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Form **990-PF**

Department of the Treasury Internal Revenue Service

Return of Private Foundation

or Section 4947(a)(1) Nonexempt Charitable Trust Treated as a Private Foundation

Note. The foundation may be able to use a copy of this return to satisfy state reporting requirements.

OMB No 1545-0052 2008

For calendar year 2008, or tax year beginning and ending G Check at that apply: Initial return Final return Amended return Address change Name change Name of foundation A Employer identification number Use the IRS label. MICHIGAN CHIROPRACTIC FOUNDATION Otherwise, 38-3146611 print Number and street (or P O box number if mail is not delivered to street address) Room/suite B Telephone number or type 416 W IONIA STREET 517-367-2225 See Specific City or town, state, and ZIP code C If exemption application is pending, check here Instructions LANSING, MI 48933 1. Foreign organizations, check here Foreign organizations meeting the 85% test, check here and attach computation H Check type of organization: X Section 501(c)(3) exempt private foundation Section 4947(a)(1) nonexempt charitable trust _____ Other taxable private foundation E If private foundation status was terminated I Fair market value of all assets at end of year J Accounting method: under section 507(b)(1)(A), check here (from Part II, col (c), line 16) Other (specify) If the foundation is in a 60-month termination ▶\$ 410,377 (Part I, column (d) must be on cash basis) under section 507(b)(1)(B), check here Part | Analysis of Revenue and Expenses (d) Disbursements (c) Adjusted net (a) Revenue and (b) Net investment (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a)) charitable purposes (cash basis only) expenses per books income ıncome 39,229 Contributions, gifts, grants, etc., received Check If the foundation is not required to attach Sch. B Interest on savings and temporary cash investments 702 12,702 STATEMENT Dividends and interest from securities 5a Gross rents SCANNED EEB h Net rental income or (loss) 6a Net gain or (loss) from sale of assets not on line 10 b Gross sales price for all assets on line 6a 0 7 Capital gain net income (from Part IV, line 2) JAN 0 8 Net short-term capital gain Income modifications 10a Gross sales less returns and allowances OGDEN b Less Cost of goods sold c Gross profit or (loss) 11 Other income 931 12,702 0 Total. Add lines 1 through 11 0 0 0 0. 13 Compensation of officers, directors, trustees, etc. 14 Other employee salaries and wages 15 Pension plans, employee benefits 16a Legal fees **b** Accounting fees STMT 2 3,450 0 0 3,450 c Other professional fees and Administrative 17 Interest 18 Taxes 19 Depreciation and depletion 20 Occupancy 21 Travel, conferences, and meetings 4,300 0 4,300. 22 Printing and publications 0 STMT 3 8,567 200 0 8,367. perating 23 Other expenses 24 Total operating and administrative 16.317 200 0 expenses. Add lines 13 through 23 16,117. 25 Contributions, gifts, grants paid 26 Total expenses and disbursements. 16,317 200 0 16,117. Add lines 24 and 25 27 Subtract line 26 from line 12: 35,614 2 Excess of revenue over expenses and disbursements 12,502 b Net investment income (if negative, enter -0-) C Adjusted net income (if negative, enter -0-) 0.

LHA For Privacy Act and Paperwork Reduction Act Notice, see the instructions.

