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Form 990

Return of Organization Exempt From Income Tax

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

OMB No. 1235-0047

2006

Open to Public
Inspection

D708

A For the 2006 calendar year, or tax year beginning

09/01, 2006, and ending

08/31/2007

<input checked="" type="checkbox"/> Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input checked="" type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization CLEVELAND CHIROPRACTIC COLLEGE OF KANSAS CITY			D Employer identification number 44-6000294		
	Number and street (or P O box if mail is not delivered to street address) 10850 LOWELL AVE			Room/suite	E Telephone number () -	
	City or town, state or country, and ZIP + 4 OVERLAND PARK, KS 66210			F Accounting method <input type="checkbox"/> Cash <input checked="" type="checkbox"/> 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		
	G Website ► WWW.CLEVELANDCHIROPRACTIC.EDU			H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	J Organization type (check only one) ► <input checked="" type="checkbox"/> 501(c) (03) ◀ (insert no) 4947(a)(1) or 527			H(b) If "Yes," enter number of affiliates ►		
K Check here ► <input type="checkbox"/> 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			H(c) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No (If "No," attach a list. See instructions.)			
L Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12 ► 14,471,908.			H(d) Is this a separate return filed by an organization covered by a group ruling? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions)			I Group Exemption Number ►			
M Check ► <input type="checkbox"/> if the organization is not required to attach Sch B (Form 990, 990-EZ, or 990-PF)			N			

Revenue	1 Contributions, gifts, grants, and similar amounts received	1a	1b	1c	1d	1e
	a Contributions to donor advised funds					
	b Direct public support (not included on line 1a)	1b	1,092,131.			
	c Indirect public support (not included on line 1a)	1c	STATUTE UNIT			
	d Government contributions (grants) (not included on line 1a)	1d	RECEIVED			
	e Total (add lines 1a through 1d) (cash \$ 1,092,131. noncash \$)					
	2 Program service revenue including government fees and contracts (from Part VII, line 9A)					JAN 13 2011
	3 Membership dues and assessments					
	4 Interest on savings and temporary cash investments					
	5 Dividends and interest from securities					
	6 a Gross rents	6a				
	b Less rental expenses	6b	185,089.			
	c Net rental income or (loss) Subtract line 6b from line 6a					
	7 Other investment income (describe)					
	8 a Gross amount from sales of assets other than inventory	(A) Securities	(B) Other			
	b Less cost or other basis and sales expenses	1,438,540.	8a			
	c Gain or (loss) (attach schedule)	1,438,540.	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"/>					
	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					
	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					
	11 Other revenue (from Part VII, line 103)					
	12 Total revenue Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11					
Expenses	13 Program services (from line 44, column (B))					
	14 Management and general (from line 44, column (C))					
	15 Fundraising (from line 44, column (D))					
	16 Payments to affiliates (attach schedule)					
	17 Total expenses Add lines 16 and 44, column (A)					
Net Assets	18 Excess or (deficit) for the year Subtract line 17 from line 12					
	19 Net assets or fund balances at beginning of year (from line 73, column (A))					
	20 Other changes in net assets or fund balances (attach explanation)			STMT. B		
	21 Net assets or fund balances at end of year Combine lines 18, 19, and 20					

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

Form 990 (2006)

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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 (See the instructions)			
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 \$ _____ noncash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>				
22b	Other grants and allocations (attach schedule) (cash \$ 223,979 noncash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	223,979.	223,979.	STMT 9	
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 (attach schedule)	400,867.	285,215.	115,652.	
b	Compensation of former officers, directors, key employees, etc listed in Part V-B (attach schedule)				
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) (attach schedule)				
26	Salaries and wages of employees not included on lines 25a, b, and c	4,695,588.	3,537,127.	1,158,461.	
27	Pension plan contributions not included on lines 25a, b, and c	449,934.	337,451.	112,483.	
28	Employee benefits not included on lines 25a - 27	699,355.	524,516.	174,839.	
29	Payroll taxes	386,030.	291,022.	97,008.	
30	Professional fundraising fees				
31	Accounting fees				
32	Legal fees				
33	Supplies	99,767.	74,825.	24,942.	
34	Telephone	94,569.	70,927.	23,642.	
35	Postage and shipping	69,868.	52,401.	17,467.	
36	Occupancy	312,075.	234,056.	78,019.	
37	Equipment rental and maintenance	496,709.	372,532.	124,177.	
38	Printing and publications	92,207.	69,155.	23,052.	
39	Travel	313,531.	235,148.	78,383.	
40	Conferences, conventions, and meetings	50,909.	38,182.	12,727.	
41	Interest				
42	Depreciation, depletion, etc (attach schedule)	322,827.	242,120.	80,707.	
43	Other expenses not covered above (itemize)				
a	STMT 10	2,713,420.	2,047,708.	665,712.	
b					
c					
d					
e					
f					
g					
44	Total functional expenses Add lines 22a through 43g (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	11,423,635.	8,636,364.	2,787,271.	

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 (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 11

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 12

(Grants and allocations \$ 223,979.) If this amount includes foreign grants, check here ►

8,636,364.

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) ►

8,636,364.

Form 990 (2006)

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
45	Cash - non-interest-bearing			45	
46	Savings and temporary cash investments			7,130,025	46 8,898,589.
47a	Accounts receivable	47a	119,042		
b	Less allowance for doubtful accounts	47b	26,739	178,681	47c 92,303.
48a	Pledges receivable	48a			
b	Less allowance for doubtful accounts	48b			48c
49	Grants receivable			49	
50a	Receivables from current and former officers, directors, trustees, and key employees (attach schedule)			50a	
b	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)			50b	
51a	Other notes and loans receivable (attach schedule)	51a	4,604,721		
b	Less allowance for doubtful accounts	51b		4,417,642	51c 4,604,721.
52	Inventories for sale or use			52	
53	Prepaid expenses and deferred charges			53	169,330.
54a	Investments - publicly-traded securities	STMT 14 ►	<input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	8,222,839.	54a 11,899,431.
b	Investments - other securities (attach schedule)	►	<input type="checkbox"/> Cost <input type="checkbox"/> FMV		54b
55a	Investments - land, buildings, and equipment basis	55a			
b	Less accumulated depreciation (attach schedule)	55b			55c
56	Investments - other (attach schedule)			56	
57a	Land, buildings, and equipment basis	57a	22,204,466		
b	Less accumulated depreciation (attach schedule)	57b	691,695	2,344,718	57c 21,512,771.
58	Other assets, including program-related investments (describe ►	STMT 15)		886,108	58 3,015,060.
59	Total assets (must equal line 74) Add lines 45 through 58			23,234,432	59 50,192,205.
60	Accounts payable and accrued expenses			830,659	60 709,493.
61	Grants payable				61
62	Deferred revenue			NONE	62 347,651.
63	Loans from officers, directors, trustees, and key employees (attach schedule)				63
64a	Tax-exempt bond liabilities (attach schedule)	STMT 16		NONE	64a 20,065,000.
b	Mortgages and other notes payable (attach schedule)	STMT 17		4,262,137	64b 8,825,475.
65	Other liabilities (describe ►	STMT 18)		2,701,120	65 2,900,207.
66	Total liabilities. Add lines 60 through 65			7,793,916	66 32,847,826.
Organizations that follow SFAS 117, check here ► <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74					
67	Unrestricted			15,009,185	67 16,936,527.
68	Temporarily restricted			113,594	68 90,115.
69	Permanently restricted			317,737	69 317,737.
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)			15,440,516	73 17,344,379.
74	Total liabilities and net assets/fund balances. Add lines 66 and 73			23,234,432	74 50,192,205.

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

a	Total revenue, gains, and other support per audited financial statements	a	13,288,608.
b	Amounts included on line a but not on Part I, line 12		
1	Net unrealized gains on investments	b1	-959,321.
2	Donated services and use of facilities	b2	
3	Recoveries of prior year grants	b3	
4	Other (specify) -- SEE STATEMENT 19	b4	185,089.
	Add lines b1 through b4		
c	Subtract line b from line a		
d	Amounts included on Part I, line 12, but not on line a:		
1	Investment expenses not included on Part I, line 6b	d1	
2	Other (specify) -- SEE STATEMENT 20	d2	223,979.
	Add lines d1 and d2		
e	Total revenue (Part I, line 12) Add lines c and d ►	d	223,979.
		e	14,286,819.
Part IV-B Reconciliation of Expenses per Audited Financial Statements With Expenses per Return			
a	Total expenses and losses per audited financial statements	a	11,384,745.
b	Amounts included on line a but not on Part I, line 17		
1	Donated services and use of facilities	b1	
2	Prior year adjustments reported on Part I, line 20	b2	
3	Losses reported on Part I, line 20	b3	
4	Other (specify) -- SEE STATEMENT 21	b4	185,089.
	Add lines b1 through b4		
c	Subtract line b from line a		
d	Amounts included on Part I, line 17, but not on line a:		
1	Investment expenses not included on Part I, line 6b	d1	
2	Other (specify) -- SEE STATEMENT 22	d2	223,979.
	Add lines d1 and d2		
e	Total expenses (Part I, line 17) Add lines c and d ►	d	223,979.
		e	11,423,635

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 23		257,855.	118,622.	24,390.

Part V-A Current Officers, Directors, Trustees, and Key Employees (continued)

75a Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings ► 9

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) STMT.25.

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" SEE, STATEMENT 26. . . ►

If "Yes," attach a statement that includes the information described in the instructions

d Does the organization have a written conflict of interest policy?

Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits

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.)

Part VI Other Information (See the instructions)

76 Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change

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

78a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?

b If "Yes," has it filed a tax return on Form 990-T for this year?

79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement

80a 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 If "Yes," enter the name of the organization ► ----- STMT_27

81a. Enter direct and indirect political expenditures. (See line 81 instructions.) exempt or nonexempt

b. Did the organization file Form 1120-PSI for the year(s) shown?

Part VI Other Information (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	
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 <i>quid pro quo</i> 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	N/A
85 501(c)(4), (5), or (6) organizations a Were substantially all dues nondeductible by members?	85a	N/A
b Did the organization make only in-house lobbying expenditures of \$2,000 or less?	85b	N/A
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		
c Dues, assessments, and similar amounts from members	85c	N/A
d Section 162(e) lobbying and political expenditures	85d	N/A
e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e	N/A
f Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	N/A
g Does the organization elect to pay the section 6033(e) tax on the amount on line 85?	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) orgs 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) orgs 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 b At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX	88a	X
b At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI	88b	X
89 a 501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under section 4911 ► <u>NONE</u> , section 4912 ► <u>NONE</u> , section 4955 ► <u>NONE</u>	89a	
b 501(c)(3) and 501(c)(4) orgs 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	X
c Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958	89c	► <u>NONE</u>
d Enter Amount of tax on line 89c, above, reimbursed by the organization	89d	► <u>NONE</u>
e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?	89e	X
f All organizations Did the organization acquire a direct or indirect interest in any applicable insurance contract?	89f	X
g For supporting organizations and sponsoring organizations maintaining donor advised funds Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	89g	N/A
90 a List the states with which a copy of this return is filed ►	90b	246
b Number of employees employed in the pay period that includes March 12, 2006 (See instructions)	90b	246
91 a The books are in care of ► <u>MARIA COPE</u> Telephone no ► <u>913-234-0600</u> Located at ► <u>10850 LOWELL AVE OVERLAND PARK, KS</u> ZIP + 4 ► <u>66210</u>		
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 ►	91b	X
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts		

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 ► _____

92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here ► N/A
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) Exclusion code	(D) Amount	
93 Program service revenue					9,427,930.
a TUITION & FEES					658,740.
b CLINIC REVENUE					580,258.
c EXPENSE REIMBURSEMENT					375,451.
d STUDENT LOAN INTEREST					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments					
96 Dividends and interest from securities			14		596,860.
97 Net rental income or (loss) from real estate					
a debt-financed property	531120	-385			
b not debt-financed property			16		28,889.
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory			18		1,438,540.
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue	a				
b MISC INCOME			01		88,405.
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		-385		2,152,694.	11,042,379.
105 Total (add line 104, columns (B), (D), and (E)) ►					13,194,688.

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)
	STMT 28

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

(A)	(B)	(C)	(D)	(E)
Name, address, and EIN of corporation, partnership, or disregarded entity	Percentage of ownership interest	Nature of activities	Total income	End-of-year assets
STMT 29	%		167,990.	5,606,195.
	%			
	%			
	%			

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 X No

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Yes X No

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)

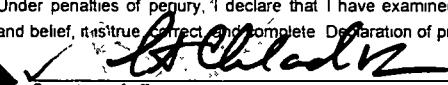
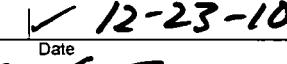
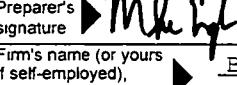
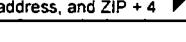
				Yes	No
106	Did the reporting organization make any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity				N/A

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

				Yes	No
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				N/A

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

				Yes	No
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?				N/A

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				
	 <input checked="" type="checkbox"/> Signature of officer  <input checked="" type="checkbox"/> Type or print name and title		 <input type="checkbox"/> Date 12-23-10  PRESIDENT		
Paid Preparer's Use Only	Preparer's signature 	Date JUL 14 2006	Check if self-employed <input type="checkbox"/>	Preparer's SSN or PTIN (See Gen. Inst. X)	
	Firm's name (or yours if self-employed), address, and ZIP + 4 	EIN 44-0160260		Phone no 816-221-6300	
	BKD, LLP 120 WEST 12TH STREET, SUITE 1200 KANSAS CITY, MO			64105-1936	

Form 990 (2006)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation and Section 501(e), 501(f), 501(k), 501(n),
or 4947(a)(1) Nonexempt Charitable Trust)

► MUST be completed by the above organizations and attached to their Form 990 or 990-EZ

OMB No 1545-0047

2006

Name of the organization

CLEVELAND CHIROPRACTIC COLLEGE OF KANSAS CITY

Employer identification number

44-6000294

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees
(See page 2 of the instructions List each one If there are none, enter "None")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
SEE STATEMENT 30				
Total number of other employees paid over \$50,000 . . ►	30			

Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services
(See page 2 of the instructions List each one (whether individuals or firms) If there are none, enter "None")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
SEE STATEMENT 31		
Total number of others receiving over \$50,000 for professional services . . . ►	0	

Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services
(List each contractor who performed services other than professional services, whether individuals or firms If there are none, enter "None" See page 2 of the instructions)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
SEE STATEMENT 32		
Total number of other contractors receiving over \$50,000 for other services . . . ►	0	

