It's the Journey, Inc.

Public Inspection Copy
For the Year Ended
December 31, 2019

TAX RETURNS

SMITH & HOWARD

IT'S THE JOURNEY, INC INSTRUCTIONS FOR FILING FORM 990-T

990-T - EXEMPT ORGANIZATION BUSINESS INCOME TAX RETURN FOR THE YEAR ENDED DECEMBER 31, 2019

THE ORIGINAL RETURN SHOULD BE SIGNED (USING FULL NAME AND TITLE) AND DATED ON PAGE 2 BY AN AUTHORIZED OFFICER OF THE ORGANIZATION.

FILE THE SIGNED RETURN BY NOVEMBER 16, 2020 WITH:

DEPARTMENT OF THE TREASURY INTERNAL REVENUE SERVICE CENTER OGDEN, UT 84201-0027

THERE IS NO TAX DUE WITH THE FILING OF THIS RETURN.

TO DOCUMENT THE TIMELY FILING OF YOUR TAX RETURN(S), WE SUGGEST THAT YOU OBTAIN AND RETAIN PROOF OF MAILING. PROOF OF MAILING CAN BE ACCOMPLISHED BY SENDING THE TAX RETURN(S) BY REGISTERED OR CERTIFIED MAIL (METERED BY THE U.S. POSTAL SERVICE) OR THROUGH THE USE OF AN IRS APPROVED DELIVERY METHOD PROVIDED BY AN IRS DESIGNATED PRIVATE DELIVERY SERVICE.

NO ESTIMATED TAX PAYMENTS FOR 2020 WILL BE REQUIRED, NOR WILL YOU BE SUBJECT TO UNDERPAYMENT PENALTIES BECAUSE YOU HAVE NO 2019 TAX LIABILITY.

IT'S THE JOURNEY, INC INSTRUCTIONS FOR FILING FORM 8879-EO IRS E-FILE SIGNATURE AUTHORIZATION FOR FORM 990 FOR THE YEAR ENDED DECEMBER 31, 2019

THE ORIGINAL IRS E-FILE SIGNATURE AUTHORIZATION FORM SHOULD BE SIGNED (USE FULL NAME) AND DATED BY AN AUTHORIZED OFFICER OF THE ORGANIZATION.

RETURN YOUR SIGNED IRS E-FILE SIGNATURE AUTHORIZATION FORM 8879-EO TO:

SMITH & HOWARD, P.C. 271 17TH STREET, NW SUITE 1600 ATLANTA GA 30363

THERE IS NO TAX DUE WITH THE FILING OF THIS RETURN.

AN ADDITIONAL COPY OF THE RETURN SHOULD BE FILED WITH: GEORGIA DEPARTMENT OF REVENUE P.O. BOX 740395
ATLANTA, GA 30374-0395

DO NOT SEPARATELY FILE FORM 990 WITH THE INTERNAL REVENUE SERVICE. DOING SO WILL DELAY THE PROCESSING OF YOUR RETURN. WE MUST RECEIVE YOUR SIGNED FORM BEFORE WE CAN ELECTRONICALLY TRANSMIT YOUR RETURN, WHICH IS DUE ON OR BEFORE NOVEMBER 16, 2020. WE WOULD APPRECIATE YOU RETURNING THIS FORM AS SOON AS POSSIBLE AS THIS WILL EXPEDITE THE PROCESSING OF YOUR RETURN. THE INTERNAL REVENUE SERVICE WILL NOTIFY US WHEN YOUR RETURN IS ACCEPTED. YOUR RETURN IS NOT CONSIDERED FILED UNTIL THE INTERNAL REVENUE SERVICE CONFIRMS THEIR ACCEPTANCE, WHICH MAY OCCUR AFTER THE DUE DATE OF YOUR RETURN.

8879-FO

IRS e-file Signature Authorization

OMB	Nο	1545-1878
CIVID	INO.	1343-1070

Form GOT 3-LO		or an Exempt Orga		00	OND NO. 1343-1076
Department of the Treasury Internal Revenue Service		year beginning, 20 Do not send to the IRS. Keep f www.irs.gov/Form8879EO for the	or your records.	, 20	2019
Name of exempt organization				Employer iden	tification number
IT'S THE JOUR	RNEY, INC			47-089	7591
Name and title of officer					
ROBIN RAMSEY					
Part I Type of F	Return and Return Infori	mation (Whole Dollars Onl	y)		
check the box on line leave line 1b, 2b, 3b, 4	1a, 2a, 3a, 4a, or 5a, below 4b, or 5b, whichever is applow. Do not complete more here ► X b Total rev ck here ► b Total heck here ► b ck here	sing this Form 8879-EO and w, and the amount on that lir plicable, blank (do not enterthan one line in Part I. enue, if any (Form 990, Part I revenue, if any (Form 990-E Total tax (Form 1120-POL, linesed on investment income a Due (Form 8868, line 3c).	e for the return be 0-). But, if you ente VIII, column (A), line Z, line 9)	ing filed with this fored -0- on the return 2b	orm was blank, then rn, then enter -0- on 1,775,490.
Part II Declarati	on and Signature Autho	rization of Officer			
organization's electron to send the organizatio the transmission, (b) th authorize the U.S. Trefinancial institution accreturn, and the financia Agent at 1-888-353-45 involved in the process resolve issues related	ic return. I consent to allow on's return to the IRS and to be reason for any delay in pasury and its designated Fount indicated in the tax problems in the tax problems are the end of the end of the electronic payment. I have selected in the payment. I have selected in the payment.	that the amount in Part I about my intermediate service proper receive from the IRS (a) and a processing the return or refundinancial Agent to initiate an exparation software for paymetry to this account. To revoke a days prior to the payment (ent of taxes to receive confidenced a personal identifications)	ovider, transmitter, acknowledgement of and (c) the date of lectronic funds with ent of the organizate a payment, I must settlement) date. I ential information in number (PIN) as n	or electronic return of receipt or reasor of any refund. If app drawal (direct debition's federal taxes acontact the U.S. To also authorize the lecessary to answere	originator (ERO) of for rejection of blicable, I t) entry to the owed on this reasury Financial financial institutions or inquiries and
Officer's PIN: check o	-				
	MITH & HOWARD, ERO firm		to enter my PIN	8 5 2 7 9 Enter five numbers, but do not enter all zeros	as my signature
being filed with ERO to enter of the As an officer of the section is a section of the section of	n a state agency(ies) regula my PIN on the return's disc of the organization, I will en	ter my PIN as my signature o	RS Fed/State prog	ram, I also authoriz s tax year 2019 ele	e the aforementioned ectronically filed return
		copy of the return is being fing PIN on the return's disclosing		ency(les) regulating	j chanties as part of
Officer's signature			Date	▶ 11/16/202	(O
Part III Certificat	ion and Authentication				
number (EFIN) followe	r your six-digit electronic fil d by your five-digit self-sele	cted PIN.	6	7 9 8 3 8 Do not enter	all zeros
indicated above. I conf	firm that I am submitting th zed IRS a <i>file</i> Providers for		2019 electronically he requirements of	filed return for the Pub. 4163 , Moder	organization nized e-File (MeF)
ERO's signature ▶	br. Imaha	\sim	Date >	11/16/2020	<u> </u>
	ERO N	lust Retain This Form - So	ee Instructions		

Do Not Submit This Form to the IRS Unless Requested To Do So

For Paperwork Reduction Act Notice, see back of form.

Form **8879-EO** (2019)

▶ Do not enter Social Security numbers on this form as it may be made public.

OMB No. 1545-0047

Inspection , 20

Department of the Treasury Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Return of Organization Exempt From Income Tax

▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

A F	or th	e 2019 calendar year, or tax year beginning , 2019, and	ending	_	, 20)
B c	heck if ap	C Name of organization IT'S THE JOURNEY, INC		D Employer ide	entification num	ber
	Addre			47-0897	591	
	7	Number and street (or P.O. box if mail is not delivered to street address) Room,	'suite	E Telephone nu	ımber	
	+	return 270 CARPENTER DRIVE, SUITE 515		(404) 533	1-4111	
	Termi	City on the same at the company of t				
	Amen	nded ATLANTA, GA 30328		G Gross receipt	s \$ 1.	841,616.
	return Applio	F Name and address of principal officer: STEPHANT TICKER		H(a) Is this a grou		Yes X No
	pendi	270 CARPENTER DRIVE, STE 515, ATLANTA, GA 30328		subordinates? H(b) Are all subordi		Yes No
$\overline{}$	Tax-ex	mempt status: X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or	527	1 ' '	h a list. (see instruc	
÷		te: WWW.ITSTHEJOURNEY.ORG	321	H(c) Group exemp	,	,
		·	Vear of forma	tion: 2002 M		micile: GA
$\overline{}$	art I	Summary	Todi oi ioiiila	tion. 2002 III	otate of legal do	mone. G11
		Briefly describe the organization's mission or most significant activities: SUPPORT G	EORGTANS	BY RATSTI	NG MONEY	FOR
Governance		BREAST HEALTH AND BREAST CANCER PROGRAMS.				
	3	Number of voting members of the governing body (Part VI, line 1a)			3	9.
Activities &	4	Number of independent voting members of the governing body (Part VI, line 1b)			4	9.
itie	5	Total number of individuals employed in calendar year 2019 (Part V, line 2a)			5	6.
÷		Total number of volunteers (estimate if necessary)			6	300.
ĕ	7a	Total unrelated business revenue from Part VIII, column (C), line 12			7a	0.
		Net unrelated business taxable income from Form 990-T, line 34			7b	0.
				Prior Year		rent Year
Φ	8	Contributions and grants (Part VIII, line 1h)	\neg	1,651,80	8. 1	,678,890.
Revenue	9	Program service revenue (Part VIII, line 2g) Program service revenue (Part VIII, line 2g) Public Inspec		107,73	5.	115,626.
e	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	TION	2,17	8.	16,465.
œ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		3,89	0.	-35,491.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,765,61	1. 1	,775,490.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		1,003,86	6.	936,979.
	14	Benefits paid to or for members (Part IX, column (A), line 4)			0.	
s	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		296,16	2.	340,440.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)			0.	<u> </u>
- d	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 70,184.				
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		438,70	0.	479,435.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,738,72	8. 1	,756,854.
	19	Revenue less expenses. Subtract line 18 from line 12	• • •	26,88	3.	18,636.
o s			Begin	nning of Current Y		of Year
ets	20	Total assets (Part X, line 16)		1,898,64	1. 1	,827,891.
Ass	21	Total liabilities (Part X, line 26)	• • •	1,069,54		981,440.
Net Assets or Fund Balances	22	Net assets or fund balances. Subtract line 21 from line 20.	• • •	829,09	2.	846,451.
Pa	rt II	Signature Block		<u> </u>	<u> </u>	
		nalties of perjury, I declare that I have examined this return, including accompanying schedules and	d statements, a	and to the best of	my knowledge	and belief, it is
true	e, corre	ect, and complete. Declaration of preparer (other than officer) is based on all information of which preparer	parer has any k	nowledge.		
				07/15	5/2020	
Sig	ın	Signature of officer		Date		
He	re	ROBIN RAMSEY TREASURER				
		Type or print name and title				
_			ațe	Check	if PTIN	
Paid	t		, 1/16/202			2980
Pre	parer	Firm's name SMITH & HOWARD, P.C.	_, _ 0 / 2 0 2		58-125048	
Use	Only	Firm's address > 271 17TH STREET, NW SUITE 1600 ATLANTA, GA 30363		=	404-874-6	
May	/ the II	RS discuss this return with the preparer shown above? (see instructions)		i-none no.	X Y	
		rwork Reduction Act Notice, see the separate instructions.				m 990 (2019)

