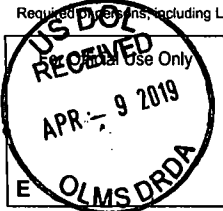


FORM LM-21

RECEIPTS AND DISBURSEMENTS REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.
Required persons, including Labor Relations Consultants and Other Individuals and Organizations, Under section 203(b) of the Labor-Management Relations and Disclosure Act of 1959, as amended. (LMRDA)



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

702036

1. File Number C- 364	2. Period Covered By This Report From: 01/01/2018 Through: 12/31/2018
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A. Person Filing	
3. Name and mailing address (include ZIP Code): Name Mark <input type="checkbox"/> Garrity Title President Organization Balance Incorporated P.O. Box, Building and Room Number, if any Street 1022 Nevada Highway, Suite 422 City Boulder City State Nevada ZIP Code + 4 89005	4. Any other address where records necessary to verify this report are kept: Name <input type="checkbox"/> <input type="checkbox"/> Title <input type="checkbox"/> Organization <input type="checkbox"/> P.O. Box, Building and Room Number, if any Street <input type="checkbox"/> City <input type="checkbox"/> State <input type="checkbox"/> ZIP Code + 4 <input type="checkbox"/>

Signatures

Each of the undersigned declares, under penalty of perjury and other applicable penalties of law, that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the Section on penalties in the instructions).

17. Signed Title President On 04/03/2019 702-293-3576 Date Telephone Number	18. Signed Title Treasurer On 04/03/2019 702-293-3576 Date Telephone Number
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Name of Person Filing:	File Number C-
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B. Statement of Receipts Report all receipts from employers in connection with labor relations advice or services regardless of the purposes of the advice or services.	
5.a. Name and Address of Employer (including trade name, if any). Employer <input style="width: 300px;" type="text"/> Trade Name <input style="width: 250px;" type="text"/> Attention To <input style="width: 100px;" type="text"/> <input style="width: 20px;" type="checkbox"/> <input style="width: 100px;" type="text"/> Title <input style="width: 250px;" type="text"/>	Mailing Address: P.O. Box, Building and Room Number, if any <input style="width: 250px;" type="text"/> Street <input style="width: 250px;" type="text"/> City <input style="width: 150px;" type="text"/> State <input style="width: 100px;" type="text"/> ZIP Code + 4 <input style="width: 50px;" type="text"/>
5.b. Termination Date <input style="width: 150px;" type="text"/>	5.c. Amount <input style="width: 100px;" type="text"/>
6. TOTAL RECEIPTS FROM ALL EMPLOYERS	

C. Statement of Disbursements Report all disbursements made by the reporting organization in connection with labor relations advice or services rendered to the employers listed in Part B.				
7. Disbursements to Officers and Employees:				
(a) Name	(b) Salary	(c) Expenses	(d) Totals	
<input style="width: 100px;" type="text"/>	<input style="width: 100px;" type="text"/>	<input style="width: 100px;" type="text"/>	<input style="width: 100px;" type="text"/>	9. Office and Administrative Expenses <input style="width: 100px;" type="text"/>
<input style="width: 100px;" type="text"/>	<input style="width: 100px;" type="text"/>	<input style="width: 100px;" type="text"/>	<input style="width: 100px;" type="text"/>	10. Publicity <input style="width: 100px;" type="text"/>
<input style="width: 100px;" type="text"/>	<input style="width: 100px;" type="text"/>	<input style="width: 100px;" type="text"/>	<input style="width: 100px;" type="text"/>	11. Fees for Professional Services <input style="width: 100px;" type="text"/>
<input style="width: 100px;" type="text"/>	<input style="width: 100px;" type="text"/>	<input style="width: 100px;" type="text"/>	<input style="width: 100px;" type="text"/>	12. Loans Made <input style="width: 100px;" type="text"/>
<input style="width: 100px;" type="text"/>	<input style="width: 100px;" type="text"/>	<input style="width: 100px;" type="text"/>	<input style="width: 100px;" type="text"/>	13. Other Disbursements <input style="width: 100px;" type="text"/>
8. Total disbursements to officers and employees:				14. Total Disbursements (Sum of Items 8-13) <input style="width: 100px;" type="text"/>

D. Schedule of Disbursements for Reportable Activity Use this Schedule to report only disbursements made for the purposes described in Part D of the instructions.	
15.a. Employer Name: <input style="width: 300px;" type="text"/>	15.b. Trade Name, If any: <input style="width: 250px;" type="text"/>
15.c. To Whom Paid Name <input style="width: 100px;" type="text"/> <input style="width: 20px;" type="checkbox"/> <input style="width: 100px;" type="text"/> Title <input style="width: 250px;" type="text"/> Organization <input style="width: 300px;" type="text"/> P.O. Box, Building and Room Number, if any <input style="width: 250px;" type="text"/> Street <input style="width: 250px;" type="text"/> City <input style="width: 150px;" type="text"/> State <input style="width: 100px;" type="text"/> ZIP Code + 4 <input style="width: 50px;" type="text"/>	15.d. Amount <input style="width: 100px;" type="text"/> 15.e. Purpose <div style="border: 1px solid black; height: 150px; width: 100%;"></div>
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY	