

Return of Organization Exempt From Income Tax

2004

Department of the Treasury
Internal Revenue Service

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

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

Open to Public Inspection

A For the 2004 calendar year, or tax year beginning JUL 1, 2004 **and ending** JUN 30, 2005

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.

D Employer identification number
42-0179650

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

E Telephone number
703-528-5000

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

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).

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 _____

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 _____

G Website: N/A

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

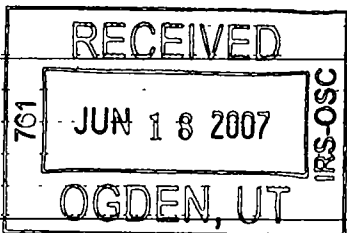
K Check here if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS; but if the organization received a Form 990 Package in the mail, it should file a return without financial data. Some states require a complete return.

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 **2,339,368.**

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

		Revenue		Expenses		Net Assets	
1	Contributions, gifts, grants, and similar amounts received:						
a	Direct public support	1a	2,150.				
b	Indirect public support	1b					
c	Government contributions (grants)	1c					
d	Total (add lines 1a through 1c) (cash \$ 2,150. noncash \$ _____)	1d	2,150.				
2	Program service revenue including government fees and contracts (from Part VII, line 93)	2	689,694.				
3	Membership dues and assessments	3	1,145,271.				
4	Interest on savings and temporary cash investments	4	19.				
5	Dividends and interest from securities	5					
6 a	Gross rents	6a					
b	Less: rental expenses	6b					
c	Net rental income or (loss) (subtract line 6b from line 6a)	6c					
7	Other investment income (describe _____)	7					
8 a	Gross amount from sales of assets other than inventory	(A) Securities		(B) Other			
b	Less: cost or other basis and sales expenses	8a					
c	Gain or (loss) (attach schedule)	8b					
d	Net gain or (loss) (combine line 8c, columns (A) and (B))	8c					
9	Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>	8d					
a	Gross revenue (not including \$ _____ of contributions reported on line 1a)	9a					
b	Less: direct expenses other than fundraising expenses	9b					
c	Net income or (loss) from special events (subtract line 9b from line 9a)	9c					
10 a	Gross sales of inventory, less returns and allowances	10a	78,246.				
b	Less: cost of goods sold	10b	31,736.				
c	Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	10c	46,510.				
11	Other revenue (from Part VII, line 103)	11	423,988.				
12	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12	2,307,632.				
13	Program services (from line 44, column (B))	13					
14	Management and general (from line 44, column (C))	14					
15	Fundraising (from line 44, column (D))	15					
16	Payments to affiliates (attach schedule)	16					
17	Total expenses (add lines 16 and 44, column (A))	17	2,356,372.				
18	Excess or (deficit) for the year (subtract line 17 from line 12)	18	-48,740.				
19	Net assets or fund balances at beginning of year (from line 73, column (A))	19	-467,396.				
20	Other changes in net assets or fund balances (attach explanation)	20	110,259.				
21	Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21	-405,877.				



SEE STATEMENT 3

SCANNED JUL 24 2007

**INTERNATIONAL CHIROPRACTORS ASSOCIATION,
INC.**

42-0179650

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.

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22	Grants and allocations (attach schedule)				
	(cash \$ _____ noncash \$ _____)				
23	Specific assistance to individuals (attach schedule)				
24	Benefits paid to or for members (attach schedule)				
25	Compensation of officers, directors, etc.	98,837.			
26	Other salaries and wages	550,978.			
27	Pension plan contributions	18,637.			
28	Other employee benefits	74,242.			
29	Payroll taxes	53,604.			
30	Professional fundraising fees				
31	Accounting fees	14,500.			
32	Legal fees	47,935.			
33	Supplies	65,465.			
34	Telephone	32,976.			
35	Postage and shipping	195,117.			
36	Occupancy	105,973.			
37	Equipment rental and maintenance	171,160.			
38	Printing and publications	116,743.			
39	Travel	113,100.			
40	Conferences, conventions, and meetings				
41	Interest				
42	Depreciation, depletion, etc. (attach schedule)	2,873.			
43	Other expenses not covered above (itemize):				
a	_____				
b	_____				
c	_____				
d	_____				
e	SEE STATEMENT 4	694,232.			
44	Total functional expenses (add lines 22 through 43). Organizations completing columns (B)-(D), carry these totals to lines 13-15	2,356,372.			

