

Return of Organization Exempt From Income Tax

2007

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 2007 calendar year, or tax year beginning **OCT 1, 2007** and ending **SEP 30, 2008**

B Check if applicable:
 Address change
 Name change
 Initial return
 Termination
 Amended return
 Application pending

C Name of organization: **American Chiropractic Association**
 Please use IRS label or print or type See Specific Instructions
 Number and street (or P O box if mail is not delivered to street address) Room/suite
1701 Clarendon Boulevard 200
 City or town, state or country, and ZIP + 4
Arlington, VA 22209

D Employer identification number: **42-0431375**

E Telephone number: **703-276-8800**

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: **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

G Website: **www.acatoday.org**

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.

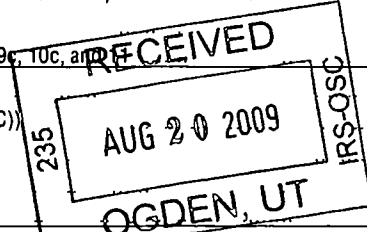
I Group Exemption Number: **N/A**

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

L Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12: **5,517,607.**

Part 1 Revenue, Expenses, and Changes in Net Assets or Fund Balances

Revenue					
1	Contributions, gifts, grants, and similar amounts received				
a	Contributions to donor advised funds	1a			
b	Direct public support (not included on line 1a)	1b	226,432.		
c	Indirect public support (not included on line 1a)	1c			
d	Government contributions (grants) (not included on line 1a)	1d			
e	Total (add lines 1a through 1d) (cash \$ 226,432. noncash \$ _____)			1e	226,432.
2	Program service revenue including government fees and contracts (from Part VII, line 93)			2	551,662.
3	Membership dues and assessments			3	3,896,479.
4	Interest on savings and temporary cash investments			4	6,720.
5	Dividends and interest from securities			5	113,749.
6 a	Gross rents See Statement 1	6a	114,265.		
b	Less rental expenses See Statement 2	6b	147,736.		
c	Net rental income or (loss) Subtract line 6b from line 6a			6c	<33,471.>
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		8d	
9	Special events and activities (attach schedule) If any amount is from gaming, check here <input type="checkbox"/>				
a	Gross revenue (not including \$ _____ of contributions reported on line 1b)	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			
b	Less cost of goods sold	10b			
c	Gross profit or (loss) from sales of inventory (attach schedule) Subtract line 10b from line 10a			10c	
11	Other revenue (from Part VII, line 103)			11	608,300.
12	Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11			12	5,369,871.
Expenses					
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	5,849,835.
18	Excess or (deficit) for the year Subtract line 17 from line 12			18	<479,964.>
Net Assets					
19	Net assets or fund balances at beginning of year (from line 73, column (A))			19	3,447,962.
20	Other changes in net assets or fund balances (attach explanation) See Statement 3			20	<942,433.>
21	Net assets or fund balances at end of year Combine lines 18, 19, and 20			21	2,025,565.



ENVELOPE POSTMARK DATE AUG 14 2009

SCANNED SEP 15 2009

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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
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"/>			Statement 5	
22b Other grants and allocations (attach schedule) (cash \$ <u>49,750</u> . noncash \$ <u>0</u> . If this amount includes foreign grants, check here <input type="checkbox"/>	49,750.			
23 Specific assistance to individuals (attach schedule)				
24 Benefits paid to or for members (attach schedule)				
25a Compensation of current officers, directors, key employees, etc listed in Part V-A	365,809.			
b Compensation of former officers, directors, key employees, etc listed in Part V-B	7,500.			
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)				
26 Salaries and wages of employees not included on lines 25a, b, and c	1,955,470.			
27 Pension plan contributions not included on lines 25a, b, and c	40,811.			
28 Employee benefits not included on lines 25a - 27	360,929.			
29 Payroll taxes	159,719.			
30 Professional fundraising fees				
31 Accounting fees	23,325.			
32 Legal fees	235,573.			
33 Supplies	33,563.			
34 Telephone	63,024.			
35 Postage and shipping	154,589.			
36 Occupancy	73,954.			
37 Equipment rental and maintenance	4,915.			
38 Printing and publications	620,231.			
39 Travel	305,315.			
40 Conferences, conventions, and meetings	337,068.			
41 Interest	16,288.			
42 Depreciation, depletion, etc. (attach schedule)	110,949.			
43 Other expenses not covered above (itemize):				
a _____				
b _____				
c _____				
d _____				
e _____				
f _____				
g See Statement 4	931,053.			
44 Total functional expenses. Add lines 22a through 43g (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	5,849,835.			

