			EXTENDED TO NOVEMBER : Short Form	15,	2021				
	00	90-EZ				.			OMB No. 1545-0047
Forn		50-LZ	Return of Organization Exempt	Fr	om income	e la	X		აიაი
			Under section 501(c), 527, or 4947(a)(1) of the Internal Reven	ue Co	ode (except private	found	lations	5)	2020
			Do not enter social security numbers on this form	n ac	it may be made pul	blic			
Dena	rtment	of the Treasury		n, as	n may be made pu	Sile.			Open to Public
		enue Service	Go to www.irs.gov/Form990EZ for instructions	and	he latest information	on.			Inspection
			year, or tax year beginning		and ending				
B C	Check if	f C N	ame of organization			D Emp	oloyer i	dentific	ation number
	Addr	ess change							
	Nam		INDINGBALANCE, INC					2104	
		inclain	ber and street (or P.O. box if mail is not delivered to street address)		Room/suite			numbe	
	termi		D BOX 284						-6948
	Amer	i aca i cianti	or town, state or province, country, and ZIP or foreign postal code			F Gro	up Exe	mption	
			RANKLIN, TN 37065				nber 🕨		
		nting Method:	X Cash Accrual Other (specify) ►						f the organization is
			FINDINGBALANCE.COM	<u> </u>		1			ach Schedule B
			eck only one) – X 501(c)(3) 501(c) () \blacktriangleleft (insert no.)		47(a)(1) or 527	(Foi	rm 990	, 990-Е	Z, or 990-PF).
		of organization:		ther	or if total assats (D				
			b to line 9 to determine gross receipts. If gross receipts are \$200,000 or r)00 or more, file Form 990 instead of Form 990-EZ	nore,	of it total assets (Part I	I, I	▶ \$		59,483.
	art I	Revenue	, Expenses, and Changes in Net Assets or Fund E	Bala	nces (see the instru	 Ictions			JJ,40J.
	41 6 1	_	organization used Schedule O to respond to any question in this Part I		ι.			,	X
	1		gifts, grants, and similar amounts received				1		43,180.
	2		ce revenue including government fees and contracts				2		16,303.
	3		ues and assessments				3		
	4		ome				4		
	5a		from sale of assets other than inventory	5a					
	b		ther basis and sales expenses	5b					
	c		rom sale of assets other than inventory (subtract line 5b from line 5a)				5c		
	6		ndraising events:						
¢,	a	Gross income	from gaming (attach Schedule G if greater than						
nue		\$15,000)		6a					
Revenue	b	Gross income	from fundraising events (not including \$	of cor	Itributions				
Ē		from fundraisi	ng events reported on line 1) (attach Schedule G if the sum of such						
		gross income	and contributions exceeds \$15,000)	6b					
			penses from gaming and fundraising events						
	d		(loss) from gaming and fundraising events (add lines 6a and 6b and subtr		ie 6c)		6d		
	7a		inventory, less returns and allowances						
	b		oods sold				-		
	, c		(loss) from sales of inventory (subtract line 7b from line 7a)				7c		
	8		(describe in Schedule 0)				8		59,483.
	9 10		Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8				9 10		538.
	11		o or for members				11		
	12		compensation, and employee benefits				12		21,419.
ses	13		es and other payments to independent contractors				13		1,743.
Expenses	14	Occupancy, re	it, utilities, and maintenance				14		_,
Ě	15	Printing, publi	ations, postage, and shipping				15		
	16	Other expense	s (describe in Schedule 0)	S	CHEDULE O		16		10,830.
_	17		s. Add lines 10 through 16				17		34,530.
	18		cit) for the year (subtract line 17 from line 9)				18		24,953.
sets	19	Net assets or f	und balances at beginning of year (from line 27, column (A))						
Ass		(must agree w	th end-of-year figure reported on prior year's return)				19		3,610.
Net Assets	20	Other changes	in net assets or fund balances (explain in Schedule 0)	S	CHEDULE O		20		-76.
_	21						21		28,487.
LHA	A For	Paperwork Re	luction Act Notice, see the separate instructions.					Fo	rm 990-EZ (2020)

