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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 private foundations)

▶ Do not enter social security numbers on this form as it may be made public

▶ Information about Form 990 and its instructions is at www.irs.gov/form990

OMB No 1545-0047

2015

Open to Public Inspection

A For the 2015 calendar year, or tax year beginning 01-01-2015 , and ending 12-31-2015

B Check if applicable

☐ Address change

☐ Name change

☐ Initial return

☐ Final return/terminated

☐ Amended return

☐ Application pending

C Name of organization
NATIONAL BOARD OF CHIROPRACTIC EXAMINERS

Doing business as

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

901 54TH AVENUE

City or town, state or province, country, and ZIP or foreign postal code
GREELEY, CO 80634

D Employer identification number

74-6069951

E Telephone number

(970) 356-9100

G Gross receipts \$ 13,792,466

F Name and address of principal officer
SALVATORE D LARUSSO DC
901 54TH AVENUE
GREELEY, CO 80634

H(a) Is this a group return for subordinates?

☐ Yes ☒ No

H(b) Are all subordinates included?

☐ Yes ☐ No

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

H(c) Group exemption number ▶

I Tax-exempt status

☐ 501(c)(3) ☒ 501(c) (6) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ NBCE.ORG

K Form of organization ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1963

M State of legal domicile TX

| Part I | Summary | | | | | | | | | | | | | | | | | |
|--|---|--|-------------|--------------|--|----------|------------|---|-----------|---------|---|----------|------------|--|-----------|-----------|---|-----------|
| Activities & Governance | <div>1 Briefly describe the organization's mission or most significant activities PREPARATION OF SEMI-ANNUAL NATIONAL LICENSURE EXAMINATIONS FOR THE CHIROPRACTIC PROFESSION</div> <div></div> <div></div> <div></div> <div></div> | | | | | | | | | | | | | | | | | |
| | <div>2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets</div> | | | | | | | | | | | | | | | | | |
| | <table><tr><td>3 Number of voting members of the governing body (Part VI, line 1a)</td><td>3</td><td>11</td></tr><tr><td>4 Number of independent voting members of the governing body (Part VI, line 1b)</td><td>4</td><td>0</td></tr><tr><td>5 Total number of individuals employed in calendar year 2015 (Part V, line 2a)</td><td>5</td><td>41</td></tr><tr><td>6 Total number of volunteers (estimate if necessary)</td><td>6</td><td>0</td></tr><tr><td>7a Total unrelated business revenue from Part VIII, column (C), line 12</td><td>7a</td><td>0</td></tr><tr><td>b Net unrelated business taxable income from Form 990-T, line 34</td><td>7b</td><td>-353,363</td></tr></table> | 3 Number of voting members of the governing body (Part VI, line 1a) | 3 | 11 | 4 Number of independent voting members of the governing body (Part VI, line 1b) | 4 | 0 | 5 Total number of individuals employed in calendar year 2015 (Part V, line 2a) | 5 | 41 | 6 Total number of volunteers (estimate if necessary) | 6 | 0 | 7a Total unrelated business revenue from Part VIII, column (C), line 12 | 7a | 0 | b Net unrelated business taxable income from Form 990-T, line 34 | 7b |
| 3 Number of voting members of the governing body (Part VI, line 1a) | 3 | 11 | | | | | | | | | | | | | | | | |
| 4 Number of independent voting members of the governing body (Part VI, line 1b) | 4 | 0 | | | | | | | | | | | | | | | | |
| 5 Total number of individuals employed in calendar year 2015 (Part V, line 2a) | 5 | 41 | | | | | | | | | | | | | | | | |
| 6 Total number of volunteers (estimate if necessary) | 6 | 0 | | | | | | | | | | | | | | | | |
| 7a Total unrelated business revenue from Part VIII, column (C), line 12 | 7a | 0 | | | | | | | | | | | | | | | | |
| b Net unrelated business taxable income from Form 990-T, line 34 | 7b | -353,363 | | | | | | | | | | | | | | | | |
| <table><tr><th rowspan="7">Revenue</th><th rowspan="6"></th><th>Prior Year</th><th>Current Year</th></tr><tr><td>0</td><td>0</td></tr><tr><td>11,715,429</td><td>11,142,547</td></tr><tr><td>457,423</td><td>443,805</td></tr><tr><td>-388,218</td><td>-381,950</td></tr><tr><td>11,784,634</td><td>11,204,402</td></tr></table> | Revenue | | Prior Year | Current Year | 0 | 0 | 11,715,429 | 11,142,547 | 457,423 | 443,805 | -388,218 | -381,950 | 11,784,634 | 11,204,402 | | | | |
| Revenue | | | | Prior Year | Current Year | | | | | | | | | | | | | |
| | | | | 0 | 0 | | | | | | | | | | | | | |
| | | | | 11,715,429 | 11,142,547 | | | | | | | | | | | | | |
| | | | | 457,423 | 443,805 | | | | | | | | | | | | | |
| | | | | -388,218 | -381,950 | | | | | | | | | | | | | |
| | | 11,784,634 | | 11,204,402 | | | | | | | | | | | | | | |
| | <table><tr><th rowspan="8">Expenses</th><th rowspan="8"></th><td>610,483</td><td>651,128</td></tr><tr><td>0</td><td>0</td></tr><tr><td>3,672,006</td><td>3,773,067</td></tr><tr><td>0</td><td>0</td></tr><tr><td></td><td></td></tr><tr><td>5,346,085</td><td>5,048,020</td></tr><tr><td>9,628,574</td><td>9,472,215</td></tr><tr><td>2,156,060</td><td>1,732,187</td></tr></table> | Expenses | | 610,483 | 651,128 | 0 | 0 | 3,672,006 | 3,773,067 | 0 | 0 | | | 5,346,085 | 5,048,020 | 9,628,574 | 9,472,215 | 2,156,060 |
| Expenses | | | | 610,483 | 651,128 | | | | | | | | | | | | | |
| | | | | 0 | 0 | | | | | | | | | | | | | |
| | | | | 3,672,006 | 3,773,067 | | | | | | | | | | | | | |
| | | | | 0 | 0 | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | |
| | | | | 5,346,085 | 5,048,020 | | | | | | | | | | | | | |
| | | | | 9,628,574 | 9,472,215 | | | | | | | | | | | | | |
| | | 2,156,060 | 1,732,187 | | | | | | | | | | | | | | | |
| Net Assets or Fund Balances | | Beginning of Current Year | End of Year | | | | | | | | | | | | | | | |
| | | 28,573,530 | 29,748,379 | | | | | | | | | | | | | | | |
| | | 1,226,896 | 904,766 | | | | | | | | | | | | | | | |
| | | 27,346,634 | 28,843,613 | | | | | | | | | | | | | | | |