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 \$ _____; (ii) the amount allocated to Program services \$ _____;
 (iii) the amount allocated to Management and general \$ _____; and (iv) the amount allocated to Fundraising \$ _____

Part III Statement of Program Service Accomplishments

What is the organization's primary exempt purpose? <input type="checkbox"/>	Program Service Expenses (Required for 501(c)(3) and (4) orgs. and 4947(a)(1) trusts, but optional for others.)
SEE ATTACHED STATEMENT	
a SEE ATTACHED STATEMENT	

(Grants and allocations \$ _____)	
b	

(Grants and allocations \$ _____)	
c	

(Grants and allocations \$ _____)	
d	

(Grants and allocations \$ _____)	
e Other program services (attach schedule)	(Grants and allocations \$ _____)
f Total of Program Service Expenses (should equal line 44, column (B), Program services)	(Grants and allocations \$ _____)

**INTERNATIONAL CHIROPRACTORS ASSOCIATION,
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Part IV Balance Sheets

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
Assets	45 Cash - non-interest-bearing	4,075.	347.
	46 Savings and temporary cash investments		
	47 a Accounts receivable	44,082.	
	b Less: allowance for doubtful accounts		
	48 a Pledges receivable		
	b Less: allowance for doubtful accounts		
	49 Grants receivable		
	50 Receivables from officers, directors, trustees, and key employees		
	51 a Other notes and loans receivable		
	b Less: allowance for doubtful accounts		
	52 Inventories for sale or use	81,964.	72,246.
	53 Prepaid expenses and deferred charges	56,624.	8,514.
	54 Investments - securities ▶ <input type="checkbox"/> Cost <input type="checkbox"/> FMV		
	55 a Investments - land, buildings, and equipment: basis		
	b Less: accumulated depreciation		
56 Investments - other SEE STATEMENT 5	1,554.	90,980.	
57 a Land, buildings, and equipment: basis	313,914.		
b Less: accumulated depreciation			
58 Other assets (describe ▶ DEPOSITS)			
59 Total assets (add lines 45 through 58) (must equal line 74)	195,548.	241,592.	
Liabilities	60 Accounts payable and accrued expenses	312,994.	329,504.
	61 Grants payable		
	62 Deferred revenue	302,574.	247,090.
	63 Loans from officers, directors, trustees, and key employees STMT 6	35,000.	
	64 a Tax-exempt bond liabilities		
	b Mortgages and other notes payable STMT 7	12,376.	11,471.
	65 Other liabilities (describe ▶ SEE STATEMENT 8)		
	66 Total liabilities (add lines 60 through 65)	662,944.	647,469.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.		
	67 Unrestricted	-467,396.	-405,877.
	68 Temporarily restricted		
	69 Permanently restricted		
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.		
	70 Capital stock, trust principal, or current funds		
	71 Paid-in or capital surplus, or land, building, and equipment fund		
	72 Retained earnings, endowment, accumulated income, or other funds		
	73 Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72; column (A) must equal line 19; column (B) must equal line 21)	-467,396.	-405,877.
	74 Total liabilities and net assets / fund balances (add lines 66 and 73)	195,548.	241,592.

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.

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Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return

a	Total revenue, gains, and other support per audited financial statements	a	N/A
b	Amounts included on line a but not on line 12, Form 990:		
(1)	Net unrealized gains on investments \$ _____		
(2)	Donated services and use of facilities \$ _____		
(3)	Recoveries of prior year grants \$ _____		
(4)	Other (specify): \$ _____		
	Add amounts on lines (1) through (4)	b	
c	Line a minus line b	c	
d	Amounts included on line 12, Form 990 but not on line a:		
(1)	Investment expenses not included on line 6b, Form 990 \$ _____		
(2)	Other (specify): \$ _____		
	Add amounts on lines (1) and (2)	d	
e	Total revenue per line 12, Form 990 (line c plus line d)	e	

Part IV-B Reconciliation of Expenses per Audited Financial Statements with Expenses per Return

a	Total expenses and losses per audited financial statements	a	N/A
b	Amounts included on line a but not on line 17, Form 990:		
(1)	Donated services and use of facilities \$ _____		
(2)	Prior year adjustments reported on line 20, Form 990 \$ _____		
(3)	Losses reported on line 20, Form 990 \$ _____		
(4)	Other (specify): \$ _____		
	Add amounts on lines (1) through (4)	b	
c	Line a minus line b	c	
d	Amounts included on line 17, Form 990 but not on line a:		
(1)	Investment expenses not included on line 6b, Form 990 \$ _____		
(2)	Other (specify): \$ _____		
	Add amounts on lines (1) and (2)	d	
e	Total expenses per line 17, Form 990 (line c plus line d)	e	

Part V List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated.)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
SEE STATEMENT 9		98,837.	8,485.	0.

