

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)

2004

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

A For the 2004 calendar year, or tax year beginning _____ and ending _____

B Check if applicable:
 Address change
 Name change
 Initial return
 Final return
 Amended return
 Application pending

C Name of organization: **NATIONAL CERTIFICATION BOARD FOR THERAPEUTIC MASSAGE AND BODYWORK**
 Number and street (or P.O. box if mail is not delivered to street address): **1901 SOUTH MEYERS ROAD**
 City or town, state or country, and ZIP + 4: **OAKBROOK TERRACE, IL 60181**

D Employer identification number: **54-1717110**

E Telephone number: **630-627-8000**

F Accounting method: Cash Accrual
 Other (specify) ▶

G Website: **WWW.NCBTMB.COM**

J Organization type (check only one): 501(c) (**6**) (insert no.) 4947(a)(1) or 527

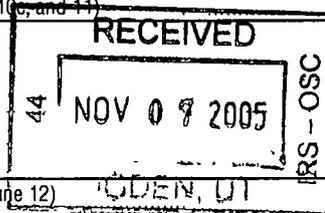
K Check here if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS; but if the organization received a Form 990 Package in the mail, it should file a return without financial data. **Some states require a complete return**

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶ **6,375,711.**

H and I are not applicable to section 527 organizations
H(a) Is this a group return for affiliates? Yes No
H(b) If "Yes," enter number of affiliates ▶
H(c) Are all affiliates included? **N/A** Yes No (If "No," attach a list.)
H(d) Is this a separate return filed by an organization covered by a group ruling? Yes No
I Group Exemption Number ▶
M Check if the organization is **not** required to attach Sch. B (Form 990, 990-EZ, or 990-PF).

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances											
Revenue	1	Contributions, gifts, grants, and similar amounts received:									
		a	Direct public support		1a						
		b	Indirect public support		1b						
		c	Government contributions (grants)		1c						
		d	Total (add lines 1a through 1c) (cash \$ _____ noncash \$ _____)		1d					0.	
		2	Program service revenue including government fees and contracts (from Part VII, line 93)								6,259,392.
		3	Membership dues and assessments								
		4	Interest on savings and temporary cash investments								8,547.
		5	Dividends and interest from securities								
		6	a	Gross rents		6a					
			b	Less: rental expenses		6b					
			c	Net rental income or (loss) (subtract line 6b from line 6a)		6c					
	7	Other investment income (describe ▶ _____)								7	
	8	a	Gross amount from sales of assets other than inventory		(A) Securities	(B) Other		8a			
		b	Less: cost or other basis and sales expenses		8b						
		c	Gain or (loss) (attach schedule)		8c						
		d	Net gain or (loss) (combine line 8c, columns (A) and (B))		8d						
	9	Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>									
		a	Gross revenue (not including \$ _____ of contributions reported on line 1a)		9a						
		b	Less: direct expenses other than fundraising expenses		9b						
		c	Net income or (loss) from special events (subtract line 9b from line 9a)		9c						
	10	a	Gross sales of inventory, less returns and allowances		10a						
		b	Less: cost of goods sold		10b						
		c	Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)		10c						
	11	Other revenue (from Part VII, line 103)								107,772.	
	12	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)								6,375,711.	
Expenses	13	Program services (from line 44, column (B))									
	14	Management and general (from line 44, column (C))									
	15	Fundraising (from line 44, column (D))									
	16	Payments to affiliates (attach schedule)									
	17	Total expenses (add lines 16 and 44, column (A))								6,415,200.	
Net Assets	18	Excess or (deficit) for the year (subtract line 17 from line 12)								<39,489.>	
	19	Net assets or fund balances at beginning of year (from line 73, column (A))								1,204,577.	
	20	Other changes in net assets or fund balances (attach explanation)								135,073.	
	21	Net assets or fund balances at end of year (combine lines 18, 19, and 20)								1,300,161.	