Part II

Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Sign Here

Signature of officer

2016-05-09

Date

SALVATORE D LARUSSO DC TREASURER

Type or print name and title

Print/Type preparer's name
RYAN M SANGER CPA

Preparer's signature
RYAN M SANGER CPA

Date

Check ☐ if self-employed

PTIN
P00694942

Firm's name ▶ ANTON COLLINS MITCHELL LLP

Firm's EIN ▶ 01-0724563

Firm's address ▶ 2015 CLUBHOUSE DRIVE SUITE 203

Phone no (970) 352-1700

GREELEY, CO 80634

May the IRS discuss this return with the preparer shown above? (see instructions) ☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form990(2015)

Part III

Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III ☐

1

Briefly describe the organization's mission

PREPARATION OF SEMI-ANNUAL NATIONAL LICENSURE EXAMINATIONS FOR THE CHIROPRACTIC PROFESSION

2

Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No

If "Yes," describe these new services on Schedule O

3

Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No

If "Yes," describe these changes on Schedule O

4

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a

(Code) (Expenses \$ including grants of \$) (Revenue \$)

PREPARATION OF SEMI-ANNUAL NATIONAL LICENSURE EXAMINATIONS FOR THE CHIROPRACTIC PROFESSION

4b

(Code) (Expenses \$ including grants of \$) (Revenue \$)

4c

(Code) (Expenses \$ including grants of \$) (Revenue \$)

4d

















Other program services (Describe in Schedule O)

(Expenses \$ including grants of \$) (Revenue \$)

4e

Total program service expenses ▶

Part IV Checklist of Required Schedules

| | | Yes | No |
|-----|---|-----|-----|
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A | 1 | No |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? | 2 | No |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I | 3 | No |
| 4 | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II | 4 | |
| 5 | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III | 5 | No |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I  | 6 | No |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II  | 7 | No |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III  | 8 | No |
| 9 | Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV  | 9 | No |
| 10 | Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V  | 10 | No |
| 11 | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable | | |
| a | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.  | 11a | Yes |
| b | Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII  | 11b | No |
| c | Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII  | 11c | No |
| d | Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX  | 11d | Yes |
| e | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X  | 11e | Yes |
| f | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X  | 11f | Yes |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII  | 12a | Yes |
| b | Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional  | 12b | Yes |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | No |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | Yes |
| b | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV  | 14b | Yes |
| 15 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV  | 15 | Yes |
| 16 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV  | 16 | No |
| 17 | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) | 17 | No |
| 18 | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II | 18 | No |
| 19 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III | 19 | No |
| 20a | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H | 20a | No |
| b | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20b | |

Part IV

Checklist of Required Schedules (continued)

| | | | | |
|-----|--|-----|-----|----|
| 21 | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> | 21 | Yes | |
| 22 | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> | 22 | | No |
| 23 | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> | 23 | Yes | |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> | 24a | | No |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | |
| c | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? | 24c | | |
| d | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | |
| 25a | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> | 25a | | |
| b | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> | 25b | | |
| 26 | Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i> | 26 | | No |
| 27 | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> | 27 | | No |
| 28 | Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions) | | | |
| a | A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> | 28a | | No |
| b | A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> | 28b | | No |
| c | An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> | 28c | | No |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> | 29 | | No |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> | 30 | | No |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> | 31 | | No |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> | 32 | | No |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> | 33 | Yes | |
| 34 | Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> | 34 | Yes | |
| 35a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | | No |
| b | If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> | 35b | | |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> | 36 | | |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> | 37 | | No |
| 38 | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O | 38 | Yes | |

Part V

Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V

| | | | |
|---|--|-----|-----|
| | | Yes | No |
| 1a | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable. | 408 | |
| 1b | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable. | 0 | |
| c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? | | 1c | Yes |
| 2a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return. | 41 | |
| b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions). | | 2b | Yes |
| 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? | | 3a | No |
| b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O. | | 3b | |
| 4a 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)? | | 4a | No |
| b If "Yes," enter the name of the foreign country: _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). | | | |
| 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | | 5a | No |
| b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | | 5b | No |
| c If "Yes," to line 5a or 5b, did the organization file Form 8886-T? | | 5c | |
| 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? | | 6a | No |
| b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? | | 6b | |
| 7 Organizations that may receive deductible contributions under section 170(c). | | | |
| a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? | | 7a | |
| b If "Yes," did the organization notify the donor of the value of the goods or services provided? | | 7b | |
| c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? | | 7c | |
| d If "Yes," indicate the number of Forms 8282 filed during the year. | | 7d | |
| e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | | 7e | |
| f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | | 7f | |
| g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | | 7g | |
| h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | | 7h | |
| 8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? | | 8 | |
| 9a Did the sponsoring organization make any taxable distributions under section 4966? | | 9a | |
| b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? | | 9b | |
| 10 Section 501(c)(7) organizations. Enter | | | |
| a Initiation fees and capital contributions included on Part VIII, line 12. | | 10a | |
| b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities. | | 10b | |
| 11 Section 501(c)(12) organizations. Enter | | | |
| a Gross income from members or shareholders. | | 11a | |
| b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them). | | 11b | |
| 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | | 12a | |
| b If "Yes," enter the amount of tax-exempt interest received or accrued during the year. | | 12b | |
| 13 Section 501(c)(29) qualified nonprofit health insurance issuers. | | | |
| a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. | | 13a | |
| b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans. | | 13b | |
| c Enter the amount of reserves on hand. | | 13c | |
| 14a Did the organization receive any payments for indoor tanning services during the tax year? | | 14a | No |
| b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. | | 14b | |

Part VI

Governance, Management, and Disclosure

For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI

Section A. Governing Body and Management

| | | Yes | No |
|----|---|-----|----|
| 1a | Enter the number of voting members of the governing body at the end of the tax year | | |
| | If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O | | |
| b | Enter the number of voting members included in line 1a, above, who are independent | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? | | No |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? | | No |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | | No |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? | | No |
| 6 | Did the organization have members or stockholders? | | No |
| 7a | Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? | Yes | |
| b | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? | Yes | |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following | | |
| a | The governing body? | Yes | |
| b | Each committee with authority to act on behalf of the governing body? | Yes | |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O | | No |

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

| | Yes | No |
|--|-----|----|
| 10a | | No |
| b | | |
| 11a | Yes | |
| b | | |
| 12a | Yes | |
| b | Yes | |
| c | Yes | |
| 13 | Yes | |
| 14 | Yes | |
| 15 | | |
| a | Yes | |
| b | | No |
| If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) | | |
| 16a | | No |
| b | | |
| 16b | | |

Section C. Disclosure

| | |
|----|--|
| 17 | List the States with which a copy of this Form 990 is required to be filed |
| 18 | Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. <input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request <input type="checkbox"/> Other (explain in Schedule O) |
| 19 | Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year |
| 20 | State the name, address, and telephone number of the person who possesses the organization's books and records STEPHEN TRACY 901 54TH AVENUE GREELEY, CO 80634 (970) 356-9100 |

Part VII

Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."