75 Did any officer, director, trustee, or key employee receive aggregate compensation of more than \$100,000 from your organization and all related organizations, of which more than \$10,000 was provided by the related organizations? If "Yes," attach schedule. Yes No

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Part VI	Other Information		Yes	No
76	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	76		X
77	Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes.	77		X
78 a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a	X	
b	If "Yes," has it filed a tax return on Form 990-T for this year?	78b	X	
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79		X
80 a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	80a	X	
b	If "Yes," enter the name of the organization SEE STATEMENT 10 and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt.			
81 a	Enter direct or indirect political expenditures. See line 81 instructions	81a		
b	Did the organization file Form 1120-POL for this year?	81b		X
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		1,072,034.
d	Section 162(e) lobbying and political expenditures	85d		16,588.
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e		0.
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f		16,588.
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g		X
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	X	
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	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	88		X
89 a	501(c)(3) organizations Enter: Amount of tax imposed on the organization during the year under: section 4911 N/A ; section 4912 N/A ; section 4955 N/A			
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			N/A
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization			N/A
90 a	List the states with which a copy of this return is filed NONE			
b	Number of employees employed in the pay period that includes March 12, 2004	90b		16
91	The books are in care of INTERNATIONAL CHIROPRACTORS ASSOCIA Telephone no. 703-528-5000			
	Located at 1110 NORTH GLEBE ROAD SUITE 650, ARLINGTON, VA ZIP + 4 22201			
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

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Part VII Analysis of Income-Producing Activities (See page 33 of the instructions.)

	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	
Note: Enter gross amounts unless otherwise indicated.					
93 Program service revenue:					
a CONFERENCE & SEMINAR					
b REVENUE					689,694.
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					1,145,271.
95 Interest on savings and temporary cash investments			14	19.	
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					46,510.
103 Other revenue:					
a ROYALTIES			15	200,771.	
b ADVERTISING	541800	223,217.			
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		223,217.		200,790.	1,881,475.
105 Total (add line 104, columns (B), (D), and (E))					2,305,482.

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

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See page 34 of 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 11

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See page 34 of 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 page 34 of 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)

Please Sign Here

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.

Signature of officer: *[Signature]* Date: 6-12-07

Type or print name and title: ROBERT N. POWERS EXECUTIVE DIRECTOR

Preparer's signature: *[Signature]* Date: JUN 07 2007

Check if self-employed:

Preparer's SSN or PTIN: _____

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.: _____

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

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED		
DISPOSAL OF LEASEHOLD IMPROVEMENTS	VARIOUS	VARIOUS	PURCHASED		
NAME OF BUYER	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	DEPREC	NET GAIN OR (LOSS)
	0.	40,248.	0.	40,248.	0.
TO FM 990, PART I, LN 8		40,248.	0.	40,248.	0.

FORM 990

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

STATEMENT 2

INCOME

1. GROSS RECEIPTS	78,246	
2. RETURNS AND ALLOWANCES		
3. LINE 1 LESS LINE 2		78,246
4. COST OF GOODS SOLD (LINE 13)	31,736	
5. GROSS PROFIT (LINE 3 LESS LINE 4)		46,510

COST OF GOODS SOLD

6. INVENTORY AT BEGINNING OF YEAR	81,964	
7. MERCHANDISE PURCHASED	22,018	
8. COST OF LABOR		
9. MATERIALS AND SUPPLIES		
10. OTHER COSTS		
11. ADD LINES 6 THROUGH 10		103,982
12. INVENTORY AT END OF YEAR	72,246	
13. COST OF GOODS SOLD (LINE 11 LESS LINE 12).		31,736

FORM 990 OTHER CHANGES IN NET ASSETS OR FUND BALANCES STATEMENT 3

DESCRIPTION	AMOUNT
PRIOR PERIOD ADJUSTMENT	110,204.
UNREALIZED GAIN	55.
TOTAL TO FORM 990, PART I, LINE 20	110,259.

