

Return of Organization Exempt From Income Tax

2005

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)

Open to Public Inspection

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

A For the 2005 calendar year, or tax year beginning JUL 1, 2005 and ending JUN 30, 2006

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

E Telephone number

1110 N GLEBE RD

650

703-528-5000

City or town, state or country, and ZIP + 4

ARLINGTON, VA 22201

F Accounting method Cash [X] 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 [X]

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

H(c) Are all affiliates included? N/A Yes [ ] No [ ]

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

I Group Exemption Number N/A

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

G Website: N/A

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

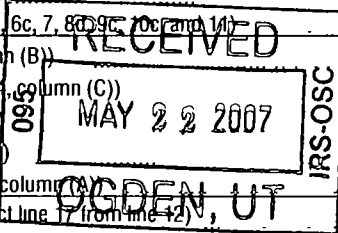
K Check here [ ] if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS; but if the organization chooses to file a return, be sure to file a complete return. Some states require a complete return.

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 2,250,768.

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

SCANNED JUL 13 2007

Table with 21 rows and 4 columns: Description, Sub-description, Amount, Total. Includes Revenue (lines 1-12) and Expenses (lines 13-21). Total revenue: 2,229,372. Total expenses: 2,087,760. Net assets change: -34,899.



**INTERNATIONAL CHIROPRACTORS ASSOCIATION,  
INC.**

Form 990 (2005)

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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.

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 \$ <u>0.</u> noncash \$ <u>0.</u> ) If this amount includes foreign grants, check here <input type="checkbox"/>	22				
23 Specific assistance to individuals (attach schedule)	23				
24 Benefits paid to or for members (attach schedule)	24				
25 Compensation of officers, directors, etc. **	25	185,258.			
26 Other salaries and wages	26	324,207.			
27 Pension plan contributions	27	12,890.			
28 Other employee benefits	28	14,556.			
29 Payroll taxes	29	42,050.			
30 Professional fundraising fees	30				
31 Accounting fees	31	6,011.			
32 Legal fees	32	37,994.			
33 Supplies	33	53,132.			
34 Telephone	34	28,951.			
35 Postage and shipping	35	168,627.			
36 Occupancy	36	153,438.			
37 Equipment rental and maintenance	37	45,681.			
38 Printing and publications	38	112,029.			
39 Travel	39	103,330.			
40 Conferences, conventions, and meetings	40				
41 Interest	41				
42 Depreciation, depletion, etc. (attach schedule)	42	2,396.			
43 Other expenses not covered above (itemize)					
a _____	43a				
b _____	43b				
c _____	43c				
d _____	43d				
e _____	43e				
f _____	43f				
g <b>SEE STATEMENT 3</b>	43g	797,210.			
44 <b>Total functional expenses.</b> Add lines 22 through 43. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	44	2,087,760.			

**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

Form 990 (2005)

\*\* SEE STATEMENT 4

INTERNATIONAL CHIROPRACTORS ASSOCIATION, INC.

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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.

What is the organization's primary exempt purpose? ▶

SEE ATTACHED STATEMENT

Program Service Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)

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.)

a SEE ATTACHED STATEMENT

(Grants and allocations \$ ) If this amount includes foreign grants, check here ▶

b (Grants and allocations \$ ) If this amount includes foreign grants, check here ▶

c (Grants and allocations \$ ) If this amount includes foreign grants, check here ▶

d (Grants and allocations \$ ) If this amount includes foreign grants, check here ▶

e Other program services (attach schedule) (Grants and allocations \$ ) If this amount includes foreign grants, check here ▶

f Total of Program Service Expenses (should equal line 44, column (B), Program services) ▶

Form 990 (2005)