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Pa	Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III									
1	Briefly describe the organization's mission:									
•	IT'S THE JOURNEY, INC.'S MISSION IS TO SUPPORT GEORGIANS BY RAISING									
	MONEY FOR BREAST HEALTH AND BREAST CANCER PROGRAMS THAT FOCUS ON									
	SCREENING, DIAGNOSTICS, GENETIC COUNSELING AND TESTING, SUPPORT									
	SERVICES, AND RESEARCH.									
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes X No									
	prior Form 990 or 990-EZ? Yes X No If "Yes," describe these new services on Schedule O.									
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 \$ 1,549,548. including grants of \$ 936,979.) (Revenue \$ 115,626.)									
	ATTACHMENT 1									
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)									
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)									
4 .	Other pregram continue (Decoribe on Cabadula O									
4 a	Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)									
_	(Expenses \$\frac{1}{2} \text{ including grants of \$\frac{1}{2} \text{ (Revenue \$\frac{1}{2} (Rev									

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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	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	X	
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 Revenue Procedure 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	Х	
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	X	
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
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
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
е	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			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII.	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? 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)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
_	Part IX, 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 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," complete Schedule G, Part III	19		X
	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?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or		3.7	
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	1

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Part	Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	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 and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		Х
24.5	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
24 a				
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			v
_	through 24d and complete Schedule K. If "No," go to line 25a	24a		X
	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		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	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 Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	200		
20				
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			v
	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 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		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV.	28b		Х
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
·	"Yes," complete Schedule L, Part IV	28c		Х
20	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29		X
29	• • • • • • • • • • • • • • • • • • • •	29		21
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			3.7
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete 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		Х
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	<u> </u>		
-	controlled entity within the meaning of section 512(b)(13)? <i>If</i> "Yes," <i>complete Schedule R, Part V, line</i> 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	000		
-	related organization? If "Yes," complete Schedule R, Part V, line 2	36		Х
27		30		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	27		Х
00	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Λ
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and		,,	
_	19? Note: All Form 990 filers are required to complete Schedule O.	38	X	
Part				
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1 a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 3			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	Х	

Form **990** (2019)

Page 5 Form 990 (2019)

Par	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 6			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3 a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
Tu	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
h	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5.2	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?	5b		Х
		5c		
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			
оa	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	6a		Х
	organization solicit any contributions that were not tax deductible as charitable contributions?	0a		
D	If "Yes," did the organization include with every solicitation an express statement that such contributions or	6 h		
_	gifts were not tax deductible?	6b		
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	7-	Х	
	and services provided to the payor?	7a	X	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	_		77
	required to file Form 8282?	7с		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	_		37
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	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 organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i> · · · · · ·	14b		
	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
. •	excess parachute payment(s) during the year?	15		Х
	If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
. •	If "Yes," complete Form 4720, Schedule O.			
	, , ,			

Part	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O.			
	Check if Schedule O contains a response or note to any line in this Part VI			X
Sect	ion A. Governing Body and Management			21
3601	1011 A. Governing Body and Management		Yes	No
10	Enter the number of voting members of the governing body at the end of the tax year.			
Та	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			
b	committee, explain on Schedule O. Enter the number of voting members included on line 1a, above, who are independent 9			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	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?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			37
	one or more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			x
_	stockholders, or persons other than the governing body?	7b		Λ
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:	8a	Х	
a	The governing body?	8b	X	
b	Each committee with authority to act on behalf of the governing body?	0.0		
9	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		Х
Secti	ion B. Policies (This Section B requests information about policies not required by the Internal Revenue		.)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe in 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	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	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?		37	
а	The organization's CEO, Executive Director, or top management official	15a	X	-
b	Other officers or key employees of the organization	15b	Λ	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	16a		Х
	with a taxable entity during the year?	10a		21
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
Secti	ion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶ GA ,			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (3)s only) available for public inspection. Indicate how you made these available. Check all that apply. X Own website Another's website X Upon request Other (explain on Schedule O)	(Sec	tion 5	601(c)
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict o and financial statements available to the public during the tax year.	f inter	rest p	oolicy,

20

State the name, address, and telephone number of the person who possesses the organization's books and records ► LINDA SHEIN 270 CARPENTER DRIVE, STE 515 ATLANTA, GA 30328-6215 404-531-4111

Form 990 (2019) Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, **Independent Contractors**

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 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 and/or Box 7 of Form 1099-MISC) 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 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. (C) Position (B) (D) (E) (F) (A) (do not check more than one Estimated amount Name and title Average Reportable Reportable box, unless person is both an compensation compensation of other hours

	per week	office	er and	d a d	lirect	or/trust	tee)	from the	from related	compensation
	(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	from the organization and related organizations
(1) STEPHANI TUCKER	40.00									
EXECUTIVE DIRECTOR	0.			Х				90,800.	0.	4,255.
(2) LAUREL SYBILRUD	6.00							,		,
BOARD CHAIR	0.	Х						0.	0.	0.
(3) MARGARET DANIEL	1.00									
DIRECTOR	0.	Х						0.	0.	0.
(4) CARLETTA CUNNINGHAM	.25									
DIRECTOR	0.	Х						0.	0.	0.
(5) BENJAMEN PORTMAN	.25									
DIRECTOR	0.	Х						0.	0.	0.
(6) JASON PORTER	.25									
DIRECTOR	0.	Х						0.	0.	0.
(7) ROBIN RAMSEY	8.00									
TREASURER	0.	Х						0.	0.	0.
(8) ANGIE TILLISON	1.00									
DIRECTOR	0.	Х						0.	0.	0.
(9) BARBARA ROGERS	1.00									
SECRETARY	0.	Х						0.	0.	0.
(10) LON PASSOFF	1.00									
DIRECTOR	0.	Х						0.	0.	0.
(11)										
(12)										
(13)										
(14)										

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Pai	Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)													
	(A) Name and title	(B) Average hours per week (list any hours for related	box,	unle:	Pos heck ss pe	rson lirect	e than o is both or/trust	an	(D) Reportable compensation from the organization	(E) Reporta compensatio related organizat (W-2/1099-	on from d ions	an com fr	(F) stimated nount o other pensati om the	f on
		organizations below dotted line)	Individual trustee or director	Institutional trustee	cer	Key employee	Highest compensated employee	ner	(W-2/1099-MISC)			an	anizatio	d
1b	Sub-total								90,800.		0.		4,	255.
С	Total from continuation sheets to Part VII, S Total (add lines 1b and 1c)	ection A						>	90,800.		0.		4,	0. 255.
2	Total number of individuals (including but not reportable compensation from the organization	limited to the	hose	liste				o re	eceived more than	\$100,000	of			
2	Did the organization list any former offic	er directo	r or	tri	ıcto		kov e	mn	lovee or highes	compans	ated		Yes	No
	employee on line 1a? If "Yes," complete Schedu	ule J for su	ch ind	livid	ual							3		Х
	For any individual listed on line 1a, is the sorganization and related organizations graindividual.	eater than	\$15	50,0	00?) If	"Yes	5,"	complete Schedu	le J for s	such	4		Х
 individual. Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 					5		Х							
	etion B. Independent Contractors	es, comple	10 001	icat	iie o	101	Sucri	реп	3011					
1	1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.													
	(A) Name and business add	dress							(B) Description of se	rvices	С	(C) ompens		

more than \$100,000 in compensation from the organization ▶ 0.

2 Total number of independent contractors (including but not limited to those listed above) who received

Part VIII Statement of Revenue

		Check if Schedule O	contains a respor	nse or note to ar	ny line in this Part V	/III		
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ts ts	1a	Federated campaigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues						
عَ ق	C	Fundraising events		74,595.				
fts,	d	Related organizations						
ਛੁੱਛ	٦	Government grants (contrib						
ış,	٠	• ,	, i					
ξË	f	All other contributions, gifts and similar amounts not includ	-	1 604 205				
the the				1,604,295.				
<u></u>	g	Noncash contributions inclu		^ 17 441				
ᇙ		lines 1a-1f		\$ 17,441.	1 670 000			
	h	Total. Add lines 1a-1f			1,678,890.			
a)				Business Code				
<u>ĕ</u>	2a	GEORGIA 2 DAY WALK: REGI	ISTRATION FEES	561520	115,626.	115,626.		
ne je	b							
en Se	С							
Ze)	d							
Program Service Revenue	е							
Δ.	f	All other program service re						
	g	Total. Add lines 2a-2f			115,626.			
	3	Investment income (inclu	uding dividends,	interest, and				
		other similar amounts)			16,039.			16,039.
	4	Income from investment of	f tax-exempt bond	proceeds . >	0.			
	5	Royalties			0.			
			(i) Real	(ii) Personal				
	6a	Gross rents 6a						
	b	Less: rental expenses 6b						
	С	Rental income or (loss) 6c						
	d	Net rental income or (loss).		<u> </u>	0.			
	7a	Gross amount from	(i) Securities	(ii) Other				
		sales of assets						
		other than inventory 7a	426.					
<u>9</u>	b	Less: cost or other basis						
evenue		and sales expenses 7b						
é	С	Gain or (loss) 7c	426.					
<u>ام</u> ج	d	Net gain or (loss)	<u></u>	<u> </u>	426.			426.
Other	8a	Gross income from						
Ó		events (not including \$	74,595.					
		of contributions reported	d on line					
		1c). See Part IV, line 18		21,170.				
	b	Less: direct expenses		61,857.				
	C	Net income or (loss) from f			-40,687.			-40,687.
	9a	Gross income from	gaming					
	••	activities. See Part IV, line 1	0 0	0.				
	b	Less: direct expenses		0.				
	C	Net income or (loss) from			0.			
	10a	Gross sales of inven						
	Jua	returns and allowances	•	8,696.				
	h	Less: cost of goods sold		4,269.				
		Net income or (loss) from s			4,427.			4,427.
···		111 5. (.000) Holli o		Business Code	1,127.			1,127
Miscellaneous Revenue	44-	OTHER INCOME			769.	769.		
nue	11a				, 55.	, , , ,		
e e	b							
Sc	C C	All other revenue						
Ξ	d	Total. Add lines 11a-11d			769.			
	<u>е</u> 12	Total revenue. See instructi			1,775,490.	116,395.		-19,795.
		. 3	_		2,,			

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

	Check if Schedule O contains a response or note to any line in this Part IX										
	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses						
1	Grants and other assistance to domestic organizations										
	and domestic governments. See Part IV, line 21	936,979.	936,979.								
2	Grants and other assistance to domestic										
	individuals. See Part IV, line 22	0.									
3	Grants and other assistance to foreign										
	organizations, foreign governments, and foreign	_									
	individuals. See Part IV, lines 15 and 16	0.									
4	Benefits paid to or for members	0.									
5	Compensation of current officers, directors,	05 055	50 220	05 630	10 000						
	trustees, and key employees	95,055.	59,332.	25,630.	10,093.						
6	Compensation not included above to disqualified										
	persons (as defined under section 4958(f)(1)) and	0									
_	persons described in section 4958(c)(3)(B)	210,043.	130,458.	57,518.	22,067.						
	Other salaries and wages	210,043.	130,430.	37,310.	22,007.						
8	Pension plan accruals and contributions (include	0.									
_	section 401(k) and 403(b) employer contributions)	12,555.	8,663.	2,260.	1,632.						
9	Other employee benefits	22,787.	15,723.	4,102.	2,962.						
10	Payroll taxes	22,707.	15,125.	1,102.	2,,02.						
	Fees for services (nonemployees):	0.									
	Management	0.									
	Legal	13,000.		13,000.							
	Accounting	0.		, , , , , ,							
	Professional fundraising services. See Part IV, line 17	0.									
	Investment management fees	0.									
	Other. (If line 11g amount exceeds 10% of line 25, column										
3	(A) amount, list line 11g expenses on Schedule O.).	67,398.	58,404.	8,994.							
12	Advertising and promotion	39,488.	24,063.	5,933.	9,492.						
13	Office expenses	61,104.	49,637.	8,343.	3,124.						
14	Information technology	32,682.	16,333.		16,349.						
15	Royalties	0.									
16	Occupancy	25,747.	20,598.	3,862.	1,287.						
17	Travel	13,290.	10,112.		3,178.						
18	Payments of travel or entertainment expenses										
	for any federal, state, or local public officials	0.									
19	Conferences, conventions, and meetings	0.									
20	Interest	0.									
21	,	0.									
22		13,337.	10 670	2 667							
	Insurance	13,33/.	10,670.	2,667.							
24	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 O.)										
	FOOD AND BEVERAGE	96,255.	91,442.	4,813.							
u	HOTEL COST FOR WALK	75,527.	75,527.	1,013.							
	RENTAL ITEMS AND SECURITY	41,607.	41,607.								
d		12,007.	,,								
	All other expenses										
	Total functional expenses. Add lines 1 through 24e	1,756,854.	1,549,548.	137,122.	70,184.						
	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and	, 22,722	, ,	- ,==-	.,						
	fundraising solicitation. Check here following SOP 98-2 (ASC 958-720)	0.									

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Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this Pa			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	500.	1	400.
	2	Savings and temporary cash investments	1,886,996.	2	1,517,632.
	3	Pledges and grants receivable, net	0.	3	0 .
	4	Accounts receivable, net	2,443.	4	0.
	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	0.	5	0.
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	0.	6	0.
ts	7	Notes and loans receivable, net	0.	7	0.
Assets	8	Inventories for sale or use	0.	8	0.
Ä	9	Prepaid expenses and deferred charges ATCH . 2	6,702.	9	1,702.
	-	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 27,775.			
	b	Less: accumulated depreciation	0.	10c	0.
	11	Investments - publicly traded securities	0.	11	306,157.
	12	Investments - other securities. See Part IV, line 11	0.	12	0.
	13	Investments - program-related. See Part IV, line 11.	0.	13	0.
	14	Intangible assets	0.	14	0.
	15	Other assets. See Part IV, line 11	2,000.	15	2,000.
	16	Total assets. Add lines 1 through 15 (must equal line 33)	1,898,641.	16	1,827,891.
	17	Accounts payable and accrued expenses	68,298.	17	6,544.
	18	Grants payable	941,365.	18	914,966.
	19	Deferred revenue	59,886.	19	59,930.
	20	Tax-exempt bond liabilities.	0.	20	0.
	21	Escrow or custodial account liability. Complete Part IV of Schedule D.	0.	21	0.
s	22	Loans and other payables to any current or former officer, director,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			
ig		controlled entity or family member of any of these persons	0.	22	0.
Lia	23	Secured mortgages and notes payable to unrelated third parties	0.	23	0.
	24	Unsecured notes and loans payable to unrelated third parties	0.	24	0.
	25	Other liabilities (including federal income tax, payables to related third		27	
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D	0.	25	0.
	26	Total liabilities. Add lines 17 through 25	1,069,549.	26	981,440.
S	20	Organizations that follow FASB ASC 958, check here ► X		20	702,7230
Fund Balances	0-	and complete lines 27, 28, 32, and 33.	760 670		754 534
3al	27	Net assets without donor restrictions	760,679.	27	754,534.
Þ	28	Net assets with donor restrictions.	68,413.	28	91,917.
r Fur		Organizations that do not follow FASB ASC 958, check here ▶ ☐ and complete lines 29 through 33.			
0	29	Capital stock or trust principal, or current funds		29	
set	30	Paid-in or capital surplus, or land, building, or equipment fund.		30	
Assets or	31	Retained earnings, endowment, accumulated income, or other funds.		31	
Net /	32	Total net assets or fund balances	829,092.	32	846,451.
Z	33	Total liabilities and net assets/fund balances	1,898,641.	33	1,827,891.
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Part	XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1			75,4	
2	Total expenses (must equal Part IX, column (A), line 25)	2			56,8	
3	Revenue less expenses. Subtract line 2 from line 1	3			18,6	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4			29,0	
5	Net unrealized gains (losses) on investments	5			-1,2	277.
6	Donated services and use of facilities	6				0.
7	Investment expenses	7				0.
8	Prior period adjustments	8				0.
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		8	46,4	151.
Part	·					
	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," e	xplain	in			
	Schedule O.					
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 cor	npiled	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 audit	ted o	n 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 over	ersigh	t of			
	the audit, review, or compilation of its financial statements and selection of an independent accounts	ınt?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, e	xplain	on			
	Schedule O.					
3 a	As a result of a federal award, was the organization required to undergo an audit or audits as set fo	rth in	the			
	Single Audit Act and OMB Circular A-133?			3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und	_				
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such a	udits .		3b		

SCHEDULE A (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.

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

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

Employer identification number IT'S THE JOURNEY, INC 47-0897591 Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 An organization that normally receives a substantial part of its support from a governmental unit or from the general public 7 described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college 9 or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 An organization that normally receives: (1) more than 331/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported organization (ii) EIN (iii) Type of organization (v) Amount of monetary (iv) Is the organization (vi) Amount of (described on lines 1-10 listed in your governing other support (see support (see instructions) above (see instructions)) document? instructions) Yes No (A) (B) (C) (D) (E) Total

Schedule A (Form 990 or 990-EZ) 2019 Page 2

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (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	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1,450,947.	1,473,462.	1,542,312.	1,651,808.	1,678,890.	7,797,419.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0.
4	Total. Add lines 1 through 3	1,450,947.	1,473,462.	1,542,312.	1,651,808.	1,678,890.	7,797,419.
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						22.525
	shown on line 11, column (f) ATCH 1						38,585.
6	Public support. Subtract line 5 from line 4						7,758,834.
	tion B. Total Support	(-) 2015	(b) 2016	(=) 2017	(4) 2010	(2) 2010	(f) Total
	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7 8	Amounts from line 4. Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	1,450,947.	1,473,462.	1,542,312.	1,651,808. 2,178.	1,678,890.	7,797,419.
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0.
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)				256.	769.	1,025.
11	Total support. Add lines 7 through 10						7,820,727.
12	Gross receipts from related activities, etc. (s	ee instructions) .				12	687,127.
13	First five years. If the Form 990 is forganization, check this box and stop here	<u> </u>					
Sec	tion C. Computation of Public Sup		•				
14	Public support percentage for 2019 (li		-			14	99.21%
15	Public support percentage from 2018					15	99.89 %
16a	331/3% support test - 2019. If the org						
	box and stop here. The organization qu						
b	331/3% support test - 2018. If the org						
	this box and stop here. The organization	-		-			
17a	10%-facts-and-circumstances test - 2	_					
	10% or more, and if the organization					-	•
	Part VI how the organization meets t			•	•		
L	organization						
b	10%-facts-and-circumstances test - 2	-					
	15 is 10% or more, and if the orga						
	Explain in Part VI how the organization supported organization						▶ 🔲
18	Private foundation. If the organization						
	instructions						<u>▶ </u>

Schedule A (Form 990 or 990-EZ) 2019 Page 3

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	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not 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						
	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						+
6	Total. Add lines 1 through 5						
7 a	Amounts included on lines 1, 2, and 3						
h	received from disqualified persons						
-	received from other than disqualified						
	persons that exceed the greater of \$5,000 or 19/ of the amount on line 13 for the year						
•	or 1% of the amount on line 13 for the year Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
•	line 6.)						
Sec	tion B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9	Amounts from line 6						
10 a	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						
С	Add lines 10a and 10b						
11	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.)					1	
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)			1 11:1 6 11	6:61		504(-)(0)
14	First five years. If the Form 990 is f	•			•		` ` ` `
800	organization, check this box and stop here tion C. Computation of Public Sup						
<u>3ec</u> 15	Public support percentage for 2019 (line 8		•	mn (f))		15	%
16	Public support percentage from 2018 Sche		-			16	
	tion D. Computation of Investmen			<u> </u>		10	/0
360 17	Investment income percentage for 2019 (li			13 column (f))		17	%
18	Investment income percentage for 2019 (iii					18	
	331/3% support tests - 2019. If the or						
. . u	17 is not more than 331/3%, check th						. \square
b	331/3% support tests - 2018. If the org		_				
-	line 18 is not more than 331/3%, check						. \square
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Part IV Supporting Organizations

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

Section A. All Supporting Organizations

- 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 (b) and (c) 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 12a or 12b in Part I, answer (b) and (c) 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 (b) and (c) 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 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 disqualified 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.**
- 10 a 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 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.)