FORM 990

OTHER EXPENSES

STATEMENT

4

DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING
COMMISSIONS	47,886.			
TEMPORARY SERVICES	4,343.			
INSURANCE	8,322.			
OUTSIDE SERVICES	59,827.			
ADVERTISING	12,249.			
BANK/FINANCE CHARGES	44,628.			
PAYROLL PROCESSING FEES	3,684.			
CONSULTANTS	500.			
DONATIONS	4,979.			
DUES AND SUBSCRIPTIONS	9,604.			
REGISTRATION FEES	88,350.			
ROYALTIES	3,506.			
DESIGN/LAYOUT	55,593.			
TYPESETTING	31,990.			
FREIGHT	34,961.			
MAILING SERVICES	15,982.			
REPAIRS/MAINTENANCE	7,470.			
PLAQUES	10,272.			
ENTERTAINMENT	5,346.			
BAD DEBTS	16,719.			
MISCELLANEOUS	6,299.			
TAXES/LICENSES	10,237.			
FOOD SERVICE	48,658.			
HONORARIUM	141,827.			
PRESIDENT'S STIPEND	21,000.			
TOTAL TO FM 990, LN 43	694,232.			

FORM 990

OTHER INVESTMENTS

STATEMENT 5

DESCRIPTION	VALUATION METHOD	AMOUNT
EQUITIES	MARKET VALUE	1,393.
ACCRUED INCOME	MARKET VALUE	89,587.
TOTAL TO FORM 990, PART IV, LINE 56, COLUMN B		90,980.

FORM 990 LOANS PAYABLE TO OFFICER'S, DIRECTOR'S, ETC. STATEMENT 6

<u>LENDER'S NAME AND TITLE</u>	<u>ORIGINAL LOAN AMOUNT</u>
HENDRICKSON NOTE PAYABLE	0.

<u>DATE OF NOTE</u>	<u>MATURITY DATE</u>	<u>TERMS OF REPAYMENT</u>	<u>INTEREST RATE</u>
01/01/04	03/31/05		5.75%

<u>SECURITY PROVIDED BY BORROWER</u>	<u>PURPOSE OF LOAN</u>
PERSONAL FUNDS	

<u>DESCRIPTION OF CONSIDERATION</u>	<u>FMV OF CONSIDERATION</u>	<u>BALANCE DUE</u>
	0.	0.

TOTAL TO FORM 990, PART IV, LINE 63, COLUMN B

FORM 990

OTHER NOTES AND LOANS PAYABLE

STATEMENT 7

LENDER'S NAME TERMS OF REPAYMENT

JAMES MONROE BANK-LINE OF CREDIT

DATE OF NOTE	MATURITY DATE	ORIGINAL LOAN AMOUNT	INTEREST RATE
VARIOUS	VARIOUS	100,000.	7.75%

SECURITY PROVIDED BY BORROWER PURPOSE OF LOAN

UNSECURED

RELATIONSHIP OF LENDER

NONE

DESCRIPTION OF CONSIDERATION	FMV OF CONSIDERATION	BALANCE DUE
	0.	11,471.

TOTAL INCLUDED ON FORM 990, PART IV, LINE 64, COLUMN B		11,471.
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FORM 990

OTHER LIABILITIES

STATEMENT

8

DESCRIPTION

AMOUNT

ACCRUED VACATION

34,113.

OTHER PAYABLES

25,291.

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

59,404.

FORM 990

PART V - LIST OF OFFICERS, DIRECTORS,
TRUSTEES AND KEY EMPLOYEES

STATEMENT 9

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
JOHN K MALTBY 1110 NORTH GLEBE RD STE 650 ARLINGTON, VA 22201	PRESIDENT 2	0.	0.	0.
DANIEL J MURPHY 1110 NORTH GLEBE RD STE 650 ARLINGTON, VA 22201	VICE PRESIDENT 2	0.	0.	0.
GARY WALSEMANN 1110 NORTH GLEBE RD STE 650 ARLINGTON, VA 22201	SECRETARY-TREASURER 2	0.	0.	0.
MICHAEL S MCLEAN 1110 NORTH GLEBE RD STE 650 ARLINGTON, VA 22201	CHAIRMAN OF THE BOARD 2	0.	0.	0.
W GENE CRETSINGER 1110 NORTH GLEBE RD STE 650 ARLINGTON, VA 22201	REPRESENTATIVE ASSEMBLY CH 2	0.	0.	0.
ROBERT BRAILE 1110 NORTH GLEBE RD STE 650 ARLINGTON, VA 22201	SOUTHERN REGIONAL DIRECTOR 2	0.	0.	0.
J RICHARD BURNS 1110 NORTH GLEBE RD STE 650 ARLINGTON, VA 22201	BOARD MEMBER 2	0.	0.	0.
GEORGE B CURRY 1110 NORTH GLEBE RD STE 650 ARLINGTON, VA 22201	BOARD MEMBER AT LARGE 2	0.	0.	0.
JOAN FALLON 1110 NORTH GLEBE RD STE 650 ARLINGTON, VA 22201	BOARD MEMBER 2	0.	0.	0.
BRIAN FLANNERY 1110 NORTH GLEBE RD STE 650 ARLINGTON, VA 22201	CENTRAL REGIONAL DIRECTOR 2	0.	0.	0.
ELLIOT P FOSTER 1110 NORTH GLEBE RD STE 650 ARLINGTON, VA 22201	NORTHEASTERN REGIONAL DR 2	0.	0.	0.