List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

| (A) Name and Title | (B) Average hours per week (list any hours for related organizations below dotted line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W- 2/1099- MISC) | (E) Reportable compensation from related organizations (W- 2/1099- MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|--|--|---|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
| | | Individual trustee or director | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| (1) MARGARET R. COLUCCI DC DIRECTOR | 1.00 | X | | | | | | 14,600 | 0 | 0 |
| (2) STEVEN R. CONWAY DC SECRETARY | 1.00 | X | | X | | | | 33,350 | 0 | 0 |
| (3) DANIEL M. COTE DC DIRECTOR | 1.00 | X | | | | | | 22,700 | 0 | 0 |
| (4) DONNA L. CRAFT DC PRESIDENT | 1.00 | X | | X | | | | 34,300 | 0 | 0 |
| (5) FARREL I. GROSSMAN DC DIRECTOR | 1.00 | X | | | | | | 18,100 | 0 | 0 |
| (6) HANK W. HULTEEN DC DIRECTOR | 1.00 | X | | | | | | 23,500 | 0 | 0 |
| (7) SALVATORE D. LARUSSO DC TREASURER | 1.00 | X | | X | | | | 27,750 | 0 | 0 |
| (8) PAUL N. MORIN DC VICE PRESIDENT | 1.00 | X | | X | | | | 31,050 | 0 | 0 |
| (9) LAWRENCE O'CONNOR DC DIRECTOR | 1.00 | X | | | | | | 6,600 | 0 | 0 |
| (10) LEROY F. OTTO DC DIRECTOR | 1.00 | X | | | | | | 20,900 | 0 | 0 |
| (11) NORMAN E. OUZTS JR. DC DIRECTOR | 1.00 | X | | | | | | 25,450 | 0 | 0 |
| (12) RONALD B. TRIPP DC DIRECTOR | 1.00 | X | | | | | | 21,700 | 0 | 0 |
| (13) MARTIN W. KOLLASCH DC EXEC. VICE PRESIDENT | 40.00 | | | | | X | | 147,169 | 0 | 26,721 |
| (14) PAUL D. TOWNSEND DC DIR. PRACTICAL TESTING R&D | 40.00 | | | | | X | | 142,621 | 0 | 32,941 |

Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

| (A) Name and Title | (B) Average hours per week (list any hours for related organizations below dotted line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W- 2/1099- MISC) | (E) Reportable compensation from related organizations (W- 2/1099- MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|--|---|--|-----------------------|---------|--------------|---------------------------------|--------|---|--|---|
| | | Individual trustee or director | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| (15) STEPHEN W TRACY CFO & DIR OF COMPUTER OPER | 40 00 | | | | | X | | 121,891 | 0 | 21,748 |
| (16) JUDITH M GERSTUNG DC EXECUTIVE DIRECTOR - EBAS | 40 00 | | | | | X | | 105,951 | 0 | 22,996 |
| (17) JOHN K HYLAND DC CHIEF ADVISOR FOR TEST DEV | 40 00 | | | | | X | | 103,595 | 0 | 20,610 |
| (18) BRUCE L SHOTTS DC DIRECTOR OF WRITTEN EXAMS | 40 00 | | | | | X | | 103,388 | 0 | 27,196 |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
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| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| 1b Sub-Total | | | | | | | | | | |
| c Total from continuation sheets to Part VII, Section A | | | | | | | | | | |
| d Total (add lines 1b and 1c) | | | | | | | | 1,004,615 | 0 | 152,212 |

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 6

| | Yes | No |
|---|-----|----|
| 3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> | | No |
| 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> | Yes | |
| 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> | | No |

Section B. Independent Contractors

| 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year | | |
|---|--------------------------------|---------------------|
| (A) Name and business address | (B) Description of services | (C) Compensation |
| HEIBERG CONSULTING INC 3932 JOHN F KENNEDY PKWY FT COLLINS, CO 80525 | IT CONSULTING/PROGRAMMING | 641,290 |
| | | |
| | | |
| | | |
| | | |
| 2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 1 | | |

Part VIII

Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII

| | | | (A) | (B) | (C) | (D) | |
|---|---|---|---|---|----------------------------------|--|----------|
| | | | Total revenue | Related or exempt function revenue | Unrelated business revenue | Revenue excluded from tax under sections 512-514 | |
| Contributions, Gifts, Grants and Other Similar Amounts | 1a | Federated campaigns | 1a | | | | |
| | b | Membership dues | 1b | | | | |
| | c | Fundraising events | 1c | | | | |
| | d | Related organizations | 1d | | | | |
| | e | Government grants (contributions) | 1e | | | | |
| | f | All other contributions, gifts, grants, and similar amounts not included above | 1f | | | | |
| | g | Noncash contributions included in lines 1a-1f \$ | | | | | |
| | h | Total. Add lines 1a-1f | | | | | |
| Program Service Revenue | | | Business Code | | | | |
| | 2a | EXAM FEES AND OTHER SERVICES | 541900 | 11,142,547 | 11,142,547 | | |
| | b | | | | | | |
| | c | | | | | | |
| | d | | | | | | |
| | e | | | | | | |
| | f | All other program service revenue | | | | | |
| | g | Total. Add lines 2a-2f | | 11,142,547 | | | |
| Other Revenue | 3 | Investment income (including dividends, interest, and other similar amounts) | | 573,950 | | 573,950 | |
| | 4 | Income from investment of tax-exempt bond proceeds . . | | | | | |
| | 5 | Royalties | | | | | |
| | 6a | Gross rents | (i) Real | (ii) Personal | | | |
| | | | 111,122 | | | | |
| | | b | Less rental expenses | 139,709 | | | |
| | | c | Rental income or (loss) | -28,587 | | | |
| | d | Net rental income or (loss) | | -28,587 | | | -28,587 |
| | 7a | Gross amount from sales of assets other than inventory | (i) Securities | (ii) Other | | | |
| | | | 2,318,210 | | | | |
| | | b | Less cost or other basis and sales expenses | 2,448,299 | 56 | | |
| | | c | Gain or (loss) | -130,089 | -56 | | |
| | d | Net gain or (loss) | | -130,145 | | | -130,145 |
| | 8a | Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 | a | | | | |
| | b | Less direct expenses | b | | | | |
| | c | Net income or (loss) from fundraising events . . | | | | | |
| | 9a | Gross income from gaming activities See Part IV, line 19 | a | | | | |
| | b | Less direct expenses | b | | | | |
| | c | Net income or (loss) from gaming activities . . | | | | | |
| | 10a | Gross sales of inventory, less returns and allowances | a | | | | |
| | b | Less cost of goods sold | b | | | | |
| | c | Net income or (loss) from sales of inventory . . | | | | | |
| | Miscellaneous Revenue | | Business Code | | | | |
| 11a | EBAS REVENUE | 541900 | 112,240 | 112,240 | | | |
| b | EBAS EXPENSE | 541900 | -465,603 | -465,603 | | | |
| c | | | | | | | |
| d | All other revenue | | | | | | |
| e | Total. Add lines 11a-11d | | -353,363 | | | | |
| 12 | Total revenue. See Instructions | | 11,204,402 | 10,789,184 | 0 | 415,218 | |

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns All other organizations must complete column (A)

Check if Schedule O contains a response or note to any line in this Part IX

| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. | | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
|--|---|-----------------------|---------------------------------|--|-----------------------------|
| 1 | Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21 | 641,128 | | | |
| 2 | Grants and other assistance to domestic individuals See Part IV, line 22 | | | | |
| 3 | Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16 | 10,000 | | | |
| 4 | Benefits paid to or for members | | | | |
| 5 | Compensation of current officers, directors, trustees, and key employees | 439,840 | | | |
| 6 | Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) | 2,470,224 | | | |
| 7 | Other salaries and wages | | | | |
| 8 | Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) | 142,335 | | | |
| 9 | Other employee benefits | 525,144 | | | |
| 10 | Payroll taxes | 195,524 | | | |
| 11 | Fees for services (non-employees) | | | | |
| a | Management | | | | |
| b | Legal | 30,919 | | | |
| c | Accounting | 14,875 | | | |
| d | Lobbying | | | | |
| e | Professional fundraising services See Part IV, line 17 | | | | |
| f | Investment management fees | 61,848 | | | |
| g | Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) | 12,933 | | | |
| 12 | Advertising and promotion | 49,898 | | | |
| 13 | Office expenses | 346,046 | | | |
| 14 | Information technology | 251,657 | | | |
| 15 | Royalties | | | | |
| 16 | Occupancy | 450,586 | | | |
| 17 | Travel | 191,254 | | | |
| 18 | Payments of travel or entertainment expenses for any federal, state, or local public officials | | | | |
| 19 | Conferences, conventions, and meetings | 89,027 | | | |
| 20 | Interest | | | | |
| 21 | Payments to affiliates | | | | |
| 22 | Depreciation, depletion, and amortization | 457,160 | | | |
| 23 | Insurance | 101,066 | | | |
| 24 | Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O) | | | | |
| a | EXAM ADMINISTRATION EXP | 2,298,162 | | | |
| b | EXAM PREP | 548,118 | | | |
| c | EXAM DEVELOPMENT | 144,471 | | | |
| d | | | | | |
| e | All other expenses | | | | |
| 25 | Total functional expenses. Add lines 1 through 24e | 9,472,215 | | | |
| 26 | Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) | | | | |

Part X

Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X

☐

| | | | | | (A) | | (B) |
|-----------------------------|---|--|-----|------------|-------------------|------------|-------------|
| | | | | | Beginning of year | | End of year |
| Assets | 1 | Cash—non-interest-bearing | | | | 1 | |
| | 2 | Savings and temporary cash investments | | | 6,381,452 | 2 | 7,401,417 |
| | 3 | Pledges and grants receivable, net | | | | 3 | |
| | 4 | Accounts receivable, net | | | 8,733 | 4 | 8,702 |
| | 5 | Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L | | | | | |
| | | | | | | 5 | |
| | 6 | Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L | | | | | |
| | | | | | | 6 | |
| | 7 | Notes and loans receivable, net | | | | 7 | |
| | 8 | Inventories for sale or use | | | | 8 | |
| | 9 | Prepaid expenses and deferred charges | | | 132,164 | 9 | 114,391 |
| | 10a | Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D | 10a | 9,509,724 | | | |
| | b | Less accumulated depreciation | 10b | 4,053,337 | 5,716,949 | 10c | 5,456,387 |
| | 11 | Investments—publicly traded securities | | | 14,193,179 | 11 | 14,336,932 |
| | 12 | Investments—other securities See Part IV, line 11 | | | | 12 | |
| | 13 | Investments—program-related See Part IV, line 11 | | | | 13 | |
| 14 | Intangible assets | | | | 14 | | |
| 15 | Other assets See Part IV, line 11 | | | 2,141,053 | 15 | 2,430,550 | |
| 16 | Total assets.Add lines 1 through 15 (must equal line 34) | | | 28,573,530 | 16 | 29,748,379 | |
| Liabilities | 17 | Accounts payable and accrued expenses | | | 230,729 | 17 | 158,873 |
| | 18 | Grants payable | | | | 18 | |
| | 19 | Deferred revenue | | | 599,240 | 19 | 348,025 |
| | 20 | Tax-exempt bond liabilities | | | | 20 | |
| | 21 | Escrow or custodial account liability Complete Part IV of Schedule D | | | | 21 | |
| | 22 | Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L | | | | 22 | |
| | 23 | Secured mortgages and notes payable to unrelated third parties | | | | 23 | |
| | 24 | Unsecured notes and loans payable to unrelated third parties | | | | 24 | |
| | 25 | Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D | | | 396,927 | 25 | 397,868 |
| | 26 | Total liabilities.Add lines 17 through 25 | | | 1,226,896 | 26 | 904,766 |
| Net Assets or Fund Balances | Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34. | | | | | | |
| | 27 | Unrestricted net assets | | | 27,346,634 | 27 | 28,843,613 |
| | 28 | Temporarily restricted net assets | | | | 28 | |
| | 29 | Permanently restricted net assets | | | | 29 | |
| | Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34. | | | | | | |
| | 30 | Capital stock or trust principal, or current funds | | | | 30 | |
| | 31 | Paid-in or capital surplus, or land, building or equipment fund | | | | 31 | |
| | 32 | Retained earnings, endowment, accumulated income, or other funds | | | | 32 | |
| | 33 | Total net assets or fund balances | | | 27,346,634 | 33 | 28,843,613 |
| | 34 | Total liabilities and net assets/fund balances | | | 28,573,530 | 34 | 29,748,379 |

Part XIReconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI

| | | | |
|----|---|----|------------|
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | 11,204,402 |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 9,472,215 |
| 3 | Revenue less expenses Subtract line 2 from line 1 | 3 | 1,732,187 |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | 27,346,634 |
| 5 | Net unrealized gains (losses) on investments | 5 | -235,208 |
| 6 | Donated services and use of facilities | 6 | |
| 7 | Investment expenses | 7 | |
| 8 | Prior period adjustments | 8 | |
| 9 | Other changes in net assets or fund balances (explain in Schedule O) | 9 | 0 |
| 10 | Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | 10 | 28,843,613 |

Part XIIFinancial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII

| | Yes | No |
|---|-----|-----|
| 1 Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O | | |
| 2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis | 2a | No |
| 2b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis | 2b | Yes |
| 2c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O | 2c | Yes |
| 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? | 3a | No |
| 3b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits | 3b | |

SCHEDULE D
(Form 990)

Supplemental Financial Statements

OMB No 1545-0047

2015

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

► Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
► Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization
NATIONAL BOARD OF CHIROPRACTIC EXAMINERS

Employer identification number
74-6069951

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

| | (a) Donor advised funds | (b) Funds and other accounts |
|---|---|------------------------------|
| 1 | Total number at end of year | |
| 2 | Aggregate value of contributions to (during year) | |
| 3 | Aggregate value of grants from (during year) | |
| 4 | Aggregate value at end of year | |
| 5 | Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div> | |
| 6 | Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div> | |