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

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 Statement 9	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 Statement 6 	
(Grants and allocations \$) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	
b See Statement 7 	
(Grants and allocations \$) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	
c Publications - The Journal of the American Chiropractic Association (on-line only), ACA News, Week in Review and other newsletters published by various councils provide valuable information about ACA's activities and new developments in the field of research, continuing education and reimbursement issues.	
(Grants and allocations \$) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	
d See Statement 8 	
(Grants and allocations \$) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	
e Other program services (attach schedule)	
(Grants and allocations \$) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	
f Total of Program Service Expenses (should equal line 44, column (B), Program services) ▶	

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
Assets	45 Cash - non-interest-bearing	150.	150.
	46 Savings and temporary cash investments	1,127,890.	607,322.
	47 a Accounts receivable	47a 122,030.	
	b Less: allowance for doubtful accounts	47b 2,733.	47c 119,297.
	48 a Pledges receivable	48a	
	b Less: allowance for doubtful accounts	48b	48c
	49 Grants receivable		49
	50 a Receivables from current and former officers, directors, trustees, and key employees		50a
	b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)		50b
	51 a Other notes and loans receivable	51a	
	b Less allowance for doubtful accounts	51b	51c
	52 Inventories for sale or use		52
	53 Prepaid expenses and deferred charges	59,147.	18,679.
	54 a Investments - publicly-traded securities Stmt 11 <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	883,036.	54a 673,131.
	b Investments - other securities Stmt 16 <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	2,699,773.	54b 1,689,265.
55 a Investments - land, buildings, and equipment: basis	55a		
b Less: accumulated depreciation	55b	55c	
56 Investments - other	125,646.	56 0.	
57 a Land, buildings, and equipment: basis	57a 2,998,025.		
b Less: accumulated depreciation Stmt 12	57b 1,945,941.	57c 1,052,084.	
58 Other assets, including program-related investments (describe ▶ See Statement 13)	43,278.	58 132,880.	
59 Total assets (must equal line 74). Add lines 45 through 58	5,901,188.	59 4,292,808.	
Liabilities	60 Accounts payable and accrued expenses	638,481.	60 545,005.
	61 Grants payable		61
	62 Deferred revenue	1,022,528.	62 911,318.
	63 Loans from officers, directors, trustees, and key employees		63
	64 a Tax-exempt bond liabilities		64a
	b Mortgages and other notes payable Stmt 14	563,214.	64b 444,864.
	65 Other liabilities (describe ▶ See Statement 15)	229,003.	65 366,056.
66 Total liabilities. Add lines 60 through 65	2,453,226.	66 2,267,243.	
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	2,233,859.	67 811,462.
	68 Temporarily restricted	1,214,103.	68 1,214,103.
	69 Permanently restricted		69
	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		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 Total net assets or fund balances. Add lines 67 through 69 or lines 70 through 72 (Column (A) must equal line 19 and column (B) must equal line 21)	3,447,962.	73 2,025,565.	
74 Total liabilities and net assets/fund balances. Add lines 66 and 73	5,901,188.	74 4,292,808.	

Part V-A Current Officers, Directors, Trustees, and Key Employees <i>(continued)</i>	Yes	No
75 a Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings ▶ <u>13</u>		
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)	75b	X
c 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 the organization? See the instructions for the definition of "related organization." If "Yes," attach a statement that includes the information described in the instructions	75c	X
d Does the organization have a written conflict of interest policy?	75d	X

(A) Name and address	(B) Loans and Advances	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
Lewis J. Bazakos, DC 1701 Clarendon Boulevard, #200 Arlington, VA 22209	0.	2,200.	0.	0.
Donald Krippendorf, DC 1701 Clarendon Boulevard, #200 Arlington, VA 22209	0.	1,000.	0.	0.
Daryl D. Wills, DC 1701 Clarendon Boulevard, #200 Arlington, VA 22209	0.	1,800.	0.	0.
Kenneth Padgett, DC 1701 Clarendon Boulevard, #200 Arlington, VA 22209	0.	500.	0.	0.
James Edwards, DC 1701 Clarendon Boulevard, #200 Arlington, VA 22209	0.	800.	0.	0.
J. Michael Flynn, DC 1701 Clarendon Boulevard, #200 Arlington, VA 22209	0.	200.	0.	0.
George B. McClelland, DC 1701 Clarendon Boulevard, #200 Arlington, VA 22209	0.	1,000.	0.	0.

Part VI Other Information <i>(See the instructions.)</i>	Yes	No
76 Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change	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 ▶ <u>American Chiropractic Foundation</u> and check whether it is <input checked="" type="checkbox"/> exempt or <input type="checkbox"/> nonexempt		
81 a Enter direct and indirect political expenditures. (See line 81 instructions.)	81a	0.
b Did the organization file Form 1120-POL for this year?	81b	X

Part VI Other Information (continued)

Form with questions 82a through 91b and Yes/No columns. Includes financial data for lines 85c-85f and 90b.

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 X
 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 <u>Journal</u>	541800	439,301.			560.
b <u>Seminar</u>					111,801.
c _____					
d _____					
e _____					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					3,896,479.
95 Interest on savings and temporary cash investments			14	6,720.	
96 Dividends and interest from securities			14	113,749.	
97 Net rental income or (loss) from real estate:					
a debt-financed property	531120	<33,471.>			
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					
103 Other revenue:					
a <u>Royalties</u>			15	499,282.	
b <u>Mailing labels</u>			13	9,016.	
c <u>Other income</u>			01	100,002.	
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E))		405,830.		728,769.	4,008,840.
105 Total (add line 104, columns (B), (D), and (E))					5,143,439.

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 18

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) Nat	(D)	(E)
	%			
N/A	%			
	%			
	%			

Part X Information Regarding Transfers Associated

(a) Did the organization, during the year, receive any funds, directly or indirectly, from any individual who is a disqualified person?

(b) Did the organization, during the year, pay premiums, directly or indirectly, on any contract with respect to an individual who is a disqualified person?

Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

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
(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
(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?

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

Signature of officer: *Janet Reed Fidgeley* Date: 8/13/09

Type or print name and title: Janet Reed Fidgeley

Paid Preparer's Use Only

Preparer's signature: *[Signature]* Date: 08/07/09 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: Rogers & Company PLLC, 8300 Boone Boulevard, Suite 600, Vienna, VA 22182

EIN: Phone no: 703-893-0300

Asset No	Description	Date Acquired	Method	Life	Line No	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
1	Land	Varies	L			438,419.			438,419.			0.
2	Land improvements	Varies	SL	20.00	16	85,583.			85,583.	74,058.		2,101.
3	Buildings	Varies	SL	30.00	16	1140993.			1140993.	1140923.		0.
4	Building improvements	Varies	SL	30.00	16	461,020.			461,020.	226,061.		51,934.
5	Computer software	Varies	SL	3.00	16	358,672.			358,672.	4,120.		14,203.
6	Furniture and fixtures	Varies	SL	5.00	16	160,273.			160,273.	158,538.		261.
7	Office equipment	Varies	SL	5.00	16	99,699.			99,699.	87,205.		5,139.
8	Computer equipment	Varies	SL	5.00	16	184,180.			184,180.	128,981.		20,968.
9	Leased assets	Varies	SL	5.00	16	69,186.			69,186.	15,725.		15,724.
	* Total 990 Page 2 Depr					2998025.		0.	2998025.	1835611.	0.	110,330.

Form 990	Rental Income	Statement	1
Kind and Location of Property	Activity Number	Gross Rental Income	
Building - Office Space	1	114,265.	
Total to Form 990, Part I, line 6a		114,265.	

Form 990	Rental Expenses	Statement	2
Description	Activity Number	Amount	Total
Depreciation expense on building		25,967.	
Janitorial services		14,345.	
Trash removal		2,986.	
Security alarm		2,211.	
Building maintenance and repairs		19,852.	
Utilities		24,389.	
Insurance		3,163.	
Real estate taxes		18,826.	
License taxes		1,493.	
Real estate commissions		2,100.	
Mortgage interest		13,006.	
Personnel expenses		19,398.	
- SubTotal -	1		147,736.
Total to Form 990, Part I, line 6b			147,736.

Form 990	Other Changes in Net Assets or Fund Balances	Statement	3
Description		Amount	
Net realized and unrealized losses on investments		<942,433.>	
Total to Form 990, Part I, line 20		<942,433.>	

Form 990	Other Expenses			Statement 4
Description	(A) Total	(B) Program Services	(C) Management and General	(D) Fundraising
Consultants	184,905.			
Office expenses	3,938.			
Computers services	43,708.			
Advertising	132,236.			
Dues	92,606.			
Surveys & studies	65,688.			
Bank fees	112,923.			
Insurance	29,704.			
Investment fees	33,688.			
Scholarships	75,200.			
Depreciation included in Part I, line 6b	<25,967.>			
Research	99,028.			
Miscellaneous	19,972.			
Exhibits	18,673.			
Local taxes	21,003.			
EdInvest program	11,036.			
SACA rebates	12,712.			
Total to Fm 990, ln 43	931,053.			

Form 990	Cash Grants and Allocations to Others	Statement	5
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Class of Activity/Donee's Name and Address	Amount
Grant Foundation for Chiropractic Education & Research PO Box 400, 380 Wright Road Norwalk, IA 50211-0400	25,000.
Grant Foundation for Chiropractic Progress PO Box 560 Carmichael, CA 95609-0560	9,000.
Grant Federation of Chiropractic Licensing Boards 901 54th Avenue, Suite 101 Greeley, CO 80634	2,500.
Grant Association for the History of Chiropractic 1000 Brady Street Davenport, IA 52803	1,250.
Grant Council on Chiropractic Guidelines & Practice Parameters PO Box 2542 Lexington, SC 29071	12,000.
Total Included on Form 990, Part II, line 22b	49,750.

Form 990

Statement of Program Service Accomplishments

Statement 6

Description of Program Service One

Government Relations, Insurance and Legal Advocacy - The profession's leadership organization serves as an aggressive advocate for the chiropractic profession and their patients. The Association seeks open access to and utilization of safe, effective, affordable, natural chiropractic care for all through full integration of doctors of chiropractic into the health delivery system. The Association accomplishes this by devoting a substantial part of its resources to issues that affect public policy and legislation, by seeking parity in reimbursement of its members from insurance companies and improving the quality of treatment and by carrying out a dynamic strategic plan to help ensure the professional growth and success of doctors of chiropractic. Fundraising costs associated with raising funds for the legal action fund are included in this category.

Grants

Expenses

To Form 990, Part III, line a

Form 990

Statement of Program Service Accomplishments

Statement 7

Description of Program Service Two

Membership Services and Products - The Association devotes a significant portion of its resources to serving its existing members. Services specifically designed as member benefits include a variety of discounts on affinity products, books, brochures and pamphlets for sale that are designed to improve practice management, clinical documentation and information on various professional development and educational seminars for continuing professional education. The costs of retaining members are included in this program.