032171 01-08-21

Form 990-EZ (2020) FINDINGBALANCE, INC		8	80-	02104	56 Page 2
Part II Balance Sheets (see the instructions for Part II)					
Check if the organization used Schedule O to resp					X
		(A) Beginning of year		(B) E	nd of year
22 Cash, savings, and investments		14,639.	• 22		28,044.
23 Land and buildings			23		
24 Other assets (describe in Schedule 0) SEE SCHEDULE O		920.			920.
25 Total assets		15,559.	• 25		28,964.
26 Total liabilities (describe in Schedule 0) SEE SCHEDULE O		11,949.	• 26		477.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)		3,610.	• 27		28,487.
Part III Statement of Program Service Accomplishmen		tions for Part III)		Ex	penses
Check if the organization used Schedule O to resp	ond to any question	n in this Part III	X		for section
What is the organization's primary exempt purpose? SEE SCHEDULE O					and 501(c)(4) ons; optional for
Describe the organization's program service accomplishments for each of its three largest program se	ruices as measured by expenses	In a clear and concise		others.)	
manner, describe the services provided, the number of persons benefited, and other relevant informati				,	
28 SEE SCHEDULE O					
			—		
			—		
(Grants \$ 538.) If this amount includes foreign g	ranta abaak bara			28a	24,301.
29 SEE SCHEDULE O				204	24,501.
			—		
		>	<u> </u>		
(Grants \$) If this amount includes foreign g	rants, check here	🕨		29a	
30 SEE SCHEDULE O			—		
(Grants \$) If this amount includes foreign g		►		30a	
31 Other program services (describe in Schedule O) SEE SCHE	DULE O				
(Grants \$) If this amount includes foreign g	rants, check here	►		31a	
32 Total program service expenses (add lines 28a through 31a)			🕨	32	24,301.
Part IV List of Officers, Directors, Trustees, and Key Er	nployees (list each one	oven if not companyated	oo tho ir	ostructiono foi	Devt NA
		even in not compensated - si		ISHUCTIONS TO	r Part IV)
Check if the organization used Schedule O to resp					
	ond to any question (b) Average hours	n in this Part IV (c) Reportable	(d) Hea	alth benefits,	(e) Estimated
	ond to any question (b) Average hours per week devoted to	n in this Part IV (c) Reportable compensation (Forms W-2/1099-MISC)	(d) Hea contri emplo	alth benefits, ibutions to yee benefit	(e) Estimated amount of other
Check if the organization used Schedule O to resp	ond to any question (b) Average hours	n in this Part IV (c) Reportable compensation (Forms W-2/1099-MISC)	(d) Hea contri emplo plans, a	alth benefits, ibutions to	(e) Estimated
Check if the organization used Schedule O to resp	ond to any question (b) Average hours per week devoted to	n in this Part IV (c) Reportable compensation (Forms W-2/1099-MISC)	(d) Hea contri emplo plans, a	alth benefits, ibutions to yee benefit and deferred	(e) Estimated amount of other
Check if the organization used Schedule O to resp (a) Name and title	ond to any question (b) Average hours per week devoted to	n in this Part IV (c) Reportable compensation (Forms W-2/1099-MISC)	(d) Hea contri emplo plans, a	alth benefits, ibutions to yee benefit and deferred	(e) Estimated amount of other
Check if the organization used Schedule O to resp (a) Name and title A.J. RHODES	ond to any question (b) Average hours per week devoted to position	n in this Part IV (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Hea contri emplo plans, a	alth benefits, ibutions to yee benefit and deferred pensation	(e) Estimated amount of other compensation
Check if the organization used Schedule O to resp (a) Name and title A.J. RHODES DIRECTOR JENNIFER AMANDA WALKER, LPC	(b) Average hours per week devoted to position 1.00	n in this Part IV (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Hea contri emplo plans, a	alth benefits, ibutions to yee benefit and deferred pensation	(e) Estimated amount of other compensation 0 .
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3 2020.03050 FINDINGBALANCE, INC 14399_1

33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule 0 33 X 34 Were any significant changes made to the organization or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule 0. See instructions 34 X 35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6, and 7a, among others)? b I'Yes' to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule 0 35a X 36 Did the organization a section 501(c)(4), 501(c)(5) or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Ne," complete Schedule C, Part III 36 X 37a Enter amount of political expenditures, direct or indirect, as described in the instructions 37a 0. 37b X 38a Did the organizations. Enter: a initiation files of apilal during the year organizations. Inter, direct nor trustee, or key employee; or were any such loans made in a prior year and still outstanding at the end of the ax year covered by this return? 38b N/A 39a Section 501(c)(7) organizations. Enter: 39b N/A 38a X <th>Pa</th> <th>rt V Other Information (Note the Schedule A and personal benefit contract statement requirements instructions for Part V.) Check if the organization used Sch. O to respond to any question in this</th> <th></th> <th></th> <th>[37]</th>	Pa	rt V Other Information (Note the Schedule A and personal benefit contract statement requirements instructions for Part V.) Check if the organization used Sch. O to respond to any question in this			[37]
33 Did the organization engage in any significant activity not previously reported to the IRS? If Yes, 'provide a detailed description of each activity in Schudula 0 33 X 34 Were any significant changes made to the organizations scame. Otherwise, explain the change m Schudula 0. Semistractions 34 X 35 Did the organization have chreated backsenses gross incomes of \$1,000 or more downess activities (scaues into as those exported to the instructions 34 X 36 Did the organization have chreated backsenses gross incomes of \$1,000 or more downess activities (scaues into as those exported to the instructions 35 X 37 Exit to organization autopic to a liquidization, dissolution, (scaubito, (Scaubito, Caruli 1) 36 X 38 Did the organization index (Pi as the scale of the scal		Instructions for Part V.) Check if the organization used Sch. O to respond to any question in this	Fart		
actively in Schedule 0 is is X Very any significant changes made to the organization or governing documonits? If Yes; attach a contormed copy of the amended documents if they reflect a schedule 0. Set instructions is X Sta Did the organization have unrelated basiness gross income of \$1,000 more during the year from basiless activities (such as these reported on lines 2, 6, and 7, among Others 900 T for the year? If Yes, 'provide an explanation in Schedule 0. Set instructions is X Sta Did the organization acteors 01(rel.(s), 50(rel.(s), contraints, or subject to action 03(s) ontice, and normality, and year 11 Yes, 'complete schedule 0, C, Part III is X B Did the organization infered a schedule 0, C, Part III is X is X B Did the organization infered, schedule 0, C, Part III is X is X B Did the organization infered, schedule 0, C, Part III is X is X B Did the organization infered, schedule 0, C, Part III is is X is X B Did the organization infered, schedule 0, C, Part III is is X is X B Did the organization infered, schedule 0, Part III is is X is X B Did Schedule 1, Part II, and ender the t	33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each		100	
94 Ware any significant changes made to the organization cance. Otherwise, equivale to a characterization and explore the organization reaction. 94 Xet any significant changes made to the organization reaction. 94 Xet A 95 Other organization and the organization reaction. 95.0 Xet A 95.0 77.0			33		x
35a bit the organization have unrelated business grass income of \$1,000 or more during the year from business activities (such as those reported on ines 2, 6a, and 7a, among others)? 35b x bit if vers for line Soa, has the organization filed a form 390-1 for the year? If No, 'provide an explanation in Schedule 0 35b x/A bit if vers for line Soa, has the organization index of form 390-1 for the year? If No,' provide an explanation in Schedule 0 35b x/A 35b bit the organization actions 010(c)(4), 50 (c)(5), or 501(c)(6) signalization subject to section 0203(e) notice, reporting, and proxy tax 35c x 371 bit the organization inform 120-00 for this year? 17a 0 35b x 382 bit the organization inform 120-00 for this year? 17a 0 37b X 383 bit the organization is form 120-00 for this year ordered in the instructions 27a 0 37b X 384 bit the organization is convolved. 27a 0 37b X 385 bit of organizations. The end of the tax year covered by this return? 37b X 38c X 385 bit of organization. 0 - - - - - - - - -	34				
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b I 'Yes' to line 32a, has the organization that a form 990-1 for the year? I'' No, 'provide an explanation is Stabulat 0 Section 501(c)(4), 501(c)(4), 501(c)(5) or 501(c)(6) organization aubject to section 6033(e) notice, reporting, and provy tax requirements during the year? I''res,' complete Scatchade (C, Part II D) The organization is the array tracks, direct or indirect, as described in the instructions	35 a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported			
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requirements during the year? If Yes; complete Schedule C, Part III 36 X 36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If Yes; 36 X 37 Entre amount of political expenditures, direct or indirect, as described in the instructions 17 27 0. 37 27 0. 37 27 0. 37 27 0. 37 27 0. 37 27 0. 37 27 0. 37 27 0. 37 27 0. 37 27 0. 37 27 0. 37 27 0. 37 27 0. 37 27 0. 38 X 38 38 X			35b	N/	<u>A</u>
