

*2015 - 2016 Annual Report*

# ABHES Annual Report

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## **Institution Information:**

**Name:** *East-West Healing Arts Institute*

**ABHES ID#:** *I-326*

**Address:** *6425 Normandy Lane*

**City:** *Madison*

**State:** *Wisconsin*

**Zip Code:** *53719*

**Telephone:** *(608) 236-9000*

**Fax:**

**Website:** *[www.acupressureschool.com](http://www.acupressureschool.com)*

**OPE ID#:** *04219300*  
(if applicable)

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## Approved Separate Classrooms

Address	City	State	Zip Code

## Contact Information

**Primary Contact First Name:** *XiPing*  
**Primary Contact Last Name:** *Zhou*  
**Primary Contact Title:** *Owner*  
**Primary Contact Email:** *drxzhou@acupunctureherbalmd.com*

## Alternate Contact Information

**First Name:** *Terri*  
**Last Name:** *Gomez*  
**Title:** *School Administrator*  
**Address:** *6425 Normandy Lane*  
**State:** *WI-Wisconsin*  
**City:** *Madison*  
**Zip Code:** *53719*  
**Email:** *terri@acupressureschool.com*  
**Telephone:** *(608) 240-1600*

## Legal Status, Ownership or Form of Control

**The institution is a:**

*Privately Held Business Corporation*

**List the exact ownership structure, including all levels of subsidiaries under the parent corporation and any subsidiary corporations operating as non-main campuses:**

*East-West Healing Arts Institute, both Madison Main Campus and Milwaukee Non-Main Campus, are owned by the Zhou family (see below)*

**Provide the ownership percentage breakdown of each entity in the chain of ownership, up to an including the individual(s) who control the ultimate ownership entity in the chain of ownership:**

*XiPing Zhou: 50%; LiPing Mu Zhou: 28%; Shengbo Zhou: 11%; Stanford Zhou: 11%*

**Provide descriptions for each level that include all individuals, partnerships, LLCs, corporations, trusts, or other forms of ownership (for publicly traded corporations, this includes shareholders that directly own 10% of the stock):**

*XiPing Zhou: President/Founder; LiPing Mu Zhou: wife; Shengbo Zhou: son; Stanford Zhou: son*

List all corporate officers

Name	Title
<i>XiPing Zhou</i>	<i>President</i>
<i>LiPing Mu Zhou</i>	<i>Secretary and Treasurer</i>

## **Additional Legal Status, Ownership or Form of Control Questions**

Since July 1, 2015 have there been any changes in legal status, ownership or form of control?

*No*

Does the institution or sponsoring institution for the program(s) have pending litigation?

*No*

## **Other Accreditation**

Does your institution hold institutional or programmatic accreditation in addition to ABHES accreditation?

*No*

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## Program Information

Please verify the program synopsis and update missing information for each program offered during the reporting year, July 1, 2015 – June 30, 2016

Program Name	Credential Awarded	CIP Code	Number of Clock Hours			Length of Instructional Weeks			Academic Credit Hours		Method of Delivery
			In Class	Recognized Outside	Total	Day	Evening	Weekend	Quarter	Semester	
<i>Asian Bodywork and Therapeutic Massage</i>	<i>Diploma</i>	<i>51.3051</i>	<i>800.00</i>	<i>0.00</i>	<i>800.00</i>	<i>40.00</i>	<i>0.00</i>	<i>0.00</i>	<i>0.00</i>	<i>0.00</i>	<i>Residential</i>

Please indicate below any program(s) or methods of delivery have been discontinued by ABHES since July 1, 2015. Note: Discontinuation of program(s) or method of delivery requires the institution to submit the Notice of Discontinuation form.

Date Listed on Discontinuation Letter	Program Name	Credential Awarded	CIP Code	Number of Clock Hours			Number of Instructional Weeks			Academic Credit Hours		Method of Delivery
				In Class	Recognized Outside	Total	Day	Evening	Weekend	Quarter	Semester	
	<i>Asian Bodywork and Therapeutic Massage</i>	<i>Diploma</i>	<i>51.3051</i>	<i>800.00</i>	<i>0.00</i>	<i>800.00</i>	<i>40.00</i>	<i>0.00</i>	<i>0.00</i>	<i>0.00</i>	<i>0.00</i>	<i>Residential</i>

The following new program(s) have been approved by ABHES and added since July 1, 2015. Note: Approval of new programs requires the institution to submit the New Program Application:

Program Name	Credential Awarded	CIP Code	Number of Clock Hours			Length of Instructional Weeks			Academic Credit Hours		Date Approved by ABHES	Method of Delivery
			In Class	Recognized Outside	Total	Day	Evening	Weekend	Quarter	Semester		
					<i>0.00</i>							



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## Enrollment

Please provide the total student enrollment per program. Programs with an increase of enrollment of 50% or greater will be prompted to complete an Enrollment Increase Appendix:

Program Name	Credential Awarded	Total Number of Students Enrolled		Percent Increase/Decrease
		Previous Reporting Year	Current Reporting Year	
<i>Asian Bodywork and Therapeutic Massage</i>	<i>Diploma</i>	<i>59</i>	<i>59</i>	<i>0</i>
<b>Totals:</b>		<i>59</i>	<i>59</i>	<i>0</i>

Please provide the most recent enrollment and graduation date for each of the programs offered by the institution prior to or including June 30, 2016:

Program Name	Credential Awarded	Enrollment Date	Graduation Date
<i>Asian Bodywork and Therapeutic Massage</i>	<i>Diploma</i>	<i>4/24/2016</i>	<i>3/6/2016</i>

Does your institution enroll Ability to Benefit (ATB) students?

*No*

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## Program Outcomes

Please provide retention statistics for the period of July 1, 2015 to June 30, 2016.

**If any of your retention rates fall below 70%, you will be required to complete an action plan prior to submitting your annual report.**

Program Name	Credential Awarded	CIP Code	Beginning Enrollment	New Starts	Reentries	Ending Enrollment	Graduates	Retention Rate
<i>Asian Bodywork and Therapeutic Massage</i>	<i>Diploma</i>	<i>51.3051</i>	<i>33</i>	<i>26</i>	<i>0</i>	<i>37</i>	<i>21</i>	<i>98</i>

Please provide placement statistics for the period of July 1, 2015 to June 30, 2016.

**If any of your placement rates fall below 70%, you will be required to complete an action plan prior to submitting your annual report.**

Program Name	Credential Awarded	CIP Code	Number Of Graduates	Number Placed in Field	Number Placed in Related Field	Number Not Placed or Placed Out of Field	Unavailable	Placement Total	Placement Rate
<i>Asian Bodywork and Therapeutic Massage</i>	<i>Diploma</i>	<i>51.3051</i>	<i>21</i>	<i>16</i>	<i>0</i>	<i>5</i>	<i>0</i>	<i>21</i>	<i>76</i>

**Is a credential or license required for graduates to work in the field?**

*Yes*

Please provide examination pass rates for the period of July 1, 2015 to June 30, 2016.

**If any of your examination pass rates fall below 70%, you will be required to complete an action plan prior to submitting your annual report.**

Exam Required?	Program Name	Credential Awarded	CIP Code	Examination Name	Total Graduates			Results Pending	Examination Pass Rate
					Taking Examination	Passing Examination (any attempt)	Failing Examination		

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Yes	Asian Bodywork and Therapeutic Massage	Diploma	51.3051	MBLEX	21	20	1	0	95
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Please state which programs require a state mandated examination and if each program is in compliance with the state requirements.

State Mandated Examination?	Program Name	Credential Awarded	Is the program in compliance with the state requirement?	If No, please upload the most recent correspondence with the state agency.
Yes	Asian Bodywork and Therapeutic Massage	Diploma	Yes	<input type="text" value="No Document Provided"/>

*\*This section is only applicable to surgical technology programs providing a pathway to the Certified Surgical Technology (CST) exam. Accelerated Alternate Delivery programs are not required to complete this section.*

# ABHES Annual Report

## Financial Delineation Form

**Fiscal Year End:** 12/31/2015  
**Total Current Assets:** \$1,124,675.00  
**Total Current Liabilities:** \$324,325.00  
**Current Ratio:** 3.47:1  
**Equity:** \$800,476.00  
**Net Income:** \$6,366.00  
**Cash End Year:** \$993,314.00  
**Total Revenue:** \$479,039.00  
**Profit at Year End:** \$6,366.00  
**Loss at Year End:** \$0.00  
**Retained Earnings:** \$795,699.00

**Does your institution participate in Title IV programs?**

Yes

	2011	2012	2013
Cohort Default Rate	0.00	0.00	0.00

**Do you believe the above rates are accurate?**

Yes

**Do you have an appeal pending with the United States Department of Education?**

No

**Are these rates in compliance with the United States Department of Education requirements?**

Yes

	2012	2013	2014
Financial Responsibility Composite Score			3.0000
90/10 Revenue Percentage			57.0000

**Is the institution on Heightened Cash Monitoring with the Department?**

Yes

**Please choose the appropriate level:**

HCM1

**Has the institution posted a letter of credit?**

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Yes

Please enter the amount and expiration date. Add additional rows if needed.

Amount	Expiration
\$11,885.00	2/3/2021

Is the institution's certification with the department provisional?

Yes

Date Completed: 12/5/2016

Financial Delineation Form Section Completed by: *LiPing Mu Zhou*



By signing above, I hereby attest that the financial information submitted is certified to be accurate and current to the best of my knowledge:

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## Calculation of Sustaining Fees

Your institution's sustaining fees are based on the total charged gross annual tuition for the time period of July 1, 2015 to June 30, 2016.

Your institution's gross annual tuition is :        *\$344,644.75*

The institution's 2015-2016 ABHES Sustaining fee    *\$2,700.00*  
required is:

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## Required Documents to Be Submitted

### Copy of Sustaining Fee Payment:

I-326\_Annual\_Sustaining\_Fee.pdf

### Current Catalog:

EWHAI\_2016-2017\_Catalog.pdf

### Credentialing/Licensure Back-Up Documentation:\*

I-326\_Credentialing\_Back-Up.xlsx

### Placement Back-Up Documentation:\*

I-326\_Placement\_Back-Up.xlsx

### Retention Back-up Documentation:\*

I-326\_Retention\_Back-Up.xlsx

\*You must use the ABHES Forms found at [www.abhes.org/annualreport](http://www.abhes.org/annualreport).

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**Annual Report Signature**

Annual Report Submitted by:

*Terri D. Gomez*

Title:

*School Administrator*