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 Open to Public

Inspection

A F	or the 2	2007 ca	lendar yea	r, or tax year beginning 0	7-01-2007	and ending 0	6-30-200	8				
ВС	heck if ap	pplicable	Please	C Name of organization FOUNDATION FOR THE ADV	ANCEMENT OF				D Emp	loyer i	dentification number	
ГА	ddress ch	ange	use IRS	CHIROPRACTIC RESEARCH						39-1389462		
Γ_{N}	ame char	nge	label or print or	Number and street (or P O	box if mail is no	ot delivered to st	treet addre	ss) Room/su	_{ite} E Tele	phone	number	
	ntıal retur	_	type. See Specific	102 KELLER AVE S					(71	5)268	-7500	
	ınal returr		Instruc-	City or town, state or count	ry, and ZIP + 4				F Accou	ıntıng m	ethod 🔽 Cash 🖵 Accrual	
			tions.	AMERY, WI 54001					Го	ther(sp	ecify) 🕨	
_	mended r											
Α	pplication	pending						L H and T :	m not annle	abla ta	section 527 organizations	
				501(c)(3) organizations ar nust attach a completed Sch							or affiliates? Yes V No	
				•	•		,				of affiliates 🟲	
G V	Veb site	e:⊫ N/A	\					H(c) Are	e all affiliates	ınclude	d?	
J C)rganiza	tion type	e (check only	one) ► 🔽 📆 501(c) (3) 🖪	(insert no) [– 4947(a)(1) o	r – 527	(If	"No," attach	a list S	See instructions)	
	Cheek have b (d) Is this a separate								n filed by an organization			
n	omally r	not more	than 25,000	A return is not required, but if					vered by a g	•		
	e sure to	file a con	nplete return					_	oup Exem			
L	Gross re	ceipts	Add lines 6	5b, 8b, 9b, and 10b to line	12 ▶ 27,1	.21		M Ch	eck ► ✓ ıf ach Sch B(I	the org orm 99	anization is not required to 0, 990-EZ, or 990-PF)	
P	art I	Reve	nue, Exp	enses, and Change	s in Net A	ssets or F	und Ba	lances (S	See the i	instru	ıctions.)	
	1			ts, grants, and sımılar am								
	а	Contrib	outions to d	ionor advised funds .			1a					
	b	Direct	public supp	oort (not included on line	1a)		1b		100			
	С	Indired	t public su	pport (not included on line	e 1a)		1c					
	d	Govern	nment contr	ributions (grants) (not inc	luded on line	1a)	1d					
	e	Total (add lines 1	a through 1d) (cash \$ $\frac{10}{}$	0	noncash \$ _)		1e	100	
	2	Program service revenue including government fees and contracts (from Part VII, line 93) .							3) .	2	14,518	
	3	Membership dues and assessments							3	9,535		
	4	Interest on savings and temporary cash investments								4	2,968	
	5	Divide	nds and into	erest from securities .						5		
	6a	Gross	s rents									
	b	Less r	Less rental expenses 6b									
	С			or (loss) subtract line 6t	from line 6 a				•	6с		
当	7			income (describe 🕨)					•	7		
Revenue	8a			m sales of assets	(A) Se	ecurities		(B) 0	ther			
ш				ory			8a					
	b			sis and sales expenses			8b					
	c			ach schedule)	(1) 1 (5)		8c					
	d	_	` ,	Combine line 8c, column	. , . ,					8d		
	9	Specia	i events an	ıd actıvıtıes (attach sched	iule) Irany a	amount is from	n gaming	у , спеск пе	re 🕶			
	a			ot including \$ orted on line 1b)		of_	9a					
	ь			nses other than fundraisi			9b					
	c		·	ss) from special events S	•					9c		
	10a		•	entory, less returns and			10a		- •	<u> </u>		
	ь			ds sold			10b					
	c	Gross pr	ofit or (loss) f	from sales of inventory (attach	schedule) Subti	ract line 10b fror	n line 10a			10c		
	11	Other	revenue (fro	om Part VII, line 103) .						11		
	12			d lines 1e, 2, 3, 4, 5, 6c,						12	27,121	
	13			(from line 44, column (B)						13	17,959	
9	14	Manag	ement and	general (from line 44, col	umn (C)) .					14	1,315	
Expenses	15	Fundra	ısıng (from	line 44, column (D)) .						15		
Ϋ́	16	Payments to affiliates (attach schedule)					16					
	17	Total expenses Add lines 16 and 44, column (A)					17	19,274				
<u> </u>	18	Excess	or (deficit) for the year Subtract lin	e 17 from lın	e 12			•	18	7,847	
₩ 1986	19	Net as	sets or fund	d balances at beginning o	f year (from l	ıne 73, colum	nn (A))			19	110,888	
Melo	20	Other	changes in	net assets or fund balanc	es (attach e	xplanation)			•	20	0	
	21			d balances at end of year						21	118,735	
For	Drivoov	A ct and	Danarwar	k Reduction Act Notice s	oo the const	at a instructio	ne C	a+ No 11	2 R 2 V		Form 990 (2007)	

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
2a	Grants paid from donor advised funds (attach Schedule)					
	(cash \$noncash \$) If this amount includes foreign grants, check here					
	· · · · · · · · · · · · · · · · · · ·	22a				
2b	Other grants and allocations (attach schedule)					
	(cash \$8,750 noncash \$) If this amount includes foreign grants, check here	22ь	8,750	8,750		
3	Specific assistance to individuals (attach schedule)	23	-,	2,		
4	Benefits paid to or for members (attach schedule)	24				
5a	Compensation of current officers, directors, key employees etc. Listed in Part V-A (attach schedule)	25a				
b	Compensation of former officers, directors, key employees etc. listed in Part V-B (attach schedule)	25b				
c	Compensation and other distributions not icluded above to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$ (attach schedule)	25c				
6	Salaries and wages of employees not included on lines 25a, b and c	26	2,369	2,369		
7	Pension plan contributions not included on lines 25a, b and c	27				
8	Employee benefits not included on lines 25a - 27	28				
9	Payroll taxes	29	771	771		
0	Professional fundraising fees	30				
1	Accounting fees	31	630		630	
2	Legal fees	32				
3	Supplies	33				
4	Telephone	34	67		67	
5	Postage and shipping	35				
5	Occupancy	36				
7	Equipment rental and maintenance	37				
8	Printing and publications	38				
9	Travel	39	65	65		
D	Conferences, conventions, and meetings	40	5,216	5,216		
1	Interest	41				
2	Depreciation, depletion, etc (attach schedule)	42				
3	Other expenses not covered above (Itemize)					
а	BANK SERVICE CHARGES	43a	36		36	
Ь	FDA FEES	43b	788	788		
c	OFFICE AND POSTAGE	43c	562		562	
d	LICENSES AND PERMITS	43d	20		20	
e		43e				
f		43f				
g		43g				
4	Total functional expenses. Add lines 22a through 43g (Organizations completing columns (B)-(D), carry these totals to lines 13—15) • • • • • • • • • • • • •	44	19,274	17,959	1,315	

If "Yes," enter (i) the aggregate amount of these joint costs \$______, (ii) the amount allocated to Program services \$_____, 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.

All c		ments: neasura	in a clear and concise manner. State the number of clients served, ble. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt	Program Service Expenses (Required for 501(c)(3) and (4) orgs , and 4947(a)(1) trusts, but optional for others)
а	ANNUAL AND MID YEAR EDUCATION MEE	TING	S	
	(Grants and allocations \$)		If this amount includes foreign grants, check here 🕨 🦵	17,959
b				
	(Grants and allocations \$)	If this amount includes foreign grants, check here 🕨 🦵	
C				
	(Grants and allocations \$)	If this amount includes foreign grants, check here 🕨 🦵	
	(Grants and anocations \$,	Ti tills allibulit illcludes loreign 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 eq	ual lır	ne 44, column (B), Program services) 🕨	17,959
				Form 990 (2007)

Pa	art IV	Balance Sheets (See the instru	ctions	·.)			
Not	:e:	Where required, attached schedules and amo column should be for end-of-year amounts of		thin the description	(A) Beginning of year		(B) End of year
	45	Cash—non-interest-bearing			4,411	45	13,081
	46	Savings and temporary cash investments			106,477	46	105,654
	47a	Accounts receivable	47a	1			
	ь	Less allowance for doubtful accounts	47b			47c	
		Less anowance for doubtful decounts	175			1,0	
	48a	Pledges receivable	48a				
	ь	Less allowance for doubtful accounts	48b			48c	
	49	Grants receivable				49	
	50a	Receivables from current and former office key employees (attach schedule)				50a	
	b	Receivables from other disqualified persor 4958(c)(3)(B) (attach schedule)	•			50b	
	51a	Other notes and loans receivable (attach schedule)	51a	1			
Ŋ	ь	Less allowance for doubtful accounts	51b			51c	
Assets	52	Inventories for sale or use				52	
ব	53	Prepaid expenses and deferred charges				53	
	54a	Investments—publicly-traded securities	. •	- 「Cost 「FMV		54a	
	ь	Investments—other securities (attach sch	nedule)	Cost FMV		54b	
	55a	Investments—land, buildings, and equipment basis	55a	, ,			
	ь	Less accumulated depreciation (attach schedule)	55a			55c	
	56	Investments—other (attach schedule) .				56	
		Land, buildings, and equipment basis	57a	3,328		"	
		Less accumulated depreciation (attach		·			
		schedule)	57b	3,328		57c	
	58	Other assets, including program-related in (describe		58			
				36			
	59	Total assets (must equal line 74) Add line	110,888	59	118,735		
	60	Accounts payable and accrued expenses				60	
	61	Grants payable		[61	
	62	Deferred revenue				62	
ď	63	Loans from officers, directors, trustees, ar	nd key e	mployees (attach			
(A)		schedule)				63	
<u>.</u> ;	64a	Tax-exempt bond liabilities (attach sched	ule) .			64a	
	Ь	Mortgages and other notes payable (attac	h sched	ule)		64b	
	65	Other liablilities (describe 🕨)				65	
	66	Total liabilities Add lines 60 through 65	0	66	0		
	Orga	nnizations that follow SFAS 117, check here	▶ ▽ a	nd complete lines			
ıδ	67	67 through 69 and lines 73 and 74			110,888	67	118,735
õ	67	Unrestricted			110,000	68	110,733
Balances	68 69	Temporarily restricted		ŀ		69	
<u></u>		anizations that do not follow SFAS 117, chec		09			
Fund	Oiga	complete lines 70 through 74	ck liefe				
ъ Б	70	Capital stock, trust principal, or current fu		70			
v)	71	Paid-in or capital surplus, or land, building		71			
Asset	72	Retained earnings, endowment, accumulat	ed inco	me, or other funds .		72	
N P	73	Total net assets or fund balances Add lin through 72 (Column (A) must equal line 19					
		line 21)			110,888		118,735
	74	Total liabilities and net assets / fund balance	e Add line	es 66 and 73	110,888	74	118,735