36 Dit the organization undrigo a liquidation, itermination, or significant disposition of net assets during the year? If "Yes," on the sparse of Schedule I, and the organization time form 1120-P0L for the year? 36 X 37 Enter amount of policital expenditures, fitted or indirect, as described in the instructions 27a 0. 37b X 38 Dit the organization the form 1120-P0L for the year? 37b X 37b X 39 Dit the organization berow from make any loasis to, any officer, director, fustlee, or key employee; or were any such loans made in a prior year and still oustanding at the end of the tax year covered by this return? 38b N/A 39 Botts or regimes Schedule L, Part II. and enter the total amount involved 39b N/A 39a X 30 Ditors receipts, included on line 9 39a N/A 39b N/A 30 Ditors receipts, included on line 9 0. 39a N/A 30 Ditors receipts, included on line 9 0. 39a N/A 30 Ditors receipts, include on line 9 0. 39a N/A 30 Ditor regimentation the programization set on significant display on provide set on significant display on provide set on significant display on protin set on significant display on protice set on signif	C				
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b If Yes,' complete Schedule L, Part II, and enter the total amount involved 38b N/A 39 Section 501(c)(7) organizations. Enter: 39a N/A 40a Section 501(c)(3) organizations. Enter: 39a N/A 40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: 0. ; section 4015 0. 5 Section 501(c)(3). organizations. Enter amount of tax imposed on the organization engage in any section 4956 0. . 0 is section 4011 0. ; section 4015 0. . 40a Section 501(c)(3). 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under: 0. X 40a X 0. X 0. X 40a Section 501(c)(3). 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization and tax imposed on organizations. At any time during the taxet and the TN 0. 0. 41 List the states with which a copy of this return is filed P TN 210e 1. 210e 1. 210e 1. 210e 210e 210e 210e 210e 210e 210e 210e	00 a		38a		x
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41 List the states with which a copy of this return is filed ▶ TN 42a The organization's books are in care of ▶ THE ORGANIZATION Telephone no. ▶ 615-599-6948 Located at ▶ PO BOX 284, FRANKLIN, TN 21P + 4 ▶ 37065 At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country \$\u00ed curve in a foreign country \$\u00ed curve in a foreign country \$\u00ed curve in account, securities account, or other financial accounts (FBAR). c At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country \$\u00ed curve in the return the amount of tax-exempt interest received or accrued during the tax year 43 43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year 43 N/A 44a X Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ 44a X b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ 44b X c Did the organization operate one or more hospital facilities during the year? 16 "No." provide an explanation in ischedule 0 44b X	Ŭ		40e		x
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b At any time during the calendar year, did the organization have an interest in or a signature or other authority Yes over a financial account in a foreign country (such as a bank account, securities account, or other financial Yes account)? If 'Yes," enter the name of the foreign country	42 a	The organization's books are in care of THE ORGANIZATION Telephone no. 615-59			
over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? Yes No if "Yes," enter the name of the foreign country		Located at PO BOX 284, FRANKLIN, TN ZIP + 4	3706	5	
account)? 42b X If "Yes," enter the name of the foreign country ▶ 42b X See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 42c X If "Yes," enter the name of the foreign country ▶ 43 42c X If "Yes," enter the name of the foreign country ▶ 43 X 43 N/A 44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ 43 N/A 44a X 44b X b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ 44c X c Did the organization receive any payments for indoor tanning services during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ 44c X d If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule 0 44d	b				
If "Yes," enter the name of the foreign country See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). c At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country 3 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year 43 Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ c Did the organization receive any payments for indoor tanning services during the year? d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule 0 440 440 440 440 440 440 440 4		over a financial account in a foreign country (such as a bank account, securities account, or other financial		Yes	-
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c At any time during the calendar year, did the organization maintain an office outside the United States? 42c X If "Yes," enter the name of the foreign country ▶					
If "Yes," enter the name of the foreign country ▶ 43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43 N/A 44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ Yes No 44a X X 44a X b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ 44b X c Did the organization receive any payments for indoor tanning services during the year? 44c X d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule 0 44d 44d 45a Did the organization neceive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions 45b			40.0		v
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512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions			458		
	U		45h		
		שובנטון וטוי וייטא זיטווו ששט מוע טבווכעמור זי וומצ ווכנע נט טב כטוועופגע וואנגמע טו ז טווו ששט־בב. טבב וואנוענגוטוא		90-F7	1 (2020)