SCANNING UNIT



8 7

NATIONAL CERTIFICATION BOARD FOR
THERAPEUTIC MASSAGE AND BODYWORK

54-1717110

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			
<i>Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.</i>		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22	Grants and allocations (attach schedule) (cash \$150,000 - noncash \$)	22 150,000.		STATEMENT 4	
23	Specific assistance to individuals (attach schedule)	23			
24	Benefits paid to or for members (attach schedule)	24			
25	Compensation of officers, directors, etc	25 168,104.			
26	Other salaries and wages	26			
27	Pension plan contributions	27			
28	Other employee benefits	28			
29	Payroll taxes	29			
30	Professional fundraising fees	30			
31	Accounting fees	31 11,590.			
32	Legal fees	32 252,793.			
33	Supplies	33 14,513.			
34	Telephone	34 33,452.			
35	Postage and shipping	35 58,945.			
36	Occupancy	36			
37	Equipment rental and maintenance	37			
38	Printing and publications	38 31,647.			
39	Travel	39 20,597.			
40	Conferences, conventions, and meetings	40			
41	Interest	41			
42	Depreciation, depletion, etc (attach schedule)	42 1,846.			
43	Other expenses not covered above (itemize):				
a		43a			
b		43b			
c		43c			
d		43d			
e	SEE STATEMENT 2	43e 5,671,713.			
44	Total functional expenses (add lines 22 through 43) Organizations completing columns (B)-(D), carry these totals to lines 13-15	44 6,415,200.			

Joint Costs. Check if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? Yes No
 If 'Yes,' enter (i) the aggregate amount of these joint costs \$ _____; (ii) the amount allocated to Program services \$ _____;
 (iii) the amount allocated to Management and general \$ _____, and (iv) the amount allocated to Fundraising \$ _____

Part III Statement of Program Service Accomplishments

What is the organization's primary exempt purpose? **SEE STATEMENT 3**

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)

Program Service Expenses
(Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)

a	CERTIFICATION: PROVIDED NATIONAL WRITTEN EXAM FOR PRACTITIONERS TO DEMONSTRATE THEIR MASTERY OF THE FIVE BASIC KNOWLEDGE AREAS COMMON TO THE PROFESSION. (Grants and allocations \$ _____)
b	MARKETING: PRODUCED AND DISTRIBUTED LITERATURE AND OTHER MEDIA PROMOTING THE BENEFITS OF THERAPEUTIC MASSAGE AND BODYWORK. (Grants and allocations \$ _____)
c	COMMITTEES: PROVIDED OPPORTUNITIES FOR PRACTITIONERS TO PARTICIPATE IN THE DEVELOPMENT & ADMINISTRATION OF ACTIVITIES DESIGNED TO FOSTER HIGH ETHICAL STANDARDS WHILE ADVANCING THE PROFESSION. (Grants and allocations \$ _____)
d	LEGISLATIVE: WORKED TO ENSURE APPROPRIATE STATE AND LOCAL REGULATION OF THERAPEUTIC MASSAGE AND ITS PRACTITIONERS THROUGH WORK WITH STATE AGENCIES AND LOCAL OFFICIALS. (Grants and allocations \$ _____)
e	Other program services (attach schedule) STATEMENT 5 (Grants and allocations \$ 150,000.)
f	Total of Program Service Expenses (should equal line 44, column (B), Program services)

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Part IV Balance Sheets

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A) Beginning of year		(B) End of year	
Assets	15 Cash - non-interest-bearing		45		
	16 Savings and temporary cash investments	1,104,111.	46	1,421,512.	
	17 a Accounts receivable	47a			
	b Less: allowance for doubtful accounts	47b	1,619.	47c	
	18 a Pledges receivable	48a			
	b Less: allowance for doubtful accounts	48b		48c	
	19 Grants receivable		49		
	20 Receivables from officers, directors, trustees, and key employees		50		
	21 a Other notes and loans receivable	51a			
	b Less: allowance for doubtful accounts	51b		51c	
	22 Inventories for sale or use		52		
	23 Prepaid expenses and deferred charges		10,165.	53	119,065.
	24 Investments - securities STMT 6 <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV		1,093,675.	54	1,228,748.
	25 a Investments - land, buildings, and equipment basis	55a			
b Less: accumulated depreciation	55b		55c		
26 Investments - other			56		
27 a Land, buildings, and equipment: basis	57a	15,438.			
b Less: accumulated depreciation STMT 7	57b	15,188.	57c	250.	
28 Other assets (describe <input type="checkbox"/>)			58		
29 Total assets (add lines 45 through 58) (must equal line 74)		2,211,666.	59	2,769,575.	
Liabilities	30 Accounts payable and accrued expenses		60	430,206.	
	31 Grants payable		61		
	32 Deferred revenue		62	576,883.	
	33 Loans from officers, directors, trustees, and key employees		63	858,930.	
	34 a Tax-exempt bond liabilities		64a		
	b Mortgages and other notes payable		64b		
	35 Other liabilities (describe <input type="checkbox"/>)		65		
36 Total liabilities (add lines 60 through 65)		1,007,089.	66	1,469,414.	
Net Assets or Fund Balances	37 Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74				
	37 Unrestricted		67	1,204,577.	
	38 Temporarily restricted		68		
	39 Permanently restricted		69		
	40 Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.				
	40 Capital stock, trust principal, or current funds		70		
	41 Paid-in or capital surplus, or land, building, and equipment fund		71		
	42 Retained earnings, endowment, accumulated income, or other funds		72		
43 Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72; column (A) must equal line 19, column (B) must equal line 21)		1,204,577.	73	1,300,161.	
44 Total liabilities and net assets / fund balances (add lines 66 and 73)		2,211,666.	74	2,769,575.	