INTERNATIONAL CHIROPRACTORS ASSOCIATION,

42-0179650

HUGO GIBSON 1110 NORTH GLEBE RD STE 650 ARLINGTON, VA 22201	BOARD MEMBER 2	0.	0.	0.
DONALD W HIRSH 1110 NORTH GLEBE RD STE 650 ARLINGTON, VA 22201	BOARD MEMBER AT LARGE 2	0.	0.	0.
C J MERTZ 1110 NORTH GLEBE RD STE 650 ARLINGTON, VA 22201	IMMEDIATE PAST PRESIDENT 2	0.	0.	0.
JAMES E MUSICK 1110 NORTH GLEBE RD STE 650 ARLINGTON, VA 22201	WESTERN REGIONAL DIRECTOR 2	0.	0.	0.
PINCHAS NOYMAN 1110 NORTH GLEBE RD STE 650 ARLINGTON, VA 22201	INTERNATIONAL REGIONAL DIR 2	0.	0.	0.
ERIC G RUSSELL 1110 NORTH GLEBE RD STE 650 ARLINGTON, VA 22201	BOARD MEMBER AT LARGE 2	0.	0.	0.
DANIEL A SCHAEFFER 1110 NORTH GLEBE RD STE 650 ARLINGTON, VA 22201	BOARD MEMBER AT LARGE 2	0.	0.	0.
BRAD ROBINSON 1110 NORTH GLEBE RD STE 650 ARLINGTON, VA 22201	REPRESENTATIVE ASSEMBLY VC 2	0.	0.	0.
ALAN LICHTER 1110 NORTH GLEBE RD STE 650 ARLINGTON, VA 22201	REPRESENTATIVE ASSEMBLY SE 2	0.	0.	0.
RONALD HENDRICKSON 1110 NORTH GLEBE RD STE 650 ARLINGTON, VA 22201	EXECUTIVE DIRECTOR 40	98,837.	8,485.	0.
TOTALS INCLUDED ON FORM 990, PART V		98,837.	8,485.	0.

FORM 990

IDENTIFICATION OF RELATED ORGANIZATIONS
PART VI, LINE 80B

STATEMENT 10

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 11

LINE	EXPLANATION OF RELATIONSHIP OF ACTIVITIES
93A	REPRESENT MEMBERS AND PROMOTE THE INTEREST OF CHIROPRACTICS BEFORE THE GENERAL PUBLIC
93B	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.

International Chiropractors Association
EIN: 42-0179650
Form 990
June 30, 2005

Part III – Primary Exempt Purpose

To promote the philosophy science and art of the chiropractic profession and to promote better public health.

Part III – Statement of Program and Service Accomplishments

a.) Provide representation for professional chiropractors:

To represent 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.

b.) Publications

Approximately 10,000 copies of a membership benefit magazine (*International Review of Chiropractic*) and approximately 360,000 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.

c.) 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 2,500 individuals attended ICA-sponsored conferences this year.

International Chiropractors Association (ICA)
 Supplemental Schedule to Form 990 - Depreciation Schedule
 Tax Year 2004

	Tax Yr. 2003	Additions	Disposals	Prior Period Adjustment	Tax Yr. 2004
Furniture & Fixtures	86,579	-	-	(466)	86,113
Computers	224,301	6,344	-	(2,844)	227,801
Leasehold Improvements	40,248	-	(40,248)	-	-
	<u>351,128</u>	<u>6,344</u>	<u>(40,248)</u>	<u>(3,310)</u>	<u>313,914</u>

	Tax Yr. 2003	Additions	Disposals	Prior Period Adjustment	Tax Yr. 2004
A/D F&F	346,072	2,873	(40,248)	-	308,697
Net	<u><u>5,056</u></u>				<u><u>5,217</u></u>