**INTERNATIONAL CHIROPRACTORS ASSOCIATION,  
INC.**

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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	346.	45	200.
	46	Savings and temporary cash investments		46	41,754.
	47 a	Accounts receivable	24,531.		
		b Less allowance for doubtful accounts		47c	24,531.
	47b		146,938.		
	48 a	Pledges receivable		48c	
		b Less allowance for doubtful accounts		48b	
	49	Grants receivable		49	
	50	Receivables from officers, directors, trustees, and key employees		50	
	51 a	Other notes and loans receivable		51c	
		b Less allowance for doubtful accounts		51b	
	52	Inventories for sale or use	72,246.	52	60,967.
	53	Prepaid expenses and deferred charges	33,586.	53	6,709.
	54	Investments - securities <b>STMT 5</b>	1,393.	54	1,633.
		▶ <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV			
55 a	Investments - land, buildings, and equipment basis	253,268.			
	b Less accumulated depreciation	246,133.	55c	7,135.	
56	Investments - other	0.	56	0.	
57 a	Land, buildings, and equipment basis		57c		
	b Less accumulated depreciation		57b		
58	Other assets (describe ▶ <b>SEE STATEMENT 6</b> )	3,034.	58	114,226.	
59	<b>Total assets</b> (must equal line 74) Add lines 45 through 58	259,726.	59	257,155.	
<b>Liabilities</b>	60	Accounts payable and accrued expenses	388,479.	60	171,576.
	61	Grants payable		61	
	62	Deferred revenue	231,852.	62	268,548.
	63	Loans from officers, directors, trustees, and key employees		63	
	64 a	Tax-exempt bond liabilities		64a	
		b Mortgages and other notes payable	11,471.	64b	
	65	Other liabilities (describe ▶ <b>SEE STATEMENT 7</b> )		65	82,394.
66	<b>Total liabilities.</b> Add lines 60 through 65)	631,802.	66	522,518.	
<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	-372,076.	67	-265,363.
	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; column (B) must equal line 21)	-372,076.	73	-265,363.	
74	<b>Total liabilities and net assets/fund balances.</b> Add lines 66 and 73	259,726.	74	257,155.	

Form 990 (2005)

INTERNATIONAL CHIROPRACTORS ASSOCIATION, INC.

Form 990 (2005)

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**Part IV-A Reconciliation of Revenue per Audited Financial Statements With Revenue per Return** (See the instructions.)

<b>a</b>	Total revenue, gains, and other support per audited financial statements		<b>a</b>	2,228,274.
<b>b</b>	Amounts included on line a but not on Part I, line 12			
<b>1</b>	Net unrealized gains on investments	<b>b1</b>		-1,098.
<b>2</b>	Donated services and use of facilities	<b>b2</b>		
<b>3</b>	Recoveries of prior year grants	<b>b3</b>		
<b>4</b>	Other (specify)	<b>b4</b>		
	Add lines <b>b1</b> through <b>b4</b>		<b>b</b>	-1,098.
<b>c</b>	Subtract line <b>b</b> from line <b>a</b>		<b>c</b>	2,229,372.
<b>d</b>	Amounts included on Part I, line 12, but not on line a:			
<b>1</b>	Investment expenses not included on Part I, line 6b	<b>d1</b>		
<b>2</b>	Other (specify)	<b>d2</b>		
	Add lines <b>d1</b> and <b>d2</b>		<b>d</b>	0.
<b>e</b>	<b>Total revenue</b> (Part I, line 12). Add lines <b>c</b> and <b>d</b>		<b>e</b>	2,229,372.

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

<b>a</b>	Total expenses and losses per audited financial statements		<b>a</b>	2,087,760.
<b>b</b>	Amounts included on line a but not on Part I, line 17			
<b>1</b>	Donated services and use of facilities	<b>b1</b>		
<b>2</b>	Prior year adjustments reported on Part I, line 20	<b>b2</b>		
<b>3</b>	Losses reported on Part I, line 20	<b>b3</b>		
<b>4</b>	Other (specify):	<b>b4</b>		
	Add lines <b>b1</b> through <b>b4</b>		<b>b</b>	0.
<b>c</b>	Subtract line <b>b</b> from line <b>a</b>		<b>c</b>	2,087,760.
<b>d</b>	Amounts included on Part I, line 17, but not on line a:			
<b>1</b>	Investment expenses not included on Part I, line 6b	<b>d1</b>		
<b>2</b>	Other (specify)	<b>d2</b>		
	Add lines <b>d1</b> and <b>d2</b>		<b>d</b>	0.
<b>e</b>	<b>Total expenses</b> (Part I, line 17). Add lines <b>c</b> and <b>d</b>		<b>e</b>	2,087,760.