FINDINGBALANCE, INC

Form 990-EZ (2020)

032173 01-08-21

4 2020.03050 FINDINGBALANCE, INC

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Form 990-EZ (2	2020) FINDINGBALANCE ,	INC				80-0210	456	I	Page 4
								Yes	No
	rganization engage, directly or indirectly, in pol								77
Part VI	complete Schedule C, Part I Section 501(c)(3) Organizations	Only					46		X
	All section 501(c)(3) organizations must a		19b and 52 and	d complete	the tables for lines	50 and 51			
	Check if the organization used Schedule								
	ŭ	· · · · · ·	•					Yes	
	rganization engage in lobbying activities or have						47		X
	ganization a school as described in section 170(48		X
49a Did the o	rganization make any transfers to an exempt no	n-charitable related or	ganization?				49a		X
	vas the related organization a section 527 orgar e this table for the organization's five highest co						49b	oivod r	noro
-	0,000 of compensation from the organization. I		•	, un colora	, וועסופט, מווע אפץ פוו	ipioyees) wild e		civeu i	1016
	(a) Name and title of each employee		(b) Average	e hours	(C) Reportable	(d) Health benefit	s, (e)) Estim	ated
			per week de		compensation (Forms W-2/1099-MISC)	contributions to employee benefit		ount of	
	NON	E	positio	on		plans, and deferre compensation		mpens	ation
							+		
·			_						
	nber of other employees paid over \$100,000 e this table for the organization's five highest co			o each receiv		IOD of companys	tion fro	m tha	
	tion. If there is none, enter "None." NON			U CAUTITECEN					
	Name and business address of each independer			(b)	Type of service	(c)	Compe	nsatio	 า
	nber of other independent contractors each rec	-			🕨				
	rganization complete Schedule A? Note: All sec					ΝΓ	X Ye		_
	d Schedule A								<u>No</u>
•	nd complete. Declaration of preparer (other tha					•	ye anu	bellel,	11 15
				FF	<u> </u>				
Sign	Signature of officer					Date			
Here	CONSTANCE RHODES, CI	HAIR							
		Dropororio oignoturo		Data					
	Print/Type preparer's name RHONDA L. CARLSON	Preparer's signature	CADLCOM	Date	Check self- emplo	if PTIN			
Paid	CPA	CPA	CARISON	06/09		, P00	297	658	
Preparer Use Only	Firm's name KELLER & OWE					▶ 48-11			
Use Only	Firm's address ► 10955 LOWEL		800		Phone no.		338-		00
	OVERLAND PA	-							
May the IRS di	scuss this return with the preparer shown abov	e? See instructions					X Ye		No
							Form 9	90-EZ	(2020)

032174 01-08-21

SCH	EDU	LE	Α
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Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

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
2020
Open to Public Inspection

Nar	ne or i	the organization							dentification number
	a		INGBALANCE						0-0210456
	art I	Reason for Public C					ee instructior	IS.	
The	organ	ization is not a private found	ation because it is: (For lines 1 through 12, c	heck only o	one box.)			
1		A church, convention of chu	urches, or associatio	on of churches described	l in sectio	n 170(b) (1	1)(A)(i).		
2		A school described in secti	ion 170(b)(1)(A)(ii).(Attach Schedule E (Forn	n 990 or 99	90-EZ).)			
3		A hospital or a cooperative	hospital service orga	anization described in s e	ection 170	(b)(1)(A)(ii	ii).		
4		A medical research organization	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	or the benefit of a co	llege or university owned	l or operate	ed by a go	overnmental u	nit describe	ed in
		section 170(b)(1)(A)(iv). (C	Complete Part II.)						
6		A federal, state, or local gov	/ernment or governn	nental unit described in	section 17	70(b)(1)(A)	(v).		
7		An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in							
		section 170(b)(1)(A)(vi). (Co	omplete Part II.)						
8		A community trust describe		(1)(A)(vi). (Complete Par	t II.)				
9		An agricultural research org			-	ed in conju	unction with a	land-grant	college
		or university or a non-land-g				-		-	-
		university:					-	· · ·	
10	X	An organization that normal	lly receives (1) more	than 33 1/3% of its supp	ort from c	ontributior	ns, membersh	ip fees, and	d gross receipts from
		activities related to its exem							
		income and unrelated busin							
		See section 509(a)(2). (Cor		· · · · · · · · · · · · · · · · · · ·			, ,		,
11		An organization organized a		ivelv to test for public sa	fetv. See	section 50	09(a)(4).		
12		An organization organized a	-		•			rry out the	purposes of one or
		more publicly supported or	-	-	-			•	
		lines 12a through 12d that of	-						
á	a 🗌	Type I. A supporting orga						-	aivina
		the supported organizatio		-	• • •	-			
		organization. You must c			, ,				11 5
t	ь Г	Type II. A supporting orga	-		tion with its	s supporte	ed organizatio	n(s), by hay	vina
		control or management of					-		-
		organization(s). You mus			ante perce			ge alle ealpr	
		Type III functionally inte			in connect	tion with, a	and functional	llv integrate	ed with.
		its supported organization							
	d L] Type III non-functionally						ted organiz	zation(s)
		that is not functionally into						-	
		requirement (see instructi			•		-		
ŕ	.	Check this box if the orga		-				II Type III	
		functionally integrated, or					.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	, . , po	
1	f Ente	er the number of supported o							
		vide the following information	•						
		i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	anization listed	(v) Amount o	f monetary	(vi) Amount of other
		organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see in	nstructions)	support (see instructions)
_									
Tot	al								

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 032021 01-25-21 Schedule A (Form 990 or 990-EZ) 2020 6

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Part II 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.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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	J						
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.						
		(a) 2016	(b) 0017	(a) 2018	(4) 2010	(a) 2020	(f) Totol
	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
-	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
٥	and income from similar sources Net income from unrelated business						
9	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
10	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
12		etc. (see instructi	ons)			12	
	First 5 years. If the Form 990 is for th		,			· · · · ·	
	organization, check this box and stor	0	, , ,	,	,	()()	
Sec	ction C. Computation of Publi	c Support Per	rcentage				
	Public support percentage for 2020 (li			column (f))		14	%
15	Public support percentage from 2019	Schedule A, Part	II, line 14			15	%
	33 1/3% support test - 2020. If the c					nore, check this bo	x and
	stop here. The organization qualifies	as a publicly supp	orted organizatio	n			
b	33 1/3% support test - 2019. If the c	organization did no	ot check a box on	line 13 or 16a, and	d line 15 is 33 1/3%	6 or more, check th	nis box
	and stop here. The organization qual	ifies as a publicly	supported organiz	ation			
17a	10% -facts-and-circumstances test	- 2020. If the org	ganization did not	check a box on lin	ie 13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the facts	s-and-circumstanc	es test, check thi	s box and stop he	ere. Explain in Part	VI how the organiz	zation
	meets the facts-and-circumstances te	st. The organization	on qualifies as a p	ublicly supported o	organization		
b	10% -facts-and-circumstances test	- 2019. If the or	ganization did not	check a box on lin	ie 13, 16a, 16b, or	17a, and line 15 is	10% or
	more, and if the organization meets th	e facts-and-circur	nstances test, che	eck this box and s	stop here. Explain i	in Part VI how the	
	organization meets the facts-and-circu	umstances test. Th	ne organization qu	alifies as a publicly	y supported organi	zation	▶□
18	Private foundation. If the organizatio	<u>n did not check a</u>	box on line 13, 16	6a, 16b, 17a, or 17	b, check this box a	and see instruction	s ►
					Sch	edule A (Form 990) or 990-EZ) 2020

032022 01-25-21

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.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	109,728.	108,980.	123,455.	70,048.	43,180.	455,391.
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	44,563.	66,511.	90,276.	76,935.	16,303.	294,588.
3	Gross receipts from activities that are not an unrelated trade or bus- iness under section 513						
4	Tax revenues levied for the organ- ization'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						
6	Total. Add lines 1 through 5	154,291.	175,491.	213,731.	146,983.	59,483.	749,979.
	A Mounts included on lines 1, 2, and 3 received from disqualified persons					1,391.	1,391.
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 amount on line 13 for the year						0.
c	Add lines 7a and 7b					1,391.	1,391.
8 Sec	Public support. (Subtract line 7c from line 6.) ction B. Total Support						748,588.
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9	Amounts from line 6	154,291.	175,491.	213,731.	146,983.	59,483.	749,979.
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)	154,291.	175,491.	213,731.	146,983.	59,483.	749,979.
14	First 5 years. If the Form 990 is for the	ne organization's fir	rst, second, third, f	ourth, or fifth tax y	rear as a section 5	01(c)(3) organizatic	n,
_	check this box and stop here						
Sec	ction C. Computation of Publi	c Support Per	centage				
15	Public support percentage for 2020 (I	ine 8, column (f), d	ivided by line 13, c	olumn (f))		15	99.81 %
-	Public support percentage from 2019					16	<u>100.00 %</u>
	ction D. Computation of Inves						0.0
	Investment income percentage for 20 Investment income percentage from a					17 18	•00 % %
	a 33 1/3% support tests - 2020. If the						
	more than 33 1/3%, check this box ar						► X
b	33 1/3% support tests - 2019. If the						
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization						
03202	23 01-25-21		_		Sche	edule A (Form 990	or 990-EZ) 2020
			Ó				

2020.03050 FINDINGBALANCE, INC

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1

2

3a

3b

3c

Yes No

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on 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")? // "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?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to 6 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 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes." complete Part I of Schedule L (Form 990 or 990-EZ).
- 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 in 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 disgualified person (as defined in 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.)