Part II Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1

Purpose(s) of conservation easements held by the organization (check all that apply)

☐ Preservation of land for public use (e g , recreation or education) ☐ Preservation of an historically important land area
☐ Protection of natural habitat ☐ Preservation of a certified historic structure
☐ Preservation of open space

2

Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

| | Held at the End of the Year |
|---|--|
| a | Total number of conservation easements |
| b | Total acreage restricted by conservation easements |
| c | Number of conservation easements on a certified historic structure included in (a) |
| d | Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register |

3

Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ► _____

4

Number of states where property subject to conservation easement is located ► _____

5

Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

☐ Yes ☐ No

6

Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year
► _____

7

Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year
► \$ _____

8

Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

☐ Yes ☐ No

9

In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a

If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

b

If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i)

Revenue included on Form 990, Part VIII, line 1

► \$ _____

(ii)

Assets included in Form 990, Part X

► \$ _____

2

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

a

Revenue included on Form 990, Part VIII, line 1

► \$ _____

b

Assets included in Form 990, Part X

► \$ _____

Part III

Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets

(continued)

3

Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)

a

☐ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other

4

Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII

5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes

☐ No

Part IV

Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a

Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIII and complete the following table

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

| | Amount |
|----|--------|
| 1c | |
| 1d | |
| 1e | |
| 1f | |

2a

Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII

☐

Part V

Endowment Funds.

Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

| | (a)Current year | (b)Prior year | b (c)Two years back | (d)Three years back | (e)Four years back |
|----|--|---------------|---------------------|---------------------|--------------------|
| 1a | Beginning of year balance | | | | |
| b | Contributions | | | | |
| c | Net investment earnings, gains, and losses | | | | |
| d | Grants or scholarships | | | | |
| e | Other expenditures for facilities and programs | | | | |
| f | Administrative expenses | | | | |
| g | End of year balance | | | | |

2

Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

a

Board designated or quasi-endowment

b

Permanent endowment

c

Temporarily restricted endowment

The percentages on lines 2a, 2b, and 2c should equal 100%

3a

Are there endowment funds not in the possession of the organization that are held and administered for the organization by

(i)

unrelated organizations

(ii)

related organizations

b

If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?

| | Yes | No |
|--------|-----|----|
| 3a(i) | | |
| 3a(ii) | | |
| 3b | | |

4

Describe in Part XIII the intended uses of the organization's endowment funds

Part VI

Land, Buildings, and Equipment.

Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a.See Form 990, Part X, line 10.

| Description of property | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | Accumulated (c) depreciation | (d)Book value |
|--|--|---------------------------------------|---------------------------------|---------------|
| 1a Land | | 1,507,112 | | 1,507,112 |
| b Buildings | | 5,440,957 | 2,105,776 | 3,335,181 |
| c Leasehold improvements | | 343,619 | 137,606 | 206,013 |
| d Equipment | | 2,218,036 | 1,809,955 | 408,081 |
| e Other | | | | |
| Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).) | | | | 5,456,387 |

Part XI

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

| | | | |
|---|---|----|------------|
| 1 | Total revenue, gains, and other support per audited financial statements | 1 | 11,939,859 |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12 | | |
| a | Net unrealized gains (losses) on investments | 2a | |
| b | Donated services and use of facilities | 2b | |
| c | Recoveries of prior year grants | 2c | |
| d | Other (Describe in Part XIII) | 2d | 735,457 |
| e | Add lines 2a through 2d | 2e | 735,457 |
| 3 | Subtract line 2e from line 1 | 3 | 11,204,402 |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1 | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | |
| b | Other (Describe in Part XIII) | 4b | |
| c | Add lines 4a and 4b | 4c | 0 |
| 5 | Total revenue Add lines 3 and 4c.(This must equal Form 990, Part I, line 12) | 5 | 11,204,402 |

Part XII

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

| | | | |
|---|---|----|------------|
| 1 | Total expenses and losses per audited financial statements | 1 | 10,442,880 |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25 | | |
| a | Donated services and use of facilities | 2a | |
| b | Prior year adjustments | 2b | |
| c | Other losses | 2c | |
| d | Other (Describe in Part XIII) | 2d | 970,665 |
| e | Add lines 2a through 2d | 2e | 970,665 |
| 3 | Subtract line 2e from line 1 | 3 | 9,472,215 |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1: | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | |
| b | Other (Describe in Part XIII) | 4b | |
| c | Add lines 4a and 4b | 4c | 0 |
| 5 | Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) | 5 | 9,472,215 |

Part XIII

Supplemental Information

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

| Return Reference | Explanation |
|---------------------------------------|--|
| PART X, LINE 2 | THE NBCE IS EXEMPT FROM INCOME TAXES UNDER SECTION 501(C)(6) OF THE INTERNAL REVENUE CODE, AND HAS BEEN CLASSIFIED BY THE INTERNAL REVENUE SERVICE AS A NONPROFIT CORPORATION OTHER THAN A PRIVATE FOUNDATION. SINCE IT HAS NO INCOME FROM BUSINESS UNRELATED TO ITS EXEMPT PURPOSE, NO LIABILITY FOR FEDERAL INCOME TAXES HAS BEEN REPORTED. EBAS IS NOT A TAX-PAYING ENTITY FOR FEDERAL OR STATE INCOME TAX PURPOSES, ACCORDINGLY, EBAS DOES NOT FILE A TAX RETURN. NBCE, AS THE SOLE MEMBER OF EBAS, REPORTS THE REVENUES AND EXPENSES OF EBAS ON ITS FORM 990 TAX RETURN, AND NET INCOME UNRELATED TO NBCE'S MISSION IS SUBJECT TO UNRELATED BUSINESS INCOME ("UBI") TAX TO BE REPORTED ON FORM 990-T. DURING THE YEAR ENDED DECEMBER 31, 2015, THERE WAS NO TAXABLE UBI. THE ORGANIZATION FOLLOWS GUIDANCE TO ACCOUNT FOR ANY UNCERTAINTY IN INCOME TAXES WITH RESPECT TO THE ACCOUNTING FOR ALL TAX POSITIONS TAKEN (OR EXPECTED TO BE TAKEN) ON ANY INCOME TAX RETURN. THIS GUIDANCE APPLIES TO ALL OPEN TAX PERIODS IN ALL TAX JURISDICTIONS IN WHICH THE ORGANIZATION IS REQUIRED TO FILE AN INCOME TAX RETURN. UNDER GAAP, IN ORDER TO RECOGNIZE AN UNCERTAIN TAX BENEFIT, THE TAXPAYER MUST BE MORE LIKELY THAN NOT OF SUSTAINING THE POSITION, AND THE MEASUREMENT OF THE BENEFIT IS CALCULATED AS THE LARGEST AMOUNT THAT IS MORE THAN 50 PERCENT LIKELY TO BE REALIZED UPON RESOLUTION OF THE BENEFIT. THE ORGANIZATION BELIEVES THAT IT HAS CONDUCTED ITS OPERATIONS IN ACCORDANCE WITH, AND HAS PROPERLY MAINTAINED ITS TAX-EXEMPT STATUS, AND THAT IT HAS TAKEN NO MATERIAL UNCERTAIN TAX POSITIONS THAT QUALIFY FOR RECOGNITION OR DISCLOSURE IN THE FINANCIAL STATEMENTS. THE ORGANIZATION IS NOT SUBJECT TO U.S. FEDERAL, STATE AND LOCAL, OR NON-U.S. INCOME TAX EXAMINATIONS BY TAX AUTHORITIES FOR YEARS BEFORE 2013. |
| PART XI, LINE 2D - OTHER ADJUSTMENTS | LOSS ON DISPOSAL OF FIXED ASSETS 56. REALIZED LOSS ON INVESTMENTS 130,089. RENTAL EXPENSES 139,709. EBAS EXPENSES NETTED WITH REVENUE 465,603. |
| PART XI, LINE 4B - OTHER ADJUSTMENTS | LOSS ON DISPOSAL OF FIXED ASSETS. REALIZED LOSS ON INVESTMENTS. RENTAL EXPENSES. |
| PART XII, LINE 2D - OTHER ADJUSTMENTS | RENTAL EXPENSES 139,709. REALIZED LOSS ON INVESTMENTS 130,089. UNREALIZED LOSS ON INVESTMENTS 235,208. LOSS ON DISPOSAL OF FIXED ASSETS 56. EBAS EXPENSES 465,603. |
| | |
| | |
| | |