		Yes	No
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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 (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
	on B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
•	regularly appoint or elect at least a majority of the organization's 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 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		
Secti	on 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		
Secti	on D. All Type III Supporting Organizations			
	Diddle and the second of the s		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 (2), 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		
Secti	on E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see ins	tructi	ons).	
а	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.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see	instru		
2	Activities Test. Answer (a) and (b) below.		Yes	No
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? <i>If</i> "Yes," <i>then in</i> 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.	2a		
b	Did the activities described in (a) 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.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	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? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	٥.		
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

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Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organ	ization	s	
1 Check here if the organization satisfied the Integral Part Test as a qualifying	trust o	n Nov. 20, 1970 (expla	in in Part VI). See
instructions. All other Type III non-functionally integrated supporting organization	•		•
Section 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		
Section 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		
e 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 1-1/2% 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 .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 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-functionally	y integra	ated Type III supporting	g organization (see
instructions).			

Schedule A (Form 990 or 990-EZ) 2019

Page **7** Schedule A (Form 990 or 990-EZ) 2019

Part	Type III Non-Functionally Integrated 509(a)(3)	Supporting Organizat	ions (continued)	
Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish ex	kempt purposes		
2	Amounts paid to perform activity that directly furthers exer	ed		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpo	ses of supported organiz	zations	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which	the organization is resp	onsive	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019			
	(reasonable cause required - explain in Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2019			
а	From 2014			
b	From 2015			
С	From 2016			
d	From 2017			
е	From 2018			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2019 distributable amount			
i	Carryover from 2014 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from			
	Section D, line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2019 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2019, 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 2019. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2020. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2015			
b	Excess from 2016			
C	Excess from 2017			
d	Excess from 2018			
е	Excess from 2019			

Schedule A (Form 990 or 990-EZ) 2019

Schedule A (Form 990 or 990-EZ) 2019 Page **8**

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

		ATTACHMEN	Т 1
SCHEDULE A, PART II - EXCESS CONTRIBUTIONS	=		
(NOT OPEN TO PUBLIC INSPECTION)			EXCESS
CONTRIBUTOR NAME	TOTAL CONTRIBUTION	 2% OF 11(F)	CONTRIBUTION AMOUNT
KAISER PERMANENTE	195,000.	156,415.	38,585.
TOTAL	195,000.		38,585.

Part VI

Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service Name of the organization

Schedule of Contributors

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

2019

Employer identification number

IT'S THE JOURNEY, INC 47-0897591 Organization type (check one): Filers of: Section: X Form 990 or 990-EZ 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 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** 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 or 990-EZ), 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, II, and III. 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 religious, charitable, etc., contributions Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990,

990-EZ, or 990-PF), 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, 990-EZ, or 990-PF).

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Name of organization IT'S THE JOURNEY, INC

Employer identification number 47-0897591

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	ramo, address, and En 14	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$\$83,206.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization IT'S THE JOURNEY, INC

Employer identification number 47-0897591

Oort II	Nanasah Branartu	(and instructions)	\ Lloo duplicato co	nice of Dort II if additional	anaga ia naadad
art II	Noncash Property	(see instructions)). Use duplicate co	pies of Part II if additional	space is needed.

_	Tronouch Troporty (000 mondono). 000 dupinouto copico c	···	
(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
		 \$	

Name of organization IT'S THE JOURNEY, INC

Employer identification number 47-0897591

the cor Use		ns completing Part III, enter year. (Enter this informatio	tributor. Complete columns (a) through (e) and the total of exclusively religious, charitable, etc n once. See instructions.) ► \$				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
-							
		(e) Transfer of gift					
_	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 gift						
_	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 gift						
_	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) Transfe Transferee's name, address, and ZIP + 4		sfer of gift Relationship of transferor to transferee				

SCHEDULE D (Form 990)

Supplemental Financial Statements

► Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

IT'S THE JOURNEY, INC 47-0897591 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 2 Aggregate value of contributions to (during year) 3 Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised 5 funds are the organization's property, subject to the organization's exclusive legal control? Yes Nο Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used 6 only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose Yes No **Conservation Easements.** Part II Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation 2 Held at the End of the Tax Year easement on the last day of the tax year. 2a 2b 2c Number of conservation easements on a certified historic structure included in (a) Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 3 Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of Yes Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 6 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) 8 and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. 1a If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: Revenue included on Form 990, Part VIII, line 1. ▶ \$

Schedule D (Form 990) 2019 Page 2

	rt Organizations Maintaini	na Collections of	Art Historical Tre	asuras or	Other Similar	Assets (cont		Page Z
3	Using the organization's acquisition							of ite
5	collection items (check all that appl		tilei recolus, chec	K arry or the	o ronowing that i	nake signine	iiit use t	51 113
а	Public exhibition	iy).	d Loan	or exchange	nrogram			
b	Scholarly research		e Other	_	program			
C	Preservation for future gener	rations	e Other					
4	Provide a description of the organ		and evolain how	they further	the organization	's evemnt nu	rnose in	Part
-	XIII.	iization's collections	and explain now	they further	the organization	3 exempt pui	pose III	ıaıı
5	During the year, did the organization	on solicit or receive d	onations of art hist	orical treasu	ires or other simil	lar		
5	assets to be sold to raise funds rath						Yes	No
Рa	rt IV Escrow and Custodial A		anieu as part of the	organization	13 COILECTION:		<u> </u>	140
ıa	Complete if the organiza		s" on Form 990 I	Part IV line	9 or reported a	in amount or	ı Form	
	990, Part X, line 21.	alon anowered Te	.5 0111 01111 000, 1	art iv, iiio	o, or reported a	in dimodrit of	11 01111	
1 a	Is the organization an agent, truste	e custodian or othe	er intermediary for o	ontributions	or other assets no	nt .		
ıa	included on Form 990, Part X?						Yes	No
h	If "Yes," explain the arrangement in	n Part XIII and comp	lete the following ta	hla:				_ 140
b	ii res, explain the arrangement ii	iri art Alli allu comp	hete the following ta	DIC.		Amount		
_	Reginning halance			10		Aillouit		
	Beginning balance Additions during the year							
e	Distributions during the year							
f	Ending balance							
	Did the organization include an am				etodial account lic	ability2	Yes	No
	If "Yes," explain the arrangement in					- —		- NO
	rt V Endowment Funds.	Trait Alli. Check he	ere ii tile explanation	i nas been p	IOVIUEU OII FAIT AII	<u>'</u>		
га	Complete if the organiza	ition answered "Ye	s" on Form 990	Part IV line	10			
		(a) Current year	(b) Prior year	(c) Two year		years back (a)	Four years	hack
		68,413.	53,043.			2,659.		,892.
	Beginning of year balance	91,917.	68,413.			2,224.		,652.
	Contributions	91,917.	00,413.	33	,043.	2,224.		,039.
С	Net investment earnings, gains,							
	and losses							
d	Grants or scholarships							
е	Other expenditures for facilities	68,413.	E2 0/12	E 2	,224. 6	2,659.	2 5	,892.
	and programs	00,413.	53,043.	54	,224. 0	2,059.		,692.
f	Administrative expenses	91,917.	68,413.	E2	042 E	2,224.		,659.
g	End of year balance					2,224.		,659.
2	Provide the estimated percentage			, column (a))	held as:			
а	Board designated or quasi-endown		_%					
b	Permanent endowment ► Term endowment ► 100.0000	%						
С			1000/					
•	The percentages on lines 2a, 2b, a					. 41		
за	Are there endowment funds not in	the possession of th	ie organization that	are neid an	a administered for	tne	Yes	No
	organization by:					0		X
	(i) Unrelated organizations						a(i)	X
	(ii) Related organizations					_	ı(ii)	
	If "Yes" on line 3a(ii), are the relate	_	•			3	b	
4	Describe in Part XIII the intended u		tion's endowment fu	nds.				
Рa	Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.							
	Description of property	(a) Cost or	other basis (b) Cost	or other basis	(c) Accumulated		ok value	
		(invest	ment) (c	other)	depreciation			
1a	Land							
b	Buildings					<u> </u>		
С	Leasehold improvements			14 225	14 225	<u> </u>		
d	Equipment			14,335.	14,335.			
	Other		000 5 111	13,440.	13,440.			
Tota	I. Add lines 1a through 1e. (Column	(d) must equal Forn	n 990, Part X, colum	n (B), line 10)C.) ▶	Í		

Schedule D (Form 990) 2019 Page 3

Part VII	Investments - Other Securities.		D 4 11 4 4 4 5 5 600	5 ()(!! (6
	Complete if the organization answered	l "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 valuat Cost or end-of-year mark	
(1) Financia	al derivatives			
	held equity interests			
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
	n (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII				
T art VIII	Complete if the organization answered			
	(a) Description of investment	(b) Book value	(c) Method of valuat	
			Cost or end-of-year mark	cı value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column	(b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX	Other Assets.			
	Complete if the organization answered	I "Yes" on Form 990	, Part IV, line 11d. See Form 990,	Part X, line 15.
	(a) De	scription		(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	ımn (b) must equal Form 990, Part X, col. (B) l	ine 15.)		
Part X	Other Liabilities. Complete if the organization answered line 25.	l "Yes" on Form 990	, Part IV, line 11e or 11f. See For	m 990, Part X,
1.	(a) Descrip	tion of liability		(b) Book value
(1) Feder	al income taxes	•		
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	nn (b) must equal Form 990, Part X, col. (B) line 25.)		<u> </u>	
i otal. (Colulli	iii (b) iiiust equai i Oilii 990, Fait A, COI. (D) IIIle 25.)			

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

Page 4 Schedule D (Form 990) 2019

Part	Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	n.	
1	Total revenue, gains, and other support per audited financial statements	1	1,925,667.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities		
С	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	150,177.
3	Subtract line 2e from line 1	3	1,775,490.
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.)	4.	
	Add lines 4a and 4b	4c 5	1,775,490.
5 Part	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		1,773,130.
I al t	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	1,908,308.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities		
b	Prior year adjustments	.	
С	Other losses	.	
d	Other (Describe in Part XIII.)	_	151 454
е	Add lines 2a through 2d	2e	151,454.
3	Subtract line 2e from line 1	3	1,756,854.
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 4a	-	
b	Other (Describe in Part XIII.)		
	Add lines 4a and 4b	4c	1,756,854.
5 Port	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	1,730,034.
2; Part	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; F XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform PAGE 5	Part V, nation.	line 4; Part X, line

Part XIII Supplemental Information (continued)

PART V

TEMPORARILY RESTRICTED NET ASSETS TOTALED \$91,917 AS OF DECEMBER 31, 2019 AND CONSIST OF CONTRIBUTIONS THAT ARE RESTRICTED FOR FUTURE WALKS. NET ASSETS RELEASED FROM RESTRICTION DURING 2018 TOTALED \$68,413, WHICH WERE TIME-RESTRICTED FOR THE 2019 WALK.

PART X, LINE 2

THE ORGANIZATION IS EXEMPT FROM INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE, AS AMENDED, AND IS CLASSIFIED BY THE INTERNAL REVENUE SERVICE AS OTHER THAN A PRIVATE FOUNDATION. ACCORDINGLY, NO PROVISION OR LIABILITY FOR FEDERAL AND STATE INCOME TAXES HAS BEEN RECORDED IN THE ACCOMPANYING FINANCIAL STATEMENTS.

THE ORGANIZATION ANNUALLY EVALUATES ALL FEDERAL AND STATE INCOME TAX POSITIONS. THIS PROCESS INCLUDES AN ANALYSIS OF WHETHER THESE INCOME TAX POSITIONS THE ORGANIZATION TAKES MEET THE DEFINITION OF AN UNCERTAIN TAX POSITION UNDER THE INCOME TAXES TOPIC OF THE FINANCIAL ACCOUNTING STANDARDS CODIFICATION. IN THE NORMAL COURSE OF BUSINESS, THE ORGANIZATION IS SUBJECT TO EXAMINATION BY THE FEDERAL AND STATE TAXING AUTHORITIES. IN GENERAL, THE ORGANIZATION IS NO LONGER SUBJECT TO TAX EXAMINATIONS FOR TAX YEARS ENDING BEFORE DECEMBER 31, 2016.

PART XI, LINE 2D

11,625 FUNDRAISING EXPENSE

4,267 + COGS

15,892 =

Part XIII Supplemental Information (continued)

IT'S THE JOURNEY, INC

PART XII, LINE 2D

11,625 FUNDRAISING EXPENSE

4,267 + COGS

15,892 =

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

2019

Open to Public

Department of the Treasury ► Go to www.irs.gov/Form990 for instructions and the latest information. Inspection Internal Revenue Service Name of the organization Employer identification number IT'S THE JOURNEY, INC 47-0897591 Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. 1 Mail solicitations Solicitation of non-government grants а Internet and email solicitations f Solicitation of government grants Phone solicitations Special fundraising events C g In-person solicitations d 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (v) Amount paid to (iii) Did fundraiser have (vi) Amount paid to (i) Name and address of individual (iv) Gross receipts (or retained by) custody or control of (or retained by) (ii) Activity or entity (fundraiser) from activity fundraiser listed in organization contributions? col. (i) Yes No 1 2 3 6 8 9 10 Total List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Page 2

Scrie	rage Z							
Рa	rt II	Fundraising Events. Com	plete if the organization	answered "Yes" on I	Form 990, Part IV,	line 18, or reported		
		more than \$15,000 of full events with gross receipts	•	ions and gross incom	ne on Form 990-EZ	, lines 1 and 6b. List		
			(a) Event #1	(h) Event #2	(a) Other avente			

	events with gross receipts greater than \$5,000.								
			(a) Event #1 GALA	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through			
Revenue			(event type)	(event type)	(total number)	col. (c))			
	1	Gross receipts	95,765.			95,765			
ď	2	Less: Contributions	74,595.			74,595			
_	3	Gross income (line 1 minus line 2)	21,170.			21,170			
	4	Cash prizes							
	5	Noncash prizes							
enses	6	Rent/facility costs	4,050.			4,050			
Direct Expenses	7	Food and beverages	30,798.			30,798			
Direc	8	Entertainment	5,750.			5,750			
	9	Other direct expenses	21,259.			21,259			
	11	Direct expense summary. Add lin Net income summary. Subtract li	ne 10 from line 3, colu	mn (d)	<u> </u>	61,857 -40,687			
Pa	rt l	Gaming. Complete if the org \$15,000 on Form 990-EZ, lin		Yes" on Form 990,	Part IV, line 19, or	reported more than			
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))			
	1	Gross revenue							
ses	2	Cash prizes							
-xpen	3	Noncash prizes							
Direct Expenses	4	Rent/facility costs							
<u> </u>	5	Other direct expenses	W	W 24					
	6	Volunteer labor	Yes % No	Yes% No	Yes% No				
7 Direct expense summary. Add lines 2 through 5 in column (d)									
	8	Net gaming income summary. Su	ubtract line 7 from line	1, column (d)	>				
9 8	ı	Enter the state(s) in which the org Is the organization licensed to con If "No," explain:	duct gaming activities	in each of these state	es?	Yes No			
Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?					Yes No				

Sched	ule G (Form 990 or 990-EZ) 2019
11	Does the organization conduct gaming activities with nonmembers?
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity
	formed to administer charitable gaming?
13	Indicate the percentage of gaming activity conducted in:
а	The organization's facility
b	An outside facility
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:
	Name ▶
	Address ▶
15 a	Does the organization have a contract with a third party from whom the organization receives gaming
	revenue? Yes No
D	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$
c	If "Yes," enter name and address of the third party:
Ŭ	The Foot, which have and address of the time party.
	Name ▶
	Address ▶
16	Gaming manager information:
	Name ▶
	Gaming manager compensation ▶ \$
	Description of services provided ▶
	Director/officer
17	Mandatory distributions:
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to
	retain the state gaming license?
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$
Par	Supplemental Information. Provide the explanation required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).

SCHEDULE I (Form 990)

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

2019

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

Name of the organization

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. ► Attach to Form 990.

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

Open to Public Inspection

Schedule I (Form 990) (2019)

Part I General Information on Grants and Assistance 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?	No No Orm 990,								
 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. 	orm 990,								
the selection criteria used to award the grants or assistance?	orm 990,								
Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?									
(1) ATHENS NURSES CLINIC									
PO BOX 1732 ATHENS, GA 30603 58-2490925 501(C)(3) 28,026.									
(2) PIEDMONT ATHENS REGIONAL FOUNDATION									
1199 PRINCE AVE ATHENS, GA 30606 58-1978389 501(C)(3) 48,256.									
(3) ATLANTA CANCER CARE FOUNDATION									
5670 PEACHTREE DUNWOODY ROAD SUITE 1100 58-2607802 501(C)(3) 30,000.									
(4) THE CANCER FOUNDATION									
PO BOX 49309 ATHENS, GA 30604 20-3378035 501(C)(3) 30,000.									
(5) CANCER SUPPORT COMMUNITY ATLANTA									
5775 PEACHTREE DUNWOODY RD SUITE C 58-2142151 501(C)(3) 31,625.									
(6) CENTER FOR BLACK WOMEN'S WELLNESS, INC.									
477 WINDSOR STREET SUITE 309 58-2212203 501(C)(3) 31,550. PROGRAMS									
(7) EAST GEORGIA CANCER COALITION									
315 RIVERBEND ROAD ATHENS, GA 30602 20-3273703 501(C)(3) 20,000. PROGRAMS									
(8) EMORY UNIVERSITY									
1599 CLIFTON ROAD NE ATLANTA, GA 30322 58-0566256 501(C)(3) 30,000. PROGRAMS									
(9) GOOD NEWS CLINICS									
PO BOX 2683 GAINESVILLE, GA 30503 58-2058853 501(C)(3) 29,895. PROGRAMS									
(10) THE GOOD SAMARITAN HEALTH CENTER, INC.									
1015 DONALD LEE HOLLOWELL PKWY 58-2373395 501(C)(3) 37,480. PROGRAMS									
(11) GWINNETT HOSPITAL SYSTEM FOUNDATION									
1755 N. BROWN ROAD SUITE 100 58-1828486 501(C)(3) 39,963. PROGRAMS									
(12) THE HEALTH INITIATIVE, INC.									
1530 DEKALB AVENUE NE SUITE A 58-2271500 501(C)(3) 14,000. PROGRAMS									
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table									

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

SCHEDULE I (Form 990)

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

2019

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. ► Attach to Form 990.

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

Open to Public Inspection

Name of the organization						Employer identificati	on number		
T'S THE JOURNEY, INC 47-0897591									
Part I General Information on Grants and Assistance									
 Does the organization maintain records to su the selection criteria used to award the grant Describe in Part IV the organization's proced 	s or assistand lures for mor	e? nitoring the use	of grant funds in the	e United States.			X Yes No		
Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.									
Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance		
(1) THE LIGHTHOUSE LYMPHEDEMA NETWORK									
10240 CRESCENT RIDGE ROSWELL, GA 30076	58-2301746	501(C)(3)	22,500.				PROGRAMS		
(2) MERCY CARE FOUNDATION									
5134 PEACHTREE ROAD CHAMBLEE, GA 30341	58-1448522	501(C)(3)	45,000.				PROGRAMS		
(3) NORTHSIDE HOSPITAL CANCER INSTITUTE									
1000 JOHNSON FERRY RD NE CENTER POINT II SU	58-1658541	501(C)(3)	79,982.				PROGRAMS		
(4) PIEDMONT HEALTHCARE FOUNDATION									
2001 PEACHTREE ROAD NE SUITE 400	20-5077249	501(C)(3)	43,642.				PROGRAMS		
(5) ST. JOSEPH'S/CANDLER									
5353 REYNOLDS ST SAVANNAH, GA 31405	58-1553254	501(C)(3)	36,000.				PROGRAMS		
(6) TURNINGPOINT BREAST CANCER REHABILITATION									
8010 ROSWELL ROAD ATLANTA, GA 30350	56-2318721	501(C)(3)	40,990.				PROGRAMS		
(7) UNIVERSITY HEALTH CARE FOUNDATION									
2100 CENTRAL AVE SUITE D 1	58-1343550	501(C)(3)	16,440.				PROGRAMS		
(8) WELLSTAR FOUNDATION									
805 SANDY PLAINS ROAD SUITE 100	58-1627413	501(C)(3)	92,464.				PROGRAMS		
(9) MEADOWS REGIONAL MEDICAL CENTER									
714-1 NORTHWEST BROAD STREET	58-2044503	501(C)(3)	18,475.				PROGRAMS		
(10) CLARKSTON COMMUNITY HEALTH CENTER									
3700 MARKET STREET CLARKSTON, GA 30021	46-1402143	501(C)(3)	45,452.				PROGRAMS		
(11) MOREHOUSE SCHOOL OF MEDICINE									
720 WESTVIEW DRIVE SW ATLANTA, GA 30310	58-1438873	501(C)(3)	33,333.				PROGRAMS		
(12) BOAT PEOPLE (SOS) - ATLANTA									
6107 OAKBROOK PKWY NORCROSS, GA 30093	30-0737900	501(C)(3)	33,500.				PROGRAMS		
2 Enter total number of section 501(c)(3) and	_	_							
3 Enter total number of other organizations list	ed in the line	1 table		<u> </u>	<u> </u>	<u> ▶</u>			

SCHEDULE I (Form 990)

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

2019

OMB No. 1545-0047

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. ► Attach to Form 990.

Open to Public Inspection

Schedule I (Form 990) (2019)

Department of the Treasury Internal Revenue Service

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

Name of the organization						Employer identificat	tion number
IT'S THE JOURNEY, INC						47-089759	91
Part I General Information on Grants a	and Assistanc	е					
 Does the organization maintain records to the selection criteria used to award the gra Describe in Part IV the organization's prod 	ants or assistand	ce?					X Yes No
Part II Grants and Other Assistance to Part IV, line 21, for any recipient		_					es" on Form 990,
(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) HORIZONS COMMUNITY SOLUTIONS							
2332 LAKE PARK DRIVE ALBANY, GA 31707	82-0567901	501(C)(3)	17,837.				PROGRAM
(2) LOVING ARMS CANCER OUTREACH							
995 ROSWELL ST. NE SUITE 100	45-0753116	501(C)(3)	20,569.				PROGRAM
(3) UNITED IN PINK, INC.							
1515 BASS ROAD SUITE H MACON, GA 31210	20-5848087	501(C)(3)	20,000.				PROGRAM
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
10)							
(11)							
(12)							
2 Enter total number of section 501(c)(3) an							27.
3 Enter total number of other organizations	iistea in the line	i lable				<u> </u>	

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

IT'S THE JOURNEY, INC 47-0897591

Schedule I (Form 990) (2019) Page 2

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1					
2					
3					
4					
_ 5					
_ 6					
_7					

Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b); and any other additional Part IV information.

PART I, LINE 2

THE GRANTS COMMITTEE OF IT'S THE JOURNEY IS A STANDING

ADVISORY COMMITTEE TO THE BOARD OF DIRECTORS CONSISTING OF AT LEAST

THREE, AND NO MORE THAN NINE MEMBERS, EACH OF WHOM SHALL BE APPOINTED AND

SUBJECT TO REMOVAL WITH OR WITHOUT CAUSE BY THE MAJORITY VOTE OF THE

BOARD OF DIRECTORS. THE GRANTS COMMITTEE IS RESPONSIBLE FOR (A)

MONITORING THE GRANTMAKING POLICIES AND PROCEDURES WHICH INCLUDE WRITTEN

CRITERIA USED TO DETERMINE ELIGIBLE REQUESTS, (B) DEVELOPING AND

MAINTAINING RELATIONSHIPS WITH GRANTEES AND POTENTIAL GRANTEE OF THE

CORPORATION AND MAKING RECOMMENDATIONS, (C) REVIEWING ANNUALLY THE GRANT

IT'S THE JOURNEY, INC 47-0897591

Schedule I (Form 990) (2019) Page 2

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1					
2					
3					
4					
5					
6					
_7					

Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b); and any other additional Part IV information.

APPLICATIONS AND MAKING RECOMMENDATIONS, (D) PERFORMING OTHER ADDITIONAL

DUTIES AS ASSIGNED BY THE BOARD. THE GRANTS COMMITTEE KEEPS FULL RECORDS

AND ACCOUNTS OF ITS PROCEEDINGS AS RECORDED IN THE MINUTES. ALL ACTIONS

PROPOSED TO BE TAKEN ON THE AWARDING OF GRANTS BY THE GRANTS COMMITTEE

ARE SUBMITTED TO THE BOARD OF DIRECTORS OF THE CORPORATION, AS

APPROPRIATE, PRIOR TO APPROVAL.

IT'S THE JOURNEY, INC 47-0897591

Schedule I (Form 990) (2019)

Part III	Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
	Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1					
2					
3					
4					
_ 5					
_ 6					
_7					

Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b); and any other additional information.

PART II, COLUMN H

A MORE COMPREHENSIVE DESCRIPTION OF THE GRANTS AWARDED CAN BE FOUND ON

OUR WEBSITE, WWW.ITSTHEJOURNEY.ORG

SCHEDULE O (Form 990 or 990-EZ)

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.

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Employer identification number 47-0897591

IT'S THE JOURNEY, INC

FORM 990, PART VI, SECTION A, LINE 9:

ALL BOARD OF DIRECTOR MEMBERS CAN BE REACHED THROUGH THE ADDRESS ON THE FIRST PAGE OF THE ORGANIZATION'S 990.

FORM 990, PART VI, SECTION B, LINE 11

A DETAILED REVIEW OF THE FORM 990 IS CONDUCTED BY THE ORGANIZATION'S FINANCE COMMITTEE, AFTER WHICH A COPY IS PROVIDED TO THE FULL BOARD PRIOR TO FILING.

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

UNDER THE ORGANIZATION'S CONFLICT POLICY, ALL OFFICERS, DIRECTORS, KEY EMPLOYEES AND OTHER COVERED PERSONS ARE REQUIRED TO SIGN AN ANNUAL CONFIRMATION THAT THEY ARE IN COMPLIANCE WITH THE POLICY. THE ANNUAL CONFIRMATION INCLUDES A DISCLOSURE FORM ON WHICH EACH COVERED PERSON IS REQUIRED TO LIST ALL ACTUAL OR POTENTIAL CONFLICTS KNOWN TO SUCH PERSON AT THE TIME. UNDER THE TERMS OF THE POLICY, ANY PERSON WITH CONFLICT IS REQUIRED TO DISCLOSE SUCH CONFLICT PRIOR TO THE BOARD TAKING ACTION, AND SUCH PERSON IS NOT PERMITTED TO VOTE ON OR TAKE PART IN DELIBERATIONS WITH RESPECT TO SUCH TRANSACTION. ALL TRANSACTIONS WITH RESPECT TO WHICH THERE IS A CONFLICT MUST BE APPROVED BY A MAJORITY OF DISINTERESTED DIRECTORS AFTER REVIEWING COMPARABILITY DATA THAT ESTABLISHES THE FAIRNESS OF THE TRANSACTION TO THE ORGANIZATION.

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

THE ORGANIZATION HAS ESTABLISHED A PERSONNEL COMMITTEE CONSISTING OF

Name of the organization
IT'S THE JOURNEY, INC

Employer identification number

47-0897591

INDEPENDENT BOARD MEMBERS THAT ANNUALLY REVIEWS COMPENSATION FOR ALL OFFICERS AND KEY EMPLOYEES. THE COMMITTEE REVIEWS THE REASONABLENESS OF THE ORGANIZATION'S COMPENSATION BY COMPARING IT TO AMOUNTS PAID BY ORGANIZATIONS THAT ARE SIMILAR IN MISSION, BUDGET, NUMBER OF EMPLOYEES AND GEOGRAPHY.

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

THE ORGANIZATION DOES NOT MAKE ITS GOVERNING DOCUMENTS OR CONFLICT POLICY AVAILABLE TO THE PUBLIC, WHICH IS IN COMPLIANCE WITH THE INTERNAL REVENUE CODE AND CURRENT REGULATIONS. THE ORGANIZATION'S FILED AND APPROVED 990 AND AUDITED FINANCIALS ARE AVAILABLE ON THE ORGANIZATION'S WEBSITE AND UPON REQUEST.

ATTACHMENT 1

FORM 990, PART III - PROGRAM SERVICE, LINE 4A

IT'S THE JOURNEY ("ITJ") RAISES FUNDS AND PROVIDES FINANCIAL
SUPPORT TO ORGANIZATIONS THAT PROVIDE BREAST HEALTH AND BREAST
CANCER PROGRAMS THAT INCLUDE SUPPORT, GENETIC TESTING/COUNSELING,
EDUCATION, AND PREVENTION SERVICES IN THE STATE OF GEORGIA. FUNDS
ARE RAISED THROUGH THE ATLANTA 2-DAY WALK FOR BREAST CANCER, WHICH
IS HELD IN METROPOLITAN ATLANTA EACH FALL, AND OTHER EVENTS HELD
THROUGHOUT THE YEAR. IN ADDITION TO PROVIDING A SOURCE OF FUNDING
FOR ITJ'S PROGRAM, THE 2-DAY WALK PROVIDES PARTICIPANTS WITH
INFORMATION ABOUT LOCAL BREAST CANCER ORGANIZATIONS AND RESOURCES,
SERVES AS A SOURCE OF SUPPORT AND EMPOWERMENT FOR SURVIVORS AND
THEIR FAMILIES, AND RAISES AWARENESS ABOUT PREVENTION AND EARLY
DETECTION IN THE COMMUNITY AT LARGE.

