

Form **990**

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)

2020

Department of the Treasury
Internal Revenue Service

▶ 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.

Open to Public Inspection

A For the **2020** calendar year, or tax year beginning and ending

B Check if applicable: Address change Name change Initial return Final return/terminated Amended return Application pending	C Name of organization FITMS NEUROBALANCE CENTER		D Employer identification number 27-3849152
	Doing business as		E Telephone number 847-800-6162
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	
	1529 S GROVE AVENUE	260	G Gross receipts \$ 1,383,784.
City or town, state or province, country, and ZIP or foreign postal code BARRINGTON, IL 60010		H(a) Is this a group return for subordinates? Yes <input checked="" type="checkbox"/> No	
F Name and address of principal officer: JOY WAGNER SAME AS C ABOVE		H(b) Are all subordinates included? Yes No	
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527		If "No," attach a list. See instructions	
J Website: ▶ FITMS.ORG		H(c) Group exemption number ▶	
K Form of organization: <input checked="" type="checkbox"/> Corporation Trust Association Other ▶		L Year of formation: 2010	M State of legal domicile: IL

Part I Summary			
Activities & Governance	1 Briefly describe the organization's mission or most significant activities: TO PROVIDE EDUCATION, HEALTHCARE, FITNESS, RESEARCH, SUPPORT AND COMMUNITY UNDER ONE ROOF		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	9
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	9
	5 Total number of individuals employed in calendar year 2020 (Part V, line 2a)	5	8
	6 Total number of volunteers (estimate if necessary)	6	30
	7 a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 652,579.	Current Year 1,341,218.
	9 Program service revenue (Part VIII, line 2g)	108,968.	30,024.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2,050.	2,905.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-18,352.	0.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	745,245.	1,374,147.
Expenses	13 Grants and similar 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.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	208,591.	316,890.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 109,285.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	271,975.	307,513.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	480,566.	624,403.	
19 Revenue less expenses. Subtract line 18 from line 12	264,679.	749,744.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 3,976,942.	End of Year 4,730,443.
	21 Total liabilities (Part X, line 26)	27,422.	31,179.
	22 Net assets or fund balances. Subtract line 21 from line 20	3,949,520.	4,699,264.

Part II Signature Block

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

Sign Here	Signature of officer	Date			
	JOY WAGNER, PRESIDENT Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name DEREK ADAMCZYK	Preparer's signature DEREK ADAMCZYK	Date	Check if self-employed	PTIN P00292121
	Firm's name ▶ PORTE BROWN LLC	Firm's EIN ▶ 36-2663358	Phone no. 847-695-1775		
	Firm's address ▶ 1752 CAPITAL ST, SUITE 400 ELGIN, IL 60124				

May the IRS discuss this return with the preparer shown above? See instructions Yes No