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F	art	Balance Sheets Attached schedules and amounts in the description	beginning of year	E110 0	year
<u>-</u>		Column Should be for end of year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value
		Cash - mon-interest-bearing			
		Savings and temporary cash investments	10,110.	100,313.	100,313.
	3	Accounts receivable >			
		Less: allowance for doubtful accounts ▶			
	4	Pledges receivable ►			
		Less: allowance for doubtful accounts			
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other			_
		disqualified persons			
	7	Other notes and toans receivable			<u> </u>
		Less; allowance for doubtful accounts	i		
2	8	Inventories for sale or use			
Assets	9	Prepaid expenses and deferred charges			
Ą	1	Investments - U.S. and state government obligations			
	1	Investments - corporate stock			, , , , , , , , , , , , , , , , , , , ,
	1	Investments - corporate bonds			
	I	Investments - land, buildings, and equipment basis			
	'''	Less accumulated depreciation			
	12	Investments - mortgage loans			
	13	Investments - other			
	1	Land, buildings, and equipment; basis			
	'"	Less accumulated depreciation			
	4.5		349,748.	205 150	210 064
	15	Other assets (describe ► STATEMENT 4	349,/48.	<u>295,159.</u>	310,064.
	1.	Table and the head and built flows	350 050	205 472	410 200
-		Total assets (to be completed by all filers)	359,858.	395,472.	410,377.
	1	Accounts payable and accrued expenses			
		Grants payable	0.	0.	
Liabilities	19	Deferred revenue			
Ħ		Loans from officers, directors, trustees, and other disqualified persons			
Lial		Mortgages and other notes payable			
_	22	Other liabilities (describe >)			
				_	
_	23	Total liabilities (add lines 17 through 22)	0.	0.	
		Foundations that follow SFAS 117, check here			
ຜ		and complete lines 24 through 26 and lines 30 and 31.			
ces	24	Unrestricted	359,858.	<u>395,472.</u>	
ılar	25	Temporarily restricted			
8	26	Permanently restricted			
Net Assets or Fund Balan	İ	Foundations that do not follow SFAS 117, check here			
ī		and complete lines 27 through 31.			
S	27	Capital stock, trust principal, or current funds			
set	28	Paid-in or capital surplus, or land, bldg., and equipment fund			
As	29	Retained earnings, accumulated income, endowment, or other funds			
Š	30	Total net assets or fund balances	359,858.	395,472.	
_					
	31	Total fiabilities and net assets/fund balances	359,858.	395,472.	
	art	Analysis of Changes in Net Assets or Fund Ba	alances		
뜨	arı	Analysis of Changes in Net Assets of Fund Bo			
1	Total	net assets or fund balances at beginning of year - Part II, column (a), line 3	30		
	(mus	t agree with end-of-year figure reported on prior year's return)		1	359,858.
2	Enter	amount from Part I, line 27a	2	35,614.	
3	Other	3	0.		
4	Add I	nes 1, 2, and 3		4	395,472.
		ases not included in line 2 (itemize)		5	0.
		net assets or fund balances at end of year (line 4 minus line 5) - Part II, co	lumn (b), line 30	6	395,472.
					Form 990-PF (2008)

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate. See the Part VI instructions.

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8 Enter qualifying distributions from Part XII, line 4

Forn	1 990-PF (2008) MICHIGAN CHIROPRACTIC FOUNDATION 38-3146	611		Page 4
Pa	art VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see	nstru	ctio	ns)
1a	Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1.			
	Date of ruling letter: (attach copy of ruling letter if necessary-see instructions)			
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here and enter 1%		2	50.
	of Part I, line 27b			
C	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b)			
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)			0.
3	Add lines 1 and 2		2	50.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)			0.
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-		2	50.
6	Credits/Payments:			
a	2008 estimated tax payments and 2007 overpayment credited to 2008			
b	Exempt foreign organizations - tax withheld at source			
C	Tax paid with application for extension of time to file (Form 8868)			
d	Backup withholding erroneously withheld			
7	Total credits and payments. Add lines 6a through 6d			0.
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached 8			
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed		2	50.
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid			
11	Enter the amount of line 10 to be: Credited to 2009 estimated tax			
Pa	rt VII-A Statements Regarding Activities			
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in		Yes	No
	any political campaign?	1a		X
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for definition)?	1b		X
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or			
	distributed by the foundation in connection with the activities			
C	Did the foundation file Form 1120-POL for this year?	1c		Х
đ	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:			
	(1) On the foundation. \blacktriangleright \$ 0 . (2) On foundation managers. \blacktriangleright \$ 0 .			
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation			
	managers. ▶ \$ 0 .			
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2		х
	If "Yes," attach a detailed description of the activities.			
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or			
	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3		<u> </u>
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	4b		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5		X
	If "Yes," attach the statement required by General Instruction T.			
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:			
	By language in the governing instrument, or			
	By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law	1		
	remain in the governing instrument?	6		<u>X</u>
7	Did the foundation have at least \$5,000 in assets at any time during the year?	7	X	
	If "Yes," complete Part II, col. (c), and Part XV.			
8a	Enter the states to which the foundation reports or with which it is registered (see instructions)	1		
	MI			
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)			
	of each state as required by General Instruction G? If "No," attach explanation	8b	Х	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar	(T		
	year 2008 or the taxable year beginning in 2008 (see instructions for Part XIV)? If "Yes," complete Part XIV	9		<u>X</u> _
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses	10		X
	For	n 990 .	·PF(2008)

