

Form **990**

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)

OMB No 1545-0047

2005

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 2005 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 OF THERAPEUTIC MASSAGE AND BODYWORK
 Number and street (or P O box if mail is not delivered to street address) Room/suite
1901 SOUTH MEYERS ROAD 240
 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) ▶

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Website: ▶ **WWW.NCBTMB.COM**

J Organization type (check only one) ▶ 501(c) (6) ◀ (insert no) 4947(a)(1) or 527

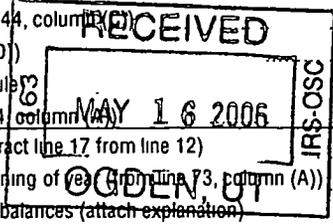
K Check here if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS, but if the organization chooses to file a return, be sure to file a complete return. Some states require a complete return.

L Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12 ▶ **7,684,335.**

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 ▶ **N/A**
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 ▶ **N/A**
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)	2			7,568,747.
	3	Membership dues and assessments	3			
	4	Interest on savings and temporary cash investments	4			32,654.
	5	Dividends and interest from securities	5			
	6a	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				
8a	Gross amount from sales of assets other than inventory	(A) Securities	8a			
		(B) Other	8b			
			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	9a			
		b	9b			
		c	9c			
10a	Gross sales of inventory, less returns and allowances	10a				
		b	10b			
		c	10c			
11	Other revenue (from Part VII, line 103)	11			82,934.	
12	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12			7,684,335.	
Expenses	13	Program services (from line 44, column (B))	13			
	14	Management and general (from line 44, column (C))	14			
	15	Fundraising (from line 44, column (D))	15			
	16	Payments to affiliates (attach schedule)	16			
	17	Total expenses (add lines 13 and 14, column (A))	17			6,769,163.
Net Assets	18	Excess or (deficit) for the year (subtract line 17 from line 12)	18			915,172.
	19	Net assets or fund balances at beginning of year (from line 73, column (A))	19			1,300,161.
	20	Other changes in net assets or fund balances (attach explanation)	20			359,936.
	21	Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21			2,575,269.



SEE STATEMENT 1

SCANNED JUL 24 2006 Revenue

NATIONAL CERTIFICATION BOARD OF
THERAPEUTIC MASSAGE AND BODYWORK

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Part I **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

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
22 Grants and allocations (attach schedule) (cash \$ <u>100,000</u> . noncash \$ <u>0</u> . If this amount includes foreign grants, check here <input type="checkbox"/>)	22 100,000.		STATEMENT 3	
23 Specific assistance to individuals (attach schedule)	23			
24 Benefits paid to or for members (attach schedule)	24			
25 Compensation of officers, directors, etc.	25 233,624.			
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 16,000.			
32 Legal fees	32 329,705.			
33 Supplies	33 14,574.			
34 Telephone	34 32,113.			
35 Postage and shipping	35 92,772.			
36 Occupancy	36 30,287.			
37 Equipment rental and maintenance	37			
38 Printing and publications	38 211,759.			
39 Travel	39 93,951.			
40 Conferences, conventions, and meetings	40 259,337.			
41 Interest	41			
42 Depreciation, depletion, etc. (attach schedule)	42			
43 Other expenses not covered above (itemize).				
a _____	43a			
b _____	43b			
c _____	43c			
d _____	43d			
e _____	43e			
f _____	43f			
g SEE STATEMENT 2	43g 5,355,041.			
44 Total functional expenses. Add lines 22 through 43. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	44 6,769,163.			

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 \$ N/A , (ii) the amount allocated to Program services \$ N/A , (iii) the amount allocated to Management and general \$ N/A , and (iv) the amount allocated to Fundraising \$ N/A

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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.

What is the organization's primary exempt purpose? ► SEE STATEMENT 4	Program Service Expenses (Required for 501(c)(3) and (4) orgs, and 4947(a)(1) trusts, but optional for others)
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.)	
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 \$ _____) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
b MARKETING: PRODUCED AND DISTRIBUTED LITERATURE AND OTHER MEDIA PROMOTING THE BENEFITS OF THERAPEUTIC MASSAGE AND BODYWORK. (Grants and allocations \$ _____) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
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 \$ _____) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
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 \$ _____) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
e Other program services (attach schedule) SEE STATEMENT 5 (Grants and allocations \$ 100,000.) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
f Total of Program Service Expenses (should equal line 44, column (B), Program services) ►	

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Part IV Balance Sheets (See the instructions.)

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	45 Cash - non-interest-bearing		45
	46 Savings and temporary cash investments	1,421,512.	46 1,396,523.
	47 a Accounts receivable	47a	
	b Less: allowance for doubtful accounts	47b	47c
	48 a Pledges receivable	48a	
	b Less: allowance for doubtful accounts	48b	48c
	49 Grants receivable		49
	50 Receivables from officers, directors, trustees, and key employees		50
	51 a Other notes and loans receivable	51a	
	b Less: allowance for doubtful accounts	51b	51c
	52 Inventories for sale or use		52
	53 Prepaid expenses and deferred charges	119,065.	53 4,152.
	54 Investments - securities STMT 6 <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	1,228,748.	54 1,621,900.
	55 a Investments - land, buildings, and equipment: basis	55a	
	b Less: accumulated depreciation	55b	55c
56 Investments - other	SEE STATEMENT 7	0.	56 744,000.
57 a Land, buildings, and equipment: basis	57a 204,925.		
b Less: accumulated depreciation	57b 15,188.	250.	57c 189,737.
58 Other assets (describe DEPOSIT)			58 5,010.
59 Total assets (must equal line 74). Add lines 45 through 58	2,769,575.	59	3,961,322.
Liabilities	60 Accounts payable and accrued expenses	610,484.	60 848,864.
	61 Grants payable		61
	62 Deferred revenue	858,930.	62 512,940.
	63 Loans from officers, directors, trustees, and key employees		63
	64 a Tax-exempt bond liabilities		64a
	b Mortgages and other notes payable		64b
	65 Other liabilities (describe SEE STATEMENT 8)		65 24,249.
66 Total liabilities. Add lines 60 through 65)	1,469,414.	66	1,386,053.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.		
	67 Unrestricted	1,300,161.	67 2,575,269.
	68 Temporarily restricted		68
	69 Permanently restricted		69
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.		
	70 Capital stock, trust principal, or current funds		70
	71 Paid-in or capital surplus, or land, building, and equipment fund		71
	72 Retained earnings, endowment, accumulated income, or other funds		72
73 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)	1,300,161.	73	2,575,269.
74 Total liabilities and net assets/fund balances. Add lines 66 and 73	2,769,575.	74	3,961,322.

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Part VI Other Information (continued)

		Yes	No
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?		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		
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	X	
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?		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		
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?		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.	X	
c	Dues, assessments, and similar amounts from members		
	85c N/A		
d	Section 162(e) lobbying and political expenditures		
	85d N/A		
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices		
	85e N/A		
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)		
	85f N/A		
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		
b	Gross receipts, included on line 12, for public use of club facilities		
	86b N/A		
87	501(c)(12) organizations. Enter: a Gross income from members or shareholders		
	87a N/A		
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		
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		X
89 a	501(c)(3) organizations Enter: Amount of tax imposed on the organization during the year under: section 4911 ▶ N/A, section 4912 ▶ N/A, section 4955 ▶ N/A		
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, 2005	90b	0
91 a	The books are in care of ▶ BARRY FRANKS Telephone no ▶ 630.627.8000 Located at ▶ 1901 SOUTH MEYERS RD., SUITE 240, OAKBROOK TERRA ZIP + 4 ▶ 60181		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country ▶ N/A See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
		Yes	No
91b			X
c	At any time during the calendar year, did the organization maintain an office outside of the United States? If "Yes," enter the name of the foreign country ▶ N/A		
91c			X
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year ▶	92	<input type="checkbox"/>
		N/A	

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Part VII Analysis of Income-Producing Activities (See 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					6,591,283.
b RECERTIFICATION					679,950.
c CE PROVIDER PANEL					47,025.
d STUDY GUIDES					250,489.
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	32,654.	
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 MAILING LIST			15	51,038.	
b MISCELLANEOUS			01	31,896.	
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0.		115,588.	7,568,747.
105 Total (add line 104, columns (B), (D), and (E))					7,684,335.

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 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)
▼	SEE STATEMENT 10

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See 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

- (a) Did the organization, during the year, receive any funds, directly or indirectly, from any individual?
 - (b) Did the organization, during the year, pay premiums, directly or indirectly, on any individual's behalf?
- Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

Please Sign Here

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. My declaration is based on all information and documents provided to me.

Signature of officer: *James R. Thomas* Date: 5-

Preparer's Use Only

Preparer's signature: *James R. Thomas*

Firm's name (or yours if self-employed), address, and ZIP + 4: CLIFTON GUNDERSON LLP, 1301 W. 22ND STREET, OAK BROOK, ILLINOIS 605

FORM 990 OTHER CHANGES IN NET ASSETS OR FUND BALANCES STATEMENT 1

DESCRIPTION	AMOUNT
NET UNREALIZED GAINS ON INVESTMENTS	81,566.
PRIOR PERIOD ADJUSTMENT	278,370.
TOTAL TO FORM 990, PART I, LINE 20	359,936.

FORM 990 OTHER EXPENSES STATEMENT 2

DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING
PROFESSIONAL EMPLOYER ORGANIZATION COSTS	177,993.			
MANAGEMENT FEE	1,111,359.			
EXAM ADMINISTRATION FEES	2,360,334.			
APPLICATION PROCESSING FEES	95,198.			
CONTRACT SERVICE	337,556.			
EXAM DEVELOPMENT	47,399.			
EXHIBIT BOOTH	67,456.			
PROMOTIONS AND MARKETING	96,060.			
STUDY GUIDE	65,067.			
GOVERNMENT AFFAIRS	153,474.			
CALL CENTER	92,802.			
WEBSITE	89,039.			
TRANSITION	37,224.			
EXECUTIVE SEARCH	46,217.			
TEMPORARY LABOR	113,684.			
BANK CHARGES	128,144.			
INSURANCE	18,374.			
STIPENDS	32,830.			
ELECTION	131,946.			
MISCELLANEOUS	88,165.			
RECERTIFICATION	27,082.			
OTHER CONSULTING FEES	19,702.			
DUES AND SUBSCRIPTIONS	17,936.			
TOTAL TO FM 990, LN 43	5,355,041.			

FORM 990 CASH GRANTS AND ALLOCATIONS STATEMENT 3

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	100,000.
TOTAL INCLUDED ON FORM 990, PART II, LINE 22				100,000.

FORM 990 STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE PART III STATEMENT 4

EXPLANATION

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

FORM 990 OTHER PROGRAM SERVICES STATEMENT 5

DESCRIPTION	GRANTS AND ALLOCATIONS	EXPENSES
COMMISSION ON MASSAGE THERAPY ACCREDITATION GRANT	100,000.	
TOTAL TO FORM 990, PART III, LINE E	100,000.	

FORM 990 NON-GOVERNMENT SECURITIES STATEMENT 6

SECURITY DESCRIPTION	COST/FMV	CORPORATE STOCKS	CORPORATE BONDS	OTHER PUBLICLY TRADED SECURITIES	TOTAL NON-GOV'T SECURITIES
PUBLICLY TRADED SECURITIES	FMV			1,621,900.	1,621,900.
TO FORM 990, LINE 54, COL B				1,621,900.	1,621,900.

FORM 990 OTHER INVESTMENTS STATEMENT 7

DESCRIPTION	VALUATION METHOD	AMOUNT
CERTIFICATES OF DEPOSIT	MARKET VALUE	744,000.
TOTAL TO FORM 990, PART IV, LINE 56, COLUMN B		744,000.

FORM 990 OTHER LIABILITIES STATEMENT 8

DESCRIPTION	AMOUNT	
REFUNDS DUE	16,566.	
DEFERRED RENT OBLIGATION	7,683.	
TOTAL TO FORM 990, PART IV, LINE 65, COLUMN B		24,249.