**Part V-A Current Officers, Directors, Trustees, and Key Employees** (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated) (See the instructions)

(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 plans	(E) Expense account and other allowances
SEE STATEMENT 8		75,000.	3,000.	0.
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**Part V-A Current Officers, Directors, Trustees, and Key Employees** *(continued)* Yes No

<p><b>75 a</b> Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings <span style="float:right">▶ <u>17</u></span></p> <p><b>b</b> Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s)</p> <p><b>c</b> Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to this organization through common supervision or common control?</p> <p><b>Note.</b> Related organizations include section 509(a)(3) supporting organizations. If "Yes," attach a statement that identifies the individuals, explains the relationship between this organization and the other organization(s), and describes the compensation arrangements, including amounts paid to each individual by each related organization.</p> <p><b>d</b> Does the organization have a written conflict of interest policy?</p>	<b>75b</b>		<b>X</b>
	<b>75c</b>		<b>X</b>
	<b>75d</b>	<b>X</b>	

**Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits** (If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions)

(A) Name and address	(B) Loans and Advances	(C) Compensation	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
RONALD HENDRICKSON 1110 N GLEBE RD. #650 ARLINGTON, VA 22201	0.	98,836.	8,422.	0.
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**Part VI Other Information** *(See the instructions.)* Yes No

<p><b>76</b> Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity</p> <p><b>77</b> 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.</p> <p><b>78 a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? <b>b</b> If "Yes," has it filed a tax return on Form 990-T for this year?</p> <p><b>79</b> Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement</p> <p><b>80 a</b> 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? <b>b</b> If "Yes," enter the name of the organization <u>SEE STATEMENT 9</u> and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt</p> <p><b>81 a</b> Enter direct or indirect political expenditures. (See line 81 instructions) <span style="float:right">81a <u>0.</u></span></p> <p><b>b</b> Did the organization file Form 1120-POL for this year?</p>	<b>76</b>		<b>X</b>
	<b>77</b>		<b>X</b>
	<b>78a</b>	<b>X</b>	
	<b>78b</b>	<b>X</b>	
	<b>79</b>		<b>X</b>
	<b>80a</b>	<b>X</b>	
	<b>81b</b>		<b>X</b>

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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		1,195,837.
d Section 162(e) lobbying and political expenditures	85d		25,495.
e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e		35,875.
f Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f		-10,380.
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 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, 2005	90b		14
91 a 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			
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 ▶ N/A See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	91b		X
c At any time during the calendar year, did the organization maintain an office outside of the United States? If "Yes," enter the name of the foreign country ▶ N/A	91c		X
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		▶ <input type="checkbox"/> N/A

Form 990 (2005)

**Part VII Analysis of Income-Producing Activities** (See 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	
93 Program service revenue:					
a SEMINARS					577,660.
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					1,195,837.
95 Interest on savings and temporary cash investments			14	103.	
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					30,965.
103 Other revenue:					
a ROYALTIES		14,915.	15	223,961.	
b ADVERTISING	541800	146,316.			
c MISCELLANEOUS			01	10,779.	
d					
e					
104 Subtotal (add columns (B), (D), and (E))		161,231.		234,843.	1,804,462.
105 Total (add line 104, columns (B), (D), and (E))					2,200,536.

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 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 10

**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)

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: *Robert N. Poulos* Date: 5-15-07 Type or print name and title: ROBERT N. POULOS EXECUTIVE DIRECTOR

Paid Preparer's Use Only

Preparer's signature: *Carol Mow* Date: MAY 15 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

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

STATEMENT 1

INCOME		
1. GROSS RECEIPTS . . . . .	52,361	
2. RETURNS AND ALLOWANCES . . . . .		
3. LINE 1 LESS LINE 2 . . . . .		52,361
4. COST OF GOODS SOLD (LINE 13) . . . . .	21,396	
5. GROSS PROFIT (LINE 3 LESS LINE 4) . . . . .		30,965
COST OF GOODS SOLD		
6. INVENTORY AT BEGINNING OF YEAR . . . . .	72,246	
7. MERCHANDISE PURCHASED . . . . .	10,117	
8. COST OF LABOR . . . . .		
9. MATERIALS AND SUPPLIES . . . . .		
10. OTHER COSTS . . . . .		
11. ADD LINES 6 THROUGH 10 . . . . .		82,363
12. INVENTORY AT END OF YEAR . . . . .	60,967	
13. COST OF GOODS SOLD (LINE 11 LESS LINE 12). . . . .		21,396

FORM 990	OTHER CHANGES IN NET ASSETS OR FUND BALANCES	STATEMENT	2
DESCRIPTION		AMOUNT	
UNREALIZED LOSS ON INVESTMENTS PRIOR PERIOD ADJUSTMENT		-1,098. -33,801.	
TOTAL TO FORM 990, PART I, LINE 20		-34,899.	

FORM 990

OTHER EXPENSES

STATEMENT 3

DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING
OUTSIDE SERVICES	49,401.			
ADVERTISING	5,564.			
REGISTRATION FEES	94,185.			
DESIGN/LAYOUT	5,001.			
TYPESETTING	33,975.			
FOOD SERVICE	114,372.			
HONORARIUM	130,100.			
MATERIALS AND PLAQUES	13,464.			
ENTERTAINMENT	5,903.			
MISCELLANEOUS	8,145.			
BAD DEBT EXPENSE	3,325.			
ROYALTIES	1,770.			
BANK/CREDIT CARD FEES	35,932.			
DUES AND SUBSCRIPTIONS	20,113.			
CONTRIBUTIONS/GIFTS	1,579.			
COMMISSIONS	14,658.			
TEMPORARY SERVICES	59,966.			
TAXES	10,611.			
INSURANCE	58,965.			
AV RENTAL	26,168.			
FACILITY RENTALS	36,804.			
FREIGHT	37,471.			
MAILING SERVICE	29,299.			
OTHER OFFICE EXPENSES	439.			
TOTAL TO FM 990, LN 43	797,210.			

FORM 990

OFFICER COMPENSATION ALLOCATION  
PART II, LINE 25

STATEMENT 4

NAME OF OFFICER, ETC.	COMPENSATION	EMPLOYEE BEN. PLANS	EXPENSE ACCOUNTS	TOTALS
ROBERT POHTOS	75,000.	3,000.		78,000.
A. PROGRAM SERVICES	75,000.	3,000.		78,000.
B. MANAGEMENT AND GENERAL				
C. FUNDRAISING				

NAME OF OFFICER, ETC.	COMPENSATION	EMPLOYEE BEN. PLANS	EXPENSE ACCOUNTS	TOTALS
RONALD HENDRICKSON	98,836.	8,422.		107,258.
A. PROGRAM SERVICES	98,836.	8,422.		107,258.
B. MANAGEMENT AND GENERAL				
C. FUNDRAISING				

TOTAL PROGRAM SERVICES				185,258.
TOTAL MANAGEMENT AND GENERAL				
TOTAL FUNDRAISING				
TOTAL OFFICER, ETC., COMPENSATION INCLUDED ON PARTS V-A AND V-B				<u>185,258.</u>

FORM 990

NON-GOVERNMENT SECURITIES

STATEMENT 5

SECURITY DESCRIPTION	COST/FMV	CORPORATE STOCKS	CORPORATE BONDS	OTHER PUBLICLY TRADED SECURITIES	TOTAL NON-GOV'T SECURITIES
EQUITIES	FMV	1,633.			1,633.
TO FORM 990, LINE 54, COL B		1,633.			1,633.

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FORM 990	OTHER ASSETS	STATEMENT	6
DESCRIPTION		AMOUNT	
OTHER ASSETS		3,565.	
ACCRUED INCOME		110,661.	
TOTAL TO FORM 990, PART IV, LINE 58, COLUMN B		114,226.	

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FORM 990	OTHER LIABILITIES	STATEMENT	7
DESCRIPTION		AMOUNT	
ACCRUED VACATION		36,472.	
OTHER PAYABLES		40,848.	
LINE OF CREDIT		5,074.	
TOTAL TO FORM 990, PART IV, LINE 65, COLUMN B		82,394.	