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

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Part VI Other Information Yes No

76	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	76		X
77	Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes	77		X
78 a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a		X
b	If "Yes," has it filed a tax return on Form 990-T for this year? N/A	78b		
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79		X
80 a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	80a		X
b	If "Yes," enter the name of the organization ▶ _____ and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt.			
81 a	Enter direct or indirect political expenditures. See line 81 instructions 81a _____ 0.	81a		
b	Did the organization file Form 1120-POL for this year?	81b		X
82 a	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		X
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III) 82b _____ N/A	82b		
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions? N/A	83b		
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? N/A	84b		
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?	85a		X
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? 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 for the prior year.	85b	X	
c	Dues, assessments, and similar amounts from members 85c _____ N/A	85c		
d	Section 162(e) lobbying and political expenditures 85d _____ N/A	85d		
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices 85e _____ N/A	85e		
f	Taxable amount of lobbying and political expenditures (line 85d less 85e) 85f _____ N/A	85f		
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f? N/A	85g		
h	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? N/A	85h		
86	501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 12 86a _____ N/A	86a		
b	Gross receipts, included on line 12, for public use of club facilities 86b _____ N/A	86b		
87	501(c)(12) organizations. Enter: a Gross income from members or shareholders 87a _____ N/A	87a		
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 87b _____ N/A	87b		
88	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	88		X
89 a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 ▶ <u> N/A </u> , section 4912 ▶ <u> N/A </u> , section 4955 ▶ <u> N/A </u>			
b	501(c)(3) and 501(c)(4) organizations. 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 N/A	89b		
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ _____ N/A			
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization ▶ _____ N/A			
90 a	List the states with which a copy of this return is filed ▶ NONE			
b	Number of employees employed in the pay period that includes March 12, 2004 90b _____ 0	90b		
91	The books are in care of ▶ ASSOCIATION MANAGEMENT GROUP Telephone no. ▶ (703) 610-9015			
Located at ▶ 8201 GREENSBORO DRIVE, SUITE 300, MCLEAN, VA ZIP + 4 ▶ 22102				
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 92 _____ N/A	92		

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Form 990 (2004)

NATIONAL CERTIFICATION BOARD FOR
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Part VII Analysis of Income-Producing Activities (See page 33 of the instructions.)

Note: Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclu- sion code	(D) Amount	
93 Program service revenue:					
a EXAMINATION					5,465,799.
b RECERTIFICATION					503,500.
c CE PROVIDER PANEL					77,533.
d STUDY GUIDES					212,560.
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			14	8,547.	
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue:					
a MISCELLANEOUS			01	30,735.	
b MAILING LIST			15	77,037.	
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0.		116,319.	6,259,392.
105 Total (add line 104, columns (B), (D), and (E))					6,375,711.

Note: Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I.

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See page 34 of the instructions.)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)
9	SEE STATEMENT 9

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See page 34 of the instructions.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See page 34 of the instructions.)

- (a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Yes No
- (b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Yes No

Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

Please Sign Here: Under penalty 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.

Signature of officer: *[Signature]* Date: Oct 26 2005 Type or print name and title: Bruce Wardle CEO

Paid Preparer's Use Only: Preparer's signature: *[Signature]* Date: 9/30/05 Check if self-employed: Preparer's SSN or PTIN: _____

Firm's name (or yours if self-employed), address, and ZIP + 4: MURRAY, JONSON, WHITE & ASSOC., LTD., PC
6402 ARLINGTON BLVD., SUITE 1130
FALLS CHURCH, VA 22042-2300

EIN: _____ Phone no.: 703-237-2500

FORM 990	OTHER CHANGES IN NET ASSETS OR FUND BALANCES	STATEMENT	1
DESCRIPTION		AMOUNT	
UNREALIZED GAIN ON INVESTMENTS		135,073.	
TOTAL TO FORM 990, PART I, LINE 20		135,073.	