X

<u>3b</u>

4a

N/A

of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C.

b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that

Form 4720, to determine if the foundation had excess business holdings in 2008)

had not been removed from jeopardy before the first day of the tax year beginning in 2008?

4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?

Form 990-PF (2008) MICHIGAN CHIROPRACTIC FO	UNDATION		38-31466	11 P	age 6
Part VII-B Statements Regarding Activities for Which	Form 4720 May Be I	Required (contin	nued)		
5a During the year did the foundation pay or incur any amount to:					
(1) Carry on propaganda, or otherwise attempt to influence legislation (section	n 4945(e))?	Y	es X No		
(2) Influence the outcome of any specific public election (see section 4955); of	or to carry on, directly or indir				
any voter registration drive?			es X No		
(3) Provide a grant to an individual for travel, study, or other similar purposes		Y	es X No		
(4) Provide a grant to an organization other than a charitable, etc., organization	in described in section				
509(a)(1), (2), or (3), or section 4940(d)(2)?			es X No		
(5) Provide for any purpose other than religious, charitable, scientific, literary	, or educational purposes, or				
the prevention of cruelty to children or animals?			es X No		
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify un	•	in Regulations			
section 53.4945 or in a current notice regarding disaster assistance (see instru	•		N/A	5b	
Organizations relying on a current notice regarding disaster assistance check t					
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption f					
expenditure responsibility for the grant?		J/A ∐ Y	es L No		
If "Yes," attach the statement required by Regulations section 53 494	· ·				
6a Did the foundation, during the year, receive any funds, directly or indirectly, to	pay premiums on	<u>г</u>	[
a personal benefit contract?		Ye	es X No		
b Did the foundation, during the year, pay premiums, directly or indirectly, on a p	personal benefit contract?		 -	6b	<u>X</u>
If you answered "Yes" to 6b, also file Form 8870.	shaltar transaction O		es X No		
7a At any time during the tax year, was the foundation a party to a prohibited tax s b. If yes, did the foundation receive any proceeds or have any net income attribut		T1 TG		7b	
Information About Officers Directors Truck		nagers Highly		<u> </u>	
Part VIII Paid Employees, and Contractors	ood, i ouillaation me	agoro, riigini	•		
1 List all officers, directors, trustees, foundation managers and their	compensation.				
	(b) Title, and average	(c) Compensation	(d) Contributions to employee benefit plans and deferred	(e) Exper account, c	nșe
(a) Name and address	hòurs per week devoted to position	(If not paid, enter -0-)	and deferred compensation	account, c	ces
SEE STATEMENT 5		0.	0.		0.
· · · · · · · · · · · · · · · · · · ·				ļ	
·-		ľ			
				-	
		1			
2 Compensation of five highest-paid employees (other than those inc	luded on line 1). If none.	enter "NONE."			
	(b) Title, and average		(d) Contributions to employee benefit plans and deferred	(e) Exper account, o	nșe
(a) Name and address of each employee paid more than \$50,000	hours per week devoted to position	(c) Compensation	and deferred compensation	account, o allowanc	other Ses
NONE			,		
	<u> </u>				
200000			<u> </u>		
Total number of other employees paid over \$50,000				200 55	0
			Form \$	990-PF (20	J08)

