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**SCHEDULE O**  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ.

OMB No 1545-0047

**2010**

**Open to Public  
Inspection**

Name of the organization

**CONGRESS OF CHIROPRACTIC ASSOC**

Employer identification number

**31-1399194**

01. CEO, executive director, top management comp (Part VI, line 15a)

**PART VI, SEC A, 7a,7b, OFFICERS, DIRECTORS & STOCKHOLDERS ELECT MEMBERS AND APPROVE ALL**

**DECISION. SEC B, 11b, REVIEWED BY TREASURER. 12c, MEMBERS & OFFICERS MONITOR CONFLICT OF**

**INTEREST. 15a, WHEN BUDGET IS SET COMPENSATION IS DETERMINED. SEC C, 18, TAX RETURN IS**

**AVAILABLE UPON REQUEST. 19, DOCUMENTS ARE AVAILABLE TO ALL OFFICERS, STOCKHOLDERS & KEY**

**EMPLOYEE UPON REQUEST. PART VII. NOTHING**

0425870078  
Apr. 21, 2011 LTR 2694C O R  
31-1399194 201012 67  
00023532

CONGRESS OF CHIROPRACTIC ASSOC  
12531 E MEADOW DR  
WICHITA KS 67206

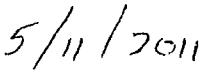


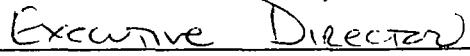
DECLARATION

29653

Under penalties of perjury, I declare that I have examined the return identified in this letter, including any accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct and complete. I understand that this declaration will become a permanent part of that return.

  
\_\_\_\_\_  
Signature of officer or trustee

  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Title

(3)