FORM 990	OTHER EXPENSES			STATEMENT	2
DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING	
WEBSITE/PROGRAMMING BANK AND CREDIT CARD FEES	13,424.				
INSURANCE	120,307.				
LIASON	15,305.				
DUES & SUBSCRIPTIONS	17,760.				
BOARD OF DIRECTORS MANAGMENT FEE (LESS EX. DIR. FEE)	16,849.				
TASKFORCE & COMMITTEES	269,348.				
COMMUNICATIONS & MARKETING	1,117,951.				
EXAMINATION PROGRAM RECERTIFICATION PROGRAM	200,770.				
CE PROVIDER	1,049,447.				
CONSULTING FEES	2,632,825.				
TEMPORARY LABOR	12,636.				
OTHER EXPENSES	12,760.				
TOTAL TO FM 990, LN 43	108,213.				
	60,675.				
	23,443.				
	5,671,713.				

FORM 990 STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE STATEMENT 3
PART III

EXPLANATION

THE ORGANIZATION FOSTERS HIGH ETHICAL AND PROFESSIONAL PRACTICE STANDARDS IN THE DELIVERY OF SERVICES THROUGH A RECOGNIZED CREDIBLE CREDENTIALING PROGRAM THAT ASSURES THE COMPETENCY OF PRACTITIONERS OF THERAPEUTIC MASSAGE AND BODYWORK.

FORM 990 CASH GRANTS AND ALLOCATIONS STATEMENT 4

CLASSIFICATION	DONEE'S NAME	DONEE'S ADDRESS	DONEE'S RELATIONSHIP	AMOUNT
ACCREDITATION PROGRAM SUPPORT	COMMISSION ON MASSAGE THERAPY ACC.	1007 CHURCH STREET, SUITE 302, EVANSTON, IL 60201	NONE	150,000.
TOTAL INCLUDED ON FORM 990, PART II, LINE 22				150,000.

FORM 990 OTHER PROGRAM SERVICES STATEMENT 5

DESCRIPTION	GRANTS AND ALLOCATIONS	EXPENSES
COMMISSION ON MASSAGE THERAPY ACCREDITATION GRANT RECERTIFICATION CE PROVIDER PANEL	150,000.	
TOTAL TO FORM 990, PART III, LINE E	150,000.	

FORM 990 NON-GOVERNMENT SECURITIES STATEMENT 6

SECURITY DESCRIPTION	COST/FMV	CORPORATE STOCKS	CORPORATE BONDS	OTHER PUBLICLY TRADED SECURITIES	TOTAL NON-GOV'T SECURITIES
EQUITY MUTUAL FUNDS	FMV	1,228,748.			1,228,748.
TO FORM 990, LINE 54, COL B		1,228,748.			1,228,748.

FORM 990 DEPRECIATION OF ASSETS NOT HELD FOR INVESTMENT STATEMENT 7

DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE
DISPLAY BOOTH	12,405.	12,405.	0.
LAPTOP COMPUTER	3,033.	2,783.	250.
TOTAL TO FORM 990, PART IV, LN 57	15,438.	15,188.	250.

FORM 990 PART V - LIST OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES STATEMENT 8

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN-SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
GARNET ADAIR 8201 GREENSBORO DRIVE, SUITE 300 MCLEAN, VA 22102	CHAIR 20	16,025.	0.	0.
ELIZABETH MCINTYRE 8201 GREENSBORO DRIVE, SUITE 300 MCLEAN, VA 22102	CHAIR-ELECT 10	3,200.	0.	0.
WILLIAM STOEHS 8201 GREENSBORO DRIVE, SUITE 300 MCLEAN, VA 22102	TREASURER 5	7,475.	0.	0.
PAM LAUBSCHER 8201 GREENSBORO DRIVE, SUITE 300 MCLEAN, VA 22102	DIRECTOR 2	4,025.	0.	0.
WHITNEY LOWE 8201 GREENSBORO DRIVE, SUITE 300 MCLEAN, VA 22102	DIRECTOR 2	1,975.	0.	0.
ELLIOT GREENE 8201 GREENSBORO DRIVE, SUITE 300 MCLEAN, VA 22102	DIRECTOR 2	1,487.	0.	0.
BOB LEHNBERG 8201 GREENSBORO DRIVE, SUITE 300 MCLEAN, VA 22102	DIRECTOR 5	6,700.	0.	0.