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4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a 10b Schedule A (Form 990 or 990-EZ) 2020

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Part 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 in lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described in line 11a above?	11b		
с	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c	ſ	
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, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported 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, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			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		
Sec	tion D. All Type III Supporting Organizations			
		i i	Vee	

			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 in 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	od that the organization use	ed to satisfy the Integ	gral Part Test during the	vear (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	a governmental entity (see instruction <u>s).</u>
-----	--	---	---

10

- 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 in 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.* 032025 01-25-21

Schedule A (Form 990 or 990-EZ) 2020

2a

2b

3a

3b

Yes No

Schedule A (Form 990 or 990-EZ) 2020 FINDINGBALANCE, INC Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (*explain in* **Part VI**). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Sect	ion A - Adjusted Net Income		(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		
	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):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	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		
7	Check here if the current year is the organization's first as a non-functiona	llv integrate	d Type III supporting orga	nization (see

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

Schedule A (Form 990 or 990-EZ) 2020

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Par	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nizations (continu	led)	
Secti	on D - Distributions		*		Current Year
1	Amounts paid to supported organizations to accomplish exer		1		
2	Amounts paid to perform activity that directly furthers exemp				
	organizations, in excess of income from activity		2		
3	Administrative expenses paid to accomplish exempt purpose	3	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 2020 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2020	ns	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2020 (reason-				
	able cause required - explain in Part VI). See instructions.			_	
3	Excess distributions carryover, if any, to 2020				
a	From 2015				
b	From 2016				
C	From 2017				
d	From 2018				
e	From 2019				
f	Total of lines 3a through 3e				
	Applied to underdistributions of prior years			_	
h	Applied to 2020 distributable amount				
i	Carryover from 2015 not applied (see instructions)				
j_	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2020 from Section D,				
	line 7: \$				
	Applied to underdistributions of prior years			_	
	Applied to 2020 distributable amount				
	Remainder. Subtract lines 4a and 4b from line 4.			-	
5	Remaining underdistributions for years prior to 2020, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
	Remaining underdistributions for 2020. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, <i>explain in</i>				
	Part VI. See instructions.				
7	Excess distributions carryover to 2021. Add lines 3j				
	and 4c. Breakdown of line 7:				
	Excess from 2016				
	Excess from 2016				
-	Excess from 2017 Excess from 2018				
	Excess from 2019				
	Excess from 2020				

Schedule A (Form 990 or 990-EZ) 2020

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Schedule A

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

2020

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

Payer's Name	2016 Amount	2017 Amount	2018 Amount	2019 Amount	2020 Amount
ALISA SHANKS	0.	0.	0.	0.	309
BRUCE DONALDSON	0.	0.	0.	0.	1,030
CERRI PRIDEMORE	0.	0.	0.	0.	52
otal to Schedule A,	++				

023172 04-01-20

SCHEDULE O

(Form 990 or 990-EZ)

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 990-EZ. Go to www.irs.gov/Form990 for the latest information.

20 Open to Public Inspection Employer identification number 80-0210456

OMB No. 1545-0047

FINDINGBALANCE, INC

FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES:

DESCRIPTION OF OTHER EXPENSES:	AMOUNT:
OFFICE EXPENSES	2,753.
INTEREST EXPENSES	706.
GRAPHIC DESIGN	565.
TRADEMARK/LICENSING FEES	300.
TECHNOLOGY/SUBSCRIPTIONS/HOSTING	4,347.
MERCHANT PROCESSING	2,159.
TOTAL TO FORM 990-EZ, LINE 16	10,830.

FORM 990-EZ, PART I, LINE 20, CHANGES IN NET ASSETS:

CHANGES IN NET ASSETS OR FUND BALANCES: AMOUNT:

PRIOR PERIOD ADJUSTMENT

FORM	990-EZ,	PART	II,	LINE	24,	OTHER	ASSETS:	

DESCRIPTION	BEG. OF YE	AR END O	F YEAR
OTHER DEPRECIABLE ASSETS	92	0.	920.

FORM 990-EZ, PART II, LINE 26, OTHER LIABILITIES:

DESCRIPTION	BEG. OF YEAR	END OF YEAR
CREDIT CARD	2,559.	477.
LINE OF CREDIT	9,390.	0.
TOTAL TO FORM 990-EZ, LINE 26	11,949.	477.