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Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)	
3 Five highest-paid independent contractors for professional services. If none, enter "NONE."	
(a) Name and address of each person paid more than \$50,000 (b) Type of service	(c) Compensation
NONE	
Total number of others receiving over \$50,000 for professional services	▶ 0
Part IX-A Summary of Direct Charitable Activities	
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses
1	
SEE STATEMENT 6	16,117.
3	
4	
Part IX-B Summary of Program-Related Investments	
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.	Amount
1 <u>N/A</u>	
2	
	\exists
All other program-related investments. See instructions.	
	\exists
Total. Add lines 1 through 3)
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P	art X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations	ndations, s	ee instructions)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:	Γ΄-Τ	
a	Average monthly fair market value of securities	1 _a	289,501.
	Average of monthly cash balances	1b	124,085.
	Fair market value of all other assets	1c	
d		10	413,586.
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation) 1e 0.	}	
2	Acquisition indebtedness applicable to line 1 assets	1 2	0.
3	Subtract line 2 from line 1d	3	413,586.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	6,204.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	407,382.
6	Minimum investment return. Enter 5% of line 5	6	20,369.
P	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations are foreign organizations check here and do not complete this part.)	nd certain	
1	Minimum investment return from Part X, line 6		20,369.
2a	_ 1 1		
b	Income tax for 2008. (This does not include the tax from Part VI.)	i	
C	Add lines 2a and 2b	2c	250.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	20,119.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	20,119.
6	Deduction from distributable amount (see instructions)	6	0.
7_	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	20,119.
P	art XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
a	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	16,117.
	Program-related investments - total from Part IX-B	1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
a	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	<u>-</u>
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	16,117.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment		
	income. Enter 1% of Part I, line 27b	_5	0.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	16,117.
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation of 4940(e) reduction of tax in those years.	qualifies for t	he section

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Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2007	(c) 2007	(d) 2008
1 Distributable amount for 2008 from Part XI,				
line 7				20,119.
2 Undistributed income, if any, as of the end of 2007				
a Enter amount for 2007 only			3,825.	
b Total for prior years:				
		0.		
3 Excess distributions carryover, if any, to 2008:				
a From 2003				
b From 2004				
c From 2005				
d From 2006				
e From 2007				
f Total of lines 3a through e	0.			
4 Qualifying distributions for 2008 from				
Part XII, line 4: ► \$ 16,117.			2 005	
a Applied to 2007, but not more than line 2a			3,825.	
b Applied to undistributed income of prior		_	ĺ	
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus	0.			
(Election required - see instructions) d Applied to 2008 distributable amount				12,292.
e Remaining amount distributed out of corpus	0.			14,494.
5 Excess distributions carryover applied to 2008	0.			0.
(If an amount appears in column (d), the same amount must be shown in column (a))				
6 Enter the net total of each column as indicated below:	3			
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	0.			
b Prior years' undistributed income. Subtract				
line 4b from line 2b		0.		· ·
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed		0.		
d Subtract line 6c from line 6b. Taxable				
amount - see instructions		0.		
e Undistributed income for 2007. Subtract line				
4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2008. Subtract				
lines 4d and 5 from line 1. This amount must				
be distributed in 2009				7,827.
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3)	0.			
8 Excess distributions carryover from 2003				
not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2009.	,			
Subtract lines 7 and 8 from line 6a	0.			
O Analysis of line 9:				
a Excess from 2004				
b Excess from 2005 c Excess from 2006				
d Excess from 2007				
e Excess from 2008				
£ LAUGSS UIII 2000				Farm 000 PE (0000)