NATIONAL CERTIFICATION BOARD FOR THERAPE

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KATHLEEN BURNETT 8201 GREENSBORO DRIVE, SUITE 300 MCLEAN, VA 22102	DIRECTOR 2	1,900.	0.	0.
DONNA FEELEY 8201 GREENSBORO DRIVE, SUITE 300 MCLEAN, VA 22102	DIRECTOR 2	1,100.	0.	0.
ASSOCIATION MANAGEMENT GROUP 8201 GREENSBORO DRIVE, SUITE 300 MCLEAN, VA 22102	EXEC. DIRECTOR POSITION 40	124,217.	0.	0.
TOTALS INCLUDED ON FORM 990, PART V		168,104.	0.	0.

FORM 990 PART VIII - RELATIONSHIP OF ACTIVITIES TO ACCOMPLISHMENT OF EXEMPT PURPOSES STATEMENT 9

LINE	EXPLANATION OF RELATIONSHIP OF ACTIVITIES
93A, B	EXAMINATIONS AND RECERTIFICATIONS HELP ASSURE THE COMPETENCY OF PRACTITIONERS OF THERAPEUTIC MASSAGE & BODYWORK.
93C	CE PROVIDER PANEL HELPS MAINTAIN HIGH STANDARDS BY EVALUATING AND APPROVING CONTINUING PROFESSIONAL EDUCATION PROVIDERS.
93D	STUDY GUIDES EDUCATE AND UPDATE PRACTITIONERS AND ASSIST THEM WITH THE CERTIFICATION PROCESS.

- If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only Part II and check this box **X**
- Note:** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.
- If you are filing for an **Automatic 3-Month Extension**, complete only Part I (on page 1).

Part II Additional (not automatic) 3-Month Extension of Time - Must file Original and One Copy.		
Type or print. File by the extended due date for filing the return. See instructions.	Name of Exempt Organization NATIONAL CERTIFICATION BOARD FOR THERAPEUTIC MASSAGE AND BODYWORK	Employer identification number 54-1717110
	Number, street, and room or suite no. If a P.O. box, see instructions. 8201 GREENSBORO DRIVE, NO. 300	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. MCLEAN, VA 22102	

Check type of return to be filed (File a separate application for each return):

<input checked="" type="checkbox"/> Form 990	<input type="checkbox"/> Form 990-EZ	<input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust)	<input type="checkbox"/> Form 1041-A	<input type="checkbox"/> Form 5227	<input type="checkbox"/> Form 8870
<input type="checkbox"/> Form 990-BL	<input type="checkbox"/> Form 990-PF	<input type="checkbox"/> Form 990-T (trust other than above)	<input type="checkbox"/> Form 4720	<input type="checkbox"/> Form 6069	

STOP: Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

- The books are in the care of **ASSOCIATION MANAGEMENT GROUP**
Telephone No. **703-610-9015** FAX No. _____
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a **Group Return**, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the **whole group**, check this box . If it is for **part of the group**, check this box and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until **NOVEMBER 15, 2005.**

5 For calendar year **2004**, or other tax year beginning _____ and ending _____.

6 If this tax year is for less than 12 months, check reason: Initial return Final return Change in accounting period

7 State in detail why you need the extension
THE ANNUAL FINANCIAL STATEMENT AUDIT IS IN PROCESS. ADDITIONAL TIME IS REQUESTED IN ORDER TO FILE AN ACCURATE RETURN.

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. \$ _____

b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868. **0% 1505** \$ _____

c **Balance Due.** Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. \$ _____ N/A

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature: *Rh* Title: *CPA* Date: *8/12/05*

Notice to Applicant - To Be Completed by the IRS

- We have approved this application. Please attach this form to the organization's return.
- We have not approved this application. However, we have granted a 10-day grace period from the later of the date shown below or the due date of the organization's return (including any prior extensions). This grace period is considered to be a valid extension of time for elections otherwise required to be made on a timely return. Please attach this form to the organization's return.
- We have not approved this application. After considering the reasons stated in item 7, we cannot grant your request for an extension of time to file. We are not granting a 10-day grace period.
- We cannot consider this application because it was filed after the extended due date of the return for which an extension was requested.
- Other _____

Director _____ By _____ Date _____

Alternative Mailing Address - Enter the address if you want the copy of this application for an additional 3-month extension returned to an address different than the one entered above.

Type or print	Name MJW ATTN RS	SEP 08 2005
	Number and street (include suite, room, or apt. no.) or a P.O. box number 6402 ARLINGTON BLVD, SUITE 1130	
	City or town, province or state, and country (including postal or ZIP code) FALLS CHURCH, VA 22042-2300	FIELD DIRECTOR, SUBMISSION PROCESSING, OGDEN