FORM 990 PART V - LIST OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES STATEMENT 9

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN-SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
GARNET ADAIR 1901 SOUTH MEYERS ROAD, SUITE 240 OAKBROOK TERRACE, IL 60181	CHAIR & IMMED. 20.00	PAST PRES. 21,075.	0.	0.
SANDRA ANDERSON 1901 SOUTH MEYERS ROAD, SUITE 240 OAKBROOK TERRACE, IL 60181	EXAM COMMITTEE CHAIR 2.00	8,514.	0.	0.
JUDY DEAN 1901 SOUTH MEYERS ROAD, SUITE 240 OAKBROOK TERRACE, IL 60181	CHAIR 2.00	6,300.	0.	0.
NEAL DELAPORTA 1901 SOUTH MEYERS ROAD, SUITE 240 OAKBROOK TERRACE, IL 60181	COMM. CHAIR & BD. MEM. 2.00	6,300.	0.	0.
DONNA FEELEY 1901 SOUTH MEYERS ROAD, SUITE 240 OAKBROOK TERRACE, IL 60181	BD. MEM. & CHAIR ELECT 2.00	6,475.	0.	0.

NATIONAL CERTIFICATION BOARD OF THERAPEU

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LEONARD GAFFGA 1901 SOUTH MEYERS ROAD, SUITE 240 OAKBROOK TERRACE, IL 60181	PUBLIC BD. MEM. 2.00	1,375.	0.	0.
ELLIOTT D. GREENE 1901 SOUTH MEYERS ROAD, SUITE 240 OAKBROOK TERRACE, IL 60181	BD. MEM. 2.00	5,400.	0.	0.
PAMELA LAUBSCHER 1901 SOUTH MEYERS ROAD, SUITE 240 OAKBROOK TERRACE, IL 60181	PUBLIC BD. MEM. 2.00	4,025.	0.	0.
E. HOUSTON LEBRUN 1901 SOUTH MEYERS ROAD, SUITE 240 OAKBROOK TERRACE, IL 60181	PORT. REV. PANEL CHAIR 2.00	1,855.	0.	0.
BOB LEHNBERG 1901 SOUTH MEYERS ROAD, SUITE 240 OAKBROOK TERRACE, IL 60181	BD. MEM. 2.00	9,050.	0.	0.
WHITNET LOWE 1901 SOUTH MEYERS ROAD, SUITE 240 OAKBROOK TERRACE, IL 60181	BD. MEM. 2.00	875.	0.	0.
ELIZABETH MCINTYRE 1901 SOUTH MEYERS ROAD, SUITE 240 OAKBROOK TERRACE, IL 60181	BD. MEM. AND CHAIR 10.00	21,224.	0.	0.
RAYMOND T. MORIYASU 1901 SOUTH MEYERS ROAD, SUITE 240 OAKBROOK TERRACE, IL 60181	BYLAWS CHAIR 2.00	2,200.	0.	0.
MONICA J. RENO 1901 SOUTH MEYERS ROAD, SUITE 240 OAKBROOK TERRACE, IL 60181	BD. MEM. 2.00	1,750.	0.	0.
WILLIAM F. STOEHS 1901 SOUTH MEYERS ROAD, SUITE 240 OAKBROOK TERRACE, IL 60181	TREASURER/PUBLIC MEM. 10.00	12,975.	0.	0.
JOHN PAGE 1901 SOUTH MEYERS ROAD, SUITE 240 OAKBROOK TERRACE, IL 60181	CEO 50.00	87,692.	0.	0.
BARRY FRANKS 1901 SOUTH MEYERS ROAD, SUITE 240 OAKBROOK TERRACE, IL 60181	CFO 50.00	36,539.	0.	0.
TOTALS INCLUDED ON FORM 990, PART V		233,624.	0.	0.

FORM 990

PART VIII - RELATIONSHIP OF ACTIVITIES TO
ACCOMPLISHMENT OF EXEMPT PURPOSES

STATEMENT 10

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.