Part	the instructions.)	evenue per Audited Fi	nanci	a i Sta	tement	s With Reven	iue pei	Return (See
	Total revenue, gains, and other s	support per audited financial	statem	nents			а	
ь	A mounts included on line a but r							
1	Net unrealized gains on investm			b1				
2	Donated services and use of fac			b2			1	
3	Recoveries of prior year grants			b3			1	
4	Other (specify)						1	
-				b4				
	Add lines b1 through b4						Б	
с	Subtract line b from line a						С	
d	A mounts included on Part I, line	12, but not on line a						
1	Investment expenses not includ	ed on Part I, line						
	6b			d1			1 1	
2	Other (specify)			d2				
	Add lines d1 and d2						- a	
_	Total revenue (Part I, line 12)			• •				
е	d						e	
Part	IV-B Reconciliation of Ex		inanc	ial St	atemen	ts With Expe	nses p	er Return
а	Total expenses and losses per a	udited financial statements					a	
b	A mounts included on line a but r	ot on Part I, line 17						
1	Donated services and use of fac	ilities		b1				
2	Prior year adjustments reported	on Part I, line					1	
	20			b2			1 1	
3	Losses reported on Part I, line			b3				
4				- 55			1 1	
-	Other (specify)		_	b4				
	Add lines b1 through b4		. .	<u> </u>			┪ ь │	
c	Subtract line b from line a						c	
d	A mounts included on Part I, line							
1	Investment expenses not includ							
	6b	,		d1			J l	
2	Other (specify)							
				d2			1 1	
	Add lines d1 and d2						d	
е	Total expenses (Part I, line 17) d	_					_e	
Part		ectors, Trustees, and	Kev F	Emplo	vees (L	st each nerso		vas an officer
· ai c		y employee at any time						
	instructions.)	T				T		T
	(A) Name and address	(B) Title and average hours		Compe	nsation enter -0)	(D) Contribution employee benefit	t plans &	(E) Expense account and other
	. ,	per week devoted to position	(11 not	раіа, є	enter -u)	deferred compensa	tion plans	allowances
	STOPHER S VOGELMAN DC CHAPMAN DR	PRESIDENT			0		0	0
	VILLE, MD 26857	0 00			J		Ŭ	
MICH	AEL HAWKINSON DC	VICE PRESIDENT						
	KE ROAD DIE, MO 63055	0 00			0		0	0
	D BITTNER DC							
40 A I	RPORT AVE	SECRETARY 0 00			0		0	0
	PIDS,WI 54495	0 00						
	DRTOFTNESS DC ELLERAVES	TREASURER			0		0	0
	Y, WI 54001	0 00			Ü		Ü	
BRIAN	I J SNYDER DC	DIRECTOR						
	DERHAKE	0 00			0		0	0
	AS TOFTNESS DC							
	2ND AVE	DIRECTOR 0 00			0		0	0
	ERLAND, WI 54829	0 00						
	ICK WHALEN DC AIN ST	DIRECTOR			0		0	0
	INGTON, WI 53530	0 00			J		U	
	ON GOFF DC	DIRECTOR						
	1 29 PALMS	0 00			0		0	0
	A VALLEY, CA 92284 TEL HARLOW DC							
	ORIDA ST	DIRECTOR			0		0	0
	LE,AL 36602	0 00						
	PACE DC	DIRECTOR			0		0	0
PO BC	7X 95 FIELD, WI 53964	0 00			U		U	

	V A Commant Officers Director	a Tauretone and No.	F	(nund)			T
	V-A Current Officers, Director		· · · · · · · · · · · · · · · · · · ·		1	Yes	No
1	Enter the total number of officers, directo	rs, and trustees permitted	_	n business at board			
	meetings		<u>▶</u> 10				
	Are any officers, directors, trustees, or ke						
	employees listed in Schedule A , Part I , oi	highest compensated pr	ofessional and other inc	lependent			
	contractors listed in Schedule A , Part II-	A or II-B, related to each	n other through family or	business			
ı	relationships? If "Yes," attach a statemer	nt that identifies the indiv	iduals and explains the	relationship(s) .	75b		No
	Do any officers, directors, trustees, or ke	hest compensated					
,	employees listed in Schedule A , Part I , oi	highest compensated pr	ofessional and other inc	lependent			
contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether							
1	tax exempt or taxable, that are related to	the organization? See the	e instructions for the de	finition of "related	75c		No
	organızatıon"						
	If "Yes," attach a statement that includes	the information describe	d in the instructions				
	Does the organization have a written conf	lict of interest policy? .			75d		No
	V-B Former Officers, Director				satio	n or (Othe
	Benefits (If any former offi (described below) during the benefits in the appropriate of	year, list that person olumn. See the instru	below and enter the		sation		er
	(A) Name and address	(B) Loans and Advances	(If not paid enter -0-)	and deferred compensation		ner allow	
_				p.ian.e			
7:	VI Other Information (See the	instructions)				Yes	No
	Did the organization make a change in its activities		vities? If "Yes." attach a			103	140
	detailed statement of each change	-	·		76		N ₀
							No
	Were any changes made in the organizing		but not reported to the	IRS?	77		No
	If "Yes," attach a conformed copy of the o						
	Did the organization have unrelated business gross	income of \$1,000 or more dur	ing the year covered by this	return? • • •	78a		No
	If "Yes," has it filed a tax return on Form	990-T for this year? .			78b		
,	Was there a liquidation, dissolution, termination, oi	substantial contraction during	the year? If "Yes," attach				
	a statement				79		Νο
1	Is the organization related (other than by associati	on with a statewide or nationw	ide organization) through cor	nmon membership,			
•	governing bodies, trustees, officers, etc , to any ot	her exempt or nonexempt orga	anızatıon?		80a		No
	If "Yes," enter the name of the organization	n 🌬					
•	in 183, enter the hame of the organization		ıs exempt or no	navamnt			
	Enter direct or indirect national actions			mexempt			
	Enter direct or indirect political expenditu				041		NI -
	Did the organization file Form 1120-POL for	JI LIIIS VEdi'			81b	i	l No

