

Form **990**Department of the Treasury
Internal Revenue Service**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)

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

OMB No 1545-0047

2011Open to Public
Inspection**A** For the 2011 calendar year, or tax year beginning **AUG 1, 2011** and ending **JUL 31, 2012****B** Check if applicable

- ☐ Address change
☐ Name change
☐ Initial return
☐ Terminated
☐ Amended return
☐ Application pending

C Name of organization**NEBRASKA CHIROPRACTIC PHYSICIANS ASSOCIATION**

Doing Business As

Number and street (or P.O. box if mail is not delivered to street address)

13215 BIRCH DRIVERRoom/suite
200

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

OMAHA, NE 68164**F** Name and address of principal officer: **LOUIS ANDERSEN****SAME AS C ABOVE****D** Employer identification number**47-6029383****E** Telephone number**402-934-4744****G** Gross receipts \$ **2,175,879.****H(a)** Is this a group return

for affiliates?

☐ Yes ☒ No**H(b)** Are all affiliates included? ☐ Yes ☐ No

If "No," attach a list. (see instructions)

H(c) Group exemption number ▶**I** Tax-exempt status ☐ 501(c)(3) ☒ 501(c)(**6**) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527**J** Website: ▶ **HTTP://NECHIROPRACTIC.ORG****K** Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶**L** Year of formation: **1915** **M** State of legal domicile: **NE****Part I Summary**

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: SPONSOR EDUCATIONAL CONVENTIONS AND VARIOUS SEMINARS THAT ENABLE MEMBERS TO IMPROVE SKILLS AND		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	16
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	16
	5 Total number of individuals employed in calendar year 2011 (Part V, line 2a)	5	0
	6 Total number of volunteers (estimate if necessary)	6	0
	7 a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, line 34	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	289,316.	274,253.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	351,417.	323,848.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	67,705.	165,822.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	0.	0.
	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	708,438.	763,923.
	14 Benefits paid or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
	16 a Professional fundraising fees (Part IX, column (A), line 11e)	108,708.	122,227.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 0.	0.	0.
Expenses	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	674,197.	692,356.
	18 Total expenses - Add lines 13-17 (must equal Part IX, column (A), line 25)	782,905.	814,583.
	19 Revenue less expenses - Subtract line 18 from line 12	-74,467.	-50,660.
	20 Total assets (Part X, line 16) ⁱ	Beginning of Current Year	End of Year
Net Assets or Fund Balances	21 Total liabilities (Part X, line 26)	3,503,893.	3,833,925.
	22 Net assets or fund balances - Subtract line 21 from line 20	267,257.	387,284.
		3,236,636.	3,446,641.

Part II Signature Block

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.

Sign Here	Signature of officer	Date 3/12/13
	LOUIS ANDERSEN, EXECUTIVE DIRECTOR	
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature
	JULIE M. GERKEN	3-2-2013
	Firm's name ▶ SEIM JOHNSON, LLE	Firm's EIN ▶ 47-6097913
	Firm's address ▶ 18081 BURT STREET, SUITE 200	Phone no. (402) 330-2660
	OMAHA, NE 68022-4722	

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes ☐ No

132001 01-23-12

LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2011)**SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION**

SCANNED MAR 29 2013