Grants

Expenses

To Form 990, Part III, line b

Form 990 Statement of Program Service Accomplishments Statement 8

Description of Program Service Four

Public Awareness and Education - The Association strives to provide the general public with information about chiropractic and its effectiveness which is done largely through press releases, interviews with the media, advertisements in national publications and specific publications for the general public.

	Grants	Expenses
To Form 990, Part III, line d		

Form 990 Statement of Organization's Primary Exempt Purpose Part III Statement 9

Explanation

American Chiropractic Association (the Association) was formed to serve as a representative membership organization for the chiropractic profession.

Form 990 Non-Government Securities Statement 10

Security Description	Cost/FMV	Corporate Stocks	Corporate Bonds	Other Publicly Traded Securities	Total Non-Gov't Securities
Corporate bonds	FMV		359,027.		359,027.
To Form 990, line 54a, Col B			359,027.		359,027.

Form 990	Government Securities		Statement 11	
Description	Cost/FMV	U.S. Government	State and Local Gov't	Total Gov't Securities
Government and agency securities	FMV	314,104.		314,104.
Total to Form 990, line 54a, Col B		314,104.		314,104.

Form 990	Depreciation of Assets Not Held for Investment		Statement 12
Description	Cost or Other Basis	Accumulated Depreciation	Book Value
Land	438,419.	0.	438,419.
Land improvements	85,583.	76,159.	9,424.
Buildings	1,140,993.	1,140,923.	70.
Building improvements	461,020.	277,995.	183,025.
Computer software	358,672.	18,323.	340,349.
Furniture and fixtures	160,273.	158,799.	1,474.
Office equipment	99,699.	92,344.	7,355.
Computer equipment	184,180.	149,949.	34,231.
Leased assets	69,186.	31,449.	37,737.
Total to Form 990, Part IV, ln 57	2,998,025.	1,945,941.	1,052,084.

Form 990	Other Assets		Statement 13
Description	Beginning of Year	End of Year	
Due from affiliate	43,278.	16,979.	
Deferred lease asset	0.	115,901.	
Total to Form 990, Part IV, line 58	43,278.	132,880.	

Form 990 Other Notes and Loans Payable Statement 14

Lender's Name		Terms of Repayment		
BB&T Bank		Due in full 12/01/11		
Date of Note	Maturity Date	Original Loan Amount	Interest Rate	
Various	12/01/11	2,240,000.	5.00%	
Security Provided by Borrower		Purpose of Loan		
Association's assets		Purchase of assets		
Relationship of Lender				
None				
Description of Consideration			FMV of Consideration	Balance Due
None			0.	444,864.
Total included on Form 990, Part IV, line 64, Column B				444,864.

Form 990 Other Liabilities Statement 15

Description	Beginning of Year	End of Year
Tenant deposits	15,467.	19,576.
Capital lease obligations	53,461.	37,737.
Accrued termination benefit	138,204.	138,204.
Deferred compensation obligation	21,871.	20,539.
Line of credit	0.	150,000.
Total to Form 990, Part IV, line 65	229,003.	366,056.

Form 990	Other Securities	Statement	16
<u>Security Description</u>	<u>Cost/FMV</u>	<u>Other Securities</u>	
Marketable equity securities	FMV	1,387,422.	
Annuities	FMV	20,539.	
Mortgage backed securities	FMV	253,316.	
Mutual funds	FMV	27,988.	
To Form 990, line 54b, Col B		<u>1,689,265.</u>	