Dar	t VI Other Information (continued)		V	No.
			Yes	No
82a	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		Νο
b	If "Yes," you may indicate the value of these items here Do not include this amount as revenue			
	ın Part I or as an expense ın Part II(See ınstructions ın Part III)......			
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	Yes	
Ь	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	Yes	
84a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a		Νο
Ь	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	84b		
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?	85a		
ь	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	85b		
	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 the prior year			
c	Dues assessments, and similar amounts from members 85c			
d	Section 162(e) lobbying and political expenditures 85d	1		
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	1		
	Taxable amount of lobbying and political expenditures (line 85d less 85e) 85f	1		
	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g		
_	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		
86	501(c)(7) orgs. Enter a Initiation fees and capital contributions included on line 12 86a			
	Gross receipts, included on line 12, for public use of club facilities 86b	1		
87 87	501(c)(12) orgs. Enter a Gross income from members or shareholders 87a	1		
	Gross income from other sources (Do not net amounts due or paid to other	-		
	sources against amounts due or received from them)			
88a	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		No
Ь	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		No
en-	501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under	880		110
оэа	section 4911 • 0 , section 4915 • 0 , section 4955			
L		-		
D	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		No
С	Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
d	Enter Amount of tax on line 89c, above, reimbursed by the organization			
е	All organizations. At any time during the tax year was the organization a party to a prohibited tax shelter			
	transaction?	89e		No
f	All organizations. Did the organization acquire direct or indirect interest in any applicable insurance contract?			
•	7.11 organizacionis. Bia che organizacioni acquire anece or manece interese in any applicable insurance contract			
		89f		No
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		Νo
90a	List the states with which a copy of this return is filed 🕨			
b	Number of employees employed in the pay period that includes March 12, 2007 (See instructions)			1
91a	The books are in care of L DAVID R TOFTNESS Telephone no L (715)	268-7	500	
	102 KELLER AVE S			
	Located at F AMERY, WI ZIP + 4 F 54001			
h	At any time during the calendar year, did the organization have an interest in or a signature or other authority			
U	over a financial account in a foreign country (such as a bank account, securities account, or other financial	[Yes	Νο
	account)?	91b		Νο
	If "Yes," enter the name of the foreign country ▶			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1 , Report of Foreign Bank and Financial Accounts			

At any time during the calendar year, did the organization maintain an If "Yes," enter the name of the foreign country Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of and enter the amount of tax-exempt interest received or accrued during and enter the amount of tax-exempt interest received or accrued during the amount of tax-exempt interest received or accrued during the second of the second					Yes	Page No
If "Yes," enter the name of the foreign country ► Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of and enter the amount of tax-exempt interest received or accrued duritation and enter the amount of tax-exempt interest received or accrued duritation and enter the amount of tax-exempt interest received or accrued duritation and enter the amount of tax-exempt interest received or accrued duritation and enter the amount of tax-exempt interest received or accrued duritation. It is a substitution of the content of the	- 	-6.46- 114-4 C4		01-	res	
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Did the organization, during the year, receive any runds, directly or indirectly or indire				. '	Yes	

Totals 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 (A) (B) (C)	Yes	No
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Type or print name and title		
Preparer's 2008-11-07		
Paid signature CARLSON HIGHLAND COLLP		
Preparer's Firm's name (or yours		
if self-employed), address, and ZIP + 4 CARLSON HIGHLAND & CO LLP		
- CARLSON HIGHLAND & CO LLI		
301 KELLER AVENUE S AMERY, WI 54001		

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As Filed Data -

DLN: 93490312002438

SCHEDULE A (Form 990 or 990EZ)

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),

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

Supplementary Information—(See separate instructions.)