Name of the organization Employer identification number IT'S THE JOURNEY, INC 47-0897591 ATTACHMENT 2 FORM 990, PART X - PREPAID EXPENSES AND DEFERRED CHARGES ENDING DESCRIPTION BOOK VALUE PREPAID RENT 1,702. TOTALS 1,702. ATTACHMENT 3 FORM 990, PART X - DEFERRED REVENUE ENDING BOOK VALUE DESCRIPTION UNEARNED REVENUE 59,930. 59,930. TOTALS

Form **2220**

Department of the Treasury Internal Revenue Service

Underpayment of Estimated Tax by Corporations

► Attach to the corporation's tax return.

► Go to www.irs.gov/Form2220 for instructions and the latest information.

OMB No. 1545-0123

2019

Name
IT'S THE JOURNEY, INC

Employer identification number
47-0897591

Note: Generally, the corporation is not required to file Form 2220 (see Part II below for exceptions) because the IRS will figure any penalty owed and bill the corporation. However, the corporation may still use Form 2220 to figure the penalty. If so, enter the amount from page 2, line 38, on the estimated tax penalty line of the corporation's income tax return, but **do not** attach Form 2220.

Par	Required Annual Payment							
1	Total tax (see instructions)						1	
2a b	Personal holding company tax (Schedule PH (For Look-back interest included on line 1 under section contracts or section 167(g) for depreciation under the section 167(g) for depreciation 167(g) for d	on 4	60(b)(2) for completed long	j-term	b b			
c d 3	Credit for federal tax paid on fuels (see instru Total . Add lines 2a through 2c Subtract line 2d from line 1. If the result is does not owe the penalty Enter the tax shown on the corporation's 20 the tax year was for less than 12 months, ski	less	than \$500, do not com	plete or f	ile this form. Caution: If t	The corporation he tax is zero or	2d 3	
5	Required annual payment. Enter the smalle the amount from line 3						5	tion made tile
Par	Reasons for Filing - Check the Form 2220 even if it does not do					e checked, th	e corp	poration must life
6 7 8	The corporation is using the adjusted s The corporation is using the annualize The corporation is a "large corporation	d in	come installment method.	stallment l	pased on the p	orior year's tax.		
Part			<u> </u>		•	•		
ı aı	ing ing the onderpayment		(a)		(b)	(c)		(d)
9	Installment due dates. Enter in columns (a) through (d) the 15th day of the 4th (Form 990-PF filers: Use 5th month), 6th, 9th, and 12th months of the corporation's tax year	9	(u)		(D)	(6)		(u)
10	Required installments. If the box on line 6 and/or line 7 above is checked, enter the amounts from Schedule A, line 38. If the box on line 8 (but not 6 or 7) is checked, see instructions for the amounts to enter. If none of these boxes are checked, enter 25% (0.25) of line 5 above in each column	10						
11	Estimated tax paid or credited for each period. For column (a) only, enter the amount from line 11 on line 15. See instructions	11						
12	Enter amount, if any, from line 18 of the preceding column	12						
13	Add lines 11 and 12	13						
14	Add amounts on lines 16 and 17 of the preceding column	14						
15	Subtract line 14 from line 13. If zero or less, enter -0-	15						
16	If the amount on line 15 is zero, subtract line 13							
	from line 14. Otherwise, enter -0	16						
17	Underpayment. If line 15 is less than or equal to line 10, subtract line 15 from line 10. Then go to line 12 of the next column. Otherwise, go to line 18	17						
18	Overpayment. If line 10 is less than line 15, subtract line 10 from line 15. Then go to line 12 of the next column	18						

Go to Part IV on page 2 to figure the penalty. Do not go to Part IV if there are no entries on line 17 - no penalty is owed.

For Paperwork Reduction Act Notice, see separate instructions.

Form **2220** (2019)

Exempt Organization Business Income Tax Return Form **990-T** OMB No. 1545-0047 (and proxy tax under section 6033(e)) For calendar year 2019 or other tax year beginning , 2019, and ending ► Go to www.irs.gov/Form990T for instructions and the latest information. Department of the Treasury Internal Revenue Service Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3) D Employer identification number Check box if Name of organization (Check box if name changed and see instructions.) (Employees' trust, see instructions.) address changed IT'S THE JOURNEY, INC **B** Exempt under section Print 47-0897591 $X \mid_{501} (C) (3)$ Number, street, and room or suite no. If a P.O. box, see instructions. E Unrelated business activity code 408(e) 220(e) Type (See instructions.) 270 CARPENTER DRIVE, SUITE 515 408A 530(a) City or town, state or province, country, and ZIP or foreign postal code 529(a) C Book value of all assets ATLANTA, GA 30328 at end of year Group exemption number (See instructions.) ▶ Check organization type ► X 501(c) corporation 1,827,891. 501(c) trust 401(a) trust Other trust **H** Enter the number of the organization's unrelated trades or businesses. \triangleright 1 Describe the only (or first) unrelated trade or business here ▶NONE If only one, complete Parts I-V. If more than one, describe the first in the blank space at the end of the previous sentence, complete Parts I and II, complete a Schedule M for each additional trade or business, then complete Parts III-V. Yes X No During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? If "Yes." enter the name and identifying number of the parent corporation. The books are in care of ▶LINDA SHEIN Telephone number ► 404-531-4111 Part I Unrelated Trade or Business Income (A) Income (B) Expenses (C) Net Gross receipts or sales Less returns and allowances 1 c b Cost of goods sold (Schedule A, line 7) 2 Gross profit. Subtract line 2 from line 1c 3 3 Capital gain net income (attach Schedule D) 4a 4a Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797) b 4b Capital loss deduction for trusts С 4c 5 Income (loss) from a partnership or an S corporation (attach statement) 5 Rent income (Schedule C) 6 6 7 Unrelated debt-financed income (Schedule E) 8 Interest, annuities, royalties, and rents from a controlled organization (Schedule F) 8 9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G) Exploited exempt activity income (Schedule I) 10 10 Advertising income (Schedule J) 11 11 Other income (See instructions; attach schedule) 12 Ο. Total. Combine lines 3 through 12 13 Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Deductions must be directly connected with the unrelated business income.) 14 Compensation of officers, directors, and trustees (Schedule K) 15 Salaries and wages 15 16 Repairs and maintenance 16 17 17 Interest (attach schedule) (see instructions) 18 18 19 Taxes and licenses 19 Depreciation (attach Form 4562) 20 Less depreciation claimed on Schedule A and elsewhere on return 21 21b 22 22 Contributions to deferred compensation plans 23 24 Employee benefit programs 24 25 Excess exempt expenses (Schedule I) Excess readership costs (Schedule J) 26 26 27 Other deductions (attach schedule) 27 Total deductions. Add lines 14 through 27 28 28 29 Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13 29 30 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions) 30

For Paperwork Reduction Act Notice, see instructions.

Unrelated business taxable income. Subtract line 30 from line 29

Par	t III Total Unrelated Business Taxable Income		
32	Total of unrelated business taxable income computed from all unrelated trades or businesses (see		
	instructions)	32	
33	Amounts paid for disallowed fringes	33	
34	Charitable contributions (see instructions for limitation rules)		
35	Total unrelated business taxable income before pre-2018 NOLs and specific deduction. Subtract line		
	34 from the sum of lines 32 and 33	35	0 .
36	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see		
	instructions)	36	
37	Total of unrelated business taxable income before specific deduction. Subtract line 36 from line 35	37	
38	Specific deduction (Generally \$1,000, but see line 38 instructions for exceptions)		
39	Unrelated business taxable income. Subtract line 38 from line 37. If line 38 is greater than line 37.	30	
33	· ·	39	0 .
Par	enter the smaller of zero or line 37	<u> </u>	
40	Organizations Taxable as Corporations. Multiply line 39 by 21% (0.21)	40	
41	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on	40	
41	the amount on line 39 from: Tax rate schedule or Schedule D (Form 1041)	41	
42	Proxy tax. See instructions		
42	•		
43	Alternative minimum tax (trusts only)		
44	Tax on Noncompliant Facility Income. See instructions	$\overline{}$	
45	Total. Add lines 42, 43, and 44 to line 40 or 41, whichever applies	45	
Par			
	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	-	
	Other credits (see instructions)	-	
	General business credit. Attach Form 3800 (see instructions) 46c	-	
	Credit for prior year minimum tax (attach Form 8801 or 8827)	-	
	Total credits. Add lines 46a through 46d		
47	Subtract line 46e from line 45		
48	Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule)		
49	Total tax. Add lines 47 and 48 (see instructions)		0.
50	2019 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 3.	50	
	Payments: A 2018 overpayment credited to 2019	_	
	2019 estimated tax payments	_	
С	Tax deposited with Form 8868		
	Foreign organizations: Tax paid or withheld at source (see instructions)		
	Backup withholding (see instructions)		
f	Credit for small employer health insurance premiums (attach Form 8941)		
g	Other credits, adjustments, and payments: Form 2439		
	Form 4136 Other Total ▶ 51g		
52	Total payments. Add lines 51a through 51g	52	
53	Estimated tax penalty (see instructions). Check if Form 2220 is attached	53	
54	Tax due. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed	54	
55	Overpayment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid	55	
56	Enter the amount of line 55 you want: Credited to 2020 estimated tax Refunded		
Par	t VI Statements Regarding Certain Activities and Other Information (see instruction	ıs)	
57	At any time during the 2019 calendar year, did the organization have an interest in or a signature or	other autho	rity Yes No
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization m	ay have to	file
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the	foreign cour	ıtry
	here >		X
58	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a fore	ign trust?	X
	If "Yes," see instructions for other forms the organization may have to file.		
59	Enter the amount of tax-exempt interest received or accrued during the tax year ▶ \$		
	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the	best of my knowle	edge and belief, it i
Sig	true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.	av the IDS dia	scuss this return
Her			er shown below
_	Signature of officer Date Title (se	ee instructions)?X	Yes No
	Print/Type preparer's name Preparer's signature Date Chec	k if PT	IN
Paic	SABRE J LINAHAN MILL OF SABRE J LINAHAN SABRE J LINAHAN		01372980
	Darer Firm's name ► SMITH & HOWARD, P.C. Firm's name	s EIN ▶ 58-1	1250486
use	Only	404-85	

