

# 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 of 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

457678

1. File Number C- <input type="text" value="364"/>	2. Period Covered By This Report From: <input type="text" value="01"/> / <input type="text" value="01"/> / <input type="text" value="2010"/> Through: <input type="text" value="12"/> / <input type="text" value="31"/> / <input type="text" value="2010"/>
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A. Person Filing	
3. Name and mailing address (include ZIP Code):	4. Any other address where records necessary to verify this report are kept:
Name <input type="text" value="Mark"/> <input type="text" value="Garrity"/>	Name <input type="text" value="N/A"/> <input type="text"/>
Title <input type="text" value="President"/>	Title <input type="text"/>
Organization <input type="text" value="Balance Incorporated"/>	Organization <input type="text"/>
P.O. Box, Building and Room Number, if any <input type="text"/>	P.O. Box, Building and Room Number, if any <input type="text"/>
Street <input type="text" value="1022 Nevada Highway, Suite 422"/>	Street <input type="text"/>
City <input type="text" value="Boulder City"/>	City <input type="text"/>
State <input type="text" value="Nevada"/> ZIP Code + 4 <input type="text" value="89005"/>	State <input type="text"/> ZIP Code + 4 <input type="text"/>

### 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	President (if other title, see instructions)	18. Signed	Treasurer (if other title, see instructions)
Title <input type="text" value="President"/>		Title <input type="text" value="Treasurer"/>	
On <input type="text" value="03"/> / <input type="text" value="30"/> / <input type="text" value="2011"/> <input type="text" value="702 293-3576"/>	Date Telephone Number	On <input type="text" value="03"/> / <input type="text" value="30"/> / <input type="text" value="2011"/> <input type="text" value="702 293-3576"/>	Date Telephone Number

Name of Person Filing: <b>Mark Garrity</b>	File Number C- <b>364</b>
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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). Mailing Address:

Employer <b>See Attachment B</b>	P.O. Box, Building and Room Number, if any
Trade Name	Street
Attention To	City
Title	State ZIP Code + 4

5.b. Termination Date 5.c. Amount

6. TOTAL RECEIPTS FROM ALL EMPLOYERS 335,000

**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		
<b>See Attachment C</b>			<b>256,707</b>	9. Office and Administrative Expenses	<b>76,495</b>
				10. Publicity	<b>1,798</b>
				11. Fees for Professional Services	
				12. Loans Made	
				13. Other Disbursements	
8. Total disbursements to officers and employees:			<b>256,707</b>	14. Total Disbursements (Sum of Items 8-13)	<b>335,000</b>

**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:	15.b. Trade Name, If any:
15.c. To Whom Paid	15.d. Amount
Name	
Title	
Organization	
P.O. Box, Building and Room Number, if any	15.e. Purpose
Street	
City	
State ZIP Code + 4	
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY <b>NONE</b>	

Balance Incorporated  
1022 Nevada Highway, Suite 422  
Boulder City, NV 89005

File No. C-364

01/01/2010  
to  
12/31/2010

**Attachment "B"**

**Statement of Receipts**

This report covers compensation for all advice and services provided to management including all labor relations advice and services as well as proactive and corrective follow-up programs provided to the listed client(s).

This report does not include receipts and disbursements on account of labor relations services and advice rendered by the undersigned to employers for whom the undersigned has not performed persuader activities.

See DONOVAN vs ROSE LAW FIRM, 768 F.2D 964 (8<sup>th</sup> Cir. 1985)

<b>Client Name:</b>	<b>Address:</b>	<b>Amount:</b>
<b>Boyd Gaming Corporation</b>	3883 Howard Hughes Parkway, 9th Floor Las Vegas, Nevada 89169	160,000
<b>MGM Grand Hotel and Casino</b>	3799 Las Vegas Boulevard South Las Vegas, Nevada 89109	175,000
<b>TOTAL</b>		<u>\$ 335,000</u>

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**Attachment "C"**

**Disbursements to Officers and Employees:**

<u>Name</u>	<u>Salary</u>	<u>Expenses</u>	<u>Totals</u>
M. Garrity			217,207
S. Garrity			19,500
C. Liddle			5,000
E. Torres			10,000
T. Kendall			5,000
<b>TOTAL</b>			<b>256,707</b>