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

OMB No 1545-0047

2007

Name of the organization FOUNDATION FOR THE ADVANCEMENT OF CHIROPRACTIC RESEARCH INC			Employer identifica	ation number
Part I Compensation of the Five			cers, Directors, a	nd Trustees
(See page 1 of the instruction (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
None				
_				
Total number of other employees paid over \$50,000				
Part II-A Compensation of the (See page 2 of the instru	I Five Highest Paid Independent Under the Highest Paid Independent Under the Highest Paid Independent Figure 1			
"None.") (a) Name and address of each independent	contractor paid more than \$50,0	00 (b) Typ	e of service	(c) Compensation
None				
Total number of others receiving over \$50,0 professional services				
	Five Highest Paid Indepe o performed services other in enter "None". See page 2 fo	than professional s		
(a) Name and address of each independent			e of service	(c) Compensation
None				
Total number of other contractors receiving				

Par	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, include any attempted	t		
	to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurre	d ın		
	connection with the lobbying activities ► \$(Must equal amounts on line 38, Part VI-A, or line	e		l
	ı of Part VI-B)	1		Νo
	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 th	е		ĺ
	lobbying activities			ĺ
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any			ĺ
	substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or wit	h		
	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.)			
а	Sale, exchange, or leasing property?	2a		Νo
Ь	Lending of money or other extension of credit?	2b		Νo
c	Furnishing of goods, services, or facilities?	2c		Νo
d	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2d		No
e	Transfer of any part of its income or assets?	2e		Νo
За	Did the organization make grants for scholarships, fellowships, student loans, etc ? (If "Yes," attach an explanation	1 <u> </u>		
	of how the organization determines that recipients qualify to receive payments)	3a	İ	No
ь	Did the organization have a section 403(b) annuity plan for its employees?	3b		Νo
c	Did the organization receive or hold an easement for conservation purposes, including easements to preserve oper space, the environment , historic land areas or structures? If "Yes" attach a detailed statement	3c		Νo
d	Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?	3d		Νo
4a	Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g	nes 4a		Νo
b	Did the organization make any taxable distributions under section 4966?	4b		
c	Did the organization make a distribution to a donor, donor advisor, or related person?	4c		
d	Enter the total number of donor advised funds owned at the end of the tax year		•	
e	Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year			
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 right to provide advice on the distribution or investment of amounts in such funds or accounts			
g	Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax vear			

14

P	art I	Reason for Non-Private	oundation Status	(See pages 4 th	rough 7 of the	instructions.)		
Icer	tify th	at the organization is not a private four	•	· · · · · · · · · · · · · · · · · · ·	* *	ох)		
5	Γ	A church, convention of churches, or	association of churche	s Section 170(b)(1)(A)(ı)			
6	Γ	A school Section 170(b)(1)(A)(II) (A	lso complete Part V)					
7	Γ	A hospital or a cooperative hospital s	ervice organization Se	ection 170(b)(1)(A)	(111)			
8	Γ	A federal, state, or local government	or governmental unit S	section 170(b)(1)(A)(v)			
9	Γ	A medical research organization oper	ated in conjunction wit	h a hospital Section	170(b)(1)(A)(ıı	ı) Enter the hos	spital's name, city,	
10	Γ	An organization operated for the bene Section 170(b)(1)(A)(iv) (Also comp	-		ated by a govern	mental unit		
11a	Γ	An organization that normally receive Section 170(b)(1)(A)(vi) (Also comp	•	· · · -	overnmental unit	or from the gen	eral public	
11b	Γ	A community trust Section 170(b)(1)(A)(vı) (Also complet	e the Support Sched	edule ın Part IV-A)			
12	্ন	An organization that normally receives (1) more than 331/3% 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 331/3% 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	Γ	An organization that is not controlled requirements of section 509(a)(3) C		•	-	•	e meets the	
		Type I Type II Typ	e III - Functionally Int	egrated \Box T	ype III - Other			
		Provide the following informa	tion about the support	ed organizations. (s	see page 7 of the	e instructions.)		
ı	Name	(a) (s) of supported organization(s)	(b) Employer ident if icat ion number	(c) Type of organization (described in lines 5 through 12 above or	(d) Is the sup organization li supporting org governing do	ported sted in the panization's	(e) Amount of support?	
				IRC section)	Yes	No		
Tota						<u> </u>		

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

Schedule A (For	m 990 or 990-EZ) 2007	Page 4
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 u	se the worksheet in the instructions for converting from the accrual to the cash method of accounting.	

Cale	endar year (or fiscal year beginning in)	(a) 2006	(b) 2005	(c) 2004	(d) 2	2003	(e) Total
15	Gifts, grants, and contributions received (Do not	50	40	650			740
16	Include unusual grants See line 28) Membership fees received	6,701	8,400	14,300		14,025	43,426
17	Gross receipts from admissions, merchandise	0,701	0,400	14,500		14,023	45,420
_,	sold or services performed, or furnishing of	E 047	0. 530	E 257		10.266	20.200
	facilities in any activity that is related to the	5,047	9,530	5,257		10,366	30,200
	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	6.453	2 570	4 004		643	40.72
	unrelated business taxable income (less section	6,452	2,579	1,091		612	10,734
	511 taxes) from businesses acquired by the						
10	organization after June 30, 1975 Net income from unrelated business activities						
19	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			25		248	273
23	Total of lines 15 through 22	18,250	20,549	21,323		25,251	85,373
24	Line 23 minus line 17	13,203		16,066		14,885	
25	Enter 1% of line 23	183	205	213		253	,-:-
26	Organizations described on lines 10 or 11: a	nter 2% of amoun	t ın column (e). lır		26a		
	Prepare a list for your records to show the name of						
	than a governmental unit or publicly supported org						
	2005 exceeded the amount shown in line 26a Do						
	of all these excess amounts	not the this list w	ich your recum. E	.iiter tile total	26b		
_	Total support for section 509(a)(1) test. Enter line	a 24 column (a)			26c		•
_	Add Amounts from column (e) for lines 18	e 24, column (e)	19	•	1200	<u> </u>	
C	-				1 264	!	
	22		_ ^{26b}	<u> </u>	26d		
	Public support (line 26c minus line 26d total)		(26e	<u> </u>	
-	Public support percentage (line 26e (numerator) d		<u> </u>	<u> </u>	26f	<u> </u>	1.5 1 11
27	Organizations described on line 12: a For amou					•	•
	prepare a list for your records to show the name of	•		n year from, each	ı "dısqua	lified per	son "
	Do not file this list with your return. Enter the sur		·	1 000	(2002)		700
_	(2006) 700(2005)		(2004)		(2003)	1	700
E	For any amount included in line 17 that was receiv						
	records to show the name of, and amount received						
	or (2) \$5,000 (Include in the list organizations de						
	return. After computing the difference between the		and the larger an	nount described ii	n (1) or (2) , enter	tne sum or
	these differences (the excess amounts) for each y	ear	(2004)		(2002)		
	(2006)(2005)		(2004)		(2003) -		
	Add American Survey (-) Sendings		740 16	42.426			
•	Add Amounts from column (e) for lines 15		740 16	43,426		l I	
	17 30,200 20		0 21	0	•	27c	74,36
	Add Line 27a total 3,000	and line 27b tot	al			27d	3,000
	Public support (line 27c total minus line 27d total				•	27e	71,360
f	Total support for section 509(a)(2) test Enter am	ount from line 23	, column (e) 🕨	27f	85,373]	
ç	Public support percentage (line 27e (numerator) d			▶	27g		8359 32 %
ŀ	Investment income percentage (line 18, column (ϵ	e) (numerator) div	ided by line 27f (denominator)) 🟲	27h		1257 31 %
28	Unusual Grants: For an organization described in li	ne 10, 11, or 12 t	hat received any	unusual grants d	uring 20	02 throu	gh 2005,
	prepare a list for your records to show, for each ye	ar, the name of th	e contributor, the	date and amount	of the g	ant, 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

Pa	(To be completed ONLY by schools that checked the box on line 6 in Part IV)			
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws,		Yes	No
	other governing instrument, or in a resolution of its governing body?	29		
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,			l
	programs, and scholarships?	30		l
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?	31		
	If "Yes," please describe, if "No," please explain (If you need more space, attach a separate statement)			
32	Does the organization maintain the following			
	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a		l
		J24		
	p Records documenting that scholarships and other financial assistance are awarded on racially nondiscriminatory basis?	32b		
(Copies of all catalogues, brochures, announcements, and other written communications to the public dealing	ļ	[ļ
	with student admissions, programs, and scholarships?	32c		
C	Copies of all material used by the organization or on its behalf to solicit contributions?	32d		
	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			
ā	Students' rights or privileges?	33a	<u> </u>	
ŀ	Admissions policies?	33b		
•	Employment of faculty or administrative staff?	33c		
ď	Scholarships or other financial assistance?	33d		
•	Educational policies?	33e		
f	Use of facilities?	33f		
g	Athletic programs?	33g		
ŀ	Other extracurricular activities?	33h		
	If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement)			
34a	Does the organization receive any financial aid or assistance from a governmental agency?	34a		
	Has the organization's right to such aid ever been revoked or suspended?	34b		
	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		ı

Total lobbying expenditures (Add lines **c** through **h.**)

