Form 990

Τ

EXTENDED TO NOVEMBER 15, 2024 Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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. Go to www.irs.gov/Form990 for instructions and the latest information. 2023 Open to Public Inspection

Depa Interi	Co to www.irs.gov/Form990 for instructions and the latest information.				Inspection		
	or th						
B (Check if	Die: C Name o	C Name of organization D Employer identificati				
	Addr chan	ess FITM	S NEUROBALANCE CENTER				
	Nam	e	usiness as		27-3849152		
	Initia			Room/suite		-	
		1529		260	847-800-61	62	
	⊥returi termi ated	in_	own, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	505,721.	
		nded DADD	INGTON, IL 60010		H(a) Is this a group retu		
	Appli 		nd address of principal officer: RAYMOND LAPINAS			Yes X No	
	pend		AS C ABOVE		H(b) Are all subordinates include		
11	ax-e>	kempt status:		or 527			
	Nebs		S.ORG		H(c) Group exemption r		
ĸ	orm c	of organization:	X Corporation Trust Association Other	L Year	of formation: 2010 M S		
Pa	art I	Summary					
	1	Briefly describ	be the organization's mission or most significant activities: $\underline{ extsf{TO}}$	ROVIDE	EDUCATION,		
uce			ARE, FITNESS, RESEARCH, SUPPORT AN			ONE ROOF	
Governance	2	Check this bo	x if the organization discontinued its operations or dispos	sed of more	than 25% of its net assets	6.	
	3	Number of vo	ting members of the governing body (Part VI, line 1a)		3	9	
	4	Number of inc	lependent voting members of the governing body (Part VI, line 1b)			9	
s S	5		of individuals employed in calendar year 2023 (Part V, line 2a)			15	
/itie	6		of volunteers (estimate if necessary)			13	
Activities	7 a				7a	0.	
	b	Net unrelated	business taxable income from Form 990-T, Part I, line 11	<u></u>	7b	0.	
					Prior Year	Current Year	
Ð	8	Contributions	and grants (Part VIII, line 1h)		760,232.	310,886.	
Revenue	9	Program servi	ce revenue (Part VIII, line 2g)		123,667.	189,870.	
eve	10	Investment in	come (Part VIII, column (A), lines 3, 4, and 7d)		293.	4,965.	
£	11	Other revenue	e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		310.	0.	
	12	Total revenue	- add lines 8 through 11 (must equal Part VIII, column (A), line 12)		884,502.	505,721.	
	13	Grants and sir	milar amounts paid (Part IX, column (A), lines 1-3)		0.	0.	
	14	Benefits paid	to or for members (Part IX, column (A), line 4)		0.	0.	
ŝ	15	Salaries, othe	r compensation, employee benefits (Part IX, column (A), lines 5-10)		277,791.	501,659.	
nse	16a	Professional f	r compensation, employee benefits (Part IX, column (A), lines 5-10) undraising fees (Part IX, column (A), line 11e) ing expenses (Part IX, column (D), line 25) <u>152,61</u>		0.	0.	
Expenses	b	Total fundrais	ing expenses (Part IX, column (D), line 25) 152,62	92.			
Ш	17	Other expense	es (Part IX, column (A), lines 11a-11d, 11f-24e)		330,999.	386,035.	
	18	Total expense	s. Add lines 13-17 (must equal Part IX, column (A), line 25)		608,790.	887,694.	
	19	Revenue less	expenses. Subtract line 18 from line 12		275,712.	-381,973.	
D Solor				Be	ginning of Current Year	End of Year	
Net Assets or	20	Total assets (I	Part X, line 16)		4,875,695.	4,481,984.	
tAs	21	Total liabilities	e (Part X, line 26)		67,100.	55,362.	
			fund balances. Subtract line 21 from line 20		4,808,595.	4,426,622.	
Pa	art II	Signature	e Block				
Und	er nen	alties of neriury	I declare that I have examined this return including accompanying schedules	s and stateme	ents and to the best of my kn	owledge 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	Signature of officer			Date			
Here	RAYMOND LAPINAS, EXECUTIV	E DIRECTOR					
	Type or print name and title						
	Print/Type preparer's name	Preparer's signature	Date				
Paid	DEREK ADAMCZYK	DEREK ADAMCZYK		self-employed P00292121			
Preparer	Firm's name PORTE BROWN LLC			Firm's EIN 36-2663358			
Use Only	Firm's address 1752 CAPITAL ST,	SUITE 400					
	ELGIN, IL 60124			Phone no. 847-695-1775			
May the I	May the IRS discuss this return with the preparer shown above? See instructions 🛛 🚺 Yes 🗌 No						
LHA For	HA For Paperwork Reduction Act Notice, see the separate instructions. 332001 12-21-23 Form 990 (2023)						

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

orm	990 (2023) FITMS NEUROBALANCE CENTER 27-3849152 Page 27-3849152
Pa	t III Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III X
1	Briefly describe the organization's mission:
•	TO PROVIDE EDUCATION, HEALTHCARE, FITNESS, RESEARCH, SUPPORT AND
	COMMUNITY UNDER ONE ROOF TO THOSE LIVING WITH NEUROMUSCULAR AND
	AUTOIMMUNE CONDITIONS THAT THREATEN INDEPENDENCE.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
~	If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
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 \$508,325. including grants of \$) (Revenue \$189,870.
	IN 2023 THE NEUROBALANCE CENTER WAS ABLE TO ADD NEW PROGRAMMING AND
	RETURN TO A FULL CAPACITY OF SERVICES OFFERED. THE SERVICES OFFERED
	INCLUDED FITNESS, WELLNESS, ADAPTIVE GROUP FITNESS CLASSES, EDUCATIONAL
	EVENTS AND SOCIAL OPPORTUNITIES. WE HAVE TWO WHEELCHAIR ACCESSIBLE VANS TO PROVIDE TRANSPORTATION TO CLIENTS IN NEED. ALL SERVICES ARE
	PERFORMED BY OUR HIGHLY TRAINED TEAM IN A STATE OF THE ART ADA FRIENDLY
	FACILITY. THE MAJORITY OF OUR CLIENTS HAVE PROGRESSIVE OR DEGENERATIVE
	DISEASES AND NEUROMUSCULAR CONDITIONS SUCH AS PARKINSON'S DISEASE,
	GUILLAIN-BARRE, ALS, MULTIPLE SCLEROSIS, CEREBRAL PALSY OR TRAUMATIC
	BRAIN INJURY, OR SIMPLY HAVE A MOBILITY IMPAIRMENT. OUR OBJECTIVE IS TO
	PROVIDE A CENTRAL LOCATION FOR OUR CLIENTS TO RECEIVE THE SERVICES THEY
	NEED IN ORDER TO PROMOTE HEALTHY LIVING AND LONGEVITY WHILE LIVING WITH
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4b	
4b 4c	
	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)

Form 990 (2023) FITMS NEUROBALANCE CENTER 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	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
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		X
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		X
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 Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
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		X
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		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
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		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
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		X X
с	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		X X
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		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		v	
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If</i> "Yes," <i>complete Schedule D, Part X</i>	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	10	v	
	Schedule D, Parts XI and XII	12a	X	<u> </u>
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	101		v
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		⊢ ^
α	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program sorvice activities outside the United States, or aggregate foreign investments valued at \$100,000			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	4.4%		x
16	or more? <i>If</i> "Yes," <i>complete Schedule F, Parts I and IV</i> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	14b		
15		15		x
16	foreign organization? <i>If</i> "Yes," <i>complete Schedule F, Parts II and IV</i> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			<u> </u>
10		16		x
17	or for foreign individuals? <i>If</i> "Yes," <i>complete Schedule F, Parts III and IV</i> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			- 23
.,	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			<u> </u>
	1c and 8a? If "Yes," complete Schedule G, Part II	18		x
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			<u> </u>
		19		x
20a	complete Schedule G, Part III Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a		<u> </u>
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</i> "Yes," <i>complete Schedule I, Parts I and II</i>	21		x
332003			990	(2023)

3

332003 12-21-23

Form	990	(2023)
	330	

			Vee	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		Yes	No
LL	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		x
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			<u> </u>
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		x
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? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	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		
	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			v
	transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a		X
a	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? If "Yes," complete	25b		x
26	Schedule L, Part I Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	230		- 23
20	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		x
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			v
~~	"Yes," complete Schedule L, Part IV	28c		X X
29 20	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	30		x
31	contributions? <i>If</i> "Yes," <i>complete Schedule M</i> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If</i> "Yes," <i>complete Schedule N, Part I</i>	31		X
32	Did the organization required, errinnate, or dissorte and cease operations? <i>If 'Yes, 'complete Schedule N, Part 1</i>			
02	Schedule N, Part II	32		x
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? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		x
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)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			v
27	If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization	36		X
37		37		x
38	and that is treated as a partnership for federal income tax purposes? <i>If</i> "Yes," <i>complete Schedule R, Part VI</i> Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	31		- 23
00	Note: All Form 990 filers are required to complete Schedule O	38	х	
Par			. =	
	Check if Schedule O contains a response or note to any line in this Part V	<u></u> ,		
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 7			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	000	
332004	· 12-21-23	Form	990	(2023)

4

10020703 251678 10-2001000

Form	990 (2023) FITMS NEUROBALANCE CENTER		27-3849	152	P	age 5
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)					
					Yes	No
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	2a	15			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return		•	2b	х	
				3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule			3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other a					
	financial account in a foreign country (such as a bank account, securities account, or other financial a			4a		x
h	If "Yes," enter the name of the foreign country	0000	····	14		
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ac		ts (FRAR)			
50	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		. ,	5a		х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction at any time during the tax year?			5a 5b		X
				50 50		<u> </u>
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			50		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the					x
	any contributions that were not tax deductible as charitable contributions?			<u>6a</u>		<u> </u>
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	ons or	gifts			
	were not tax deductible?			6b		<u> </u>
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices p	rovided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		<u> </u>
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	ıs reqi	uired			
	to file Form 8282?			7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co	ontrac	t?	7e		<u> </u>
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra	act?		7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo	rm 88	99 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organiza	tion fil	e a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by th	9			
	sponsoring organization have excess business holdings at any time during the year?			8		
9	Sponsoring organizations maintaining donor advised funds.					
а	Did the ensurement of the sector state the distributions under eaching 40000			9a		
b				9b		
10	Section 501(c)(7) organizations. Enter:					
а	Initiation fees and capital contributions included on Part VIII, line 12	10a				
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter:	100				
	Gross income from members or shareholders	11a				
	Gross income from other sources. (Do not net amounts due or paid to other sources against	110				
D		116				
10-	amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	10/11	۱ ۲	12a		
		1	: 	128		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	1			
13	Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state?			12-		
а	•	•••••		<u>13a</u>		<u> </u>
	Note: See the instructions for additional information the organization must report on Schedule O.					
b	Enter the amount of reserves the organization is required to maintain by the states in which the		I			
	organization is licensed to issue qualified health plans	13b				
	Enter the amount of reserves on hand	13c	1	4.		v
				14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul			14b		<u> </u>
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner					
	excess parachute payment(s) during the year?			15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.					
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	incor	ne?	16		X
	If "Yes," complete Form 4720, Schedule O.					
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any ac	tivities	;			
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?			17		
	If "Yes," complete Form 6069.					
332005	12-21-23			Form	990	(2023)

5

10020703 251678 10-2001000

Form 990 (2023)

FITMS NEUROBALANCE CENTER

27-3849152 Page 6

X

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on 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	1a)	100	110
	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 on Schedule 0.					
b	Enter the number of voting members included on line 1a, above, who are independent	1b	9)		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with a	any other			
	officer, director, trustee, or key employee?			2		X
3	Did the organization delegate control over management duties customarily performed by or under the	e direc	t supervision			
	of officers, directors, trustees, or key employees to a management company or other person?			3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?					X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?					X
6	Did the organization have members or stockholders?			6		x
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap	•				v
	more members of the governing body?			<u>7a</u>		X_
D	Are any governance decisions of the organization reserved to (or subject to approval by) members, st			76		x
8	persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year			7b		
o a	The governing body?		•	8a	х	
b	Each committee with authority to act on behalf of the governing body?			8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read					
-	organization's mailing address? If "Yes." provide the names and addresses on Schedule O			9		x
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re					
					Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such ch	apters	, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes? \dots			10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body	/ befor	e filing the form?	11a	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.					
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a 12b	X	
b					X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	,		10.	х	
10	on Schedule O how this was done			12c	Λ	X
13 14	Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy?			14		X
15						
10	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					
а	The organization's CEO, Executive Director, or top management official			15a	х	
	Other officers or key employees of the organization			15b	Х	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangen	nent w	ith a			
	taxable entity during the year?			16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate		-			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	izatior	ı's			
6 • •	exempt status with respect to such arrangements?			16b		
	tion C. Disclosure					
17 10	List the states with which a copy of this Form 990 is required to be filed IL		T (as at is p EQ1(a)(2)		ov oilok	
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, ar	10 990	-1 (Section 501(C)(5)	is only)	avalla	Jie
	for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website X Upon request Other (explain on Schedule O)					
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co			d finan	cial	
	statements available to the public during the tax year.			a mun		
20	State the name, address, and telephone number of the person who possesses the organization's boo	oks and	d records			
	RAYMOND LAPINAS - 847-800-6162					
	1529 S GROVE AVENUE, 260, BARRINGTON, IL 60010					
332006	12-21-23			Forn	ן 990	(2023)
	6					

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 the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and 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.

See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average	(C) Position (do not check more than one box, unless person is both an					one	(D) Reportable	(E) Reportable	(F) Estimated
	hours per week	box offi	, unles	ss per	rson i	s both pr/trus	n an	compensation from	compensation from related	amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(1) SHAWNA EGAN	40.00							1 4 9 9 9 9		0
PRESIDENT	40.00			X				140,228.	0.	0.
(2) JOY WAGNER	40.00							05 000	0	0
FOUNDER & PRESIDENT	40.00			X				85,000.	0.	0.
(3) RAYMOND LAPINAS	40.00			37					0	0
DIRECTOR OF FINANCE & ADMINISTRATION	1.00			Х				23,077.	0.	0.
(4) PATRICK DOWD DIRECTOR	1.00	х						0.	0.	0.
(5) VINCE FOGLIA	1.00	^						0.	0.	0.
DIRECTOR	1.00	x						0.	0.	0.
(6) KAREN KABAREC	1.00									
DIRECTOR	1.00	х						0.	0.	0.
(7) MELISSA PONTIKES	2.00									
DIRECTOR		x						0.	0.	0.
(8) JENNIFER SMITH	1.00									
DIRECTOR		х						0.	0.	0.
(9) VINNIE FOGLIA	6.00									
CHAIRMAN		Х		Х				0.	0.	0.
(10) TIERNEY SACCAVINO-PAYNE	2.00									
VICE CHAIR		Х		Х				0.	0.	0.
(11) DAVE WILHELMI	6.00									
TREASURER		Х		Х				0.	0.	0.
(12) VILIA DEDINAS	2.00									-
SECRETARY		х		х				0.	0.	0.
332007 12-21-23										Form 990 (2023)

7

332007 12-21-23

Form 990 (2023)

	990 (2023) FITMS NEU									27-38	3491	152	Pa	age 8
Par	t VII Section A. Officers, Directors, Trust (A) Name and title	ees, Key Emp (B) Average hours per week	(do box,	not cl unles	(C Posi heck r ss per	C) ition more rson is		ne an	(D) Reportable compensation	(E) Reportable compensation	e Estii on amo		(F) timate	
	(list any hours for related organizations below line)						Highest compensated employee	Former	from the organization (W-2/1099-MISC/ 1099-NEC)	from related organizations (W-2/1099-MIS 1099-NEC)	s	comp fro orga anc	other oensa om the anizati I relate nizatio	e on ed
с	Subtotal Total from continuation sheets to Part VII	, Section A							248,305. 0. 248,305.		0.0.0			0.0.
_ <u>d</u> 2	Total (add lines 1b and 1c) Total number of individuals (including but no compensation from the organization	ot limited to the								000 of reportable			Yes	1 No
3 4	Did the organization list any former officer, line 1a? <i>If "Yes," complete Schedule J for su</i> For any individual listed on line 1a, is the su	uch individual										3		X
5	and related organizations greater than \$150 Did any person listed on line 1a receive or a rendered to the organization? <i>If</i> "Yes." com	ccrue compen	satio	, on fr	oma	any	unre	late	ed organization or individ	lual for services		4 5		X X
Sec 1	tion B. Independent Contractors Complete this table for your five highest cor	-	-								ensati	ion fro	m	
	the organization. Report compensation for t (A) Name and business					ith c	or wit	hin	the organization's tax y (B) Description of s		C	(C omper		<u>ו</u>
2	Total number of independent contractors (ir \$100,000 of compensation from the organiz	•	ot lin	nitec	to t	thos C		ted	above) who received mo	ore than			200	

	<u>1 990 (</u>		LANCE CEI	NTER		27-3849	152 Page 9
Pa	rt VII						
		Check if Schedule O contains a response	or note to any lin	e in this Part VIII (A)	(B)	(C)	[]
				Total revenue	Related or exempt function revenue		Revenue excluded from tax under
					Iditetion revenue	business revenue	sections 512 - 514
nts Its	1 a	Federated campaigns 1a					
Grai	b	Membership dues 1b					
fts,	C L	Fundraising events 1c Related organizations 1d					
, Git nilaı	u e	Related organizations 1d Government grants (contributions) 1e					
ons	f	All other contributions, gifts, grants, and					
buti ther		similar amounts not included above 1f	310,886.				
Contributions, Gifts, Grants and Other Similar Amounts	g	Noncash contributions included in lines 1a-1f					
ano	h	Total. Add lines 1a-1f		310,886.			
		ETHNECC C WEIINECC CED	Business Code 621990	189,870.	100 070		
/ice	2 a b	FITNESS & WELLNESS SER	021990	109,070.	189,870.		
Serv	а 2						
am (d						
Program Service Revenue	е						
Pr	f	All other program service revenue					
	g	Total. Add lines 2a-2f		189,870.			
	3	Investment income (including dividends, inter		4,965.			4,965.
	4	other similar amounts) Income from investment of tax-exempt bond		4,505.			
	5	Royalties					
		(i) Real	(ii) Personal				
	6 a	Gross rents 6a					
	b						
	С	Rental income or (loss) 6c					
		Net rental income or (loss) Gross amount from sales of (i) Securities	(ii) Other				
	<i>i</i> a	assets other than inventory 7a					
	b	Less: cost or other basis					
an		and sales expenses 7b					
venue	с	Gain or (loss)					
r Re		Net gain or (loss)					
Other Re	8 a	Gross income from fundraising events (not					
0		including \$ of contributions reported on line 1c). See					
		Part IV, line 18	4				
	b	Less: direct expenses					
	с	Net income or (loss) from fundraising events					
	9 a	Gross income from gaming activities. See					
	L	Part IV, line 19					
		Less: direct expenses9t Net income or (loss) from gaming activities	<u>)</u>				
		Gross sales of inventory, less returns					
		and allowances 10	а				
	b	Less: cost of goods sold 10	b				
	с	Net income or (loss) from sales of inventory					
sn	44 -		Business Code				
neol	11 a b						
evenue:	ы С						
Miscellaneous Revenue		All other revenue					
2		Total. Add lines 11a-11d					
	12	Total revenue. See instructions		505,721.	189,870.	0.	4,965.
33200	9 12-21	-23					Form 990 (2023)

9

332009 12-21-23

FITMS NEUROBALANCE CENTER Part IX Statement of Functional Expenses

Do n	ot include amounts reported on lines 6b,	(A)	his Part IX	(C)	(D)
	b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
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				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	240 205	E2 241	102 224	02 020
_	trustees, and key employees	248,305.	53,241.	102,234.	92,830
6	Compensation not included above to disqualified				
	persons (as defined under section $4958(f)(1)$) and				
-	persons described in section 4958(c)(3)(B)	218,877.	169,488.	25,132.	24,257
	Other salaries and wages	210,077.	109,400.	23,132.	24,237
8	Pension plan accruals and contributions (include				
~	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	34,477.	16,437.	9,399.	8,641
0 1	Payroll taxes	J4,4//•	10,457.	9,399.	0,041
1	Fees for services (nonemployees):				
	Management	71,448.	23,123.	41,200.	7,125
	Legal	15,606.	25,125.	15,606.	7,123
	AccountingLobbying	10,000.			
	Professional fundraising services. See Part IV, line 17				
	Investment management fees				
	Other. (If line 11g amount exceeds 10% of line 25,				
9	column (A), amount, list line 11g expenses on Sch O.)				
2	Advertising and promotion				
3	Office expenses	11,371.	6,920.	2,319.	2,132
4	Information technology	, -		,	
5	Royalties				
6	Occupancy				
7	Travel	147.			147
8	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
9	Conferences, conventions, and meetings				
0	Interest				
1	Payments to affiliates				
2	Depreciation, depletion, and amortization	87,402.	83,032.	4,370.	
3	Insurance	40,144.	23,839.	8,495.	7,810
4	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A),				
~	amount, list line 24e expenses on Schedule 0.) BUILDING EXPENSES	65,175.	61,916.	3,259.	
a b	COMPUTER	17,122.	10,419.	3,492.	3,211
	WEBSITE	13,749.	8,366.	2,805.	2,578
d	FITNESS EQUIPMENT & SUP	11,175.	11,175.		2,570
	All other expenses	52,696.	40,369.	8,366.	3,961
е 5	Total functional expenses. Add lines 1 through 24e	887,694.	508,325.	226,677.	152,692
5 6	Joint costs. Complete this line only if the organization	,			
-	reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				
	where an end of carrier and and there are no conclusion of the				

10

332010 12-21-23

Form 990 (2023)

10020703 251678 10-2001000

33

Total liabilities and net assets/fund balances

4,875,695.

33

4,481,984.

Form 990 (2023)

FITMS NEUROBALANCE CENTER

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

(A) Beginning of year (B) End of year 6,367. 5,468. 1 1 Cash - non-interest-bearing 2,324,896. 2,007,688. 2 Savings and temporary cash investments 2 Pledges and grants receivable, net 3 3 12,501. 11,395. Accounts receivable, net 4 4 5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 5 6 Loans and other receivables from other disgualified persons (as defined 6 under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) Notes and loans receivable, net 7 7 Assets 8 Inventories for sale or use 8 22,675. 18,494. 9 Prepaid expenses and deferred charges 9 **10a** Land, buildings, and equipment: cost or other 3,168,865. basis. Complete Part VI of Schedule D _____ 10a 735,213. 2,514,543. 2,433,652. b Less: accumulated depreciation 10b 10c 11 Investments - publicly traded securities 11 Investments - other securities. See Part IV, line 11 12 12 Investments - program-related. See Part IV, line 11 13 13 14 14 Intangible assets Other assets. See Part IV, line 11 15 15 4,875,695. 4,481,984. 16 **Total assets.** Add lines 1 through 15 (must equal line 33) 16 44,716. 40,465. Accounts payable and accrued expenses 17 17 18 18 Grants payable 20,564. 14,897. 19 19 Deferred revenue Tax-exempt bond liabilities 20 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 22 Loans and other payables to any current or former officer, director, Liabilities trustee, key employee, creator or founder, substantial contributor, or 35% 22 controlled entity or family member of any of these persons Secured mortgages and notes payable to unrelated third parties 23 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 1,820. 25 of Schedule D 67,100. 55,362. 26 26 Total liabilities. Add lines 17 through 25 X Organizations that follow FASB ASC 958, check here Net Assets or Fund Balances and complete lines 27, 28, 32, and 33. 4,796,202. 4,393,021. 27 27 Net assets without donor restrictions Net assets with donor restrictions 12,393. 33,601. 28 28 Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. 29 Capital stock or trust principal, or current funds 29 Paid-in or capital surplus, or land, building, or equipment fund 30 30 31 Retained earnings, endowment, accumulated income, or other funds 31 4,808,595. 4,426,622. Total net assets or fund balances 32 32

(2023)		Г	Т	-
	Ba	lance	Sheet			

Form	990 (2023) FITMS NEUROBALANCE CENTER	27-	-3849152	Pag	_{ge} 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI	<u></u>			
1	Total revenue (must equal Part VIII, column (A), line 12)	1	505		
2	Total expenses (must equal Part IX, column (A), line 25)	2	887		
3	Revenue less expenses. Subtract line 2 from line 1	3	-381	· ·	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	4,808	, 59	<u>95.</u>
5	Net unrealized gains (losses) on investments	5			
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 on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	4,426	,62	22.
Pa	rt XII Financial 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: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	О.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	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:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	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:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
с	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?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	edule C).		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed aud	lit		
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		

Form **990** (2023)

332012 12-21-23

SCHEDULE A	١
------------	---

Department of the Treasury Internal Revenue Service

(Form 990)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047
2023
Open to Public Inspection

Name of the organization

Name o	f the organization							identification number			
			ANCE CENTER					7-3849152			
Part						ee instruction	S.				
The org	anization is not a private found	lation because it is: (I	For lines 1 through 12, c	heck only	one box.)						
1	A church, convention of ch				on 170(b)(1	I)(A)(i).					
2	A school described in sect										
3	A hospital or a cooperative										
4	A medical research organiz	ation operated in co	njunction with a hospital	described	in sectio	n 170(b)(1)(A)(iii). Enter	the hospital's name,			
	city, and state:										
5 🗌	An organization operated for		llege or university owned	l or operat	ed by a go	vernmental u	nit describe	ed in			
- –	section 170(b)(1)(A)(iv). (0										
6	A federal, state, or local go	-									
7 🗋	An organization that norma	-	ntial part of its support f	rom a gove	ernmental	unit or from th	ne general	public described in			
o [section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)										
8	¬ ·			-							
9	An agricultural research org	-			-		-	-			
	or university or a non-land-o	grant college of agric	ulture (see instructions).		name, city	, and state of	the college				
10 X	university: An organization that norma	Illy receives (1) more	than 33 1/3% of its supr	ort from o	ontribution	s membersh	in fees and	d aross receipts from			
	activities related to its exen										
	income and unrelated busin		-					-			
	See section 509(a)(2). (Co				boob doqui		Janization				
11	An organization organized and operated exclusively to test for public safety. See section 509(a)(4).										
12	An organization organized a						rrv out the	purposes of one or			
	more publicly supported or	-	-	-			•				
	lines 12a through 12d that	describes the type o	f supporting organization	n and com	plete lines	12e, 12f, and	12g.				
а [Type I. A supporting orga	anization operated, s	upervised, or controlled	by its supp	oorted org	anization(s), ty	pically by	giving			
	the supported organization	on(s) the power to reg	gularly appoint or elect a	majority c	of the direc	tors or truste	es of the su	upporting			
	organization. You must o	complete Part IV, Se	ections A and B.								
ь [Type II. A supporting org	anization supervised	or controlled in connec	tion with it	s supporte	d organizatio	n(s), by hav	ving			
	control or management o	of the supporting orga	anization vested in the s	ame perso	ns that co	ntrol or mana	ge the supp	ported			
_	organization(s). You mus	t complete Part IV,	Sections A and C.								
c	Type III functionally inte	grated. A supportin	g organization operated	in connect	tion with, a	and functional	ly integrate	ed with,			
_	its supported organizatio	n(s) (see instructions). You must complete	Part IV, Se	ections A,	D, and E.					
d	Type III non-functionally	y integrated. A supp	porting organization oper	ated in co	nnection v	ith its suppor	ted organiz	zation(s)			
	that is not functionally int	•	• •	2			an attentiv	veness			
г	requirement (see instruct										
e	Check this box if the orga					Туре I, Туре	II, Type III				
	functionally integrated, or		nally integrated supporti	ng organiz	ation.			[]			
	nter the number of supported of supported of the following information	•	d arganization(a)								
<u> </u>	rovide the following information (i) Name of supported	(ii) EIN	(iii) Type of organization		anization listed	(v) Amount of	fmonetarv	(vi) Amount of other			
	organization	(-) =	(described on lines 1-10		ing document?	support (see ir		support (see instructions)			
			above (see instructions))	Yes							
Total											

<u> </u>	/ -		
Schedule A	(⊢orm	990) 2023

Part II

FITMS NEUROBALANCE CENTER

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
	Public support. Subtract line 5 from line 4.						
See	ction B. Total Support		1	I	1		1
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources \dots						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	
13	First 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	01(c)(3)	
	organization, check this box and stop						
Se	ction C. Computation of Publi	c Support Per	centage				
14	Public support percentage for 2023 (ine 6, column (f), d	livided by line 11, o	column (f))		14	%
	Public support percentage from 2022					15	%
16 a	a 33 1/3% support test - 2023. If the	organization did no	ot check the box o	n line 13, and line	14 is 33 1/3% or m	ore, check this bo	x and
	stop here. The organization qualifies		-				
b	33 1/3% support test - 2022. If the	organization did no	ot check a box on	line 13 or 16a, and	line 15 is 33 1/3%	or more, check th	is box
	and stop here. The organization qua		• •				
17a	a 10% -facts-and-circumstances test	: - 2023. If the org	anization did not o	check a box on line	e 13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the fact	s-and-circumstanc	es test, check this	box and stop he	re. Explain in Part	VI how the organiz	zation
	meets the facts-and-circumstances te	st. The organizatio	on qualifies as a pu	blicly supported o	rganization		
b	o 10% -facts-and-circumstances test	: - 2022. If the org	anization did not o	check a box on line	e 13, 16a, 16b, or 1	17a, and line 15 is	10% or
	more, and if the organization meets the	ne facts-and-circun	nstances test, che	ck this box and s t	top here. Explain i	n Part VI how the	
	organization meets the facts-and-circ	umstances test. Th	ne organization qua	alifies as a publicly	supported organiz	zation	
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17b	o, check this box a	nd see instruction	s
						Schedule A	(Form 990) 2023

332022 12-21-23

FITMS NEUROBALANCE CENTER

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support (b) 2020 (c) 2021 (d) 2022 Calendar year (or fiscal year beginning in) (a) 2019 (e) 2023 (f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not 652,579 1341218. 441,636. 760,232. 310,886. 3506551. include any "unusual grants.") 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the 30,024. 91,113. 123,667. 189,870. 543,642. 108,968. organization's tax-exempt purpose 3 Gross receipts from activities that are not an unrelated trade or business under section 513 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 5 The value of services or facilities furnished by a governmental unit to the organization without charge 761,547. 1371242. 532,749. 883,899. 500,756. 4050193. 6 Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 927,053. 3,680. 501,001. 110,087. 10,834 1552655. 3 received from disqualified persons b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the 94,943. amount on line 13 for the year 94,943. 927,053. c Add lines 7a and 7b 10,834. 3,680. 501,001 205,030. 1647598. 2402595. Public support. (Subtract line 7c from line 6.) Section B. Total Support (f) Total Calendar year (or fiscal year beginning in) (a) 2019 (b) 2020 (c) 2021 (d) 2022 (e) 2023 761,547. 1371242. 532,749 500,756. 9 Amounts from line 6 883,899 4050193. 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, 2,050. 2,905. 944. 1,200. 4,965. 12,064. and income from similar sources b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 2,050 2,905. 944. 1,200. 4,965. 12,064. c Add lines 10a and 10b 11 Net income from unrelated business activities not included on line 10b, whether or not the business is 310. 310. regularly carried on 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 763,597. 1374147. 533,693. 885,409. 505,721. 4062567. 13 Total support. (Add lines 9, 10c, 11, and 12.) 14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 59.14 % Public support percentage for 2023 (line 8, column (f), divided by line 13, column (f)) 15 15 63.05 Public support percentage from 2022 Schedule A, Part III, line 15 16 % Section D. Computation of Investment Income Percentage .30 17 Investment income percentage for 2023 (line 10c, column (f), divided by line 13, column (f)) % 17 .19 18 18 Investment income percentage from 2022 Schedule A, Part III, line 17 % 19a 33 1/3% support tests - 2023. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is notX more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support tests - 2022. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization 20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions Schedule A (Form 990) 2023 332023 12-21-23

15

10020703 251678 10-2001000

^{2023.04000} FITMS NEUROBALANCE CENTER 10-20011

FITMS NEUROBALANCE CENTER

Yes No

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If* "Yes," *describe in* **Part VI** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If* "Yes," *explain in* **Part VI** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* **Part VI.**
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If "Yes," complete Part I of Schedule L (Form 990).*
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI.**
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer line 10b below.*
- **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

332024 12-21-23

1 2 3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a 10b Schedule A (Form 990) 2023

2023.04000 FITMS NEUROBALANCE CENTER 10-20011

16

Form 990) 2023	FITMS	NEUROBALANCE	CENTER	
----------------	-------	--------------	--------	--

Pa	rt IV Supporting Organizations (continued)			
		•	Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	а		
b	A family member of a person described on line 11a above? 11	5		
с	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	C		
Sec	tion B. Type I Supporting Organizations			
		`	Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers			

	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's oncers,		
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)	l i	
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported	l i	
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the		
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1	
2	Did the organization operate for the benefit of any supported organization other than the supported		
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in		
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,		

supervised	<u>a. or controllea the</u>	e supporting orga	anization.
Section C. T	ype II Support	ting Organiz	ations

			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s)	1		

Section D	. All Type III	Supporting	Organizations

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		

Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method that the org	anization used to satisfy	the Integral Part Test durin	a the year (see instructions).
-				

- a The organization satisfied the Activities Test. Complete line 2 below.
- **b** The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*

c 🗋	The organization supported a governmental entity	Describe in Part VI how you supported a governmental entity (see instruction <u>s).</u>
-----	--	---	----------------------------

17

- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- **3** Parent of Supported Organizations. **Answer lines 3a and 3b below.**

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If* "Yes" or "No" provide details in **Part VI.**

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in* **Part VI** *the role played by the organization in this regard.* 332025 12-21-23

3b | | Schedule A (Form 990) 2023

2a

2b

3a

Yes No

Schedule A (Form 990) 2023

10020703 251678 10-2001000

1	Check here if the organization satisfied the Integral Part Test as a qualifyir			Part VI). See instructions.
Sect	All other Type III non-functionally integrated supporting organizations mus	t complete :	(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
C	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
_				

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see 7 instructions).

Schedule A (Form 990) 2023

332026 12-21-23

10020703 251678 10-2001000

 Schedule A (Form 990) 2023
 FITMS
 NEUROBALANCE
 CENTER

 Part V
 Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

e Excess from 2023

Schedule A (Form 990) 2023

Sect	Current Year				
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations		3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2023 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Sect	on E - Distribution Allocations (see instructions)	S	(iii) Distributable Amount for 2023		
1	Distributable amount for 2023 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2023 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2023				
a	a From 2018				
b	b From 2019				
C	From 2020				
d	From 2021				
e	From 2022				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2023 distributable amount				
i	Carryover from 2018 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2023 from Section D,				
	line 7: \$				
a	Applied to underdistributions of prior years				
b	Applied to 2023 distributable amount				
C	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2023, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2023. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2024. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
<u>a</u>	Excess from 2019				
b	Excess from 2020				
C	Excess from 2021				
d	Excess from 2022				

27-3849152 Page 7

Schedule A		NEUROBALANCE		27-3849152 Page 8
Part VI	Supplemental Information. Part IV, Section A, lines 1, 2, 3b, 3c, line 1; Part IV, Section D, lines 2 and Section D, lines 5, 6, and 8; and Part (See instructions.)	4b, 4c, 5a, 6, 9a, 9b, 9c, 11 3; Part IV, Section E, lines	la, 11b, and 11c; Part IV, Section B, 1c, 2a, 2b, 3a, and 3b; Part V, line 1;	lines 1 and 2; Part IV, Section C, ; Part V, Section B, line 1e; Part V,
	<u>(อออ แารแนะแบทร.)</u>			
332028 12-21-2	3	0	0	Schedule A (Form 990) 2023
		2	0	

Payments from Disqualified Persons Included on Part III, Line 7a

27-3849152

2023

** Do Not File ** *** Not Open to Public Inspection ***

Payer's Name	2019 Amount	2020 Amount	2021 Amount	2022 Amount	2023 Amount
PATRICK DOWD	2,801.	2,000.	100.	0.	0
KAREN KABAREC	0.	4,000.	1,000.	0.	0 .
THOMAS BURNS	518.	0.	1,000.	1,001.	77.
RAY LAPINAS	250.	322.	0.	0.	0 .
JOSEPH MATTY	2,155.	0.	0.	0.	0
YOUNG CHUNG	5,000.	0.	0.	0.	0
LEANNA STEINFELDT MANONI	110.	316.	0.	0.	0
FOGLIA FAMILY FOUNDATION	0.	919,100.	0.	500,000.	100,000
JOHN GIGERICH	0.	1,315.	1,580.	0.	0
VILIA DEDINAS	0.	0.	0.	0.	10,010
otal to Schedule A, Part III, Line 7a	10,834.	927,053.	3,680.	501,001.	110,087

Excess Payments from Non-Disqualified Persons Included on Part III, Line 7b

27-3849152

2023

** Do Not File **
*** Not Open to Public Inspection ***

Payer's Name	2019 Amount	2020 Amount	2021 Amount	2022 Amount	2023 Amount
IMBERLY DUCHOSSOIS	0.	0.	0.	0.	94,943
otal to Schedule A,					94,943

323173 04-01-23

Schedule A

Identification of Excess Support Payments Included on Part III, Line 7b, column (e)

** Do Not File ** *** Not Open to Public Inspection ***

Payer's Name	Amount Received in 2023	2023 Excess Payments
IMBERLY DUCHOSSOIS	100,000.	94,943
otal Excess Payments to Schedule A, Part III, Line 7b, column (e)		94,943

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

(Form 990)

Schedule B

Department of the Treasury Internal Revenue Service

Name of the organization

Organization type (check one):

Schedule of Contributors

Attach to Form 990, 990-EZ, or 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2023

Employer identification number

27-3849152

Filers of:	Section:
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

FITMS NEUROBALANCE CENTER

Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

📙 For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

religious, charitable, etc., contributions totaling \$5,000 or more during the year

Schedule B (Form 990) (2023)

FITMS NEUROBALANCE CENTER

Name of organization

Employer identification number

27-3849152

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 1 FOGLIA FAMILY FOUNDATION X Person Payroll 300 E. MAIN STREET, STE 204 100,000. Noncash \$ (Complete Part II for BARRINGTON, IL 60010 noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 2 KIMBERLY DUCHOSSOIS X Person Payroll PO BOX 10 100,000. Noncash (Complete Part II for BARRINGTON, IL 60011 noncash contributions.) (a) (b) (c) (d) **Total contributions** Type of contribution No. Name, address, and ZIP + 4 3 HANIFL FOUNDATION X Person Payroll 41 SANDALWOOD LANE 5,000. Noncash \$ (Complete Part II for BARRINGTON, IL 60010 noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 4 X DEBICKI FOUNDATION Person Payroll 2 NORTH LASALLE STREET, SUITE 1700 \$ 10,000. Noncash (Complete Part II for CHICAGO, IL 60602 noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 5 NIJOLE AND VILIA DEDINAS X Person Payroll 1050 SOUTH EUCLID AVENUE #1312 10,010. Noncash (Complete Part II for ELMHURST, IL 60126 noncash contributions.) (d) (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 6 NORTON FAMILY FOUNDATION X Person Payroll 5,000. 387 N VALLEY CT \$ Noncash (Complete Part II for BARRINGTON, IL 60010-3432 noncash contributions.)

323452 12-26-23

Schedule B (Form 990) (2023)

10020703 251678 10-2001000

2023.04000 FITMS NEUROBALANCE CENTER 10-20011

25

Schedule B (Form 990) (2023)

FITMS NEUROBALANCE CENTER

Name of organization

Employer identification number

27-3849152

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 7 NANCY WALLACE X Person Payroll 832 PETER CT 5,000. Noncash \$ (Complete Part II for INDIAN CREEK, IL 60061 noncash contributions.) (a) (b) (c) (d) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution 8 KAREN AND JOHN MORAND X Person Payroll 21829 NORTH MEADOWLARK DR 5,000. Noncash (Complete Part II for KILDEER, IL 60047 noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 9 THE DOLAN FAMILY CHARITABLE GIFT FUND X Person Payroll 165 TOWNSHIP LINE RD SUITE 1200 5,000. Noncash \$ (Complete Part II for JENKINTOWN PA 19046 noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 10 JIM & PAULA MCDONALD CHARITABLE TRUST X Person Payroll 4101 GULF SHORES BLVD 8 SOUTH \$ 10,000. Noncash (Complete Part II for NAPLES, FL 34103 noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 11 OPTIMA SOLUTIONS LLC X Person Payroll 3510 NW 171ST STREET 9,700. Noncash (Complete Part II for MIAMI GARDENS, FL 33056 noncash contributions.) (c) (d) (a) (b) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person Payroll Noncash \$ (Complete Part II for noncash contributions.)

26

Schedule B (Form 990) (2023)

Schedule B	(Form	990)	(2023)
------------	-------	------	--------

Name of organization

Page 3

Employer identification number

27 - 3849152

FITMS NEUROBALANCE CENTER

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
.		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
. 		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
· · ·		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
. 		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
.			

27

10020703 251678 10-2001000

lame of or	rganization		Employer identification number
TTMS	NEUROBALANCE CENTER		27-3849152
Part III	from any one contributor. Complete columns (a completing Part III, enter the total of exclusively religious,	a) through (e) and the following line ent charitable, etc., contributions of \$1,000 or I	ction 501(c)(7), (8), or (10) that total more than \$1,000 for the year ry. For organizations less for the year. (Enter this info. once.)
(a) No.	Use duplicate copies of Part III if additional		
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gif	[
-	Transferee's name, address, - 	and ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gif	 t
-	Transferee's name, address,	and ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-	Transferee's name, address,	(e) Transfer of gif and ZIP + 4	t Relationship of transferor to transferee
(a) No.			
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-		(e) Transfer of gif	t
-	Transferee's name, address,	and ZIP + 4	Relationship of transferor to transferee
323454 12-26			Schedule B (Form 990) (202

SCHEDULE D (Form 990) Department of the Treasury nternal Revenue Service	Complete if the organ Part IV, line 6, 7, 8, 9, 10, A	Al Financial Statements nization answered "Yes" on Form 990, , 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12 ttach to Form 990. 0 for instructions and the latest informa	b.	OMB No. 1545-0047 2023 Open to Public Inspection
Name of the organization	n FITMS NEUROBALANCE		Employ	ver identification number 27-3849152
0.94.124101	n answered "Yes" on Form 990, Part IV, line	(a) Donor advised funds	(b) Funds	and other accounts
Total number at an	d of yoor	(a) Donor advised funds	(b) Funds	and other accounts
	d of year contributions to (during year)			
	grants from (during year)			
4 Aggregate value at				
	n inform all donors and donor advisors in v	writing that the assets held in donor advise	ed funds	
	n's property, subject to the organization's e			🗌 Yes 📃 No
6 Did the organizatio	n inform all grantees, donors, and donor a	dvisors in writing that grant funds can be	used only	
Contraction of the fail of the second				

		(a) Donor advise	a tunds	(b) ⊦	unds and c	other accol	unts
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 wr	riting that the assets he	ld in donor advised	d funds			
	are the organization's property, subject to the organization's ex				Г	Yes	No
6	Did the organization inform all grantees, donors, and donor adv						
	for charitable purposes and not for the benefit of the donor or o						
	impermissible private benefit?			°,		Yes	No
Par							
1	Purpose(s) of conservation easements held by the organization						
	Preservation of land for public use (for example, recreation		Preservation of a	historica	lly importar	nt land are	а
	Protection of natural habitat		Preservation of a		•		
	Preservation of open space						
2	Complete lines 2a through 2d if the organization held a qualifie	d conservation contribu	ution in the form of	a conser	vation ease	ement on t	he last
	day of the tax year.						he Tax Year
а	Total number of conservation easements			2a	1		
b					,		
с	Number of conservation easements on a certified historic struc				;		
d	Number of conservation easements included on line 2c acquire	ed after July 25, 2006, a					
	on a historic structure listed in the National Register			20	1		
3							
	year						
4	Number of states where property subject to conservation ease	ment is located					
5	Does the organization have a written policy regarding the perio	dic monitoring, inspect	ion, handling of				
	violations, and enforcement of the conservation easements it h	olds?			[Yes	No No
6	Staff and volunteer hours devoted to monitoring, inspecting, ha	andling of violations, an	d enforcing conse	rvation ea	sements d	uring the y	vear
7	Amount of expenses incurred in monitoring, inspecting, handlin	ng of violations, and en	forcing conservatio	on easeme	ents during	the year	
8	Does each conservation easement reported on line 2d above s	atisfy the requirements	of section 170(h)(4	4)(B)(i)			
	and section 170(h)(4)(B)(ii)?				L	Yes	No
9	In Part XIII, describe how the organization reports conservation	n easements in its reven	ue and expense st	tatement a	and		
	balance sheet, and include, if applicable, the text of the footnot	te to the organization's	financial statemen	its that de	scribes the	e	
_	organization's accounting for conservation easements.		<u></u>	<u>.</u>		-	
Par		-	asures, or Oth	er Simi	ar Asset	ts.	
	Complete if the organization answered "Yes" on Form 9	90, Part IV, line 8.					
1a	If the organization elected, as permitted under FASB ASC 958,	, not to report in its reve	enue statement and	d balance	sheet work	٨S	
	of art, historical treasures, or other similar assets held for public	c exhibition, education,	or research in furt	herance c	of public		
	service, provide in Part XIII the text of the footnote to its finance	ial statements that des	cribes these items.				
b	If the organization elected, as permitted under FASB ASC 958,	, to report in its revenue	statement and ba	lance she	et works o	f	
	art, historical treasures, or other similar assets held for public e	exhibition, education, or	research in furthe	rance of p	oublic servi	ce,	
	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 treas	sures, or other similar as	ssets for financial g	gain, provi	de		
	the following amounts required to be reported under FASB AS	-					
	Revenue included on Form 990, Part VIII, line 1				\$		
	Assets included in Form 990, Part X				\$		
LHA	For Paperwork Reduction Act Notice, see the Instructions f	or Form 990.			Schedu	le D (Form	n 990) 2023
332051	09-28-23	22					
		29					

2023.04000 FITMS NEUROBALANCE CENTER 10-20011

Sche		EUROBALANC						27-38			_{age} 2
Par	t III Organizations Maintaining C	collections of Ar	t, Histor	ical Tre	easures, o	r Othe	r Simila	r Assets	contin	ued)	
3	Using the organization's acquisition, accessi	ion, and other record	s, check a	ny of the f	following that	t make s	ignificant	use of its			
	collection items (check all that apply).										
а	Public exhibition	c	1 🗌 Lo	an or exc	hange progra	am					
b	Scholarly research	e	e 🗌 Ot	her							
с	Preservation for future generations										
4	Provide a description of the organization's c	ollections and explai	n how they	further th	ne organizatio	on's exer	mpt purpo	se in Part	XIII.		
5	During the year, did the organization solicit of	or receive donations	of art, histo	orical treas	sures, or othe	er similar	^r assets				
	to be sold to raise funds rather than to be m								Yes		No
Par	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, custod		diary for co	ntributior	ns or other as	sets not	included				
	on Form 990, Part X?								Yes		No
b	If "Yes," explain the arrangement in Part XIII							······ <u> </u>]
									Amount		
с	Beginning balance						1c				
	Additions during the year										
	Distributions during the year										
f	Ending balance										
2a	Did the organization include an amount on F						lity?		Yes		No
b	If "Yes," explain the arrangement in Part XIII.	. Check here if the ex	planation	has been	provided in F	Part XIII]
Par	T V Endowment Funds Complete in	f the organization and	swered "Ye	es" on For	rm 990, Part I	IV, line 1	0.		_		
		(a) Current year	(b) Pric	or year	(c) Two yea	rs back	(d) Three	years back	(e) Four	years	back
1a	Beginning of year balance										
b	Contributions										
с	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the cur	•	e (line 1g, o	column (a)) held as:						
а	Board designated or quasi-endowment		_%								
b	Permanent endowment	%									
С	Term endowment	_%									
	The percentages on lines 2a, 2b, and 2c sho										
3a	Are there endowment funds not in the posse	ession of the organiza	ation that a	re held ar	nd administer	ed for th	ne		г		
	organization by:									Yes	No
	(i) Unrelated organizations?								3a(i)		
									3a(ii)		
b	If "Yes" on line 3a(ii), are the related organiza								3b		
	t VI Land, Buildings, and Equipm		wment fun	ds.							
Fai	Complete if the organization answere		Dent IV	no 110 S	Soo Earm 000	Dort V	lino 10				
									()		
	Description of property	(a) Cost or o basis (investr		• •	t or other	.,	ccumulate preciation		(d) Booł	value	Э
	Land		neny		(other)	de	preciation		500		00
	Land				0,000.		340,3	0.5	<u> </u>		00.
	Buildings			4,41	. ८ ,/⊥U•		540,5		1,0/2	5,40	10.
	Leasehold improvements			24	7,675.		222,7				75.
	Equipment				8,480.		<u>222,7</u> 172,2			<u>, 9</u> 5, 2'	
	Other								2,433		
Iotal	. Add lines 1a through 1e. (Column (d) must e	equal Form 990, Part	<u>X, line 10c</u>	. column	<u>(B))</u>				4J	, 0.	14.

Schedule D (Form 990) 2023

332052 09-28-23

Schedule D	(Form 990) 202	23 FITMS	NEUROBALANCE	CENTER
Part VII	Investmen	its - Other Secu	rities	
	Complete if th	on organization answ	ered "Ves" on Form 990	Part IV line 11h

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990. Part X. line 12. col. (B))		

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990. Part X. line 13. col. (B))		

Part IX **Other Assets**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 15, col. (B))	
Part X Other Liabilities	

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. (a) Description of liability (b) Book value

(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total (Column (h) must aqual Form 990, Part X, line 25, col. (P))	

al. (Column (b) must equal Form 990, Part X, line 25, col. (B))

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2023

X

332053 09-28-23

Sche	dule D (Form 990) 2023 FITMS NEUROBALANCE CENTER			27-3	3849152	Page 4
Par	t XI Reconciliation of Revenue per Audited Financial Stateme	ents With R	evenue per Re	turn		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	a.				
1	Total revenue, gains, and other support per audited financial statements			1	515,	,421.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
а	Net unrealized gains (losses) on investments	. 2a				
b	Donated services and use of facilities	2b	9,700.			
с	Recoveries of prior year grants	2c				
d						
е	Add lines 2a through 2d			2e	9	,700.
3	Subtract line 2e from line 1			3	505	,721.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
b	Other (Describe in Part XIII.)	4b				
с	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	505,	,721.
Pa	t XII Reconciliation of Expenses per Audited Financial Statem		Expenses per H	Return	ו	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a			<u>г г</u>		204
1	Total expenses and losses per audited financial statements			1	897	,394.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:					
а	Donated services and use of facilities	. 2 a	9,700.	_		
b	Prior year adjustments			_		
С	Other losses			_		
d	Other (Describe in Part XIII.)					
е	Add lines 2a through 2d			2e		,700.
3	Subtract line 2e from line 1			3	887	,694.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b					
b	Other (Describe in Part XIII.)					
С	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	887	,694.
Pa	t 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.

PART X, LINE 2:

THE ORGANIZATION IS A NOT-FOR-PROFIT ORGANIZATION THAT IS EXEMPT FROM
INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE SERVICE. THE
ORGANIZATION HAS ADOPTED THE PROVISIONS OF ASC TOPIC 740, INCOME TAXES,
RELATING TO THE ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES. THE
ORGANIZATION FILES INFORMATION RETURNS IN THE U.S. FEDERAL JURISDICTION
AND THE STATE OF ILLINOIS. MANAGEMENT IS NOT AWARE OF ANY UNCERTAIN TAX
POSITIONS.

332054 09-28-23

SCHEDULE O (Form 990)

rm 990) Com

Department of the Treasury Internal Revenue Service Name of the organization 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 Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.



27-3849152

FITMS NEUROBALANCE CENTER

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

TO THOSE LIVING WITH NEUROMUSCULAR AND AUTOIMMUNE CONDITIONS THAT

THREATEN INDEPENDENCE.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

THEIR CONDITIONS.

FORM 990, PART VI, SECTION B, LINE 11B:

THE CHAIRMAN OF THE BOARD REVIEWS AND APPROVES FORM 990. ALL BOARD MEMBERS

ARE PROVIDED A COPY OF THE FORM 990 FOR REVIEW.

FORM 990, PART VI, SECTION B, LINE 12C:

THE CONFLICT OF INTEREST POLICY IS MONITORED FREQUENTLY AT THE QUARTERLY BOARD MEETINGS AND VIA CONFERENCE CALL IF NEEDED. DISCUSSION IS INITIATED BY ANY BOARD MEMBER WITH CONCERN. THE CONCERN IS VOIDED, DISCUSSED AND PROTOCOL TO REMEDY IS SET AND ENFORCED BY THE ENTIRE BOARD OF DIRECTORS ALONG WITH THE MANAGEMENT TEAM.

FORM 990, PART VI, SECTION B, LINE 15:

THE BOARD DETERMINES THE CEO AND EXECUTIVE DIRECTOR'S COMPENSATIONS IN A

CLOSED EXECUTIVE SESSION OF THE QUARTERLY BOARD MEETING. THE BOARD REVIEWS

COMPARATIVE DATA FROM THREE DIFFERENT INDEPENDENT SOURCES TO PROVIDE

BENCHMARKS AND METRICS FOR THE COMPENSATION.

FORM 990, PART VI, SECTION C, LINE 19:

DOCUMENTS AVAILABLE UPON REQUEST

Schedule O (Form 990) 2023

2023 DEPRECIATION AND AMORTIZATION REPORT

FOI

FORM 99	DRM 990 PAGE 10 990														
Asset No.	Description	Date Acquired	Method	Life	C o n v	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
1	EARTHLITE MASSAGE TABLE	08/17/16	SL	7.00		16	2,372.				2,372.	2,147.		225.	2,372.
2	REFORMERS	11/02/16	SL	7.00		16	14,616.				14,616.	12,876.		1,740.	14,616.
3	POWERPLATE	11/17/16	SL	7.00		16	8,075.				8,075.	7,020.		1,055.	8,075.
4	VAN	12/12/16	SL	5.00		16	53,000.				53,000.	53,000.		0.	53,000.
5	COMPUTER EQUIPMENT	06/30/15	SL	7.00		16	1,781.				1,781.	1,778.		0.	1,778.
6	VAN	06/16/20	SL	5.00		16	54,994.				54,994.	27,497.		10,999.	38,496.
	* TOTAL 990 PAGE 10 DEPR						134,838.				134,838.	104,318.		14,019.	118,337.

328111 04-01-23

(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

2023 DEPRECIATION AND AMORTIZATION REPORT

- CURRENT YEAR FEDERAL -

FITMS NEUROBALANCE CENTER

Asset No.	Description	Da Acqi	ate uired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
	EARTHLITE MASSAGE TABLE	081	71	5SL	7.00	16	2,372.			2,372.	2,147.		225.
2	REFORMERS	110	21	SL	7.00	16	14,616.			14,616.	12,876.		1,740.
3	POWERPLATE	111	71	5SL	7.00	16	8,075.			8,075.	7,020.		1,055.
4	VAN	121	21	5 SL	5.00	16	53,000.			53,000.	53,000.		0.
5	COMPUTER EQUIPMENT	063	01	5SL	7.00	16	1,781.			1,781.	1,778.		0.
	VAN	061	62	SL	5.00	16	54,994.			54,994.	27,497.		10,999.
	* TOTAL 990 PAGE 10 DEPR						134,838.		0.	134,838.	104,318.		14,019.

328102 04-01-23

* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction

- NEXT YEAR FEDERAL - FITMS NEUROBALANCE CENTER

Asset No.	Description	Ac	Date quire	ed	Method	Life	Unadjusted Cost Or Basis	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Amount Of Depreciation
	EARTHLITE MASSAGE TABLE	8 0	17	16	SL	7.00	2,372.		2,372.	2,372.	0.
	REFORMERS	11 11	02	16	SL	7.00	14,616.		14,616.	14,616.	0.
	POWERPLATE	11	17	16	SL	7.00	8,075.		8,075.	8,075.	0.
	VAN	12	12	16	SL	5.00	53,000.		53,000.	53,000.	0.
	COMPUTER EQUIPMENT	06	30	15	SL	7.00	1,781.		1,781.	1,778.	0.
	VAN * TOTAL 990 PAGE 10 DEPR	06	1 6 I	20	SL	5.00	54,994.		54,994.	38,496.	10,999.
	* TOTAL 990 PAGE 10 DEPR						134,838.		134,838.	118,337.	10,999.
				_							

(D) - Asset disposed

* ITC, Section 179, Salvage, HR 3090, Commercial Revitalization Deduction, GO Zone

TAX RETURN FILING INSTRUCTIONS

ILLINOIS FORM AG990-IL

FOR THE YEAR ENDING

DECEMBER 31, 2023

PREPARED FOR:

FITMS NEUROBALANCE CENTER 1529 S GROVE AVENUE 260 BARRINGTON, IL 60010

PREPARED BY:

PORTE BROWN LLC 1752 CAPITAL ST, SUITE 400 ELGIN, IL 60124

AMOUNT OF TAX:

BALANCE DUE OF \$15

MAKE CHECK PAYABLE TO:

ILLINOIS CHARITY BUREAU FUND

MAIL TAX RETURN TO:

OFFICE OF THE ATTORNEY GENERAL CHARITABLE TRUST BUREAU 115 S. LASALLE ST CHICAGO, IL 60603

RETURN MUST BE MAILED ON OR BEFORE:

AUGUST 30, 2024

SPECIAL INSTRUCTIONS:

THE REPORT SHOULD BE SIGNED AND DATED BY AN AUTHORIZED INDIVIDUAL(S). NOTE: **TWO DISTINCT OFFICIALS** OF THE ORGANIZATION MUST SIGN.

For Off	ILLINOIS CHARITABLE ORGANIZATION ANNUAL F	REPORT		Form AG990-IL Revised 1/24
PMT				
	Charitable Trust Bureau, 115 S. LaSalle St Chicago, IL 60603	C		-061894
			_	ll items attached:
AMT		ake Checks X	,	IRS Return
		ake Checks 🗠 Vable to 🗌	5	Financial Statements d Financial Statements
INIT	———————————————————————————————————————	nois Charity 🔚		Form IFC
	& Ending <u>12/31/2023</u> Bi	reau Fund 🗌 🗌		ual Report Filing Fee
			= .	te Report Filing Fee
Feder	al ID # 27-3849152 MO DAY YR Date orga	inization was creat		05/05/2011
Are co	ontributions to the organization tax deductible?		N	IO DAY YR
Lega	al Name: FITMS NEUROBALANCE CENTER	YEAR-END		
		AMOUNTS		
		A) ASSETS	A) \$	4,481,984.
		B) LIABILITIES	B) \$	55,362.
Z	ip Code: 60010	C) NET ASSETS	C) \$	4,426,622.
-	SUMMARY OF ALL REVENUE ITEMS DURING THE YEAR:	PERCENTAGE	_	AMOUNT
I .	D) PUBLIC SUPPORT, CONTRIBUTIONS AND PROGRAM SERVICE REV. (GROSS AMTS.)	99.018%	D) \$	500,756.
	E) GOVERNMENT GRANTS AND MEMBERSHIP DUES	<u>99.010%</u> %		500,750.
	F) OTHER REVENUES	0.982%	,	4,965.
		0.002 /0	., ¢	1,5050
	G) TOTAL REVENUES, INCOME AND CONTRIBUTIONS RECEIVED (ADD D, E, & F)	100 %	G) \$	505,721.
п.	SUMMARY OF ALL EXPENDITURES DURING THE YEAR:			,
	H) OPERATING CHARITABLE PROGRAM EXPENSE	57.264%	H) \$	508,325.
	I) EDUCATION PROGRAM SERVICE EXPENSE	%	I) \$	
	J) TOTAL CHARITABLE PROGRAM SERVICE EXPENSE (ADD H & I)	57.264%	J) \$	508,325.
	J1) JOINT COSTS ALLOCATED TO PROGRAM SERVICES (INCLUDED IN J)			
	K) GRANTS TO OTHER CHARITABLE ORGANIZATIONS	%	K) \$	
		/0	- Κ) φ	
	L) TOTAL CHARITABLE PROGRAM SERVICE EXPENDITURE (ADD J & K)	57.264%	L) \$	508,325.
	-,			
	M) MANAGEMENT AND GENERAL EXPENSE	25.535%	M) \$	226,677.
	N) FUNDRAISING EXPENSE	17.201%	N) \$	152,692.
	0) TOTAL EXPENDITURES THIS PERIOD (ADD L, M & N)	100 %	0) \$	887,694.
Ш.	SUMMARY OF ALL PAID FUNDRAISER & CONSULTANT ACTIVITIES:			
	(Attach Attorney General Report of Individual Fundraising Campaign (Form IFC). One for each PFR.)			
	PROFESSIONAL FUNDRAISERS: P) TOTAL AMOUNT RAISED BY PAID PROFESSIONAL FUNDRAISERS	100 %	P) \$	0.
		100 /0	., ¢	
	Q) TOTAL FUNDRAISERS FEES AND EXPENSES	%	Q) \$	
	-,			
	R) NET RECEIVED BY THE CHARITY (P MINUS Q=R)	%	R) \$	
	PROFESSIONAL FUNDRAISING CONSULTANTS:			
	S) TOTAL AMOUNT PAID TO PROFESSIONAL FUNDRAISING CONSULTANTS		S) \$	0.
IV.	COMPENSATION TO THE (3) HIGHEST PAID PERSONS DURING THE YEA	R:		
	T) NAME, TITLE: SHAWNA EGAN, PRESIDENT		T) \$	140,228.
	U) NAME, TITLE: JOY WAGNER, FOUNDER & PRESIDENT		U) \$	85,000.
	V) NAME, TITLE: JENNIFER WELLS, ADMIN AND OPERATIONS		V) \$	59,929.
V .	CHARITABLE PROGRAM DESCRIPTION: CHARITABLE PROGRAM (3 HIGHEST BY \$ EXPENDED) CODE CATEGORIES		List on	back side of instructions CODE
398091 02-13-24	W) DESCRIPTION: SERVICES FOR HANDICAPPED ADULTS		W)#	123
31 02·	x) DESCRIPTION: SERVICES FOR THE AGED		X) #	117
39805	Y) DESCRIPTION FAMILY AND INDIVIDUAL SERVICES		Y) #	111

IF	THE ANSWER TO ANY OF THE FOLLOWING QUESTIONS IS YES, ATTACH A DETAILED EXPLANATION:		YES	NO
1.	WAS THE ORGANIZATION THE SUBJECT OF ANY COURT ACTION, FINE, PENALTY OR JUDGMENT?	1.		Х
2.	HAS THE ORGANIZATION OR A CURRENT DIRECTOR, TRUSTEE, OFFICER OR EMPLOYEE THEREOF, EVER BEEN CONVICTED BY ANY COURT OF ANY MISDEMEANOR INVOLVING THE MISUSE OR MISAPPROPRIATION OF FUNDS OR ANY FELONY?	2.		X
3.	DID THE ORGANIZATION MAKE A GRANT AWARD OR CONTRIBUTION TO ANY ORGANIZATION IN WHICH ANY OF ITS OFFICERS, DIRECTORS OR TRUSTEES OWNS AN INTEREST; OR WAS IT A PART TO ANY TRANSACTION IN WHICH ANY OF ITS OFFICERS, DIRECTORS OR TRUSTEES HAS A MATERIAL FINANCIAL INTEREST; OR DID ANY OFFICER, DIRECTOR OR TRUSTEE RECEIVE ANYTHING OF VALUE NOT REPORTED AS COMPENSATION?	3.		X
4.	HAS THE ORGANIZATION INVESTED IN ANY CORPORATE STOCK IN WHICH ANY OFFICER, DIRECTOR OR TRUSTEE OWNS MORE THAN 10% OF THE OUTSTANDING SHARES?	4.		X
5.	IS ANY PROPERTY OF THE ORGANIZATION HELD IN THE NAME OF OR COMMINGLED WITH THE PROPERTY OF ANY OTHER PERSON OR ORGANIZATION?	5.		X
6.	DID THE ORGANIZATION USE THE SERVICES OF A PROFESSIONAL FUNDRAISER? (ATTACH FORM IFC)	6.		X
	DID THE ORGANIZATION ALLOCATE THE COST OF ANY SOLICITATION, MAILING, ADVERTISEMENT OR LITERATURE COSTS BETWEEN PROGRAM SERVICE AND FUNDRAISING EXPENSES?	7.		X
	(I) THE AGGREGATE AMOUNT OF THESE JOINT COSTS \$; ; (II) THE AMOUNT ALLOCATED TO PROGRAM SERVICES \$; ; (III) THE AMOUNT ALLOCATED TO MANAGEMENT AND GENERAL \$; ; AND (IV) THE AMOUNT ALLOCATED TO FUNDRAISING \$.			
8.	DID THE ORGANIZATION EXPEND ITS RESTRICTED FUNDS FOR PURPOSES OTHER THAN RESTRICTED PURPOSES?	8.		X
9.	HAS THE ORGANIZATION EVER BEEN REFUSED REGISTRATION OR HAD ITS REGISTRATION OR TAX EXEMPTION SUSPENDED OR REVOKED BY ANY GOVERNMENTAL AGENCY?	9.		X
10.	WAS THERE OR DO YOU HAVE ANY KNOWLEDGE OF ANY KICKBACK, BRIBE, OR ANY THEFT, DEFALCATION, MISAPPROPRIATION, COMMINGLING OR MISUSE OF ORGANIZATIONAL FUNDS?	10.		X
11.	. LIST THE NAME AND ADDRESS OF THE FINANCIAL INSTITUTIONS WHERE THE ORGANIZATION MAINTAINS ITS THREE LARGEST ACCOUNTS: BARRINGTON BANK & TRUST COMPANY 9801 W HIGGINS BOX 32 ROSEMONT	IL	600	18
	CORNERSTONE NATIONAL BANK & TRUST COMPANY 1 W NW HWY PALATINE	IL	6006	7
12.	. NAME AND TELEPHONE NUMBER OF CONTACT PERSON: RAYMOND LAPINAS - 847-800-6162			

• ALL ATTACHMENTS MUST ACCOMPANY THIS REPORT - SEE INSTRUCTIONS •

UNDER PENALTY OF PERJURY, I (WE) THE UNDERSIGNED DECLARE AND CERTIFY THAT I (WE) HAVE EXAMINED THIS ANNUAL REPORT AND THE ATTACHED DOCUMENTS, INCLUDING ALL THE SCHEDULES AND STATEMENTS, AND THE FACTS THEREIN STATED ARE TRUE AND COMPLETE AND FILED WITH THE ILLINOIS ATTORNEY GENERAL FOR THE PURPOSE OF HAVING THE PEOPLE OF THE STATE OF ILLINOIS RELY THEREUPON. I HEREBY FURTHER AUTHORIZE AND AGREE TO SUBMIT MYSELF AND THE REGISTRANT HEREBY TO THE JURISDICTION OF THE STATE OF ILLINOIS.

BE SURE TO INCLUDE ALL FEES DUE:	RAYMOND LAPINAS									
 REPORTS ARE DUE WITHIN SIX MONTHS OF YOUR FISCAL YEAR END. FOR FEES DUE SEE INSTRUCTIONS. 	PRESIDENT OF TRUSTEE (PRINT NAME)	SIGNATURE	DATE							
 REPORTS THAT ARE LATE OR INCOMPLETE ARE SUBJECT TO A \$100.00 PENALTY. 	TREASURER or TRUSTEE (PRINT NAME)	SIGNATURE	DATE							
	DEREK ADAMCZYK									
398101 02-13-24	PREPARER (PRINT NAME)	SIGNATURE	DATE							