GLEBE RD STE 650 ARLINGTON, VA 22201	INTERNATIONAL REGIONAL DIR 4.00	0.	0.	0.
BRADBURY ROBINSON 1110 NORTH GLEBE RD STE 650 ARLINGTON, VA 22201	REPRESENTATIVE ASSEMBLY VC 0.00	0.	0.	0.
ALAN LICHTER 1110 NORTH GLEBE RD STE 650 ARLINGTON, VA 22201	REPRESENTATIVE ASSEMBLY SE 0.00	0.	0.	0.
DONALD D HARRISON 1110 NORTH GLEBE RD STE 650 ARLINGTON, VA 22201	BOARD MEMBER AT LARGE 20.00	0.	0.	0.
COREY B RODNICK 1110 NORTH GLEBE RD STE 650 ARLINGTON, VA 22201	CENTRAL REGIONAL DIRECTOR 4.00	0.	0.	0.
STEPHEN P WELSH 1110 NORTH GLEBE RD STE 650 ARLINGTON, VA 22201	BOARD MEMBER AT LARGE 8.00	0.	0.	0.
ROBERT POHTOS 1110 NORTH GLEBE RD STE 650 ARLINGTON, VA 22201	EXECUTIVE DIRECTOR 50.00	75,000.	3,858.	0.
STEPHANIE J YOUNGBLOOD 1110 NORTH GLEBE RD STE 650 ARLINGTON, VA 22201	BOARD MEMBER AT LARGE 3.00	0.	0.	0.
DANIEL A SCHAEFFER 1110 NORTH GLEBE RD STE 650 ARLINGTON, VA 22201	CANADIAN REGIONAL DIRECTOR 6.00	0.	0.	0.
TOTALS INCLUDED ON FORM 990, PART V-A		<u>128,000.</u>	<u>12,506.</u>	<u>0.</u>

FORM 990

IDENTIFICATION OF RELATED ORGANIZATIONS  
PART VI, LINE 80B

STATEMENT 13

NAME OF ORGANIZATION

EXEMPT

NONEXEMPT

FOUNDATION FOR THE ADVANCEMENT OF CHIROPRACTIC  
TENETS & ISSUES

X

FORM 990

PART VIII - RELATIONSHIP OF ACTIVITIES TO  
ACCOMPLISHMENT OF EXEMPT PURPOSES

STATEMENT 14

LINE	EXPLANATION OF RELATIONSHIP OF ACTIVITIES
93A	PROVIDES CONTINUING EDUCATION IN CHIROPRACTIC SKILLS AND PRACTICES AND AND A FORUM FOR DISCUSSION
94	RECEIVED FOR SERVICING AND REPRESENTING MEMBERS AND PROMOTING THEIR EDUCATION AND BUSINESS NEEDS.
102	PROVIDE EDUCATIONAL MATERIALS FOR CHIROPRACTORS, THEIR PATIENTS, AND THE GENERAL PUBLIC.

If you are filing for an Additional (not automatic) 3-Month Extension, complete only Part II and check this box

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868

If you are filing for an Automatic 3-Month Extension, complete only Part I (on page 1)

Part II Additional (not automatic) 3-Month Extension of Time. You must file original and one copy

Form with fields for Name of Exempt Organization (INTERNATIONAL CHIROPRACTORS ASSOCIATION, INC.), Employer identification number (42-0179650), and address (1110 N GLEBE RD, NO. 650, ARLINGTON, VA 22201).

Check type of return to be filed (File a separate application for each return) with checkboxes for Form 990, Form 990-EZ, Form 990-T, Form 1041-A, Form 5227, Form 8870, Form 990-BL, Form 990-PF, Form 990-T (trust other than above), Form 4720, and Form 6069.

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

The books are in the care of INTERNATIONAL CHIROPRACTORS ASSOCIA Telephone No 703-528-5000 FAX No

If the organization does not have an office or place of business in the United States, check this box. If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN).

I request an additional 3 month extension of time until MAY 15, 2008. For calendar year JUL 1, 2006, and ending JUN 30, 2007. State in detail why you need the extension: ADDITIONAL TIME IS NEEDED TO PREPARE A COMPLETE AND ACCURATE RETURN.

Table with 3 rows (8a, 8b, 8c) and 2 columns (Description, Amount). 8a: tentative tax, less any nonrefundable credits. 8b: refundable credits and estimated tax payments. 8c: Balance Due. Amounts are \$ and N/A.

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form

Signature: Carl Mont Title: CPA Date: 2/14/08

Notice to Applicant. (To Be Completed by the IRS)

- Checkboxes for IRS approval status: We have approved this application, We have not approved this application (with 10-day grace period), We have not approved this application (no grace period), We cannot consider this application, Other.

Director By: Date

Alternate Mailing Address. Enter the address if you want the copy of this application for an additional 3-month extension returned to an address different than the one entered above

Form with fields for Name (INTERNATIONAL CHIROPRACTORS ASSOC. C/O HPB), Number and street (99 CANAL CENTER PLAZA #230), and City or town (ALEXANDRIA, VA 22314).

# Application for Extension of Time To File an Exempt Organization Return

▶ File a separate application for each return

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box  **X**
  - If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form)
- Do not complete **Part II** unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

**Part I Automatic 3-Month Extension of Time.** Only submit original (no copies needed)

Section 501(c) corporations required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns

**Electronic Filing (e-file).** Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for section 501(c) corporations required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on e-file for Charities & Nonprofits

Type or print  File by the due date for filing your return. See instructions	Name of Exempt Organization <b>INTERNATIONAL CHIROPRACTORS ASSOCIATION, INC.</b>	Employer identification number <b>42-0179650</b>
	Number, street, and room or suite no. If a P.O. box, see instructions. <b>1110 N GLEBE RD, NO. 650</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions <b>ARLINGTON, VA 22201</b>	

Check type of return to be filed (file a separate application for each return):

- |  |  |                                    |
|--|--|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation)                | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL         | <input type="checkbox"/> Form 990-T (sec 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ         | <input type="checkbox"/> Form 990-T (trust other than above)     | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF         | <input type="checkbox"/> Form 1041-A                             | <input type="checkbox"/> Form 8870 |

- The books are in the care of ▶ **INTERNATIONAL CHIROPRACTORS ASSOCIA**  
Telephone No. ▶ **703-528-5000** FAX No ▶ \_\_\_\_\_
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension will cover

1 I request an automatic 3 month (6-months for a section 501(c) corporation required to file Form 990-T) extension of time until **FEBRUARY 15, 2008**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
▶  calendar year \_\_\_\_\_ or  
▶  tax year beginning **JUL 1, 2006**, and ending **JUN 30, 2007**

2 If this tax year is for less than 12 months, check reason:  Initial return  Final return  Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions	3a	\$
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit	3b	\$
c <b>Balance Due.</b> Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$ <b>N/A</b>

**Caution.** If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions