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SCANNED JUL 07 2018

# **Return of Organization Exempt From Income Tax**

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

OMB No 1545-0047

Department of the Treasury

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	For th	ne 2009 calendar year, o				, 2	009, a	and endin	g			
В	Check I	if applicable.	C Name of organiza							D Employ	ør iden	triication Number
	L Ad	idress change IRS label	Wisconsin	Chiropra	ctic	: Associa	tio	n		39-	0712	2207
	Na	or print or type.	Number and stree	et (or PO box if i	mail is n	ot delivered to stre	eet addr	r) Room/s	urte	E Telepho	one nun	nber
	[] Ini	specific	521 East W	ashingto	n Av	renue				(60	8) 2	256-7023
	Те	Instruc- trons.	City, town or cou	ntry		S	state Z	ZIP code + 4				···
	T <sub>An</sub>	mended return	Madison			V	WI :	53703-	2946	G Gross	eceints	\$ 1,323,033.
	ΠA		and address of principa	al officer.		<del></del>				a group retui		
	ш,		onard 521 g. w		. Mad	ison	WT	53703	* -	affiliates inc		Yes No
1	Tax	-exempt status X 501		(insert no.)		4947(a)(1) o		527	If 'No.'	attach a list	(see in	istructions)
÷		bsite: bttp://w	<del></del>		~		<u>'</u>	1327				_
K							1:			exemption n		
	Form Syllings		ation Trust	Association	Other	<u></u>	L Ye	ar of Format	tion 191	T   M :	State of	legal domicile. WI
iF d			and and an area									
	1	Briefly describe the org	anization's missi	on or most sig	gnitical	nt activities:	Rep	resents	tion &	Educati	on o	MI Chiropractors
9												
nan											<b></b>	
Ver												
Go		Check this box ► ☐ i Number of voting members	if the organization				ıspose	ed of mor	e than 25	% of its as		110
ජ		Number of independent					ne 1h	۸	•		4	12
Activities & Governance		Total number of employ	-	_	iirig bu	dy (i ait vi, ii	וווכ וט	''			-	6
Ę.		Total number of volunte			•				• •	•	6	0
¥		Total gross unrelated by	•		. Icolu	mn (C), ine 12	2				7a	<del></del>
		Net unrelated business						•			7b	
					.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					rior Year		Current Year
	8	Contributions and grant	ts (Part VIII line	1b)					<u>-</u>	757,3		760,206.
Revenue		Program service revenu		•		•	•			750,8		
Ver		Investment income (Par			 and 7d	٠	• •	•	<u> </u>	68,1		440,166. 53,865.
8		Other revenue (Part VII				•				68,6		68,796.
		Total revenue — add Iin					line			,644,9		1,323,033.
		Grants and similar amo					, inte	12) .		.,033,.	<i>,</i> 30.	1,323,033.
		Benefits paid to or for n										
		Salaries, other compen								002 5	- 0.77	660 010
89					- 1		ies 5-	10)		823,5	97.	662,810.
Expenses		Professional fundraising				•			FREE CALL			Mary to all to a pro-cell to a Character
্ধ	þ	Total fundraising experi	နှင့်နေ (Part IX, colu	umn (D), line	P5)				为特别是	区层有关	1	
	17	Other expenses (Part 1)	K, coluMA(A), Ing		794,395.							
	18	Total expenses. Add in	les 13-17 (must e	equal Part IX	mulea	n (A), line 25)	)		1	,617,9	92.	1,218,373.
		Revenue less expenses								27,0		104,660.
88	-				1				Pogi	nning of Y		End of Year
Assets Balanc	20	Total assets (Part X, lin	ne 16)	0, 0	J					,443,4		2,440,358.
		Total liabilities (Part X,					•			342,		
Pund			-	01 fram lin	- 00	• •					-	
	<del>rill</del>	Net assets or fund bala  Signature Bloc		ne 21 from line	e 20	<del></del>	··- ·	··		,100,9	32.	2,205,592.
<u>,ı,e</u>	t CAD-			· · · · · · · · · · · · · · · · · · ·								<del></del>
		Under penalties of perjury, it true, correct, and complete.	l declare that I have ex Declaration of prepare	xamined this returner (other than office	n, includ cer) is ba	ing accompanying ased on all informa	schedu ation of	ules and state which prepa	tements, and arer has any	i to the best of knowledge	of my kı	nowledge and belief, it is
c:-		> Kumu							1			
Sig He		Signature of officer	<u> </u>							5/13/1	10	
He									U	ate		
		Russ Leonar							Exec	utive	Dire	ector
		Type or print name and							<del></del>			
_	1		1 -				Da	te	ļ	theck if elf-	ال	Preparer's identifying number (see instructions)
Pai		Preparer's	GALLET	المالمي	$\mathcal{C}$	Ðη	-		e	mployed P	· 🔲	Al /m
Pre		signature	jujule ()	were ce	<u> </u>	11	05	5/13/1	0			N/A
Us	rer's	Firm's name (or JOH)	NSON BLOCK	& CO. CE	PA'S						,1	
On		yours if self- employed). > 49 I	KESSEL CT S							IN ►	Ν,	/A-
<b>U</b> 11	• 7	address, and	ISON			WI 53	3711	-6275		hone no	(60	8) 274-2002
Max	the I	RS discuss this return w		shave shave?	. /222		- · <u>- ·</u>			NOTICE ITO	,,,,,	V Voc No

Form 990 (2009) 2

	1 990 (2009) Wisconsin Chiropractic Association	39-071220	)7		Page 2
Pai	t III Statement of Program Service Accomplishments				
1	Briefly describe the organization's mission				
	Representation & Education of WI Chiropractors				
	~	<del></del>			
		<b>_</b>			
	Dallies and the second of the	· · · · · · · · · · · · · · · · · · ·			
2	Did the organization undertake any significant program services during the year which were not listed on the	e prior			
	Form 990 or 990-EZ?		Yes	X	No
	If 'Yes,' describe these new services on Schedule O				
3	Did the organization cease conducting, or make significant changes in how it conducts, any program service	es?	Yes	$\mathbf{x}$	No
	If 'Yes,' describe these changes on Schedule O	_		_	
4	Describe the exempt purpose achievements for each of the organization's three largest program services by	vernenses Secti	on 501	(c)(3)	
	and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and a	llocations to othe	rs, the	total	
	expenses, and revenue, if any, for each program service reported				
4-	(Code) (Expenses \$ including grants of \$ ) (f	Davianija ဲ 🖰			,
40					<del></del> '
	Implement a wide range of public health initiatives including sc				
	programs, health screenings, food drives, volunteer athletic sup				- <b>-</b> -
	community health presentations				- <b></b> -
	~				
	<b></b>				
	~	<b></b>			
					<b>-</b>
			,		
46	(Code) (Expenses \$ including grants of \$) (I				)
	Clinical educational programs are presented to members to enhance				
	knowledge and skills and to benefit the health of their patients				
	~				
					- <b>-</b> -
	~				
	~				
					- <b></b> -
					- <del></del> -
4 c	(Code) (Expenses \$ including grants of \$) (				
	Pamphlets and other literature on health issues are available for	_members_te	o_di	stri	bute
	to their patients for educational purposes				
					- <b></b> -
					<b></b>
	Other program services (Describe in Schedule O )	<del> </del>			
40				,	
	(Expenses \$ including grants of \$ ) (Revenue \$		<del></del>	<u>)                                    </u>	
<u>4e</u>	Total program service expenses ►				

**Checklist of Required Schedules** Part IV Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes.' complete Schedule A 1 X Is the organization required to complete Schedule B, Schedule of Contributors? 2 x Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I 3 x Section 501(c)(3) organizations Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C. Part II Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If 'Yes,' complete Schedule C, Part III 5 X Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, 6 x Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' complete Schedule D, Part II 7 X 8 Dio the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D. Part III R Х Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV 9 Х Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If 'Yes,' complete Schedule D, Part V 10 X Is the organization's answer to any of the following questions 'Yes'? If so, complete Schedule D, Parts VI, VIII, IX, or X as applicable 11 X • Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D. Part VI • Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII Did the organization report an amount for investments— program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D. Part VIII Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX • Did the organization report an amount for other liabilities in Part X, line 25° If 'Yes,' complete Schedule D, Part X • Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If Yes, 'complete Schedule D, Part X 12 Did the organization obtain separate, independent audited financial statement for the tax year? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII X 12 A Was the organization included in consolidated, independent audited financial statement for the tax Yes No year? If 'Yes,' completing Schedule D, Parts XI, XII, and XIII is optional 12 X 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E 13 Х 14a Did the organization maintain an office, employees, or agents outside of the United States? 14a Х b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If 'Yes,' complete Schedule F, Part I 14b X Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If 'Yes,' complete Schedule F, Part II 15 Х Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If 'Yes,' complete Schedule F, Part III 16 х Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, 17 column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I 17 X Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II 18 X Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III 19 Х Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H 20 Х

Form 990 (2009) Wisconsin Chiropractic Association

Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II	21		_x_
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2° If 'Yes,' complete Schedule I, Parts I and III	22		x
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If 'Yes,' complete Schedule J	23	x	
24 a	a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, and that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K If 'No, 'go to line 25	24a		x
t	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
•	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during life year? If "Yes," complete Schedule L, Part I	25a		
t	o is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	25b		
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If 'Yes,' complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection comittee member, or to a person related to such an individual? If 'Yes,' complete Schedule L, Part III	27		<u>x</u>
28	Was the organization a party to a business transation with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a	Х	
b	A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b		х
	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29		<u> </u>
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M	30		<u>x</u>
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		<u>x</u> _
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If 'Yes,' complete Schedule R, Part I	33		_x_
34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line I	34	х	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule $R$ , Part $V$ , line $2$	35		х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI	37		<u>x</u>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	38	x	
ВАА		Form	990 (	(2009)

		Yes	No
1a Enter the number reported in Box 3 of form 1096, Annual Summary and Transmittal of U S Information Returns Enter -0- if not applicable	0 -		
<b>b</b> Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	0		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	g <u>1c</u>	х	
2 a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return  2 a	6	-	
2b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	<u>2b</u>	Х	ļ
<b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)		~	~
3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a		
<b>b</b> If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O	3 b	Х	
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, financial account in a foreign country (such as a bank account, securities account, or other financial account)?	a 4a		x
<b>b</b> If 'Yes,' enter the name of the foreign country			1
See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts		- an ,;;	
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	<b>.</b>	X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibite Tax Shelter Transaction?	d <u>5c</u>		
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a		х
<b>b</b> If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were deductible?	e not 6b		
7 Organizations that may receive deductible contributions under section 170(c).			
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and serv provided to the payor?	rices 2 7a		- X
b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7b	<u> </u>	L
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to fi Form 8282?	le <b>7c</b>		х
d If 'Yes,' indicate the number of Forms 8282 filed during the year 7d		. :	
e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7 e		х
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	<u>7g</u>		
h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h	<u> </u>	
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	ne <b>8</b>	·	
9 Sponsoring organizations maintaining donor advised funds.			
a Did the organization make any taxable distributions under section 4966?	9a		
<b>b</b> Did the organization make any distribution to a donor, donor advisor, or related person?	9b		
10 Section 501(c)(7) organizations. Enter	-		
a Initiation fees and capital contributions included on Part VIII, line 12			1
<b>b</b> Gross Receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11 Section 501(c)(12) organizations. Enter	7		
a Gross income from other members or shareholders			
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )			
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	<u>L</u>	1
b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year 12b			_

Form **990** (2009)

Governance, Management and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

	uon A.	Governing E	sody and	ı manaye	ment										
	-													Yes	No
1 8	Enter the	number of voting	g members	of the gov	erning bod	y			1 a	12					
1	Enter the	number of voting	g members	that are in	dependent				1 b	12			i		
2	Did any o	officer, director, ti irector, trustee oi	rustee, or l	key employe oyee?	ee have a f	amily rela	ationship or a	business rel	ationsl	hip with	n any oth	ier	2	_	х
3	Did the o	rganization deleg s, directors or tru	jate contro istees, or k	l over mana	agement du es to a ma	ities custo	omarily perfoi	med by or un	nder th	e direc	t superv	ision	3		х
4		rganization make				-	, ,	,	, -				4		х
		prior Form 990 v			,	9									
5		rganization beco		during the v	ear of a m	aterial di	version of the	organization	ı's asse	ets?			5		х
6		organization hav						organization.					6	x	
7 8	Does the	organization hav	e member	s, stockholo	ders, or oth	er persor	ns who may e	lect one or m	nore m	embers	of the		7a	x	
	•	decisions of the c	iovernina t	ody subject	t to annrov	al by mer	nhers stockh	olders or oth	ner ner	sons?		ļ	7b		X
	-	rganization conte		•	• •	•		•	•		the vear	hv			•
Ü	the follow	ving	mporaneo	usiy docum	ent the me	etings nei	ia or writterra	ictions under	lancii	auring	ine year	oy			
ä	The gove	rning body?											8a	Х	
t	Each con	nmittee with auth	ority to act	on behalf	of the gove	rning bod	y <sup>?</sup>						8ь	х	
9	Is there a	any officer, direct	or or truste Iress? <i>If</i> 'Y	e, or key e es.' provide	mployee lis	sted in Pa	rt VII, Section	n A, who can nedule O	not be	reach	ed at the		9		х
Sec				<u> </u>			on about p		requi	ired b	y the li	nternal	•	•	
Reve	enue Code	)							•		_				
											<del>-</del>			Yes	No
10 a	Does the	organization hav	e local cha	apters, bran	iches, or at	ffiliates?							10a		Х
ŀ	If 'Yes,' d	loes the organiza	ition have v	written polic	ies and pro	ocedures	governing the	e activities of	such	chapte	rs, affilia	tes,	10Ъ		
11		organization prov					_		efore f	filing th	e form?		11		х
11/	Describe	in Schedule O th	ie process,	, , if any, use	d by the or	ganizatio	n to review th	is Form 990		-					
12 a	Does the	organization hav	e a writter	conflict of	interest po	licy? If 'N	lo, ' go to line	13					12a	х	
t	Are office	ers, directors or to	rustees, ar	nd key empl	loyees requ	ared to di	sclose annua	lly interests t	that co	uld gıv	e rise		12Ь	х	
C	Does the	organization reg	ularly and	consistently	/ monitor a	nd enforc	e compliance	with the pol	icy? If	'Yes,'	describe	ın	12c	х	
		organization hav											13	х	
14	Does the	organization hav	e a writter	document	retention a	ınd destru	iction policy?						14	X	
15	Did the pr	rocess for detern comparability da	nining com	pensation c	of the follow	ving perso	ons include a	review and a	approva	al by ir	depende	ent			
=	•	nization's CEO, E		•				don and doc					15 a	х	
		cers of key empl				STROTT OTT	iciai						15b		х
•		line 15a or 15b,	•			e O. (Sec	e instructions	)							
16 a	Did the oi	rganization inves		•		•		•	arrang	ement	with a ta	xable			
	•	ring the year?								1 4			16 a	-	X
t	in joint ve	eas the organization enture arrangement th respect to sucl	ents under	applicable	federal tax	law, and	taken steps t	o safeguard	the org	ganizat	s particij ion's exe	empt	16b		
Sec		Disclosures													
_		tates with which		his Form 99	90 is requir	ed to be f	filed -								
	Section 6	104 requires an in Indicate how y	organizatio ou make ti	on to make nese availa	its Forms 1 ble Check	023 (or 1 all that a	024 if applications	able), 990, ar	nd 990	-T (501	(c)(3)s	only) ava	ılable	for pu	ıblıc
18		website		her's websit			on request								
18				differ how	) the organ	nization m	akes its gove	rning docum	ents, d	conflict	of intere	st policy	, and	financ	al
	Describe	in Schedule O w ts available to th	netner (an e public	u 11 30, 110W	, we organ										
19	Describe statemen	in Schedule O w ts available to th name, physical	e public				son who pos	sesses the bo	ooks a	nd reco	ords of th				

# Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

### Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1 a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organizations's tax year. Use Schedule J-2 if additional space is needed.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid
  - List all of the organization's current key employees. See instructions for definition of 'key employees'
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

Check this box if the organization did no	t compens	ate ar	іу сі	ırrer	nt of	ficer,	direc	ctor, or trustee		
(A)							(D)	(E)	(F)	
Name and Title	Average hours	i	tion (			hat app	_	Reportable compensation from	Reportable compensation from	Estimated amount of other
	per week	adividual frustee or director	anstitutional trustee	Offi 🖦	Key employee	Highest annaensøted employee	roi-uei	compensation from the organization (W 2/1099-MISC)	compensation from related organizations (W 2/1099-MISC)	compensation from the organization and related organizations
Russell A. Leonard										
Exec Director	60.00				х			430,163.	88,006.	16,023.
Wendy Varish										<del>_</del>
President	2.00	х		X				0.	0.	0.
Leo Bronston										
Director	1.00	х						0.	0.	0.
Randall Adams										
Director	1.00	Х						0.	0.	0.
Sherry Walker										
Past President	1.00	х						0.	0.	0.
John Church										
Secretary	1.00	Х		X				0.	0.	0.
Steve M. Douglas										
Vice President	1.00	х		X				0.	0.	0.
Rodney Lefler										
Director	1.00	х						0.	0.	0.
Marshall T Lysne										
Treasurer	1.00	х		X				0.	0.	0.
Marna Moolla										
Director	1.00	х						0.	0.	0.
Ken Krimpelbein										
Director	1.00	х	<u> </u>					0.	0.	0.
John Nowicki										
Director	1.00	х				<u> </u>		0.	0.	0.
Bruce Otto										
Director	1.00	Х	_					0.	0.	0.
				_						
			_							
	L		<u></u>	L		<u> </u>	<u> </u>	<u> </u>		

(A)	(B)			(6	c)			(D)	(E)	(F)
Name and Title	Average hours					_		Reportable compensation from	Reportable	Estimated amount of other
	hours per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W 2/1099-MISC)	compensation from related organizations (W 2/1099 MISC)	compensation from the organization and related organizations
									, , , , , , , , , , , , , , , , , , ,	-
1b Total							<b>•</b>	430,163.	88,006.	16,023
<ul> <li>Total number of individuals (including but not limited from the organization</li> <li>1</li> </ul>	to those	list	ed a	abov	e) w	/ho r	rece	ived more than \$1	00,000 in reportabl	e compensation
from the organization 1									<del></del>	
Did the organization list any former officer, director o on line 1a? If 'Yes,' complete Schedule J for such ind	r truste Iividual	e, ke	ey e	mplo	уеє	, or	hıgl	nest compensated	employee	Yes No
4 For any individual listed on line 1a, is the sum of reporting organization and related organizations greater that individual	ortable o an \$150	om; ,000	ens ? If	satio 'Yes	n a	nd o	ther ete	compensation fro Schedule J for suc	m ch	4 X
5 Did any person listed on line 1a receive or accrue correndered to the organization? If 'Yes,' complete Sche	mpensa dule J f	tion or si	fron uch	n an <i>pers</i>	y ur	rela	ited	organization for s	ervices	5 X
ection B. Independent Contractors										
Complete this table for your five highest compensated compensation from the organization	d indepe	ende	nt c	ontr	acto	rs th	nat r	eceived more tha	า \$100,000 of	·
(A) Name and business address	<u> </u>							Description o	f Services	(C) Compensation
Total number of independent contractors (including bit)	ut not lii	nite	d to	thos	se li	sted	abo	ove) who received	more than	

<u>. u</u>	TO VIII   Statement of Revenue		T	· · · · · · · · · · · · · · · · · · ·	<del></del>	<del></del>
			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
50.00	1a Federated campaigns 1a	•				
A ST		0,206.	1			
R S	c Fundraising events 1c	, , , , , , , ,				
R A	d Related organizations 1d	<del> </del>	1			
₫₫	e Government grants (contributions) 1e					
Sĕ	e dovernment grants (contributions)		1			
탈	f All other contributions, gifts, grants, and					
<b>8</b> 6	similar amounts not included above 1f		ļ			
SS	g Noncash contribns included in Ins 1a-1f \$	<del></del>				
PROGRAM SERVICE REVENUE AND OTHER SIMILAR AMOUNTS	h Total. Add lines 1a-1f		760,206.			
Š		ess Code				
EVE	2a Publications 54180	0	1,732.	0.	1,732.	0.
<u>د</u>	b				<del> </del>	
Š	c					
SEI	d				——————————————————————————————————————	
Σ×	e					
Ö	f All other program service revenue		438,434.	438,434.	0.	0.
_=	g Total. Add lines 2a-2f		440,166.			
	3 Investment income (including dividends, interes	t and		_	_	
	other similar amounts)		53,865.	0.	0.	53,865.
	4 Income from investment of tax-exempt bond pro					
	5 Royalties					
		Personal				
	6a Gross Rents 22,200.	<del></del>				
	<b>b</b> Less rental expenses	· · · · · · · · · · · · · · · · · · ·				
	c Rental income or (loss) 22,200.					
	d Net rental income or (loss)	•	22,200.	0.	0.	22,200.
	7a Gross amount from sales of assets other than inventory (i) Securities (ii)	) Other				
	<b>b</b> Less: cost or other basis and sales expenses					
	c Gain or (loss)					
	d Net gain or (loss)	<b>&gt;</b>			'	
35	8a Gross income from fundraising events (not including \$					
	of contributions reported on line 1c)			İ		
OTHER REVE	See Part IV, line 18					
포	<b>b</b> Less direct expenses <b>b</b>					
٥	c Net income or (loss) from fundraising events	▶			'	
	9a Gross income from gaming activities See Part IV, line 19					
ĺ	<b>b</b> Less direct expenses <b>b</b>					
	c Net income or (loss) from gaming activities	•			'	
	10a Gross sales of inventory, less returns and allowances					
	b Less cost of goods sold b					
1	c Net income or (loss) from sales of inventory	▶	,	·		
ŀ		ss Code				
}	11a Advertising 54180		17,271.	٥.١	17,271.	,
	b Miscellaneous 90009		29,325.	29,325.	0.	0.
- 1			43,343.	49,343.	<u> </u>	
	d All other revenue				<del></del>	
[	e Total. Add lines 11a-11d		46,596.			<del></del>
-	12 Total revenue. See instructions	▶	1,323,033.	467,759.	19,003.	76,065.
. 4			_, _, _, , , , , , , , , , ,		<b>エフ, UUJ.</b>	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do 1	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	<b>(A)</b> Total expenses	( <b>B)</b> Program service expenses	(C) Management and general expenses	( <b>D)</b> Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	430,163.			
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	123,169.			
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	22,644.			
9	Other employee benefits	59,757.			
	Payroll taxes	27,077.			
	Fees for services (non-employees)	2,,0,,,			
	Management		· · · · · · · · · · · · · · · · · · ·		
	Legal	4,641.			
	Accounting	4,400.			
	Lobbying	60,000.			
	Prof fundraising svcs See Part IV, In 17	33,0001			
	Investment management fees				
	Other				
_	Advertising and promotion	255.			
	Office expenses	90,587.			
	Information technology	3073071			
	Royalties				
	Occupancy	37,783.			
	Travel	32,498.	···	·	· ·
	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	220,444.			
20	Interest				
21	Payments to affiliates				· · · · · · · · · · · · · · · · · · ·
22	Depreciation, depletion, and amortization				<u> </u>
	Insurance	8,408.		<del></del>	
24	Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below )				
а	Outside Services	4,690.			
b	Miscellaneous	23,520.			
C	Publications	2,169.			
d	Equipment leases	4,707.			
е	Bad Debts	35,211.			
f	All other expenses	26,250.			
	Total functional expenses Add lines 1 through 24f	1,218,373.			
	Joint costs. Check here ► ☐ if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				Form <b>990</b> (2009)

<u>Part</u>	<u>X</u>	Balance Sheet					
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			200.	1	200.
	2	Savings and temporary cash investments			115,539.	2	443,451.
	3	Pledges and grants receivable, net				3	
-	4	Accounts receivable, net			162,372.	4	185,899.
	5	Receivables from current and former officers, directors and highest compensated employees. Complete Part I	, trust I of Sc	ees, key employees, hedule L		5	1
	6	Receivables from other disqualified persons (as define	d unde	er section 4958(f)(1))			
		and persons described in section 4958(c)(3)(B) Comp	lete P	art II of Schedule L		6	
Š	7	Notes and loans receivable, net				7	
A S E T S	8	Inventories for sale or use			3,164.	8	2,810.
Š	9	Prepaid expenses and deferred charges	_		34,730.	9	33,537.
1	10 a	Land, buildings, and equipment cost or other basis	10a	702,751.			
-		Complete Part VI of Schedule D					
	b	Less accumulated depreciation	10b		702,751 <u>.</u>	10 c	702,751.
1	1	Investments — publicly-traded securities				11	
1	2	Investments – other securities. See Part IV, line 11			1,368,532.	12	1,016,366.
1	3	Investments - program-related See Part IV, line 11				13	
1	4	Intangible assets				14	
1	5	Other assets See Part IV, line 11			56,151.	15	55,344.
1	6	Total assets Add lines 1 through 15 (must equal line )	34)		2,443,439.	16	2,440,358.
1	7	Accounts payable and accrued expenses			142,083.	17	31,263.
1	8	Grants payable		18			
1	9	Deferred revenue	200,424.	19	203,503.		
ֈ   2	20	Tax-exempt bond liabilities				20	
<b>.</b> 1	21	Escrow or custodial account liability Complete Part IV	of Sc	hedule D		21	
՝   2	22	Payables to current and former officers, directors, trus highest compensated employees, and disqualified personal compensated employees.	tees, I	key employees.			
T E S 2		of Schedule L				22	-
E   2	23	Secured mortgages and notes payable to unrelated thi	rd pari	ties		23	
2	24	Unsecured notes and loans payable to unrelated third	parties	;		24	
2	25	Other liabilities Complete Part X of Schedule D				25	
2	26	Total liabilities. Add lines 17 through 25			342,507.	26	234,766.
N		Organizations that follow SFAS 117, check here ►	aı	nd complete lines			
N E T		27 through 29 and lines 33 and 34.	_				
§ 2	7	Unrestricted net assets				27	
S 2	8	Temporarily restricted net assets				28	
–	9	Permanently restricted net assets				29	
R		Organizations that do not follow SFAS 117, check her	e ►	X and complete			
		lines 30 through 34.			_		_
F U N D 3	0	Capital stock or trust principal, or current funds				30	-
- 1	1	Paid-in or capital surplus, or land, building, and equipi	nent fi	und		31	
្តី   3:	2	Retained earnings, endowment, accumulated income,	or othe	er funds	2,100,932.	32	2,205,592.
BALANCES 3		Total net assets or fund balances		Ì	2,100,932.	33	2,205,592.
Ę		Total liabilities and net assets/fund balances		Ţ	2,443,439.	34	2,440,358.

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Form 990 (2009)

Form <b>990</b> (2009)	Wisconsin Chiropractic Association	39-0712207 Page 12
Part XI Fina	incial Statements and Reporting	

		Yes	No
1 Accounting method used to prepare the Form 990 Cash X Accrual Other			
If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O			
2a Were the organization's financial statements compiled or reviewed by an independent accountant?	2a	X_	
b Were the organization's financial statements audited by an independent accountant?	2 b		х
c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the aucreview, or compilation of its financial statements and selection of an independent accountant?	dıt,	х	
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O			
<b>d</b> If 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on consolidated basis, separate basis, or both	а		
X Separate basis Consolidated basis Both consolidated and separate basis		1	ŀ
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3 a		x
b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required a or audits, explain why in Schedule O and describe any steps taken to undergo such audits	audit 3b		

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Form **990** (2009)

#### **SCHEDULE C** (Form 990 or 990-EZ)

b If 'Yes,' describe in Part IV

### **Political Campaign and Lobbying Activities**

For Organizations Exempt From Income Tax Under section 501(c) and section 527

► Complete if the organization is described below.

OMB No 1545-0047 2009

Open to Public

Department of the Treasury Internal Revenue Service	Complete if the organization is described below.		Open to Public Inspection
	► Attach to Form 990 or Form 990-EZ. ► See separate instructions		
<del>-</del>	wered 'Yes,' to Form 990, Part IV, line 3, or Form 990-EZ, Part VI, line 46 (Political C	ampaign Activit	ies), then
<ul> <li>Section 501(c)(3) o</li> </ul>	rganizations complete Parts I-A and B Do not complete Part I-C		
<ul><li>Section 501(c) (oth</li></ul>	er than section 501(c)(3)) organizations complete Parts I-A and C below. Do not co	mplete Part I-B	
<ul> <li>Section 527 organiz</li> </ul>	zations complete Part I-A only		
If the organization ans	wered 'Yes,' to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying	Activities), then	
<ul> <li>Section 501(c)(3) o</li> </ul>	rganizations that have filed Form 5768 (election under section 501(h)). Complete Pa	art II-A Do not c	omplete Part II-B
<ul> <li>Section 501(c)(3) o Part II-A</li> </ul>	rganizations that have NOT filed Form 5768 (election under section 501(h)) Comple	ete Part II-B Do	not complete
If the organization ans	wered 'Yes,' to Form 990, Part IV, line 5 (Proxy Tax), then		
<ul> <li>Section 501(c)(4), (</li> </ul>	5), or (6) organizations Complete Part III		
Name of organization		Employer identification	ation number
Wisconsin Chir	opractic Association	39-071220	7
Part I-A Complet	e if the organization is exempt under section 501(c) or is a section	n 527 organi	zation.
i Provide a descrip	tion of the organization's direct and indirect political campaign activities in Part IV		
2 Political expenditi	ures	<b>►</b> \$	
3 Volunteer hours			
Part I-B   Complet	e if the organization is exempt under section 501(c)(3).		
1 Enter the amount	of any excise tax incurred by the organization under section 4955	<b>►</b> \$	
2 Enter the amount	of any excise tax incurred by organization managers under section 4955	<b>►</b> \$	
3 If the organization	incurred a section 4955 tax, did it file Form 4720 for this year?		Yes No
4a Was a correction	made <sup>7</sup>		Yes No

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities Total of exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b Did the filing organization file Form 1120-POL for this year? Yes Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which payments were made For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

or a political action committee	ee (PAC) If additional space is needed, prov	ride information in Pa	IL IV	
(a) Name	<b>(b)</b> Address	(c) EIN	(d) Amount paid from filing organization's funds If none enter-0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-

BAA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule C (Form 990 or 990-EZ) 2009

Schedule <b>C</b> (Form 990 or 990-EZ) 20	009 Wisconsin C	hiropractic Asso	ociation	39-071	2207 Page 2		
	the organization	n is exempt under se					
A Check ► if the fill	ng organization belo	ngs to an affiliated group					
B Check ► If the file	ng organization chec	ked box A and 'limited con	itrol' provisions apply				
(The term	Limits on Lobbyir n 'expenditures' mea	ng Expenditures — ns amounts paid or incurr	red.)	(a) Filing organization's totals	(b) Affiliated group totals		
1 a Total lobbying expenditi	ures to influence pub	lic opinion (grass roots lob	bying)				
<b>b</b> Total lobbying expenditi	ures to influence a le	gislative body (direct lobby	/ing)				
c Total lobbying expenditi	ures (add lines 1a ar	nd 1b)					
d Other exempt purpose of	expenditures						
e Total exempt purpose e	expenditures (add line	es 1c and 1d)					
f Lobbying nontaxable an both columns	nount Enter the amo	ount from the following tabl	e ın				
If the amount on line 1e, col	lumn (a) or (b) is	The lobbying nontaxable a	mount is				
Not over \$500,000		20% of the amount on line 1e					
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 ever \$	\$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					
g Grassroots nontaxable a	amount (enter 25% c	f line 1f)					
h Subtract line 1g from lin	ne la Ifzero or less,	enter -0-					
i Subtract line 1f from line	e 1c If zero or less,	enter -0-					
j If there is an amount off section 4911 tax for this	her than zero on eith s vear?	er line 1h or line 1i, did the	e organization file Forr	n 4720 reporting	∏Yes ∏No		
(Son	ne organizations tha	4-Year Averaging Period l t made a section 501(h) el s below. See the instructi	ection do not have to	complete all of the five gh 2f.)			
	Lobb	ying Expenditures During	4-Year Averaging Per	iod			
Calendar year (or fiscal year beginning in)	(a) 2006	<b>(b)</b> 2007	(c) 2008	<b>(d)</b> 2009	(e) Total		
2a Lobbying non-taxable amount							
<b>b</b> Lobbying ceiling amount (150% of line 2a, column (e))							
c Total lobbying expenditures							
<b>d</b> Grassroots nontaxable amount							
e Grassroots ceiling amount (150% of line 2d, column (e))							

f Grassroots lobbying expenditures

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Schedule C (Form 990 or 990-EZ) 2009

	<del></del>		
	(a	<del>-  -</del>	(b)
	Yes	No	Amount
During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a Volunteers?			
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
c Media advertisements?			
d Mailings to members, legislators, or the public?	<b></b>		
e Publications, or published or broadcast statements?			<del></del>
f Grants to other organizations for lobbying purposes?	ļļ	_	
g Direct contact with legislators, their staffs, government officials, or a legislative body?	ļļ		
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i Other activities? If 'Yes,' describe in Part IV			
j Total Add lines 1c through 1i		<u> </u>	
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?	<b>  </b>		
<b>b</b> If 'Yes,' enter the amount of any tax incurred under section 4912		-	
c If 'Yes,' enter the amount of any tax incurred by organization managers under section 4912		-	··
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?  Part III-A   Complete if the organization is exempt under section 501(c)(4), section 501	<u>                                     </u>		
1 Were substantially all (90% or more) dues received nondeductible by members? 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? 3 Did the organization agree to carryover lobbying and political expenditures from the prior year?  Part III-B   Complete if the organization is exempt under section 501(c)(4), section 501 if BOTH Part III-A, questions 1 and 2 are answered 'No' OR if Part III-A, line	(c)(5), 3 is ar	or sec	1 2 3 2 3 2 2 3 2 2 3 2 2 5 2 5 3 6 7 2 6 7 3 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7
Dues, assessments and similar amounts from members		1	760,20
2 Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).			
a Current year		2a	36,34
<b>b</b> Carryover from last year		2 b	
c Total		2 c	36,34
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	-	3	37,93
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and politic expenditure next year?	al	4	
5 Taxable amount of lobbying and political expenditures (see instructions)	ſ	5	
Part IV   Supplemental Information			
omplete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and	Part II-	B, line 1	1

Schedule C (r	on 390 of 990-EZ) 2009 WISCONSIN Chiropractic Association	39-0/1220/	Page 4
Part IV	Supplemental Information (continued)		
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			- <b></b>
		<del></del>	
		<b></b>	
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#### **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Supplemental Financial Statements

► Complete if the organization answered 'Yes,' to Form 990,
Part IV, lines 6, 7, 8, 9, 10, 11, or 12.

► Attach to Form 990. ► See separate instructions

OMB No 1545-0047

Open to Public Inspection

Employer Identification number

Wi	sconsin Chiropractic Associat	ion	3	9-0712207	
		r Advised Funds or Other Similar F	unds or Accou	nts Complete	e if
	the organization answered 'Yes' t	o Form 990, Part IV, line 6.			
		(a) Donor advised funds	<b>(b)</b> Fun	ds and other acc	counts
1	Total number at end of year				
2	Aggregate contributions to (during year)				
3	Aggregate grants from (during year)				
4	Aggregate value at end of year				
5	Did the organization inform all donors and don funds are the organization's property, subject t	or advisors in writing that the assets held in o the organization's exclusive legal control?	donor advised	Yes	☐ No
6	Did the organization inform all grantees, donor used only for charitable purposes and not for the purpose conferring impermissible private bene	he benefit of the donor or donor advisor or fo	nds may be or any other	∏Yes	∏No
Pa	rt II   Conservation Easements Comple		s' to Form 990		
	Purpose(s) of conservation easements held by		55 TO FORTH 990,	raitiv, iiile	/
•	Preservation of land for public use (e.g., re		on of an historically	important land	2102
	Protection of natural habitat		on of an historically	· ·	area
	Preservation of open space	Preservation	on of certified histor	ic structure	
2	Complete lines 2a through 2d if the organization	n hold a qualified conservation contribution.	n the form of a con	conjetica cacam	ont on the
_	last day of the tax year		in the form of a con	servation easen	ient on the
			Н	eld at the End o	f the Year
	a Total number of conservation easements		2a		
	<b>b</b> Total acreage restricted by conservation easen	nents	2 b		
	c Number of conservation easements on a certifi	ed historic structure included in (a)	2 c		
	d Number of conservation easements included in	(c) acquired after 8/17/06	2 d		
3	Number of conservation easements modified, t	ransferred, released, extinguished, or termin	ated by the organiz	ation during the	tax
	year •		, -	•	
4	Number of states where property subject to cor	nservation easement is located >			
5	Does the organization have a written policy reg and enforcement of the conservation easement	arding the periodic monitoring, inspection, h	andling of violation	s, Yes	No
6	Staff and volunteer hours devoted to monitoring during the year	g, inspecting, and enforcing conservation eas	sements	_	_
7	Amount of expenses incurred in monitoring, insiduring the year ►	specting, and enforcing conservation easeme	ents \$		<del>_</del>
8	Does each conservation easement reported on 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?	line 2(d) above satisfy the requirements of s	section	П v	г.
^				∐ Yes	∐ No
9	In Part XIV, describe how the organization repo- include, if applicable, the text of the footnote to conservation easements	the organization's financial statements that	describes the organ	nization's accoui	sheet, and nting for
Pa	rt III Organizations Maintaining Colle Complete if the organization ansi	ctions of Art, Historical Treasures, wered 'Yes' to Form 990, Part IV, III	<b>or Other Simil</b> ane 8.	ar Assets	•
1:	a If the organization elected, as permitted under treasures, or other similar assets held for publi the text of the footnote to its financial statement	c exhibition, education, or research in furthei	ment and balance s rance of public serv	heet works of ar	t, historical Part XIV,
!	b If the organization elected, as permitted under treasures or other similar assets held for publi amounts relating to these items	SFAS 116, to report in its revenue statement c exhibition, education, or research in further	t and balance shee rance of public serv	t works of art, hi	storical following
	(i) Revenues included in Form 990, Part VIII,	line 1		<b>►</b> \$	
	(ii) Assets included in Form 990, Part X				
2	If the organization received or held works of art amounts required to be reported under SFAS 1	t, historical treasures, or other similar assets 16 relating to these items:	for financial gain,	provide the follo	wing
,	a Revenues included in Form 990, Part VIII, line	1		<b>►</b> \$	
١	Assets included in Form 990, Part X			<b>►</b> \$	

Schedule D (Form 990) 2009 WISC							39-0/12			Page 2
Part III Organizations Mainta	ining Colle	ections	s of Art, Hist	<u>orica</u>	l Treasures, o	r Other Sim	ilar Asse	ets (c	ontını	ıed)
3 Using the organization's acquisiti items (check all that apply)	on accession	and oth	er records, chec	k any	of the following the	nat are a signifi	cant use o	f its co	llection	i
a Public exhibition			<b>d</b> 🗌 Loan	or exc	change programs					
<b>b</b> Scholarly research			e 🗌 Other	·						
c Preservation for future general	ations									
4 Provide a description of the organ Part XIV							purpose ii	n		
5 During the year, did the organizar assets to be sold to raise funds re	tion solicit or lather than to I	receive be main	donations of art tained as part o	, histo f the o	rıcal treasures, or organization's coll	other similar ection?		Yes		No
Part IV Escrow and Custodia 9, or reported an amo	I Arrangen unt on For	<b>nents</b> m 990	Complete if on Part X, line	organ 21.	iization answe	red 'Yes' to	Form 99	0, Pa	rt IV,	line
1 a Is the organization an agent, trus included on Form 990, Part X?	tee, custodiar	n, or oth	er intermediary	for co	ntributions or othe	er assets not		Yes		No
<b>b</b> If 'Yes,' explain the arrangement	ın Part XIV ar	nd comp	lete the followin	ng table	e		_			_
								Amoun		
c Beginning balance						1 c				
d Additions during the year						ī ü				
e Distributions during the year						1 e				
f Ending balance						1f				
2a Did the organization include an ai	mount on Fori	m 990, I	Part X, line 21?					Yes		No
<b>b</b> If 'Yes,' explain the arrangement							_		_	_
Part V   Endowment Funds Co	mplete if o	rganız	ation answer	ed 'Y	es' to Form 9	90, Part IV,	line 10.			
	(a) Current	year	(b) Prior yea	ır	(c) Two years bad	k (d) Three	ears back	(e)	our year	's back
1 a Beginning of year balance										
<b>b</b> Contributions										
c Net Investment earnings, gains, and losses							1			
d Grants or scholarships										
e Other expenditures for facilities and programs										
f Administrative expenses										
g End of year balance						-			_	
2 Provide the estimated percentage	of the year e	nd bala	nce held as			<u> </u>		<u> </u>		
a Board designated or quasi-endow	-		%							
<b>b</b> Permanent endowment	*									
c Term endowment	*									
3a Are there endowment funds not in organization by	the possessi	on of th	e organization ti	hat are	e held and admin	stered for the		Γ	Yes	No
(i) unrelated organizations								3a(i)	103	110
(ii) related organizations								3a(ii)		<del></del>
b If 'Yes' to 3a(ii), are the related or	rganizations li	sted as	required on Sch	nedule	R?			3b		
4 Describe in Part XIV the intended								30		<u> </u>
Part VI Investments-Land, B						line 10				
Description of investment		(a) Cos	t or other basis	(b)	Cost or other pasis (other)	(c) Accumu Depreciat	lated	( <b>d</b> ) E	Book Va	alue
1 a Land					271,000.				271	,000.
<b>b</b> Buildings					314,200.					,200.
c Leasehold improvements	Ì									
<b>d</b> Equipment					117,551.				117	,551.
e Other				-					_ <del></del> _	<u> </u>
Total. Add lines 1a through 1e (Column	(d) must equ	al Form	990, Part X, co	lumn i	(B), line 10(c))		<u> </u>		702	,751.
			<del></del>	·'	· · · · · · · · · · · · · · · · · · ·	-				

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Schedule **D** (Form 990) 2009

Part VII	Investments-Other Securities See	: Form 990, Part X, Iii	ne 12.	_
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market	n value
Financial c	derivatives			
Closely-he	ld equity interests			
Other				
Certif	icate of deposits	770,000.	FMV	
AAA Co	rporate Bonds	246,366.	FMV	
Total. (Colui	mn (b) must equal Form 990 Part X, col (B) line 12)	1,016,366.		
Part VIII	Investments-Program Related (Se	e Form 990, Part X,	line 13)	
	(a) Description of investment type	(b) Book value	(c) Method of valuation	n
			Cost or end-of-year market	value
Total (Colum	in the man seems of the seems o	Y (may 15)	<u> </u>	
Part IX	Other Assets (See Form 990, Part	· · · · · · · · · · · · · · · · · · ·		
		Description	<del></del>	(b) Book value
Interes	st Receivable			55,344.
				<del></del>
		<del>-</del>		
		·		<del></del>
		· · · · · · · · · · · · · · · · ·		- <del></del>
Tatal (Col	tump (h) must aqual Form 000 Part V and (P)	line 1E)	<b>-</b>	FF 244
Part X	umn (b) must equal Form 990, Part X, col (B), Other Liabilities (See Form 990, Pa			55,344.
FaitA	·			
	(a) Description of Liability	(b) Amount		
regeral inc	ome Taxes			,
		<del>-  </del>		
		<del> </del>		-
		<del></del>		
			<del></del>	
			<del> </del>	
	4) 15 222 5 22 2 2 2 2 2 2 2 2 2 2 2 2 2 2		<del>_</del>	
	n (b) must equal Form 990, Part X, col (B) line 25)			
<b>2.</b> FIN 48 Fo for uncertai	ootnote. In Part XIV, provide the text of the foo in tax positions under FIN 48	otnote to the organization's	financial statements that reports the organ	nization's liability