FORM 990

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

STATEMENT 8

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 0.00	0.	0.	0.
DANIEL J MURPHY 1110 NORTH GLEBE RD STE 650 ARLINGTON, VA 22201	VICE PRESIDENT 0.00	0.	0.	0.
GARY WALSEMANN 1110 NORTH GLEBE RD STE 650 ARLINGTON, VA 22201	SECRETARY-TREASURER 0.00	0.	0.	0.
MICHAEL S MCLEAN 1110 NORTH GLEBE RD STE 650 ARLINGTON, VA 22201	CHAIRMAN OF THE BOARD 0.00	0.	0.	0.
W GENE CRETSINGER 1110 NORTH GLEBE RD STE 650 ARLINGTON, VA 22201	REPRESENTATIVE ASSEMBLY CH 0.00	0.	0.	0.
ROBERT BRAILE 1110 NORTH GLEBE RD STE 650 ARLINGTON, VA 22201	SOUTHERN REGIONAL DIRECTOR 0.00	0.	0.	0.
J RICHARD BURNS 1110 NORTH GLEBE RD STE 650 ARLINGTON, VA 22201	BOARD MEMBER (COLLEGES) 0.00	0.	0.	0.
GEORGE B CURRY 1110 NORTH GLEBE RD STE 650 ARLINGTON, VA 22201	NORTHEASTERN REGIONAL DR 0.00	0.	0.	0.
JOAN FALLON 1110 NORTH GLEBE RD STE 650 ARLINGTON, VA 22201	BOARD MEMBER (COLLEGES) 0.00	0.	0.	0.
HUGO GIBSON 1110 NORTH GLEBE RD STE 650 ARLINGTON, VA 22201	BOARD MEMBER (COLLEGES) 0.00	0.	0.	0.
DONALD W HIRSH 1110 NORTH GLEBE RD STE 650 ARLINGTON, VA 22201	BOARD MEMBER AT LARGE 0.00	0.	0.	0.



INTERNATIONAL CHIROPRACTORS ASSOCIATION,

42-0179650

C J MERTZ 1110 NORTH GLEBE RD STE 650 ARLINGTON, VA 22201	IMMEDIATE PAST PRESIDENT 0.00	0.	0.	0.
JAMES E MUSICK 1110 NORTH GLEBE RD STE 650 ARLINGTON, VA 22201	WESTERN REGIONAL DIRECTOR 0.00	0.	0.	0.
PINCHAS NOYMAN 1110 NORTH GLEBE RD STE 650 ARLINGTON, VA 22201	INTERNATIONAL REGIONAL DIR 0.00	0.	0.	0.
BRAD 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 0.00	0.	0.	0.
COREY B RODNICK 1110 NORTH GLEBE RD STE 650 ARLINGTON, VA 22201	CENTRAL REGIONAL DIRECTOR 0.00	0.	0.	0.
STEPHEN P WELSH 1110 NORTH GLEBE RD STE 650 ARLINGTON, VA 22201	BOARD MEMBER AT LARGE 0.00	0.	0.	0.
ROBERT POHTOS 1110 NORTH GLEBE RD STE 650 ARLINGTON, VA 22201	EXECUTIVE DIRECTOR 40.00	75,000.	3,000.	0.
STEPHANIE J YOUNGBLOOD 1110 NORTH GLEBE RD STE 650 ARLINGTON, VA 22201	BOARD MEMBER AT LARGE 0.00	0.	0.	0.
TOTALS INCLUDED ON FORM 990, PART V-A		<u>75,000.</u>	<u>3,000.</u>	<u>0.</u>

FORM 990

IDENTIFICATION OF RELATED ORGANIZATIONS  
PART VI, LINE 80B

STATEMENT 9

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 10

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.