FORM 990-EZ, PART III, PRIMARY EXEMPT PURPOSE - FUNDINGBALANCE, INC.

PROVIDES PRACTICAL CHRIST-CENTERED RESOURCES TO HELP PEOPLE LIVE

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) 2020 032211 11-20-20

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2020.03050 FINDINGBALANCE, INC

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-76.

Name of the organization FINDINGBALANCE, INC	Employer identification number 80-0210456							
HEALTHY, BALANCED LIVES, FREE OF EATING AND BODY IMAGE ISSUES								
FORM 990-EZ, PART III, LINE 28, PROGRAM SERVICE ACCOMPLISH	MENTS:							
LASTING FREEDOM SUPPORT GROUPS - FINDINGBALANCE, INC.								
CONTINUED OFFERING VIRTUAL SUPPORT GROUPS INCLUDING WEEKLY								
WEBINARS, GROUP MEETINGS, AND 24-HOUR PEER SUPPORT SERVING								
11 WOMEN FOR 6 CYCLES, INCLUDING 66 HOURS OF SMALL GROUP M	EETING TIME							
AND 11 INDIVIDUAL ONE-ON-ONE'S. OF 19 ALMUNI MEMBERS, 17 D	EMONSTRATED							
FOWARD MOVEMENT, SHOWING INCREASES IN SOCIAL HEALTH AND HO	PE FOR							
FREEDOM, AND GENERAL DECREASES IN ANXIETY, DEPRESSION, AND NEGATIVE								
EATING ATTITUDES. ONE MEMBER STEPPED INTO A ROLE HELPING O	THERS WITH							
EATING DISORDERS.								

FORM 990-EZ, PART III, LINE 29, PROGRAM SERVICE ACCOMPLISHMENTS: LASTING FREEDOM CURRICULUM - WITH THE SIGNIFICANT RISE IN INDIVIDUALS SEEKING EATING DISORDER TREATMENT DURING THE PANDEMIC, FINDINGBALANCE RE-EDITED AND PRODUCED 42 VIDEO BASED LESSONS TO CONVERT THE EXISTING SUPPORT PROGRAM TO A FREE CURRICULUM WHICH CAN BE ACCESSED ONLINE BY ANYONE SEEKING FREEDOM FROM ANY FORM OF FOOD ISSUES. PARTICIPANT AND LEADER DASHBOARDS WERE CREATED FOR EASY ACCESS. LEADER MATERIALS WERE DEVELOPED INCLUDING TRAINING TUTORIALS, AGENDAS, AND WEEK-BY-WEEK INSTRUCTIONAL NOTES. BY DECEMBER NEARLY 1,000 PEOPLE HAD SIGNED UP TO USE THE MATERIALS.

FORM 990-EZ, PART III, LINE 30, PROGRAM SERVICE ACCOMPLISHMENTS:

DAILY VITAMIN EDEVO PROGRAM - 260 DAILY DEVOTIONS WERE

SENT VIA EMAIL OVER THE COURSE OF 2020 TO THE

ORGANIZATION'S LIST OF MORE THAN 3,000 READERS. THIS

032212 11-20-20

Schedule O (Form 990 or 990-EZ) 2020

Schedule O (Form 990 or 990-EZ) 2020

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Page 2

CHRISTIAN	TREATMENT	FINDER	_	FINDINGBALANCE	CONTINUED	BUILDING

RELATIONSHIPS WITH FAITH-BASED PROVIDERS SERVING EATING DISORDERED

CLIENTS, PROVIDING AN ONLINE DIRECTORY OF CHRISTIAN ED PROFESSIONALS

FORM 990-EZ, PART III LINE 31, OTHER PROGRAM SERVICE ACCOMPLISHMENTS:

AND PROGRAMS.

FINDINGBALANCE.COM - CONTINUED PROVIDING ONLINE LIBRARY OF 600+ VIDEOS

PLUS ARTICLES AND "ASK OUR PANEL" Q&A COLUMNS FOR THOSE SEEKING

UNDERSTANDING AND ADVICE FOR FOOD AND BODY IMAGE ISSUES.

FORM 990-EZ, PART V, INFORMATION REGARDING PERSONAL BENEFIT CONTRACTS:

THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY,

OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT.

THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY,

OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.

Schedule O (Form 990 or 990-EZ) 2020

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FINDINGBALANCE, INC

PROGRAM IS NOW SELF-SUSTAINING ON A FINANCIAL BASIS.

Employer identification number 80 - 0210456