[illegible]

SCHEDULE F
(Form 990)

Statement of Activities Outside the United States

► Complete if the organization answered "Yes" to Form 990,
Part IV, line 14b, 15, or 16.
► Attach to Form 990.
► Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2015

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
NATIONAL BOARD OF CHIROPRACTIC EXAMINERS

Employer identification number
74-6069951

Part I General Information on Activities Outside the United States.

Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☐ Yes ☒ No

2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

3 Activites per Region (The following Part I, line 3 table can be duplicated if additional space is needed)

| (a) Region | (b) Number of offices in the region | (c) Number of employees, agents, and independent contractors in region | (d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region) | (e) If activity listed in (d) is a program service, describe specific type of service(s) in region | (f) Total expenditures for and investments in region |
|--|-------------------------------------|--|---|--|--|
| (1) CANADA | 0 | 5 | PROGRAM SERVICES | EXAM ADMINISTRATION | 4,814 |
| (2) ENGLAND, FRANCE | 0 | 4 | PROGRAM SERVICES | EXAM ADMINISTRATION | 6,258 |
| (3) AUSTRALIA, NEW ZEALAND, KOREA | 0 | 7 | PROGRAM SERVICES | EXAM ADMINISTRATION | 10,930 |
| (4) | | | | | |
| (5) | | | | | |
| 3a Sub-total | 0 | 16 | | | 22,002 |
| b Total from continuation sheets to Part I | 0 | 0 | | | 0 |
| c Totals (add lines 3a and 3b) | 0 | 16 | | | 22,002 |

Part II

Grants and Other Assistance to Organizations or Entities Outside the United States.

Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

| 1 | (a) Name of organization | (b) IRS code section and EIN (if applicable) | (c) Region | (d) Purpose of grant | (e) Amount of cash grant | (f) Manner of cash disbursement | (g) Amount of non-cash assistance | (h) Description of non-cash assistance | (i) Method of valuation (book, FMV, appraisal, other) |
|-------|--------------------------|--|------------|----------------------|--------------------------|---------------------------------|-----------------------------------|--|---|
| (1) | | | CANADA | RECEPTION ASSISTANCE | 10,000 | CHECK | | | |
| (2) | | | | | | | | | |
| (3) | | | | | | | | | |
| (4) | | | | | | | | | |

2

Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

3

Enter total number of other organizations or entities

Part III

Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16.
Part III can be duplicated if additional space is needed.

| (a) Type of grant or assistance | (b) Region | (c) Number of recipients | (d) Amount of cash grant | (e) Manner of cash disbursement | (f) Amount of non-cash assistance | (g) Description of non-cash assistance | (h) Method of valuation (book, FMV, appraisal, other) |
|---------------------------------|------------|--------------------------|--------------------------|---------------------------------|-----------------------------------|--|---|
| (1) | | | | | | | |
| (2) | | | | | | | |
| (3) | | | | | | | |
| (4) | | | | | | | |
| (5) | | | | | | | |
| (6) | | | | | | | |
| (7) | | | | | | | |
| (8) | | | | | | | |
| (9) | | | | | | | |
| (10) | | | | | | | |
| (11) | | | | | | | |
| (12) | | | | | | | |
| (13) | | | | | | | |
| (14) | | | | | | | |
| (15) | | | | | | | |
| (16) | | | | | | | |
| (17) | | | | | | | |
| (18) | | | | | | | |

Part IV Foreign Forms

- 1

Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)*

☐

Yes

☒

No
- 2

Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; do not file with Form 990)*

☐

Yes

☒

No
- 3

Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations. (see Instructions for Form 5471)*

☐

Yes

☒

No
- 4

Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)*

☐

Yes

☒

No
- 5

Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships. (see Instructions for Form 8865)*

☐

Yes

☒

No
- 6

Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713; do not file with Form 990)*

☐

Yes

☒

No

Part V

Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

990 Schedule F, Supplemental Information

| Return Reference | Explanation |
|------------------|---|
| PART I, LINE 2 | THE NATIONAL BOARD OF CHIROPRACTIC EXAMINERS MONITORS THE USE OF GRANT FUNDS BY THE FOLLOWING GRANT MAKING GUIDELINES- THE GRANT MUST MEET THE FOLLOWING GUIDELINES- - MUST BE WITHIN STATED PURPOSE OF NBCE - SUBMITTED IN WRITING BY REQUESTING ORGANIZATION - FOR A SPECIFIC MONETARY AMOUNT - WILL NOT RESULT IN PERSONAL BENEFIT TO A MEMBER OF THE NBCE BOARD OF DIRECTORS OR STAFF MEMBER - MUST NOT BE FOR RELIGIOUS PURPOSES, DEBT REDUCTION, OR INDIVIDUAL OR SCHOLARSHIP SUPPORT - UPON REQUEST, MUST PROVIDE FINANCIAL ACCOUNTING OF HOW FUNDS WERE APPLIED - FOREIGN GRANTS ARE ALWAYS GIVEN FOR CONFERENCE SUPPORT AT A PUBLIC PRESENTATION |

Schedule I
(Form 990)

Department of the
Treasury
Internal Revenue Service

Grants and Other Assistance to Organizations,
Governments and Individuals in the United States

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2015

Open to Public
Inspection

Name of the organization
NATIONAL BOARD OF CHIROPRACTIC EXAMINERS

Employer identification number
74-6069951

Part I

General Information on Grants and Assistance

- 1

Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

☒ Yes ☐ No
- 2

Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II

Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| (1) ASSOCIATION OF CHIROPRACTIC COLLEGES 4424 MONTGOMERY AVENUE SUITE 102 BETHESDA, MD 20814 | 94-3082686 | 501(C)(6) | 10,000 | | | | RESEARCH AWARDS |
| (2) FEDERATION OF CHIROPRACTIC LICENSING BOARDS 5401 WEST 10TH ST STE 101 GREELEY, CO 80634 | 83-0208564 | 501(C)(3) | 580,068 | 31,060 | FMV | RENT AND UTILITIES | OPERATIONAL SUPPORT |
| (3) FOUNDATION FOR CHIROPRACTIC PROGRESS PO BOX 560 CARMICHAEL, CA 956090560 | 20-2137895 | 501(C)(6) | 10,000 | | | | CAREER DEVELOPMENT |
| | | | | | | | |
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| | | | | | | | |

2

Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

1

3

Enter total number of other organizations listed in the line 1 table

2

Part III

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22
Part III can be duplicated if additional space is needed

| (a)Type of grant or assistance | (b)Number of recipients | (c)Amount of cash grant | (d)Amount of non-cash assistance | (e)Method of valuation (book, FMV, appraisal, other) | (f)Description of non-cash assistance |
|--------------------------------|-------------------------|-------------------------|----------------------------------|--|---------------------------------------|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

Part IV

Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

| Return Reference | Explanation |
|------------------|---|
| PART I, LINE 2 | THE NATIONAL BOARD OF CHIROPRACTIC EXAMINERS MONITORS THE USE OF GRANT FUNDS BY THE FOLLOWING GRANT MAKING GUIDELINES- THE GRANT MUST MEET THE FOLLOWING GUIDELINES- - MUST BE WITHIN STATED PURPOSE OF NBCE - SUBMITTED IN WRITING BY REQUESTING ORGANIZATION - FOR A SPECIFIC MONETARY AMOUNT - BE FROM AN ORGANIZATION EXEMPT FROM FEDERAL INCOME TAX UNDER 501(C)(3), 501(C)(4), OR 501(C)(6) - WILL NOT RESULT IN PERSONAL BENEFIT TO A MEMBER OF THE NBCE BOARD OF DIRECTORS OR STAFF MEMBER - INCLUDE COPY OF APPLICANTS ORGANIZATIONAL DOCUMENTS, LIST OF BOARD MEMBERS, FINANCIAL STATEMENTS, AND OPERATING BUDGET, COPY OF CURRENT IRS FORM 990,COPY OF IRS LETTER GRANTING TAX EXEMPT STATUS, AND DESCRIPTION OF GENERAL AREA OF APPLICATION OF FUNDS - MUST NOT BE FOR RELIGIOUS PURPOSES, DEBT REDUCTION, OR INDIVIDUAL OR SCHOLARSHIP SUPPORT - UPON REQUEST, MUST PROVIDE FINANCIAL ACCOUNTING OF HOW FUNDS WERE APPLIED |

Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
▶ Attach to Form 990.

▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
NATIONAL BOARD OF CHIROPRACTIC EXAMINERS

Employer identification number
74-6069951

Part I

Questions Regarding Compensation

| | Yes | No |
|---|-----|----|
| <div><div>1a</div><div>Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items</div><div><div><div><input type="checkbox"/> First-class or charter travel</div><div><input type="checkbox"/> Travel for companions</div><div><input type="checkbox"/> Tax idemnification and gross-up payments</div><div><input type="checkbox"/> Discretionary spending account</div></div><div><div><input type="checkbox"/> Housing allowance or residence for personal use</div><div><input type="checkbox"/> Payments for business use of personal residence</div><div><input type="checkbox"/> Health or social club dues or initiation fees</div><div><input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)</div></div></div></div> | | |
| <div><div>b</div><div>If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain</div></div> | 1b | |
| <div><div>2</div><div>Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?</div></div> | 2 | |
| <div><div>3</div><div>Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III</div><div><div><div><input type="checkbox"/> Compensation committee</div><div><input type="checkbox"/> Independent compensation consultant</div><div><input type="checkbox"/> Form 990 of other organizations</div></div><div><div><input checked="" type="checkbox"/> Written employment contract</div><div><input type="checkbox"/> Compensation survey or study</div><div><input checked="" type="checkbox"/> Approval by the board or compensation committee</div></div></div></div> | | |
| <div><div>4</div><div>During the year, did any person listed on Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization</div></div> | | |
| <div><div>a</div><div>Receive a severance payment or change-of-control payment?</div></div> | 4a | No |
| <div><div>b</div><div>Participate in, or receive payment from, a supplemental nonqualified retirement plan?</div></div> | 4b | No |
| <div><div>c</div><div>Participate in, or receive payment from, an equity-based compensation arrangement?</div></div> <div>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III</div> | 4c | No |
| <div><div></div><div>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</div></div> | | |
| <div><div>5</div><div>For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of</div></div> | | |
| <div><div>a</div><div>The organization?</div></div> | 5a | |
| <div><div>b</div><div>Any related organization?</div></div> <div>If "Yes," on line 5a or 5b, describe in Part III</div> | 5b | |
| <div><div>6</div><div>For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of</div></div> | | |
| <div><div>a</div><div>The organization?</div></div> | 6a | |
| <div><div>b</div><div>Any related organization?</div></div> <div>If "Yes," on line 6a or 6b, describe in Part III</div> | 6b | |
| <div><div>7</div><div>For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III</div></div> | 7 | |
| <div><div>8</div><div>Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III</div></div> | 8 | |
| <div><div>9</div><div>If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?</div></div> | 9 | |

Part II

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

| (A) Name and Title | | (B) Breakdown of W-2 and/or 1099-MISC compensation | | | (C) Retirement and other deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation in column(B) reported as deferred on prior Form 990 |
|--|------|--|-------------------------------------|-------------------------------------|--|-------------------------|---------------------------------|--|
| | | Base (i) compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | | | | |
| 1 MARTIN W KOLLASCH DC EXEC VICE PRESIDENT | (i) | 147,169 | 0 | 0 | 9,178 | 17,543 | 173,890 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 2 PAUL D TOWNSEND DC DIR PRACTICAL TESTING R&D | (i) | 142,621 | 0 | 0 | 9,032 | 23,909 | 175,562 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

Part III **Supplemental Information**

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

| Return Reference | Explanation |
|------------------|-------------|
|------------------|-------------|

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.
▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at
www.irs.gov/form990.