INTERNATIONAL CHIROPRACTORS ASSOCIATION, INC.  
 EIN 42-0179650  
 FORM 990 FOR THE YEAR ENDED 6/30/06  
 FIXED ASSET SCHEDULE

	6/30/2005	ADDITIONS	PRIOR PERIOD ADJUSTMENTS	6/30/2006
<u>COST</u>				
FURNITURE AND COMPUTER EQUIPMENT	273,666	7,593	(68,239)	213,020
LEASEHOLD IMPROVEMENTS	40,248	-	-	40,248
<b>TOTAL</b>	<b>313,914</b>	<b>7,593</b>	<b>(68,239)</b>	<b>253,268</b>
 <u>ACCUMULATED DEP.</u>				
FURNITURE AND COMPUTER EQUIPMENT	271,483	2,396	(67,994)	205,885
LEASEHOLD IMPROVEMENTS	40,248	-	-	40,248
<b>TOTAL</b>	<b>311,731</b>	<b>2,396</b>	<b>(67,994)</b>	<b>246,133</b>
 BOOK VALUE	 2,183			 7,135

International Chiropractors Association  
EIN: 42-0179650  
Form 990

### 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.

# 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
- 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)

**Form 990-T corporations** requesting an automatic 6-month extension - check this box and complete Part I only

All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax returns. Partnerships, REMICs, and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041

**Electronic Filing (e-file).** Form 8868 can be filed electronically if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for corporate Form 990-T filers). However, you cannot file it electronically if you want the additional (not automatic) 3-month extension, instead you must submit the fully completed 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)

Type or print	Name of Exempt Organization <b>INTERNATIONAL CHIROPRACTORS ASSOCIATION, INC.</b>	Employer identification number <b>42-0179650</b>
File by the due date for filing your return. See instructions	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 Form 990-T corporation) extension of time until **FEBRUARY 15, 2007** 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, 2005**, and ending **JUN 30, 2006**
- 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 \$ \_\_\_\_\_
- 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 \$ \_\_\_\_\_
- c **Balance Due.** 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 \$ **N/A**

**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.

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)

<b>Part II Additional (not automatic) 3-Month Extension of Time - Must file Original and One Copy.</b>		
Type or print.	Name of Exempt Organization <b>INTERNATIONAL CHIROPRACTORS ASSOCIATION, INC.</b>	Employer identification number <b>42-0179650</b>
File by the extended due date for filing the return See instructions	Number, street, and room or suite no. If a P O box, see instructions <b>1110 N GLEBE RD, NO. 650</b>	For IRS use only
	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)

- Form 990
- Form 990-EZ
- Form 990-T (sec 401(a) or 408(a) trust)
- Form 1041-A
- Form 5227
- Form 8870
- Form 990-BL
- Form 990-PF
- Form 990-T (trust other than above)
- Form 4720
- 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) \_\_\_\_\_. 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 is for
- I request an additional 3-month extension of time until **MAY 15, 2007**
- For calendar year \_\_\_\_\_, or other tax year beginning **JUL 1, 2005** and ending **JUN 30, 2006**
- If this tax year is for less than 12 months, check reason:  Initial return  Final return  Change in accounting period
- State in detail why you need the extension  
**ADDITIONAL TIME IS NEEDED TO PREPARE A COMPLETE AND ACCURATE TAX RETURN.**

- 8a 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 \$ \_\_\_\_\_
- b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868 \$ \_\_\_\_\_
- c Balance Due. Subtract line 8b from line 8a. 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 \$ **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 **Carol Mount** Title **CPA** Date **2/15/07**

Notice to Applicant - To Be Completed by the IRS

- We have approved this application. Please attach this form to the organization's return.
- We have not approved this application. However, we have granted a 10-day grace period from the later of the date shown below or the due date of the organization's return (including any prior extensions). This grace period is considered to be a valid extension of time for elections otherwise required to be made on a timely return. Please attach this form to the organization's return.
- We have not approved this application. After considering the reasons stated in item 7, we cannot grant your request for an extension of time to file. We are not granting a 10-day grace period.
- We cannot consider this application because it was filed after the extended due date of the return for which an extension was requested
- 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.

Type or print	Name <b>INTERNATIONAL CHIROPRACTORS ASSOC. C/O HPB</b>
	Number and street (include suite, room, or apt. no.) or a P.O. box number <b>99 CANAL CENTER PLAZA #230</b>
	City or town, province or state, and country (including postal or ZIP code) <b>ALEXANDRIA, VA 22314</b>