Part XIV Private Operating F	N CHIROPRAC	CTIC FOUNDA	(II-A guestion 9)		L46611 Page
1 a If the foundation has received a ruling of				N/A	
foundation, and the ruling is effective fo			' <u> </u>		
b Check box to indicate whether the found		-	d in section	4942(j)(3) or 4	942(j)(5)
2 a Enter the lesser of the adjusted net	Tax year	Todaladion accorde	Prior 3 years		J42()/(J)
income from Part I or the minimum	(a) 2008	(b) 2007	(c) 2006	(d) 2005	(e) Total
investment return from Part X for	(4) - 555	(0) 2001	(4) 2000	(6) 2000	(0) 10121
each year listed					
b 85% of line 2a		<u> </u>		 	
c Qualifying distributions from Part XII,					
line 4 for each year listed				 	
d Amounts included in line 2c not					
used directly for active conduct of					
exempt activities					<u> </u>
e Qualifying distributions made directly					
for active conduct of exempt activities.					
Subtract line 2d from line 2c 3 Complete 3a, b, or c for the			- 		
alternative test relied upon:					
a "Assets" alternative test - enter:					
(1) Value of all assets					
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b "Endowment" alternative test - enter		-			
2/3 of minimum investment return shown in Part X, line 6 for each year listed					
c "Support" alternative test - enter:					
(1) Total support other than gross					
investment income (interest,					
dividends, rents, payments on securities loans (section					
512(a)(5)), or royalties)			1		
(2) Support from general public					
and 5 or more exempt					
organizations as provided in section 4942(j)(3)(B)(iii)]
(3) Largest amount of support from				<u> </u>	
an exempt organization					
(4) Gross investment income	_				
Part XV Supplementary Info			/ if the foundatio	n had \$5,000 or m	ore in assets
at any time during t	he year-see the	instructions.)			
1 Information Regarding Foundatio	-				
a List any managers of the foundation wh	o have contributed more	than 2% of the total co	ntributions received by th	e foundation before the clo	se of any tax
year (but only if they have contributed m	iore than \$5,000). (See s	section 507(a)(2).)			
NONE					
b List any managers of the foundation who other entity) of which the foundation has	o own 10% or more of th s a 10% or greater intere	ne stock of a corporation st.	n (or an equally large por	tion of the ownership of a p	artnership or
NONE					
2 Information Regarding Contributi					
Check here 🕨 🗶 if the foundation o	nly makes contributions	to preselected charitabl	e organizations and does	not accept unsolicited requ	ests for funds. If
the foundation makes gifts, grants, etc.				complete items 2a, b, c, and	1 d.
a The name, address, and telephone numl	ber of the person to who	m applications should b	e addressed:		
b The form in which applications should b	e submitted and informa	tion and materials they	snould include:		
c Any submission deadlines:					
d Any restrictions or limitations on awards	s, such as by geographic	al areas, charitable field	s, kınds of ınstitutions, or	other factors:	
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Supplementary Information (continued) 3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Foundation show any relationship to Purpose of grant or Amount any foundation manager status of contribution Name and address (home or business) or substantial contributor recipient a Paid during the year NONE Totał 0. ▶ 3a b Approved for future payment LIFE UNIVERSITY, 1269 SCHOLARSHIPS BARCLAY CIRCLE, MARIETTA, FOR STUDENTS OF GA 30060 NONE CHIROPRACTIC 7,000. NATIONAL UNIVERSITY, 200 SCHOLARSHIPS E. ROOSEVELT RD., LOMBARD, FOR STUDENTS OF IL 60148 NONE CHIROPRACTIC 7,000. PALMER COLLEGE, 1000 BRADY SCHOLARSHIPS ST., DAVENPORT, IA 52806 FOR STUDENTS OF NONE CHIROPRACTIC 7,000. 21,000. Total 823611 01-02-09 Form **990-PF** (2008)

Part >	(VI-A	Analys	is of	Income	-Producing	g Activities
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Inter gross amounts unless otherwise indicated.	Unrelated	business income	Exclude	ed by section 512, 513, or 514	(e)
	(a) Business	(b) Amount	(C) Exclu- sion	(d) Amount	Related or exempt function income
1 Program service revenue:	code		code	Amount	
a			+		
b	_				
c	- 				
d			+-+		
e	-		+ +	_	
g Fees and contracts from government agencies					
2 Membership dues and assessments					
3 Interest on savings and temporary cash					· · · · · · · · · · · · · · · · · · ·
investments		<u>.</u>	14	12,702.	
4 Dividends and interest from securities		·- ·, · ·-			
5 Net rental income or (loss) from real estate:					
Debt-financed property					
b Not debt-financed property					
6 Net rental income or (loss) from personal property					
7 Other investment income					
8 Gain or (loss) from sales of assets other than inventory					
9 Net income or (loss) from special events					
Gross profit or (loss) from sales of inventory					
1 Other revenue:					
a	_				
b					
c					
d		· -			
e	_				
2 Subtotal. Add columns (b), (d), and (e)).	12,702.	
3 Total. Add line 12, columns (b), (d), and (e)				13	12,702.
See worksheet in line 13 instructions to verify calculations.)					

Part XVI-B	Relationship of Activities to the Accomplishment of Exempt Purposes
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Line No.	Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes).				
t					
823621 01-02-09	Form 990-PF (2008)				

F	Part XV	II Information Re Exempt Organ		and Transactions a	nd Relationships With Noncha	ritable	€		
1	Did the		rectly engage in any of the followi	ng with any other organization	described in section 501(c) of	7	Yes	No	
)(3) organizations) or in section 5						
			ation to a noncharitable exempt o						
	(1) Ca	ash				1a(1)		X	
	(2) Ot	her assets				1a(2)		X	
		ransactions:						-	
		ales of assets to a noncharita				16(1)		_X_	
			ncharitable exempt organization			1b(2)		_X_	
		ental of facilities, equipment,				1b(3)	\sqcup	_X_	
	٠.	eimbursement arrangements				1b(4)	$\vdash\vdash\vdash$	_X_ X	
(5) Loans or loan guarantees (6) Performance of services or membership or fundraising solicitations 1b(6)									
			uling lists, other assets, or paid er			1b(6)	\vdash	X	
				• •	ays show the fair market value of the goods,		L	<u> </u>	
					e in any transaction or sharing arrangement, s		,e15,		
			other assets, or services received		and the state of t				
(a)	Line no	(b) Amount involved	(c) Name of noncharitable		(d) Description of transfers, transactions, and	sharing ar	rangeme	nts	
	N/A								
				 					
				<u> </u>					
							<u>.</u>		
									
				<u> </u>					
28	a is the f	oundation directly or indirect	tly affiliated with, or related to, one	e or more tax-exempt organiza	ations described				
			r than section 501(c)(3)) or in sec	tion 527?		Yes	X	No	
<u>t</u>	ı f Yes,	complete the following sche		T					
		(a) Name of org	anization	(b) Type of organization	(c) Description of relations	nip			
		N/A	 						
		<u> </u>							
								—	
	Under per	nalties of perjury declare that I ha	ave examined this return, including acc	ompanying schedules and statemer	nts, and to the best of my knowledge and belief, it is	true, corre	ct.		
			r than taxpayer or fiduciary) is based on	all information of which preparer h					
		//////////////////////////////////////	Mules	1-12-2011	K				
힑	Sign	nature of officer or trustee		Date	Title				
n Here		Preparer's	' 0/ 0'	Da	te Check If Prepare	r's identify	ing numi	ber	
5	(2)	signature P Mou	ons Bloomfiel	02, CPA 1.	-8-201 ○ self- employed ►				
		Firm's name (or yours MANE)			EIN ►				
	_ 통회	f self-employed), 2425		R, SUITE 1					
		address, and ZIP code LANS	<u>ING, MI 48912</u>	2-3291	Phone no. (517)				
					Foi	rm 990	-PF (2	(800)	

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

► Attach to Form 990, 990-EZ, and 990-PF.

OMB No 1545-0047

2008

Name of the organization **Employer identification number** MICHIGAN CHIROPRACTIC FOUNDATION 38-3146611 Organization type (check one): Filers of: Section: 501(c)(Form 990 or 990-EZ) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF X 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. (Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions) General Rule For organizations filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. **Special Rules** For a section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33 1/3% support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(v), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on Form 990, Part VIII, line 1h or 2% of the amount on Form 990-EZ, line 1. Complete Parts I and II For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III. For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000 (If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc , purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc, contributions of \$5,000 or more during the year.) Caution. Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF), but they must answer "No" on Part IV, line 2 of their Form 990, or check the box in the heading of their Form 990-EZ, or on line 2 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

823451 12-18-08

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions

for Form 990. These instructions will be issued separately.