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

Che	ck 🕨 a 🦵 ıf the organization belon	gs to an affiliated group Check 🏾	🟲 b 🗍 Ifyouch	hecked	"a" and	"lımıted	contro	l" provisions app
	Limits on L	obbying Expenditures s" means amounts paid or incurred	-		A ffiliat	(a) ed group otals	,	(b) To be completed for all electing organizations
36	Total lobbying expenditures to influ	ence public opinion (grassroots lobl	bying)	36				
37	Total lobbying expenditures to influ	ence a legislative body (direct lobby	yıng)	37				
38	Total lobbying expenditures (add lin	es 36 and 37)		38				
39	Other exempt purpose expenditures			39				
	Total exempt purpose expenditures			40				
	Lobbying nontaxable amount Enter	,	_					
	If the amount on line 40 is—	The lobbying nontaxable amount						
	Not over \$500,000	20% of the amount on line 40						
	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 \$	s1,000,000	41				
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1	,					
	Over \$17,000,000	\$1,000,000						
42		, , ,		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			44				
		er line 43 or line 44, you must file Fo						
	(Some organizations that	4-Year Averaging Period U made a section 501(h) election do instructions for lines 45 through 5	nder Section not have to com 0 on page 11 of t	plete a	II of the f tructions)		
	(Some organizations that	4-Year Averaging Period U made a section 501(h) election do instructions for lines 45 through 5	nder Section not have to com	plete a	II of the f tructions)		
	(Some organizations that	4-Year Averaging Period U made a section 501(h) election do instructions for lines 45 through 5	nder Section not have to com 0 on page 11 of t	ures D	II of the f tructions) ear Avera		
45	(Some organizations that See the	4-Year Averaging Period U made a section 501(h) election do instructions for lines 45 through 5 Lo (a)	nder Section not have to com 0 on page 11 of to bbbying Expendit (b)	ures D	II of the f tructions uring 4-Ye (c)) ear Avera	aging F	Period (e)
45	(Some organizations that See the Calendar year (or fiscal year beginning in)	4-Year Averaging Period U made a section 501 (h) election do instructions for lines 45 through 5 Lo (a) 2007	nder Section not have to com 0 on page 11 of to bbbying Expendit (b)	ures D	II of the f tructions uring 4-Ye (c)) ear Avera	aging F	Period (e)
	(Some organizations that See the Calendar year (or fiscal year beginning in) > Lobbying nontaxable amount	4-Year Averaging Period U made a section 501 (h) election do instructions for lines 45 through 5 Lo (a) 2007	nder Section not have to com 0 on page 11 of to bbbying Expendit (b)	ures D	II of the f tructions uring 4-Ye (c)) ear Avera	aging F	Period (e)
46	(Some organizations that See the See	4-Year Averaging Period U made a section 501 (h) election do instructions for lines 45 through 5 Lo (a) 2007	nder Section not have to com 0 on page 11 of to bbbying Expendit (b)	ures D	II of the f tructions uring 4-Ye (c)) ear Avera	aging F	Period (e)
46 47	(Some organizations that See the See	4-Year Averaging Period U made a section 501 (h) election do instructions for lines 45 through 5 (a) 2007	nder Section not have to com 0 on page 11 of to bbbying Expendit (b)	ures D	II of the f tructions uring 4-Ye (c)) ear Avera	aging F	Period (e)
46 47 48	(Some organizations that See the See t	4-Year Averaging Period U made a section 501 (h) election do instructions for lines 45 through 5 (a) 2007	nder Section not have to com 0 on page 11 of to bbbying Expendit (b)	ures D	II of the f tructions uring 4-Ye (c)) ear Avera	aging F	Period (e)
46 47 48 49	(Some organizations that See the See	4-Year Averaging Period U made a section 501 (h) election do instructions for lines 45 through 5 (a) 2007 line 45(e)) y Nonelecting Public Charit	nder Section not have to com 0 on page 11 of to bbbying Expendit (b) 2006	plete a	III of the f tructions uring 4-Ye (c) 2005	ear Avera	aging (d) 004	Period (e) Total
46 47 48 49 50 Pal	(Some organizations that See the See	4-Year Averaging Period U made a section 501 (h) election do instructions for lines 45 through 5 (a) 2007 Iline 45(e)) y Nonelecting Public Charit organizations that did not com mpt to influence national, state or l	nder Section not have to com 0 on page 11 of to bbying Expendit (b) 2006 sies plete Part VI-A ocal legislation,	aplete a the ins	uring 4-Ye (c) 2005	ear Avera	aging (d) 004	Period (e) Total
46 47 48 49 50 Pal	(Some organizations that See the See	4-Year Averaging Period U made a section 501 (h) election do instructions for lines 45 through 5 (a) 2007 Iline 45(e)) y Nonelecting Public Charit organizations that did not com mpt to influence national, state or l	nder Section not have to com 0 on page 11 of to bbying Expendit (b) 2006 sies plete Part VI-A ocal legislation,	aplete a the ins	uring 4-Ye (c) 2005	ear Avera	e inst	Period (e) Total
46 47 48 49 50 Pa	(Some organizations that See the See	4-Year Averaging Period U made a section 501 (h) election do instructions for lines 45 through 5 (a) 2007 Iline 45(e)) y Nonelecting Public Charit organizations that did not com mpt to influence national, state or legislative matter or referendum, thr	nder Section not have to com 0 on page 11 of to bbying Expendit (b) 2006 Lies plete Part VI-A ocal legislation, rough the use of	A) (Se	uring 4-Ye (c) 2005	ear Avera	e inst	Period (e) Total
46 47 48 49 50 Pa Durri attei a b c	Calendar year (or fiscal year beginning in) Lobbying nontaxable amount Lobbying ceiling amount (150% of Total lobbying expenditures Grassroots nontaxable amount Grassroots ceiling amount (150% Grassroots lobbying expenditures rt VI-B Lobbying Activity b (For reporting only by ng the year, did the organization attempt to influence public opinion on a lobbying activity begin and staff or management (Include Media advertisements	4-Year Averaging Period U made a section 501 (h) election do instructions for lines 45 through 5 (a) 2007 Iline 45(e)) y Nonelecting Public Charit organizations that did not com mpt to influence national, state or legislative matter or referendum, thr compensation in expenses reporte	nder Section not have to com 0 on page 11 of to bbying Expendit (b) 2006 Lies plete Part VI-A ocal legislation, rough the use of	A) (Se	uring 4-Ye (c) 2005	ear Avera	e inst	Period (e) Total
46 47 48 49 50 Pa Duri atter a b c d	Calendar year (or fiscal year beginning in) Lobbying nontaxable amount Lobbying ceiling amount (150% of Total lobbying expenditures Grassroots nontaxable amount Grassroots ceiling amount (150% Grassroots lobbying expenditures rt VI-B Lobbying Activity b (For reporting only by ng the year, did the organization attempt to influence public opinion on a loboling advertisements Paid staff or management (Include Media advertisements Mailings to members, legislators, or	4-Year Averaging Period U made a section 501 (h) election do instructions for lines 45 through 5 (a) 2007 Inne 45(e)) y Nonelecting Public Charit organizations that did not com mpt to influence national, state or legislative matter or referendum, thr compensation in expenses reporte	nder Section not have to com 0 on page 11 of to bbying Expendit (b) 2006 Lies plete Part VI-A ocal legislation, rough the use of	A) (Se	uring 4-Ye (c) 2005	ear Avera	e inst	Period (e) Total
46 47 48 49 50 Pal Duri atter a b c d e	Calendar year (or fiscal year beginning in) Lobbying nontaxable amount Lobbying ceiling amount (150% of Total lobbying expenditures Grassroots nontaxable amount Grassroots ceiling amount (150% Grassroots lobbying expenditures rt VI-B Lobbying Activity by (For reporting only by ng the year, did the organization attempt to influence public opinion on a livolunteers Paid staff or management (Include Media advertisements Mailings to members, legislators, or Publications, or published or broad	4-Year Averaging Period U made a section 501 (h) election do instructions for lines 45 through 5 (a) 2007 Iline 45(e)) y Nonelecting Public Charit organizations that did not com mpt to influence national, state or legislative matter or referendum, thr compensation in expenses reporte or the public cast statements	nder Section not have to com 0 on page 11 of to bbying Expendit (b) 2006 Lies plete Part VI-A ocal legislation, rough the use of	A) (Se	uring 4-Ye (c) 2005	ear Avera	e inst	Period (e) Total
46 47 48 49 50 Pa Duri atter a b c d	Calendar year (or fiscal year beginning in) Lobbying nontaxable amount Lobbying ceiling amount (150% of Total lobbying expenditures Grassroots nontaxable amount Grassroots ceiling amount (150% Grassroots lobbying expenditures rt VI-B Lobbying Activity b (For reporting only by ng the year, did the organization attempt to influence public opinion on a loborate volunteers Paid staff or management (Include Media advertisements Mailings to members, legislators, or Publications, or published or broad Grants to other organizations for local	4-Year Averaging Period U made a section 501 (h) election do instructions for lines 45 through 5 (a) 2007 Iline 45(e)) y Nonelecting Public Charit organizations that did not com mpt to influence national, state or legislative matter or referendum, thr compensation in expenses reporte or the public cast statements	nder Section not have to com 0 on page 11 of to bbying Expendit (b) 2006 Lies Tiplete Part VI-A ocal legislation, rough the use of d on lines c throu	A) (Se	uring 4-Ye (c) 2005	ear Avera	e inst	Period (e) Total

Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See page 12 of the instructions.)

1 Did the			age 12 of the instructions.) If engage in any of the following in	with any other organization descr	thad in	coctio	
		·) organizations) or in section 527			sectio	п
			ncharitable exempt organization		[Yes	No
	Cash	,			51a(i)	.03	No
	O ther assets				a(ii)		No
	transactions						
_		of assets with a noncl	narıtable exempt organization		b(i)		No
	Purchases of assets		· =		b(ii)		No
	Rental of facilities, ed		· •		b(iii)		No
	Reimbursement arrar			ŀ	b(iv)		No
	Loans or loan guaran	_			b(v)		Νo
(vi)	Performance of service	ces or membership o	r fundraising solicitations		b(vi)		Νo
c Sharin	g of facilities, equipm	ent, mailing lists, oth	er assets, or paid employees		С		Νo
d If the a	answer to any of the a	bove is "Yes," comp	ete the following schedule Colun	ı nn (b) should always show the faı	r marke	t valu	e of th
goods,	other assets, or serv	rices given by the rep	oorting organization If the organiz	zation received less than fair mar	rket valı	ue in a	ny
			mn (d) the value of the goods, ot				•
	<u>-</u>	<u>, </u>		(d)			
(a) Line no	(b) A mount involved	Name of nonch	(c) aritable exempt organization	Description of transfers, trans		, and	sharın
	// mount involved	italia or nonen	antable exempt organization	arrangemen	ıts		
) - To the							
			l with, or related to, one or more t nan section 501(c)(3)) or in secti		_	Yes	굣
	s," complete the follow		ian section 301(c)(3)) of in secti	IOII 327.	,	163	Į*
D 11 163		wing schedule	1 (1)				
	(a) Name of organiza	ation	(b) Type of organization	(c) Description of relat	tionshin		
	Nume of organiza	1011	Type of organization	Description of relati			

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TY 2007 Cash Grants Paid Schedule

Name: FOUNDATION FOR THE ADVANCEMENT OF

CHIROPRACTIC RESEARCH INC

EIN: 39-1389462

Class of Activity	Recipient's name	Address	Amount	Relationship
CHIROPRACTIC RESEARCH	LOGAN COLLEGE OF CHIROPRACTIC	PO BOX 1065 CHESTERFIELD, MO 63006	4,375	
CHIROPRACTIC RESEARCH	LOGAN COLLEGE OF CHIROPRACTIC	PO BOX 1065 CHESTERFIELD, MO 63006	4,375	

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TY 2007 Other Income Schedule

Name: FOUNDATION FOR THE ADVANCEMENT OF

CHIROPRACTIC RESEARCH INC

EIN: 39-1389462

Description	2006	2005	2004	2003	Total
MISCELLANEOUS			25	248	273