OMB No 1545-0047

2015

Open to Public
Inspection

| | |
|--|--|
| Name of the organization NATIONAL BOARD OF CHIROPRACTIC EXAMINERS | Employer identification number 74-6069951 |
|--|--|

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|--|--|
| FORM 990, PART VI, SECTION A, LINE 7A | THE STATE DELEGATES HAVE THE AUTHORITY TO ELECT THE FIVE DISTRICT DIRECTORS THAT ARE PART OF THE GOVERNING BODY |
| FORM 990, PART VI, SECTION A, LINE 7B | THE STATE DELEGATES MUST APPROVE BOTH THE BYLAW CHANGES AND DISSOLUTION OF THE CORPORATION UPON THE RECOMMENDATION FROM THE BOARD OF DIRECTORS |
| FORM 990, PART VI, SECTION B, LINE 11 | RETURN IS REVIEWED BY THE CFO, EXECUTIVE VICE PRESIDENT, AND THE BOARD FINANCE COMMITTEE |
| FORM 990, PART VI, SECTION B, LINE 12C | EACH DIRECTOR AND COMMITTEE MEMBER IS UNDER A CONTINUING OBLIGATION TO DISCLOSE AN ACTUAL OR POTENTIAL CONFLICT OF INTEREST AS SOON AS IT IS KNOWN THEY ARE OBLIGATED TO FILE PERIODIC REPORTS OF ACTUAL OR POTENTIAL CONFLICTS OF INTEREST IF THE BOARD HAS REASONABLE CAUSE TO BELIEVE THAT A DIRECTOR OR COMMITTEE MEMBER HAS FAILED TO DISCLOSE CONFLICTS OF INTEREST, THEY WILL THEN GIVE THEM THE OPPORTUNITY TO EXPLAIN THE FAILURE TO DISCLOSE IF THEY DETERMINE THAT THE FAILURE TO DISCLOSE WAS INTENTIONAL OR NEGLIGENT, IT MAY TAKE APPROPRIATE DISCIPLINARY AND CORRECTIVE ACTION |
| FORM 990, PART VI, SECTION B, LINE 15A | THE EXECUTIVE COMMITTEE MEETS TO REVIEW AND NEGOTIATE THE EXECUTIVE VICE PRESIDENT'S CONTRACT, AND THE BOARD OF DIRECTORS IS NOTIFIED OF FINAL RESULTING CONTRACT THE LAST REVIEW OF KEY EMPLOYEE COMPENSATION OCCURRED IN DECEMBER 2014 |
| FORM 990, PART VI, SECTION C, LINE 19 | THE ORGANIZATION POSTS THE CURRENT BYLAWS AND AUDITED ANNUAL FINANCIAL STATEMENTS ON THEIR WEBSITE AND GIVE PRINTED COPIES OF BOTH TO THE DELEGATES EVERY YEAR AT THEIR ANNUAL MEETING IN THE ORGANIZATION'S ANNUAL REPORT THE CONFLICT OF INTEREST POLICY IS AVAILABLE TO THE PUBLIC UPON REQUEST |
| FORM 990 PART XII LINE 2C | THE ORGANIZATION DID NOT CHANGE ITS AUDIT OVERSIGHT PROCESS DURING THE YEAR |

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

▶ Attach to Form 990.▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
NATIONAL BOARD OF CHIROPRACTIC EXAMINERS

Employer identification number
74-6069951

| Part I Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33. | | | | | |
|--|--|--|---------------------|---------------------------|--|
| (a) Name, address, and EIN (if applicable) of disregarded entity | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Total income | (e) End-of-year assets | (f) Direct controlling entity |
| (1) INTERNATIONAL BOARD OF CHIROPRACTIC EXAMINERS LLC 901 54TH AVENUE GREELEY, CO 80634 | TO PROVIDE TESTING SERVICES TO THE INTERNATIONAL CHIROPRACTIC PROFESSION | DE | 0 | 0 | NATIONAL BOARD OF CHIROPRACTIC EXAMINERS |
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| Part II Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year. | | | | | | | |
|---|--------------------------------------|--|----------------------------|---|----------------------------------|--|----|
| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Exempt Code section | (e) Public charity status (if section 501(c)(3)) | (f) Direct controlling entity | (g) Section 512(b)(13) controlled entity? | |
| | | | | | | Yes | No |
| (1) FEDERATION OF CHIROPRACTIC LICENSING BOARDS 5401 W 10TH STREET 101 GREELEY, CO 80634 83-0208564 | ASSIST CHIROPRACTIC LICENSING BOARDS | CO | 501(C)(3) | 509(A)(2) | | | No |
| | | | | | | | |
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Part III

Identification of Related Organizations Taxable as a Partnership

Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Predominant income(related, unrelated, excluded from tax under sections 512- 514) | (f) Share of total income | (g) Share of end-of-year assets | (h) Disproportionate allocations? | | (i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) | (j) General or managing partner? | | (k) Percentage ownership |
|--|-------------------------|--|--|--|---------------------------------|--|---|----|--|---|----|--------------------------------|
| | | | | | | | Yes | No | | Yes | No | |
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Part IV

Identification of Related Organizations Taxable as a Corporation or Trust

Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Type of entity (C corp, S corp, or trust) | (f) Share of total income | (g) Share of end- of-year assets | (h) Percentage ownership | (i) Section 512 (b)(13) controlled entity? | |
|--|-------------------------|---|-------------------------------------|---|---------------------------------|---|--------------------------------|--|----|
| | | | | | | | | Yes | No |
| | | | | | | | | | |
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Part V

Transactions With Related Organizations

Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

a Receipt of (i) interest, (ii)annuities, (iii)royalties, or(iv)rent from a controlled entity

b Gift, grant, or capital contribution to related organization(s)

c Gift, grant, or capital contribution from related organization(s)

d Loans or loan guarantees to or for related organization(s)

e Loans or loan guarantees by related organization(s)

f Dividends from related organization(s)

g Sale of assets to related organization(s)

h Purchase of assets from related organization(s)

i Exchange of assets with related organization(s)

j Lease of facilities, equipment, or other assets to related organization(s)

k Lease of facilities, equipment, or other assets from related organization(s)

l Performance of services or membership or fundraising solicitations for related organization(s)

m Performance of services or membership or fundraising solicitations by related organization(s)

n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)

o Sharing of paid employees with related organization(s)

p Reimbursement paid to related organization(s) for expenses

q Reimbursement paid by related organization(s) for expenses

r Other transfer of cash or property to related organization(s)

s Other transfer of cash or property from related organization(s)

Yes

No

1a

No

1b

Yes

1c

No

1d

No

1e

No

1f

No

1g

No

1h

No

1i

No

1j

Yes

1k

No

1l

No

1m

No

1n

No

1o

No

1p

No

1q

No

1r

No

1s

No

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

| (a) Name of related organization | (b) Transaction type (a-s) | (c) Amount involved | (d) Method of determining amount involved |
|--|----------------------------------|------------------------|--|
| (1)FEDERATION OF CHIROPRACTIC LICENSING BOARDS | B | 580,068 | FMV |
| (2)FEDERATION OF CHIROPRACTIC LICENSING BOARDS | J | 31,060 | FMV |
| | | | |
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Schedule R (Form 990) 2015

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

[illegible]

Part VII

Supplemental Information

Provide additional information for responses to questions on Schedule R (see instructions)

| Return Reference | Explanation |
|------------------|-------------|
|------------------|-------------|