Schedule B (Form 990, 990-EZ, or 990-PF) (2008)

Name of organization

Employer identification number

<u>MICHIGAN CHIROPRACTIC FOUNDATI</u>	on
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38-3146611

Part I .	Contributors (see instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
<u> </u>	MICHIGAN CHIROPRACTIC FRATERNAL ORDER 120 MARCELL DR. NE ROCKFORD, MI 49341	\$30,139.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II of there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)

FORM 990-PF INTEREST ON SAVI	NGS AND TEM	PORARY CA	ASH II	NVESTMENTS	STA	TEMENT	1
SOURCE '						AMOUNT	
CHIROPRACTIC CREDIT UNION UBS CASH ACCOUNT						2,3 10,3	
TOTAL TO FORM 990-PF, PART I,	LINE 3, CO	LUMN A				12,7	02.
FORM 990-PF C	THER PROFES	SIONAL FI	EES		STA	TEMENT	2
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVI MENT INC		(C) ADJUSTEI NET INCON		(D) CHARITA PURPOS	
CONTRACT SERVICES EDUCATIONAL SPEAKER FEES	1,850. 1,600.		0.	0.			
TO FORM 990-PF, PG 1, LN 16C	3,450.		0.		0.	3,4	50.
FORM 990-PF	OTHER E	XPENSES			STA	TEMENT	3
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVE MENT INC			(C) (ADJUSTED CHARNET INCOME PUR		
MAC EXPENSE REIMBURSEMENT OFFICE EXPENSES ACCOUNT MAINTENANCE FEES	6,590. 1,777. 200.	0. 0. 200.		0. 0. 0.	. 1,777.		
TO FORM 990-PF, PG 1, LN 23	8,567.		200.		0.	8,3	67.
FORM 990-PF	OTHER	ASSETS			STA	TEMENT	4
DESCRIPTION		NING OF K VALUE		OF YEAR OK VALUE		R MARKE'	 r
UBS NY CD ISRAEL BANK UBB NY CD BANK CHINA UBS SUN AIG ANNUITY UBS WASH MUT CD UBS GE MONEY BANK CD		94,864. 0. 94,846. 0. 160,038. 105,159. 0. 95,000. 0. 95,000.		0. 0. 117,751. 95,997. 96,316.			
TO FORM 990-PF, PART II, LINE	15	349,748. 295,159.		310,064.			

FORM 990-PF

SUMMARY OF DIRECT CHARITABLE ACTIVITIES

STATEMENT

6

ACTIVITY ONE

DEVELOPED AND PRINTED MATERIALS TO EDUCATE INTERESTED PARTIES ABOUT THE BENEFITS OF AND CHANGES IN THE FIELD OF CHIROPRACTIC CARE. EDUCATIONAL SEMINARS WERE HELD FOR CHIROPRACTORS.

EXPENSES

TO FORM 990-PF, PART IX-A, LINE 1

16,117.

	LIST OF OFFICERS, D AND FOUNDATION MANA		STAT	EMENT 5
NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE
MARK LIMBERG, D.C. 416 W IONIA STREET LANSING, MI 48933	PRESIDENT 1.00	0.	0.	0.
JAMES SOMMERS, D.C. 416 W IONIA STREET LANSING, MI 48933	SECRETARY 1.00	0.	0.	0.
KEVIN MOODY 416 W IONIA STREET LANSING, MI 48933	DIRECTOR 1.00	0.	0.	0.
JACK BARTON, D.C. 416 W IONIA STREET LANSING, MI 48933	DIRECTOR 1.00	0.	0.	0.
ROYCE NEWMAN, D.C. 416 W IONIA STREET LANSING, MI 48933	DIRECTOR 1.00	0.	0.	0.
ROBERT DUCHARME, D.C. 416 W IONIA STREET LANSING, MI 48933	DIRECTOR 1.00	0.	0.	0.
ERIC SEIF, D.C. 416 W IONIA STREET LANSING, MI 48933	DIRECTOR 1.00	0.	0.	0.
TOTALS INCLUDED ON 990-PF, PA	GE 6, PART VIII	0.	0.	0.