Form 990	Part V-A - List of Current Officers, Directors, Trustees and Key Employees	Statement	17
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<u>Name and Address</u>	<u>Title and Avrg Hrs/Wk</u>	<u>Compen-sation</u>	<u>Employee Ben Plan Contrib</u>	<u>Expense Account</u>
John J. Gentile, DC 1701 Clarendon Boulevard, #200 Arlington, VA 22209	Chairman, Gov. District 5 15.00	36,300.	0.	0.
Glenn D. Manceaux, DC 1701 Clarendon Boulevard, #200 Arlington, VA 22209	President 15.00	36,500.	0.	0.
Rick A. McMichael, DC 1701 Clarendon Boulevard, #200 Arlington, VA 22209	Vice President 15.00	20,400.	0.	0.
Richard G. Brassard, DC 1701 Clarendon Boulevard, #200 Arlington, VA 22209	Immediate Past President 8.00	0.	0.	0.
William D. Pfeifer, DC 1701 Clarendon Boulevard, #200 Arlington, VA 22209	Gov. District 1 5.00	0.	0.	0.
F. Dow Bates, DC, FACO, FICC 1701 Clarendon Boulevard, #200 Arlington, VA 22209	Gov. District 2 5.00	0.	0.	0.
Mario A. Spoto, DC 1701 Clarendon Boulevard, #200 Arlington, VA 22209	Gov. District 3 5.00	0.	0.	0.

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Robert D. Mastronardi, DC 1701 Clarendon Boulevard, #200 Arlington, VA 22209	Gov. District 4 5.00	0.	0.	0.
Jerry L. Gerrard, DC 1701 Clarendon Boulevard, #200 Arlington, VA 22209	Gov. District 6 5.00	0.	0.	0.
David G. Madison, DC, FACO 1701 Clarendon Boulevard, #200 Arlington, VA 22209	Gov. District 7 5.00	0.	0.	0.
Joseph Morelli, DC, FICC 1701 Clarendon Boulevard, #200 Arlington, VA 22209	Gov. District 7 5.00	0.	0.	0.
Keith S. Overland, DC 1701 Clarendon Boulevard, #200 Arlington, VA 22209	Pres. Council of Delegates 5.00	0.	0.	0.
Anthony Hamm, DC 1701 Clarendon Boulevard, #200 Arlington, VA 22209	VP Council of Delegates 5.00	0.	0.	0.
Kevin P. Corcoran, CAE 1701 Clarendon Boulevard, #200 Arlington, VA 22209	Executive Vice President 43.00	232,212.	40,397.	0.
Totals Included on Form 990, Part V-A		<u>325,412.</u>	<u>40,397.</u>	<u>0.</u>

Form 990 Part VIII - Relationship of Activities to Statement 18
 Accomplishment of Exempt Purposes

Line	Explanation of Relationship of Activities
93a	The purpose of the publications is to keep the public informed about new developments and ideas in the field of chiropractic.
93b	These association activities promote the philosophy, art and
&	activities in which the association is serving as a representative
94	membership organization for the chiropractic profession.

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).

A corporation 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 a corporation 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 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 American Chiropractic Association	Employer identification number 42-0431375
	Number, street, and room or suite no. If a P O box, see instructions 1701 Clarendon Boulevard, No. 200	
	City, town or post office, state, and ZIP code For a foreign address, see instructions. Arlington, VA 22209	

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 ▶ **American Chiropractic Association**
Telephone No. ▶ **(703) 276-8800** FAX No. ▶ **(703) 243-2593**
- 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 corporation required to file Form 990-T) extension of time until **May 15, 2009**, 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 **OCT 1, 2007**, and ending **SEP 30, 2008**.

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 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.	3c	\$	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 **X**
- 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		
Type or print File by the extended due date for filing the return. See instructions	Name of Exempt Organization	Employer identification number
	American Chiropractic Association	42-0431375
	Number, street, and room or suite no. If a P O box, see instructions	For IRS use only
	1701 Clarendon Boulevard, No. 200	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions	
	Arlington, VA 22209	

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 **American Chiropractic Association**
 Telephone No **(703) 276-8800** FAX No **(703) 243-2593**
- 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

4 I request an additional 3-month extension of time until August 15, 2009

5 For calendar year _____, or other tax year beginning OCT 1, 2007, and ending SEP 30, 2008


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

7 State in detail why you need the extension
Additional time needed to compile third party information necessary to file a complete and accurate 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	8a	\$	
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	8b	\$	
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	Bc	\$	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  Title CPA Date 5-13-09