Schedule D (Form 990) 2009 Wisconsin Chiropractic Association

39-0712207

	dule D (Form 990) 2009 Wisconsin Chiropractic Association	39-0712	2207	Page <b>4</b>
Par		<u>s</u>		
	Total revenue (Form 990, Part VIII,column (A), line 12)	<u> </u>		
	Total expenses (Form 990, Part IX, column (A), line 25)	L		
	Excess or (deficit) for the year Subtract line 2 from line 1	<u> </u>		
	Net unrealized gains (losses) on investments	Ļ		
	Donated services and use of facilities	L		
	Investment expenses	-		
	Prior period adjustments	Ļ		
	Other (Describe in Part XIV)	L.		
	Total adjustments (net) Add lines 4 through 8	L		<del></del>
	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9			
Par	t XII   Reconciliation of Revenue per Audited Financial Statements With Revenue pe	r Return		
1	Total revenue, gains, and other support per audited financial statements	1		
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
а	Net unrealized gains on investments 2a			
b	Donated services and use of facilities 2b			
ε	Receveries of prior year grants 2e	-7==		
d	Other (Describe in Part XIV)			
е	Add lines 2a through 2d	2 e		
3	Subtract line 2e from line 1	3		
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1			
а	Investments expenses not included on Form 990, Part VIII, line 7b			
b	Other (Describe in Part XIV)			
С	Add lines 4a and 4b	4c		
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5		
	XIII   Reconciliation of Expenses per Audited Financial Statements With Expenses	per Retur	'n	
	Total expenses and losses per audited financial statements	1		
	Amounts included on line 1 but not on Form 990, Part IX, line 25			
	Donated services and use of facilities 2a			
	Prior year adjustments 2b	$\dashv$ $\mid$		
	Other losses 2c			
_	Other (Describe in Part XIV)			
	Add lines 2a through 2d	2e		
	Subtract line 2e from line 1	3		· · · · · · · · · · · · · · · · · · ·
_	Amounts included on Form 990, Part IX, line 25, but not on line 1:	3		<del></del>
	Investments expenses not included on Form 990, Part VIII, line 7b			
	Other (Describe in Part XIV)  Add Inco 45 and 45			
	Add lines 4a and 4b	4c		
	Total expenses Add lines 3 and 4c (This must equal Form 990, Part I, line 18)  XIV   Supplemental Information	5	<del></del>	<del></del>
Comp ine 4,	lete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part II, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this nation	V, lines 1b a	and 2b, Par de any add	t V, itional
- <del>-</del>				
. <b>_</b> _				

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Schedule **D** (Form 990) 2009

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Schedule D	(Form 990) 2009	Wisconsin	Chiropractic Association	39-0712207	Page 5
Part XIV	Supplemental	Information	Chiropractic Association (continued)		
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#### SCHEDULE J (Form 990)

## **Compensation Information**

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Complete if the organization answered 'Yes' to Form 990, Part IV, line 23.
 Attach to Form 990.
 See separate instructions.

Wisconsin Chiropractic Association

Part I Questions Regarding Compensation

Employer identification number 39-0712207

<u>-a</u>	art 1   Questions Regarding Compensation				
			Ye	s No	•
1	1a Check the appropriate box(es) if the organization provided any of the follows VII, Section A, line 1a Complete Part III to provide any relevant information	ng to or for a person listed in Form 990, Part regarding these items			
	First-class or charter travel Housing a	allowance or residence for personal use			
	Travel for companions Payments	s for business use of personal residence			
		social club dues or initiation fees			
	Discretionary spending account Personal	services (e.g., maid, chauffeur, chef)			
	<b>b</b> If any of the boxes on line 1a are checked, did the organization follow a written reimbursement or provision of all of the expenses described above? If 'No,' is	ten policy regarding payment or complete Part III to explain	3		
2	2 Did the organization require substantiation prior to reimbursing or allowing e trustees, and the CEO/Executive Director, regarding the items checked in lin	xpenses incurred by all officers, directors, e 1a?			
3	Indicate which, if any, of the following the organization uses to establish the CEO/Executive Director Check all that apply	compensation of the organization's			
	Compensation committee X Written er	mployment contract			
	X Independent compensation consultant Compens	ation survey or study			
	Form 990 of other organizations X Approval	by the board or compensation committee			
				ł	
4	During the year, did any person listed in Form 990, Part VII, Section A, line or a related organization	1a with respect to the filing organization			
	a Receive a severance payment or change-of-control payment?	4:	a	х	
1	<b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirem	ent plan?	b X		
•	${f c}$ Participate in, or receive payment from, an equity-based compensation arran	ngement? 4	2	х	
	If 'Yes' to any of lines 4a-c, list the persons and provide the applicable amou	ints for each item in Part III			
	Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9				
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organiza contingent on the revenues of	tion pay or accrue any compensation			
á	a The organization?	5.	3		
ı	<b>b</b> Any related organization?	51	اد		_
	If 'Yes' to line 5a or 5b, describe in Part III				
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organiza contingent on the net earnings of	lion pay or accrue any compensation			
ā	a The organization?	6:	a		
ŧ	<b>b</b> Any related organization?	61	,		
	If 'Yes' to line 6a or 6b, describe in Part III				
7	For person listed in Form 990, Part VII, Section A, line 1a, did the organizati described in lines 5 and 6? If 'Yes,' describe in Part III	on provide any non-fixed payments not 7			
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant contract exception described in Regs section 53 4958-4(a)(3)? If 'Yes,' described in Regs section 53 4958-4(a)(3)?	to a contract that was subject to the initial ribe in Part III 8			
9	If 'Yes' to line 8, did the organization also follow the rebuttable presumption section 53 4958-6(c)?	procedure described in Regulations			

BAA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2009

Page 2

39-0712207

Wisconsin Chiropractic Association

Schedule J (Form 990) 2009

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space is needed.

Note. The sum of columns (B)(I)-(III) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

For each individual whose compensation must be reported in Schedule J, report compensation from the organization related organizations described in the instructions on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

	0 00	0001					
	(a) Breakdown	(b) Breakdown or W.2 and/or 1099-MISC	MISC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name	(i) Base compensation	(ii) Bonus and incentive compensation	(III) Other reportable compensation	compensation	benents	(a)-(i)(b)	reported in prior Form 990 or Form 990-EZ
<u> </u>	240,527.	005,69	120,136.		16,023.	446,186.	688,067.
Russell A. Leonard (ii)	88,006	0.			     	   	144,472.
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(i)			- 1				
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#### SCHEDULE L (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

or 990-EZ.

**Transactions with Interested Persons** 

 Complete if the organization answered 'Yes' on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.
► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No 1545 0047

2009

Open to Public Inspection

Employer identification number Name of the organization Wisconsin Chiropractic Association 39-0712207 Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only). Complete if the organization answered 'Yes' on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b. (c) Corrected? (a) Name of disqualified person 1 (b) Description of transaction Yes No Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 Enter the amount of tax, it any, on line 2, above, reimbursed by the organization Loans to and/or From Interested Persons. Complete if the organization answered 'Yes' on Form 990, Part IV, line 26 or Form 990-EZ, Part V, line 38a. (b) Loan to or from the organization? (c) Original principal amount (f) Approved by board or committee? (g) Written agreement? (a) Name of interested person and purpose (d) Balance due (e) In default? То No From Yes Yes Νo Yes No **Total** \$ Part III Grants or Assistance Benefitting Interested Persons. Complete if the organization answered 'Yes' on Form 990, Part IV, line 27. (a) Name of interested person (b) Relationship between interested person and (c) Amount and type of assistance the organization Part IV Business Transactions Involving Interested Persons. Complete if the organization answered Yes' on Form 990, Part IV, line 28a, 28b, or 28c. (a) Name of interested person (b) Relationship between interested person and the organization (c) Amount of transaction \$ (e) Sharing of organization's (d) Description of transaction revenues? Yes No Chiropractic Business Edu program develop 88,006. Compensation for the Х development of non-dues ment X 0. revenue Х BAA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 Schedule L (Form 990 or 990-EZ) 2009

### SCHEDULE O (Form 990)

# **Supplemental Information to Form 990**

OMB No 1545 0047

2009

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

Attach to Form 990.

Wisconsin Chiropractic Association	39-0712207
Pt_VI-A, Line 6 General members	
Pt VI-A, Line 7a General members, each having one voting right	
Pt_VI-A, Line 8a Written board minutes are kept for all board minutes are kept for all board minutes.	meetings
Pt_VI-A, Line_8b_Written_board_minutes_are_kept_for_all_meeting	gs
Pt VI-B, Line 11A Executive Director will present copy of 990 to boo	ard of directors for review
Pt VI-B, Line 12c Distributed to each board member annually	
Pt VI-B, Line 15 Outside legal review of compensation contract	and approval by board
Pt VI-C, Line 19 All documents available upon request	
Schedule D Part VI Buildings and equipment are not depreciated	

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Related Organizations and Unrelated Partnerships

Complete if the organization answered 'Yes' to Form 990, Part IV, lines 33, 34, 35, 35, or 37.
 Attach to Form 990.

2009

OMB No 1545-0047

Open to Public Inspection

Schedule R (Form 990) (2009) (F)
Direct controlling
entity (F)
Direct controlling entity Identification of Related Tax-Exempt Organizations (Complete if the organization answered 'Yes' to Form 990, Part IV, line 34 because it had Employer identification number N/A 39-0712207 (E)
Public charity status (if section 501 (c)(3)) (E) End-of-year assets N/A Part I Identification of Disregarded Entities (Complete of the organization answered 'Yes' to Form 990, Par IV, line 33) (**D)** Exempt Code section (**D)** Total iricome TEEA5001 02/05 10 527 (C)
Legal domicile (state or foreign country) (C)
Legal domicile (state or foreign country) MI Chiropractic Health Info Edu Fund 91-2099865 Political conduit BAA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. (B) Primary activity (B) Primary activity one or more related tax-exempt organizations during the tax year.) fund 521 E. Washington Avenue, Madison WI 53703 Name, address, and EIN of related organization (A) Name, address, and EIN of disregarded entity Wisconsin Chiropractic Association Part II

Schedule R (Form 990) 2009 Wisconsin Chiropractic Association

39-0712207

Page 2 . , (J) General or managing partner? ş Identification of Related Organizations Taxable as a Partnership (Complete of the organization answered 'Yes' to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year) Yes Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) (H)
Disproportonate
allocations? Ŷ Yes Share of total income Share of end-of-year avsets Predomnant income (related, unrelated, excluded from tax under sections 512-514) (D)
Direct
controlling entity CD Legal domicile (state or foreign country) (B) Primary Activity (A)
Name, address, and EIN of related organization Part III

Part IV Identification of Related Organizations Taxable as a Corporation or Trust (Complete of the organization answer) line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)	Faxable as a Cored organizations	rporation or Trust treated as a corp	t (Complete or transferon	of the organizate the	is a Corporation or Trust (Complete if the organization answered 'Yes' to Form 990, Part IV, zations treated as a corporation or trust during the tax year.)	s' to Form 990, Pa	rt IV,
(A) Name, address, and EIN of related organization	(B) Primary Activity	Legal domicile Direct Type of entity (C corp, S corp, country) or trust)	( <b>b)</b> Direct trolling entity	Type of entity (C corp, S corp, or trust)	Share of total income Share of end-of-year assets	(G) Share of end-of-year assets	(H) Percentage ownership
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1							
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1							

Schedule R (Form 990) (2009)

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Chiropractic Association	rganizations (Complete if the organization answered 'Yes' to Form 990, Part IV, line 34, 35, or 36
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Note Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule			Yes	2
1 During the tax year did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV a Receipt of (i) interest (ii) annuities (iii) rovalties (iv) rent from a controlled entity	ısted ın Parts II-IV			*
b Gift grant or capital contribution to other organization(s)			<u> </u>	<b>!</b> >
c. Giff grant or capital contribution from other organization(s)		-		٠,
			1	4
<b>d</b> Loans or loan guarantees to or for other organization(s)		P -	_	×
e Loans or loan guarantees by other organization(s)		_ 		×
f Sale of assets to other organization(s)		7	_	*
		<u></u>	$\downarrow$	: ا
		ا 1		×
h Exchange of assets		14		×
i Lease of facılıtıes, equipment, or other assets to other organization(s)		Ξ		×
i Lease of facilities, equipment, or other assets from other organization(s)				<b>&gt;</b>
k Performance of services or membership or fundraising solicitations for other organization(s)		=	>	
		-	-	ļ
				<u> </u>
a Sharan of part amplaces			4	:
n Sharing or paid employees		-	$\downarrow$	×
o Reimbursement paid to other organization for expenses		<u></u>	×	
p Reimbursement paid by other organization for expenses		٦	┡	×
q Other transfer of cash or property to other organization(s)		19		×
_ L		니		×
2 If the answer to any of the above is 'Yes,' see the instructions for information on who must complete this line, including covered relationships and transaction thresholds	red relationships and transaction thres	holds		
( <b>A)</b> Name of other organization	(B) Transaction type (a-r)	Amoun	(C) Amount involved	ed
(1)				
6				
(4)				
(5)				
(9)				
<b>BAA</b> TEEA5003 02/05/10	Sch	Schedule R (Form 990) (2009)	(066 (	(2009)

Page 4

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Part VI Unrelated Organizations Taxable as a Partnership (Complete of the organization answered 'Yes' to Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total asset or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

(A) Name, address, and EIN of entity	(B) Primary activity	(C) Legal domicile	(D) Are all partners	ners SF	(E) Share of enc -of-year	(F)	Spor-	(G) Code V-UBI amount	(H) General	tal or
		(state or foreign country)	section 501(c)(3) organizations?		assets	tionate allocations?	ate ions?	Schedule K-1	managing partner?	aging 7
			Yes	No		Yes	No	(200	Yes	ş
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