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

Schedule A (Form 990 or 990-EZ) 2006

Part III Statements About Activities (See page 2 of the instructions.)			Yes	No
1	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ► \$ <u>53,113</u> . (Must equal amounts on line 38, Part VI-A, or line 1 of Part VI-B).	1	X	
Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities				
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions)			
a	Sale, exchange, or leasing of property?	2a	X	
b	Lending of money or other extension of credit?	2b	X	
c	Furnishing of goods, services, or facilities?	2c	X	
d	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2d	X	STMT . 33
e	Transfer of any part of its income or assets?	2e	X	
3a	Did the organization make grants for scholarships, fellowships, student loans, etc? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments)	3a	X	STMT . 34
b	Did the organization have a section 403(b) annuity plan for its employees?	3b	X	
c	Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement	3c	X	
d	Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?	3d	X	
4a	Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g	4a	X	
b	Did the organization make any taxable distributions under section 4966?	4b	X	
c	Did the organization make a distribution to a donor, donor advisor, or related person?	4c	X	
d	Enter the total number of donor advised funds owned at the end of the tax year ► <u>NONE</u>			
e	Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year ► <u>NONE</u>			
f	Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the rights to provide advice on the distribution or investment of amounts in such funds or accounts			► <u>NONE</u>
g	Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year			► <u>NONE</u>

Part IV **Reason for Non-Private Foundation Status** (See pages 4 through 7 of the instructions)

I certify that the organization is not a private foundation because it is (Please check only ONE applicable box)

5 A church, convention of churches, or association of churches Section 170(b)(1)(A)(i)

6 A school Section 170(b)(1)(A)(ii) (Also complete Part V)

7 A hospital or a cooperative hospital service organization Section 170(b)(1)(A)(iii)

8 A federal, state, or local government or governmental unit Section 170(b)(1)(A)(v)

9 A medical research organization operated in conjunction with a hospital Section 170(b)(1)(A)(iii) Enter the hospital's name, city, and state ►

10 An organization operated for the benefit of a college or university owned or operated by a governmental unit—Section 170(b)(1)(A)(iv)
(Also complete the **Support Schedule** in Part IV-A)

11 a An organization that normally receives a substantial part of its support from a governmental unit or from the general public Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A)

11 b A community trust Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A)

12 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2) (Also complete the **Support Schedule** in Part IV-A)

13 An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise meets the requirements of section 509(a)(3) Check the box that describes the type of supporting organization

Type I Type II Type III - Functionally Integrated Type III - Other

14 An organization organized and operated to test for public safety Section 509(a)(4) (See page 7 of the instructions)

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12) **Use cash method of accounting.**Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting **NOT APPLICABLE**

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants See line 28)					
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose					
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975					
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge Do not include the value of services or facilities generally furnished to the public without charge					
22 Other income Attach a schedule Do not include gain or (loss) from sale of capital assets					
23 Total of lines 15 through 22					
24 Line 23 minus line 17					
25 Enter 1% of line 23					
26 Organizations described on lines 10 or 11.	a Enter 2% of amount in column (e), line 24 NOT APPLICABLE . . . ► 26a				
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2002 through 2005 exceeded the amount shown in line 26a Do not file this list with your return Enter the total of all these excess amounts ► 26b					
c Total support for section 509(a)(1) test Enter line 24, column (e) ► 26c					
d Add Amounts from column (e) for lines 18 _____ 19 _____ 22 _____ 26b _____ ► 26d					
e Public support (line 26c minus line 26d total) ► 26e					
f Public support percentage (line 26e (numerator) divided by line 26c (denominator)) ► 26f %					
27 Organizations described on line 12 a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person" Do not file this list with your return Enter the sum of such amounts for each year NOT APPLICABLE (2005) _____ (2004) _____ (2003) _____ (2002) _____					
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000 (include in the list organizations described in lines 5 through 11b, as well as individuals) Do not file this list with your return After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year (2005) _____ (2004) _____ (2003) _____ (2002) _____					
c Add Amounts from column (e) for lines 15 _____ 16 _____ 17 _____ 20 _____ 21 _____ ► 27c					
d Add Line 27a total and line 27b total ► 27d					
e Public support (line 27c total minus line 27d total) ► 27e					
f Total support for section 509(a)(2) test Enter amount from line 23, column (e) ► 27f					
g Public support percentage (line 27e (numerator) divided by line 27f (denominator)) ► 27g %					
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator)) ► 27h %					
28 Unusual Grants For an organization described in line 10, 11, or 12 that received any unusual grants during 2002 through 2005, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant Do not file this list with your return Do not include these grants in line 15					

Part V Private School Questionnaire (See page 9 of the instructions)
(To be completed ONLY by schools that checked the box on line 6 in Part IV)

		Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	29	X
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	30	X
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe, if "No," please explain (If you need more space, attach a separate statement) <u>CLEVELAND CHIROPRACTIC COLLEGE POSTS THE NONDISCRIMINATORY POLICY IN THE ADMINISTRATIVE OFFICE BUILDING, IN THE STUDENT AND EMPLOYEE HANDBOOK, AND IN THE COURSE CATALOG. SEE ATTACHED EXCERPT.</u>	31	X
32	Does the organization maintain the following		
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a	X
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b	X
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c	X
d	Copies of all material used by the organization or on its behalf to solicit contributions?	32d	X
 If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement) -----			
33	Does the organization discriminate by race in any way with respect to		
a	Students' rights or privileges?	33a	X
b	Admissions policies?	33b	X
c	Employment of faculty or administrative staff?	33c	X
d	Scholarships or other financial assistance?	33d	X
e	Educational policies?	33e	X
f	Use of facilities?	33f	X
g	Athletic programs?	33g	X
h	Other extracurricular activities?	33h	X
 If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement) -----			
34 a	Does the organization receive any financial aid or assistance from a governmental agency?	34a	X
b	Has the organization's right to such aid ever been revoked or suspended?	34b	X
 If you answered "Yes" to either 34a or b, please explain using an attached statement			
35	Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," attach an explanation	35	X

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 10 of the instructions)(To be completed ONLY by an eligible organization that filed Form 5768) **NOT APPLICABLE**

Check ► a	if the organization belongs to an affiliated group	Check ► b	if you checked "a" and "limited control" provisions apply
-----------	--	-----------	---

Limits on Lobbying Expenditures

(The term "expenditures" means amounts paid or incurred)

36	Total lobbying expenditures to influence public opinion (grassroots lobbying)	36	
37	Total lobbying expenditures to influence a legislative body (direct lobbying)	37	
38	Total lobbying expenditures (add lines 36 and 37)	38	
39	Other exempt purpose expenditures	39	
40	Total exempt purpose expenditures (add lines 38 and 39)	40	
41	Lobbying nontaxable amount Enter the amount from the following table - If the amount on line 40 is - The lobbying nontaxable amount is -		
	Not over \$500,000	20% of the amount on line 40	41
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	
	Over \$17,000,000	\$1,000,000	
42	Grassroots nontaxable amount (enter 25% of line 41)	42	
43	Subtract line 42 from line 36 Enter -0- if line 42 is more than line 36	43	
44	Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38	44	

Caution. If there is an amount on either line 43 or line 44, you must file Form 4720**4-Year Averaging Period Under Section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below

See the instructions for lines 45 through 50 on page 13 of the instructions)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
Lobbying nontaxable amount					
45					
Lobbying ceiling amount					
46 (150% of line 45(e))					
Total lobbying expenditures					
Grassroots nontaxable amount					
48					
Grassroots ceiling amount					
49 (150% of line 48(e))					
Grassroots lobbying expenditures					
50					

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See page 13 of the instructions)

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of

	Yes	No	Amount
a Volunteers		X	
b Paid staff or management (Include compensation in expenses reported on lines c through h)		X	
c Media advertisements		X	
d Mailings to members, legislators, or the public		X	
e Publications, or published or broadcast statements		X	
f Grants to other organizations for lobbying purposes		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body	X		53,113.
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means		X	
i Total lobbying expenditures (Add lines c through h)			53,113.

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities

STMT 35

Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See page 13 of the instructions)

51 Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

a Transfers from the reporting organization to a noncharitable exempt organization of

- (i) Cash
- (ii) Other assets

b Other transactions

- (i) Sales or exchanges of assets with a noncharitable exempt organization
- (ii) Purchases of assets from a noncharitable exempt organization
- (iii) Rental of facilities, equipment, or other assets
- (iv) Reimbursement arrangements
- (v) Loans or loan guarantees
- (vi) Performance of services or membership or fundraising solicitations

c Sharing of facilities, equipment, mailing lists, other assets, or paid employees

d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received.

52a Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527?

► Yes X No

b. If "Yes," complete the following schedule

(a) Name of organization	(b) Type of organization	(c) Description of relationship
N/A		

Cleveland Chiropractic College of Kansas City

EIN: 44-6000294

FYE 8/31/2007

Form 990 – 2006

The taxpayer is amending their FYE 8/31/2007 Form 990 tax return because the previously filed return inadvertently omitted \$20,582 of compensation for Dr. Carl S. Cleveland III, President of the University.

AMENDMENT

FORM 990 - GENERAL EXPLANATION ATTACHMENT

=====

PROPERTY & EQUIPMENT

FORM 990 PART IV LINES 57A & 57B

PROPERTY & EQUIPMENT	2006	2007
LAND & LAND IMPROVEMENT	835,806	1,200,000
BUILDINGS	6,035,676	4,175,908
EQUIPMENT, FURNITURE & LIBRARY BOOKS	2,413,337	1,233,933
CONSTRUCTION IN PROGRESS	200,665	15,594,625
LESS (ACCUMULATED DEPRECIATION)	(7,140,766)	(691,695)
LINE 57C	2,344,718	21,512,771

FORM 990 - GENERAL EXPLANATION ATTACHMENT

=====

LONG-TERM DEBT
FORM 990 PART IV LINE 64A

THE BONDS ARE COLLATERALIZED BY A FIRST MORTGAGE ON THE PROPERTY AND IMPROVEMENTS ON THE MAIN NEW CAMPUS BUILDING. IN ADDITION, THE CLEVELAND COLLEGE FOUNDATION IS PROVIDING A \$4,000,000 GUARANTEE WITH A REDUCTION TO \$2,000,000 UPON FURTHER PRINCIPAL PAYMENTS ON THE BOND BASED ON 25% OF THE OUTSTANDING BOND PAYABLE. THERE ARE CERTAIN FINANCIAL COVENANTS TO BE MET ONCE THE RENOVATION OF THE NEW CAMPUS IS COMPLETE. THE BONDS MATURE IN 20 YEARS WITH REDEMPTION OPTIONS ON ANY INDEXED PUT DATE (SIX YEARS). THE BONDS ALSO REQUIRE MONTHLY INTEREST PAYMENTS AND SEMI-ANNUAL PRINCIPAL PAYMENTS BASED UPON A 20-YEAR MATURITY SCHEDULE. ADDITIONALLY, UPON SALE OF THE REMAINING OTHER CAMPUS BUILDINGS (SEE NOTE 2), A \$1,000,000 REDUCTION IN THE BONDS IS REQUIRED. THE INTEREST RATE IS BASED ON AN INDEX PUT RATE, WHICH IS 65% OF EITHER A MONTHLY LIBOR INDEX OR A 5-YEAR TREASURY SWAP, PLUS A 2.42% SPREAD (APPROXIMATELY 5.25%).

=====

[Handwritten signature and initials over the text]

RENT AND ROYALTY INCOME

Taxpayer's Name CLEVELAND CHIROPRACTIC COLLEGE OF KANSAS CITY		Identifying Number 44-6000294							
DESCRIPTION OF PROPERTY 601 & 751 BLDGS									
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Did you actively participate in the operation of the activity during the tax year?							
RENTAL INCOME									
OTHER INCOME		45,603.							
TOTAL GROSS INCOME		45,603.							
OTHER EXPENSES:									
REPAIRS		11,046.							
UTILITIES		5,668.							
DEPRECIATION (SHOWN BELOW)									
LESS: Beneficiary's Portion									
AMORTIZATION									
LESS: Beneficiary's Portion									
DEPLETION									
LESS: Beneficiary's Portion									
TOTAL EXPENSES		16,714.							
TOTAL RENT OR ROYALTY INCOME (LOSS)		28,889.							
Less Amount to									
Rent or Royalty									
Depreciation									
Depletion									
Investment Interest Expense									
Other Expenses									
Net Income (Loss) to Others									
Net Rent or Royalty Income (Loss)			28,889.						
Deductible Rental Loss (if Applicable)									
SCHEDULE FOR DEPRECIATION CLAIMED									
(a) Description of property	(b) Cost or unadjusted basis	(c) Date acquired	(d) ACRS des	(e) Bus %	(f) Basis for depreciation	(g) Depreciation in prior years	(h) Method	(i) Life or rate	(j) Depreciation for this year
JSA Totals									

SUPPLEMENT TO RENT AND ROYALTY SCHEDULE

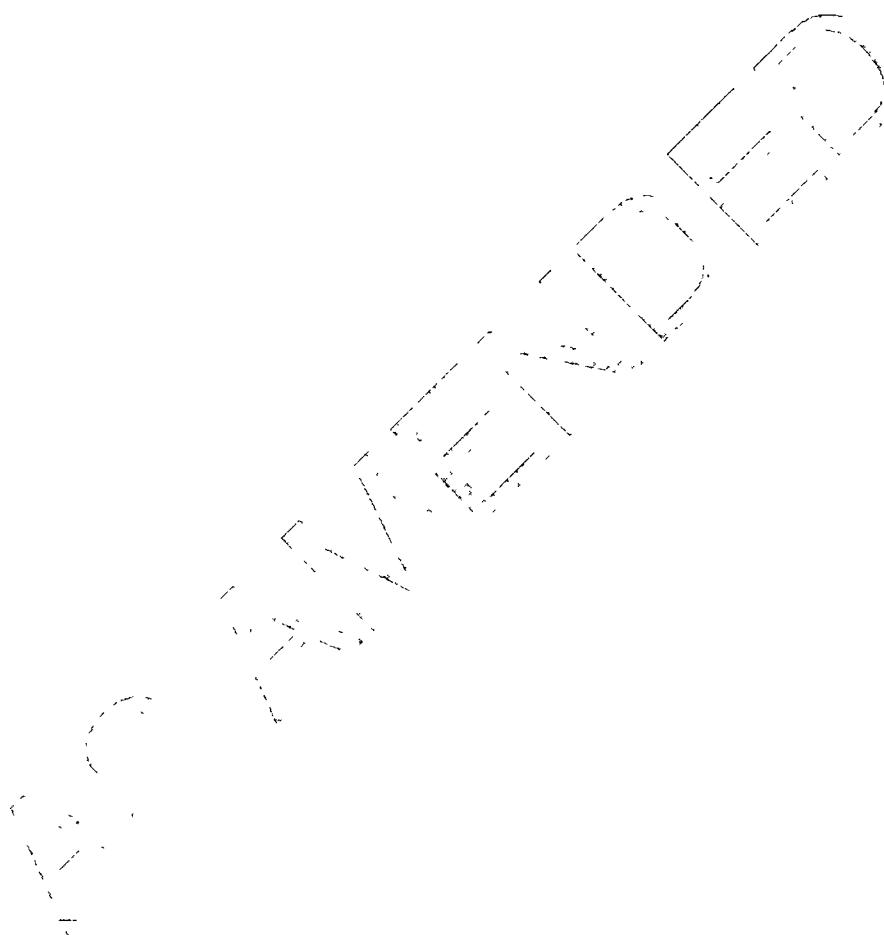
=====

OTHER INCOME

45,603.

45,603.

=====



RENT AND ROYALTY INCOME

Taxpayer's Name CLEVELAND CHIROPRACTIC COLLEGE OF KANSAS CITY		Identifying Number 44-6000294							
DESCRIPTION OF PROPERTY ACQUISITION 8025 LLC									
Yes	No	Did you actively participate in the operation of the activity during the tax year?							
RENTAL INCOME									
OTHER INCOME		167, 990.							
TOTAL GROSS INCOME		167, 990.							
OTHER EXPENSES.									
INSURANCE		2, 534.							
OTHER INTEREST		49, 050.							
REPAIRS		23, 529.							
UTILITIES		13, 011.							
OTHER EXPENSES		7, 404.							
DEPRECIATION (SHOWN BELOW) 72, 847.									
LESS: Beneficiary's Portion									
AMORTIZATION									
LESS: Beneficiary's Portion									
DEPLETION									
LESS: Beneficiary's Portion									
TOTAL EXPENSES		168, 375.							
TOTAL RENT OR ROYALTY INCOME (LOSS)		-385.							
Less Amount to									
Rent or Royalty									
Depreciation									
Depletion									
Investment Interest Expense									
Other Expenses									
Net Income (Loss) to Others									
Net Rent or Royalty Income (Loss)									
Deductible Rental Loss (if Applicable)									
SCHEDULE FOR DEPRECIATION CLAIMED									
(a) Description of property	(b) Cost or unadjusted basis	(c) Date acquired	(d) ACRS des	(e) Bus %	(f) Basis for depreciation	(g) Depreciation in prior years	(h) Method	(i) Life or rate	(j) Depreciation for this year
SEE STATEMENT									
JSA Totals									72, 847.

SUPPLEMENT TO RENT AND ROYALTY SCHEDULE

OTHER INCOME

167,990.

167,990.

OTHER DEDUCTIONS

PROFESSIONAL SERVICES
SECURITY SERVICE
JANITORIAL
BANK CHARGES

2,723.

1,113.

3,505.

63.

7,404.

=====

RENT AND ROYALTY SUMMARY

PROPERTY	TOTAL INCOME	DEPLETION/ DEPRECIATION	OTHER EXPENSES	ALLOWABLE NET INCOME
601 & 751 BLDGS	45,603.		16,714.	28,889.
ACQUISITION 8025 LLC	167,990.	72,847.	95,528.	-385.
TOTALS	213,593.	72,847.	112,242.	28,504.

FORM 990, PART I - OTHER DECREASES IN FUND BALANCES

DESCRIPTION	AMOUNT
UNREALIZED LOSSES	959,321.
TOTAL	959,321.

FORM 990, PART II - OTHER GRANTS AND ALLOCATIONS PAID DURING THE YEAR

RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR

AND

FOUNDATION STATUS OF RECIPIENT

RECIPIENT NAME AND ADDRESS

GRANTS PAID
=====

VARIOUS INDIVIDUALS
10850 LOWELL AVE
OVERLAND PARK, KS 66210

RECIPIENT NAME AND ADDRESS	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
		SCHOLARSHIPS	223,979
			223,979.
		TOTAL CONTRIBUTIONS PAID	223,979.

FORM 990, PART II - OTHER EXPENSES

DESCRIPTION	TOTAL	PROGRAM SERVICES	MANAGEMENT AND GENERAL
BOOKS	25,078.	95,158.	25,078.
INSURANCE	126,876.	97,261.	31,718.
LAB & CLINIC SUPPLY	97,261.	10,878.	
AUTO EXPENSE	14,504.		3,626.
ADVERTISING	143,196.		143,196.
SPECIAL PROJECTS	129,997.	97,498.	32,499.
EQUIPMENT & FURNITURE	30,119.	22,589.	7,530.
MEMBERSHIPS	121,468.	91,101.	30,367.
PROFESSIONAL FEES	1,142,967.	857,225.	285,742.
COMMUNITY SERVICE	209,665.	209,665.	
PHOTOGRAPHY	3,887.	2,915.	972.
HEALTH SERVICES	197,252.	197,252.	
MISCELLANEOUS EXPENSE	209,145.	167,316.	41,829.
STUDENT ACTIVITIES	58,420.	58,420.	
GRADUATION & OTHER EVENTS	15,802.	15,802.	
RECRUITING & STAFF DEVELOPMENT	7,744.		7,744.
BAD DEBT EXPENSE	13,868.		13,868.
JANITORIAL SERVICES	166,171.	124,628.	41,543.
TOTALS	2,713,420.	2,047,708.	665,712.

FORM 990, PART III - ORGANIZATION'S PRIMARY EXEMPT PURPOSE

=====

CLEVELAND CHIROPRACTIC COLLEGE OF KANSAS CITY IS A PRIVATE, CO-EDUCATIONAL, NOT-FOR-PROFIT INSTITUTION OF HIGHER EDUCATION LOCATED IN OVERLAND PARK, KS. THE COLLEGE OFFERS THE BACHELOR OF SCIENCE DEGREE IN HUMAN BIOLOGY AND THE DOCTOR OF CHIROPRACTIC.



FORM 990, PART III - PROGRAM SERVICE ACCOMPLISHMENTS

PROGRAM SERVICE ACCOMPLISHMENT A

CLEVELAND CHIROPRACTIC COLLEGE IS A PRIVATE, NOT-FOR-PROFIT SYSTEM OF HIGHER EDUCATION WHOSE MISSION LIES IN THE AREAS OF EDUCATION SCHOLARSHIP AND SERVICE.

THE EDUCATION MISSION OF THE INSTITUTION IS TO PREPARE COMPETENT, ENTRY-LEVEL DOCTORS OF CHIROPRACTIC; AND TO PROVIDE EDUCATION FOR DOCTORS OF CHIROPRACTIC; AND TO PROVIDE UNDERGRADUATE EDUCATION IN SELECTED BIOLOGICAL SCIENCES.

THE SCHOLARSHIP MISSION OF THE INSTITUTION IS TO CONDUCT RESEARCH AND SCHOLARLY ACTIVITIES IN AREAS RELATED TO CHIROPRACTIC EDUCATION AND HEALTH CARE, AND TO COLLABORATE WITH OTHER INSTITUTIONS AND HEALTH CARE PROVIDERS IN SCHOLARLY ACTIVITIES.

THE SERVICE MISSION OF THE INSTITUTION IS TO PROVIDE HEALTH CARE AND OUTREACH SERVICES TO THE COMMUNITY, SUPPORT SERVICES TO ALUMNI AND OTHER HEALTH CARE PROVIDERS, AND VOLUNTEER SERVICES TO CIVIC AND PROFESSIONAL ORGANIZATIONS.

FORM 990, PART IV - OTHER NOTES AND LOANS RECEIVABLE
=====

BORROWER: STUDENT LOANS RECEIVABLES HELD FOR SALE
PURPOSE OF LOAN: PROVIDE FUNDING FOR EDUCATION

BEGINNING BALANCE DUE 4,262,136.
ENDING BALANCE DUE 4,498,834.

BORROWER: STUDENT LOANS RECEIVABLES
PURPOSE OF LOAN: PROVIDE FUNDING FOR EDUCATION

BEGINNING BALANCE DUE 155,506.
ENDING BALANCE DUE 105,887.

TOTAL BEGINNING OTHER NOTES AND LOANS RECEIVABLES 4,417,642.
=====

TOTAL ENDING OTHER NOTES AND LOANS RECEIVABLES 4,604,721.
=====

FORM 990, PART IV - INVESTMENTS - PUBLICLY TRADED SECURITIES

DESCRIPTION	BEGINNING BOOK VALUE	ENDING BOOK VALUE	COST OR FMV
EQUITY SECURITIES	1,168,205.	946,610.	FMV
MORTGAGE-BACKED SECURITIES	408,194.	373,108.	FMV
MUTUAL FUNDS-EQUITY	2,567,146.	2,043,309.	FMV
MUTUAL FUNDS-FIXED INCOME	1,391,053.	1,610,972.	FMV
MONEY MARKET FUNDS	1,368,031.	2,152,269.	FMV
CORPORATE BONDS	1,284,266.	1,058,906.	FMV
OTHER	35,944.	37,206.	FMV
UNEXPENDED BOND FUNDS	NONE	3,677,051.	FMV
 TOTALS	 8,222,839.	 11,899,431.	

FORM 990, PART IV - OTHER ASSETS

DESCRIPTION	BEGINNING BOOK VALUE	ENDING BOOK VALUE
INTEREST RECEIVABLE	46,851.	12,572.
OTHER ASSETS	NONE	430,453.
ASSETS HELD FOR SALE	NONE	1,913,864.
NET ASSETS OF CC FND FUND, INC	348,694.	388,760.
RELATED PARTY RECEIVABLE	490,563.	269,411.
TOTALS	886,108.	3,015,060.



CLEVELAND CHIROPRACTIC COLLEGE OF KANSAS CITY

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FORM 990, PART IV - TAX-EXEMPT BOND LIABILITIES

DESCRIPTION	BEGINNING BOOK VALUE	ENDING BOOK VALUE
LONG-TERM DEBT SEE STATEMENT 2	NONE	20,065,000.
TOTALS	NONE	20,065,000.

FORM 990, PART IV - MORTGAGES AND OTHER NOTES PAYABLE

=====

LENDER: LINE OF CREDIT

MATURITY DATE: 08/31/2008

REPAYMENT TERMS: PAYABLE UPON SALE OF STUDENT LOANS TO THE BANK

SECURITY PROVIDED: STUDENT LOANS ISSUED BY THE COLLEGE

PURPOSE OF LOAN: REVOLVING BANK LINE OF CREDIT

BEGINNING BALANCE DUE	4,262,137.
ENDING BALANCE DUE	8,825,475.

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TOTAL BEGINNING MORTGAGES AND OTHER NOTES PAYABLE	4,262,137.
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TOTAL ENDING MORTGAGES AND OTHER NOTES PAYABLE	8,825,475.
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FORM 990, PART IV - OTHER LIABILITIES

DESCRIPTION	BEGINNING BOOK VALUE	ENDING BOOK VALUE
STUDENT DEPOSITS	23,010.	15,900.
DEFERRED COMPENSATION	2,075,641.	2,245,535.
REFUNDABLE GOV'T LOAN PROGRAMS	602,469.	638,772.
TOTALS	2,701,120.	2,900,207.



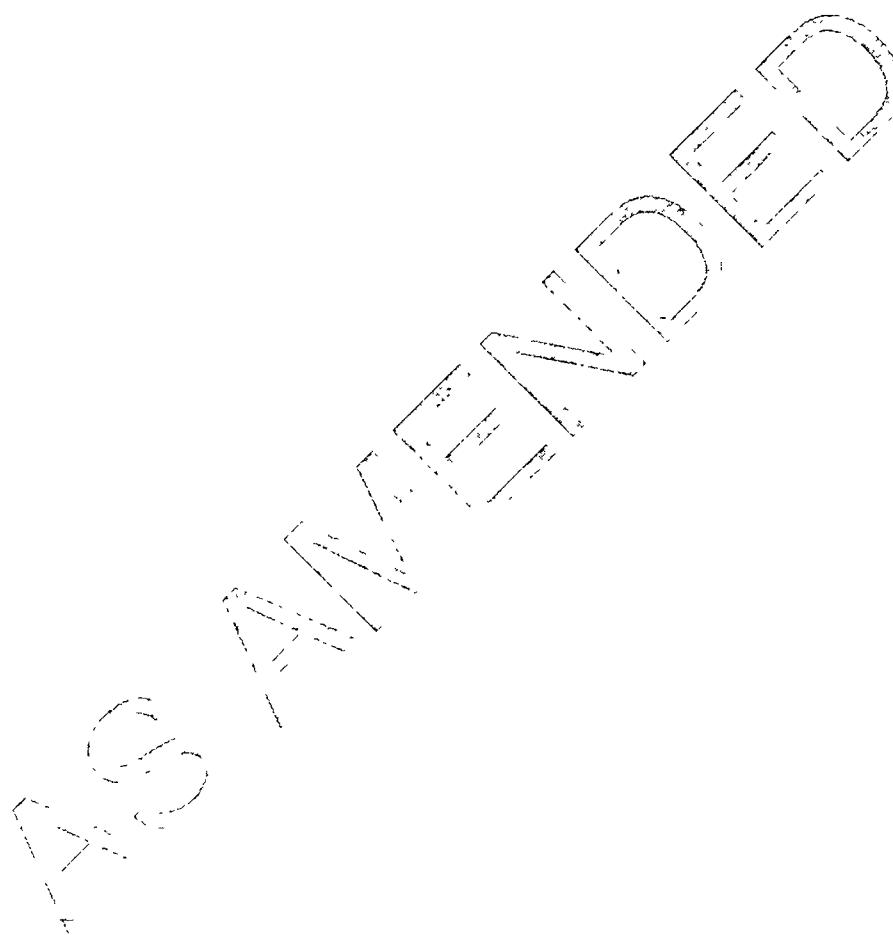
CLEVELAND CHIROPRACTIC COLLEGE OF KANSAS CITY

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FORM 990, PART IV-A - OTHER REVENUE ON BOOKS BUT NOT ON RETURN

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DESCRIPTION	AMOUNT
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RENTAL EXPENSE	185,089.
TOTAL	185,089.
=====	=====



STATEMENT 19

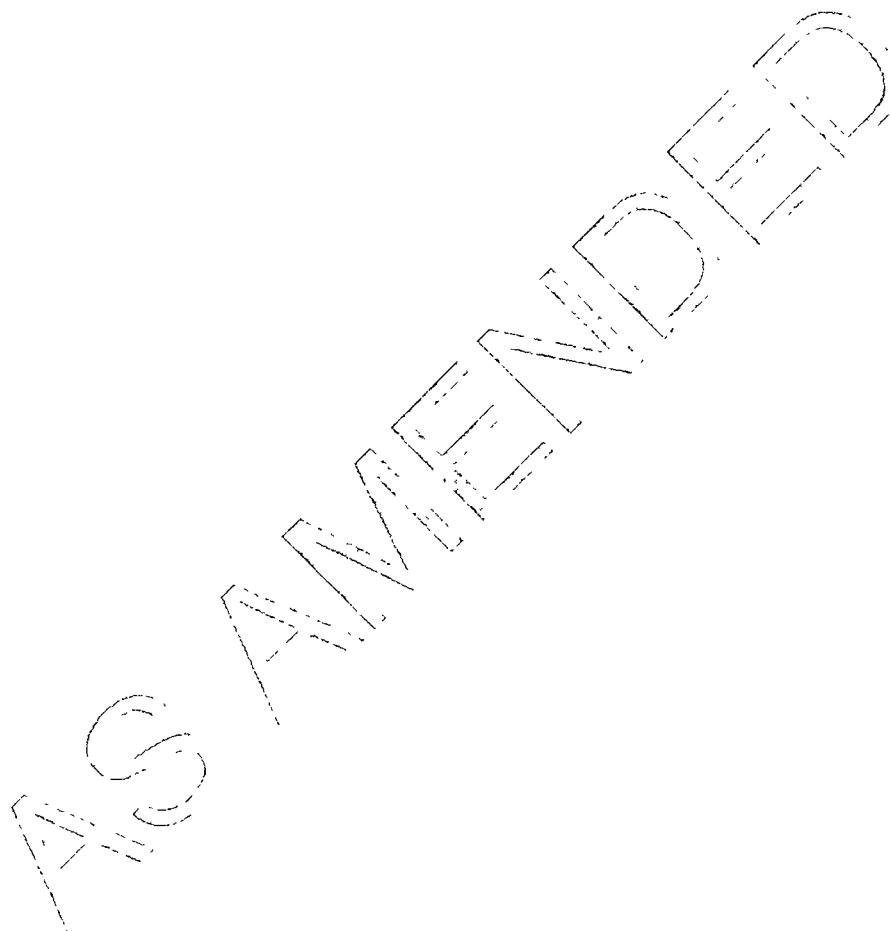
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FORM 990, PART IV-A - OTHER REVENUE ON RETURN BUT NOT ON BOOKS

DESCRIPTION	AMOUNT
SCHOLARSHIPS	223,979.
TOTAL	223,979.

FORM 990, PART IV-B - OTHER EXPENSES ON BOOKS BUT NOT ON RETURN

DESCRIPTION	AMOUNT
RENTAL EXPENSE	185,089.
TOTAL	185,089.



FORM 990, PART IV-B - OTHER EXPENSES ON RETURN BUT NOT ON BOOKS

DESCRIPTION	AMOUNT
SCHOLARSHIP	223,979.
TOTAL	223,979.

CIEVELAND CHIROPRACTIC COLLEGE OF KANSAS CITY

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FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS	TITLE AND TIME DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
DR CARL S CLEVELAND III BS DC 10850 LOWELL AVE OVERLAND PARK, KS 66210	PRESIDENT 40.00	175,155	1114,205.	24,390.
CHARLES A EDDY DC 10850 LOWELL AVE OVERLAND PARK, KS 66210	CHAIRMAN 1.00	NONE	NONE	NONE
ERNST ANRIG DC 10850 LOWELL AVE OVERLAND PARK, KS 66210	VICE CHAIRMAN 1.00	NONE	NONE	NONE
TIMOTHY E MENG DC 10850 LOWELL AVE OVERLAND PARK, KS 66210	SECRETARY/TREASURER 1.00	NONE	NONE	NONE
ALLEN A ASHWORTH BS 10850 LOWELL AVE OVERLAND PARK, KS 66210	DIRECTOR 1.00	NONE	NONE	NONE
DANIEL FAHNESTOCK DC 10850 LOWELL AVE OVERLAND PARK, KS 66210	DIRECTOR 1.00	NONE	NONE	NONE
THE HONORABLE ANNA HO	DIRECTOR 1.00	NONE	NONE	NONE

CLEVELAND CHIROPRACTIC COLLEGE OF KANSAS CITY

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FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS
TITLE AND TIME
DEVOTED TO POSITION

10850 LOWELL AVE
OVERLAND PARK, KS 66210

GLORIA LEE-FORD DC
10850 LOWELL AVE
OVERLAND PARK, KS 66214

EDWARD MCKENZIE DC
10850 LOWELL AVE
OVERLAND PARK, KS 66210

ROSEMARIE WILSON DC
10850 LOWELL AVE
OVERLAND PARK KS 66210

GARY GLOBE
10850 LOWELL AVE
SHERIDAN, CALIF. 93010

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FORM 990, PART V-A RELATIONSHIP SCHEDULE

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RELATIONSHIP SCHEDULE

NAME OF PROFESSIONAL OR OTHER: ENLIGHTENED SOLUTIONS

CLEVELAND CHIROPRACTIC COLLEGE OF KANSAS CITY

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FORM 990, PART V-A COMPENSATION PROVIDED BY RELATED ORGANIZATION

NAME, ORGANIZATION NAME, RELATIONSHIP	EMPLOYER ID #	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
DR CARL S CLEVELAND III BS DC CLEVELAND CHIROPRACTIC COLLEGE LA BROTHER/SISTER	95-2988463	103,048.	76,136.	27,774.
GARY GLOBE CLEVELAND CHIROPRACTIC COLLEGE LA BROTHER/SISTER	95-2988463	100,500.	6,626.	NONE
ENLIGHTENED SOLUTIONS CLEVELAND CHIROPRACTIC COLLEGE LA BROTHER/SISTER	95-2988463	185,760.	NONE	NONE
ACG BUSINESS SOLUTIONS CLEVELAND CHIROPRACTIC COLLEGE LA BROTHER/SISTER	95-2988463	70,080.	NONE	NONE
BKD LLP CLEVELAND CHIROPRACTIC COLLEGE LA BROTHER/SISTER	95-2988463	60,648.	NONE	NONE
GRAND TOTALS		520,036.	82,762.	27,774.

FORM 990, PART VI - NAMES OF RELATED ORGANIZATIONS

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RELATED ORGANIZATION NAME: CLEVELAND CHIROPRACTIC COLLEGE OF LOS ANGELES
EXEMPT: X NONEXEMPT:

RELATED ORGANIZATION NAME: CLEVELAND COLLEGE FOUNDATION FUND, INC
EXEMPT: X NONEXEMPT:

RELATED ORGANIZATION NAME: CLEVELAND CHIROPRACTIC BOARD OF REGENTS
EXEMPT: X NONEXEMPT:

RELATED ORGANIZATION NAME: CLEVELAND CHIROPRACTIC COLLEGE INTERNATIONAL, LLC
EXEMPT: X NONEXEMPT: X

RELATED ORGANIZATION NAME: 63-HOLMES PARKING, LLC
EXEMPT: X NONEXEMPT: X

RELATED ORGANIZATION NAME: VERMONT AVENUE, LLC
EXEMPT: X NONEXEMPT: X

RELATED ORGANIZATION NAME: ACQUISITION 8205, LLC
EXEMPT: X NONEXEMPT: X

FORM 990, PART VIII - ACCOMPLISHMENT OF EXEMPT PURPOSES

LINE NO. EXPLANATION OF HOW EACH ACTIVITY FOR WHICH INCOME IS REPORTED IN COLUMN (E) OF PART VII CONTRIBUTED IMPORTANTLY TO THE ACCOMPLISHMENT OF EXEMPT PURPOSES

93 A EDUCATING DOCTORS OF CHIROPRACTIC
93 B PATIENT CARE PROVIDED TO PATIENTS IN CONJUNCTION W/TEACHING
93 C REIMBURSEMENT FOR PAYMENTS MADE ON BEHALF OF CCC OF LA
93 D INTEREST RECEIVED FROM FINANCING STUDENT LOANS
103B OTHER REVENUES RELATED TO CHIROPRACTIC EDUCATION

CLEVELAND CHIROPRACTIC COLLEGE OF KANSAS CITY

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FORM 990, PART IX - INFORMATION REGARDING TAXABLE SUBSIDIARIES

NAME AND ADDRESS EMPLOYER IDENTIFICATION NUMBER	PERCENTAGE OWNERSHIP INTEREST	NATURE OF BUSINESS ACTIVITIES	TOTAL INCOME	ENDING ASSETS
ACQUISITION 8205, LLC 10850 LOWELL AVE OVERLAND PARK, KS 66210 20-5953399	100.000000	REAL ESTATE	167,990.	5,606,195.
		TOTAL INCOME	167,990.	5,606,195.

CLEVELAND CHIROPRACTIC COLLEGE OF KANSAS CITY

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SCHEDULE A, PART I - COMPENSATION OF THE FIVE HIGHEST PAID EMPLOYEES

NAME AND ADDRESS	TITLE AND TIME DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCOUNT
MARY R SANDEFUR 10850 LOWELL AVE OVERLAND PARK, KS 66210	VP ACADEMIC SERVICES 40.00	118,384.	12,748.	NONE
CHERYL K HAWK 10850 LOWELL AVE OVERLAND PARK, KS 66210	VP RESEARCH 40.00	107,328.	11,750.	NONE
DENNIS L GIACOMINO 10850 LOWELL AVE OVERLAND PARK, KS 66210	VP ENROLLMENT 40.00	102,456.	15,009.	NONE
PAUL BARLETT 10850 LOWELL AVE OVERLAND PARK, KS 66210	DC DEAN 40.00	92,700.	15,554.	NONE
DAVID C BECKLEY 10850 LOWELL AVE OVERLAND PARK, KS 66210	VP CAMPUS RELATIONS 40.00	97,850.	13,533.	NONE
	TOTAL COMPENSATION	518,718.	68,594.	NONE

SCH. A, PART II-A COMPENSATION OF THE 5 HIGHEST PAID FOR PROF. SERV.
=====

SEIGFREID BINGHAM LEVY SELZER AND GEE 2800 COMMERCE TOWER 911 MAIN KANSAS CITY, MO 64105	ATTORNEYS	386,236.
ACG BUSINESS SOLUTIONS PO BOX 6823 LEAWOOD, KS 66206	CONSULTANT	105,120.
BKD LLP 120 W 12TH ST SUITE 1200 KANSAS CITY, MO 64105	CPA	105,002.
TOTAL COMPENSATION		596,358.

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SCH. A, PART II-B COMPENSATION OF THE 5 HIGHEST PAID FOR OTHER SERV.
=====

ENLIGHTENED SOLUTIONS
PO BOX 1891
INDEPENDENCE, MO 64055

IT

278,640.

KC PERSONNEL
PO BOX 219318
KANSAS CITY, MO 64121

JANITORIAL

160,747.

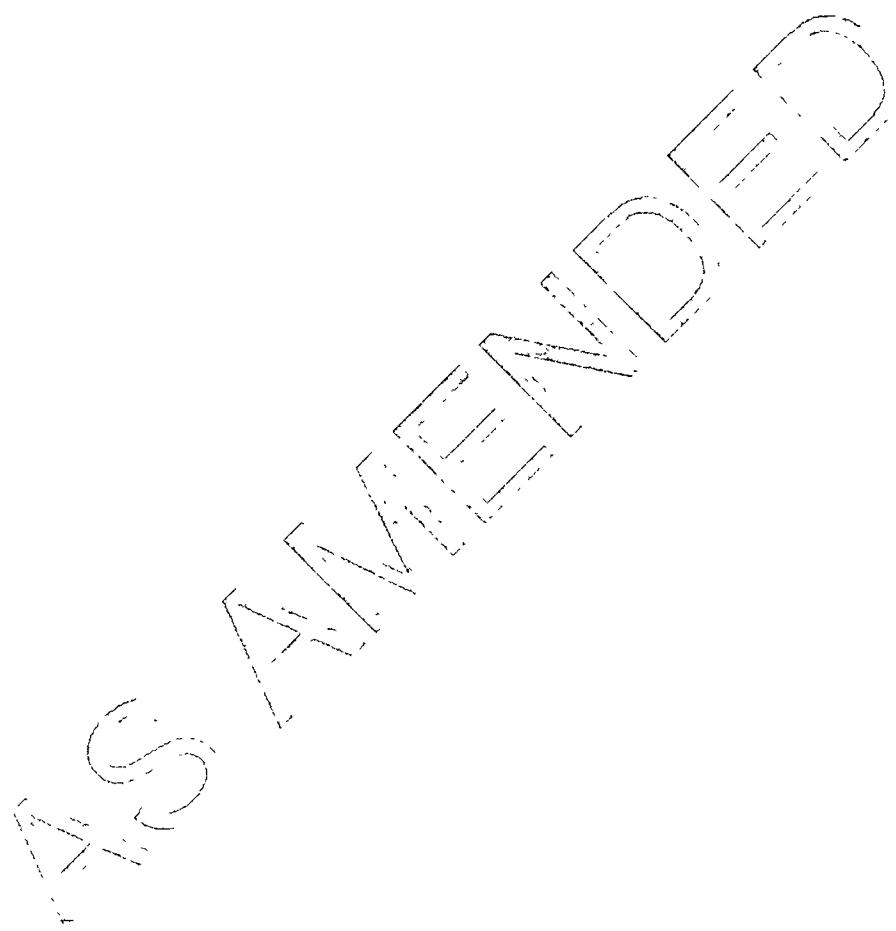
TOTAL COMPENSATION

439,387.
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SCHEDULE A, PART III - EXPLANATION FOR LINE 2D

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SEE FORM 990 PART V-A



SCHEDULE A, PART III - EXPLANATION FOR LINE 3A

THE INSTITUTION GIVES GRANTS FOR SCHOLARSHIPS TO STUDENTS. SOME ARE BASED ON ACADEMIC MERIT AND OTHERS ARE NEED BASED.

SCHEDULE A, PART VI-B - LOBBYING ACTIVITY EXPLANATION

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AMOUNTS PAID TO OUTSIDE FIRMS TO KEEP CLEVELAND CHIROPRACTIC COLLEGE OF KANSAS CITY UP TO DATE ON LEGISLATIVE ACTIVITIES WHICH MIGHT IMPACT THEM.

AMERICAN
CHIROPRACTIC
ASSOCIATION