Form 990-T (2019)						Page 3
Schedule A - Cost of Goods Schedule A - Cost of	old. Enter metho	d of inventory valuation	>			
1 Inventory at beginning of year 1				ar	6	
2 Purchases2		I		ld. Subtract line		
3 Cost of labor			•	here and in Part		
4a Additional section 263A costs					7	
(attach schedule) 4a				section 263A (v		Yes No
b Other costs (attach schedule) 4b				or acquired for		
5 Total. Add lines 1 through 4b 5						х
Schedule C - Rent Income (From	Real Property a	nd Personal Property	I eased V	/ith Real Prope	rtv)	
(see instructions)	iteai i roperty a	ila i ci soliai i roperty	LCasca v	vitii Keai i Tope	· ·y/	
1. Description of property						
<u>(1)</u>						
(2)						
(3)						
(4)						
2. Re	ent received or accru	ed				
(a) From personal property (if the percentage for personal property is more than 10% but more than 50%)	not percent	rom real and personal property age of rent for personal property r if the rent is based on profit or	exceeds		irectly connected with the (a) and 2(b) (attach sched	
(1)						
(2)						
(3)						
(4)						
Total	Total					
(c) Total income. Add totals of columns 2(a here and on page 1, Part I, line 6, column (a	a) and 2(b). Enter A)			(b) Total deduction Enter here and or Part I, line 6, colu	n page 1,	
Schedule E - Unrelated Debt-Fina	nced Income (se	ee instructions)				
1. Description of debt-financed p	property	Gross income from or allocable to debt-financed		debt-financ	nnected with or allocable ced property	
		property	(a) Straight line depreciation (attach schedule)		(b) Other deductions (attach schedule)	
(1)						
(2)						
(3)						
(4)						
4. Amount of average 5. Ave acquisition debt on or allocable to debt-financed debt	erage adjusted basis or allocable to -financed property ttach schedule)	6. Column 4 divided by column 5		income reportable n 2 x column 6)	8. Allocable deduction (column 6 x total of a 3(a) and 3(b)	columns
(1)		%				
(2)		%				
(3)		%				
(4)		%				
Totals				e and on page 1, e 7, column (A).	Enter here and on Part I, line 7, colur	
Total dividends-received deductions include	ded in column 8	<u></u>	<u></u>			

Form 990-T (2019)		JOURNEY								897591 Page 4	
Schedule F – Interest, Ann	uities, Royaltie	s, and Ren	ts Fr	om Contro	lled O	rganiza	ntions (se	e instructi	ons)		
	-			ntrolled Org							
Name of controlled organization	2. Employer identification numb			ated income nstructions)	i included in the controlling		olling	6. Deductions directly connected with income in column 5			
(1)											
(2)											
(3)											
(4)											
Nonexempt Controlled Organiz	zations	l									
7. Taxable Income	8. Net unrelated in (loss) (see instruc			Total of specific		inclu	art of column ded in the co ization's gross	ntrolling		Deductions directly nnected with income in column 10	
(1)											
(2)											
(3)											
(4)											
Totals						Ente	I columns 5 a r here and on I, line 8, colu	page 1,	Ent	dd columns 6 and 11. ter here and on page 1, rt I, line 8, column (B).	
Schedule G-Investment Ir	come of a Sec	ction 501(c	:)(7).	(9). or (17) Orga	nizatio	n (see inst	ructions)			
1. Description of income	2. Amount of			3. Deduction directly corticated school (attach school)	tions inected		4. Se	t-asides schedule)		5. Total deductions and set-asides (col. 3 plus col. 4)	
(1)										, ,	
(2)											
(3)											
(4)											
Totals ▶	Enter here and Part I, line 9, c	olumn (A).				·				Enter here and on page 1, Part I, line 9, column (B).	
Schedule I-Exploited Exe	mpt Activity In	come, Oth	er Th	an Adverti	sing Ir	come	(see instru	ctions)			
1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expens directly connected productior unrelated business inc	with of d	4. Net incon from unrelat or business 2 minus col If a gain, co cols. 5 thro	ed tradé (column umn 3). ompute	5. Gross income from activity that is not unrelated business income 6. Expenses attributable to column 5		7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).			
(1)											
(2)											
(3)											
(4)											
Totals	Enter here and on page 1, Part I, line 10, col. (A).	Enter here ar page 1, Pa line 10, col.	rt I,					ı		Enter here and on page 1, Part II, line 25.	
Schedule J- Advertising In	come (see instr	uctions)									
Part I Income From Peri			nsol	idated Bas	sis						
										T	
1. Name of periodical	2. Gross advertising income	3. Direct advertising of		4. Advert gain or (los 2 minus co a gain, col cols. 5 thro	ss) (col. ol. 3). If income for costs for costs		7. Excess readership costs (column 6 minus column 5, but not more than column 4).				
(1)											
(2)											
(3)											
(4)											
Totals (carry to Part II, line (5))											

3	,	,				
1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals from Part I						
Totals, Part II (lines 1-5) ▶	Enter here and on page 1, Part I, line 11, col. (A).	Enter here and on page 1, Part I, line 11, col. (B).				Enter here and on page 1, Part II, line 26.
Schedule K - Compensatio	n of Officers, D	Directors, and Tr	ustees (see instr	uctions)		
1. Name		2.	Title	3. Percent of time devoted to business	4. Compensation unrelated l	
(4)				0.4		

1. Name	2. Title	time devoted to business	4. Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total, Enter here and on page 1 Part II line 14		•	

Form **990-T** (2019)

SCHEDULE D (Form 1120)

Department of the Treasury

Internal Revenue Service

Capital Gains and Losses

► Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-H, 1120-IC-DISC, 1120-L, 1120-ND, 1120-PC, 1120-POL, 1120-REIT, 1120-RIC, 1120-SF, or certain Forms 990-T.

► Go to www.irs.gov/Form1120 for instructions and the latest information.

OMB No. 1545-0123

2019

Name Employer identification number IT'S THE JOURNEY, INC 47-0897591 X No Did the corporation dispose of any investment(s) in a qualified opportunity fund during the tax year? Yes If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss Short-Term Capital Gains and Losses (See instructions.) (g) Adjustments to gain (h) Gain or (loss) See instructions for how to figure the amounts to enter on (d) (e) the lines below. or loss from Form(s) Subtract column (e) from Proceeds Cost 8949, Part I, line 2, column (d) and combine This form may be easier to complete if you round off cents to (sales price) (or other basis) column (g) the result with column (g) whole dollars. 1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b 1b Totals for all transactions reported on Form(s) 8949 with Box A checked -86. 2 Totals for all transactions reported on Form(s) 8949 with Box B checked Totals for all transactions reported on Form(s) 8949 4 Short-term capital gain from installment sales from Form 6252, line 26 or 37 4 Short-term capital gain or (loss) from like-kind exchanges from Form 8824 5 Unused capital loss carryover (attach computation) 6 -86. 7 Net short-term capital gain or (loss). Combine lines 1a through 6 in column h Long-Term Capital Gains and Losses (See instructions. (h) Gain or (loss) See instructions for how to figure the amounts to enter on (a) Adjustments to gain (d) (e) or loss from Form(s) Subtract column (e) from Proceeds Cost 8949. Part II. line 2. This form may be easier to complete if you round off cents to column (d) and combine (sales price) (or other basis) whole dollars column (a) the result with column (q) 8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b 8b Totals for all transactions reported on Form(s) 8949 with Box D checked Totals for all transactions reported on Form(s) 8949 with Box E checked Totals for all transactions reported on Form(s) 8949 with Box F checked Enter gain from Form 4797, line 7 or 9 11 Long-term capital gain from installment sales from Form 6252, line 26 or 37 12 Long-term capital gain or (loss) from like-kind exchanges from Form 8824 13 Capital gain distributions (see instructions) Net long-term capital gain or (loss). Combine lines 8a through 14 in column h Part III Summary of Parts I and II Enter excess of net short-term capital gain (line 7) over net long-term capital loss (line 15) 16 Net capital gain. Enter excess of net long-term capital gain (line 15) over net short-term capital loss (line 7) 17 Add lines 16 and 17. Enter here and on Form 1120, page 1, line 8, or the proper line on other returns. Note: If losses exceed gains, see Capital Losses in the instructions

Sales and Other Dispositions of Capital Assets

► Go to www.irs.gov/Form8949 for instructions and the latest information.

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service

File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

Name(s) shown on return Social security number or taxpayer identification number IT'S THE JOURNEY, INC 47-0897591 Before you check Box A, B, or C below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

Part I Short-Term. Transactions involving capital assets you held 1 year or less are generally short-term (see instructions). For long-term transactions, see page 2.

Note: You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a; you aren't required to report these transactions on Form 8949 (see instructions).

You must check Box A, B, or C below. Check only one box. If more than one box applies for your short-term transactions, complete a separate Form 8949, page 1, for each applicable box. If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

(A) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above)

(B) Short-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS

1 (a) Description of property	(b) Date acquired	(c) Date sold or	(d) Proceeds	Cost or other basis. See the Note below	Adjustment, if If you enter an enter a co See the sepa	(h) Gain or (loss). Subtract column (e)		
(Example: 100 sh. XYZ Co.)	(Mo., day, yr.)			and see Column (e) in the separate instructions	(f) Code(s) from instructions	(g) Amount of adjustment	from column (d) and combine the result with column (g)	
AYMOND JAMES - L710 ST	01/01/2019	12/31/2019)	86.			-86	
2 Totals. Add the amounts in columnegative amounts). Enter each to Schedule D, line 1b (if Box A above is checked) or line 3 (if Box C	otal here and incl ove is checked), lin e	ude on your e 2 (if Box B		86.			-86.	

Note: If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment.

For Paperwork Reduction Act Notice, see your tax return instructions.

Form **8949** (2019)

IT'S THE JOURNEY, INC INSTRUCTIONS FOR FILING FORM 600-T

GEORGIA EXEMPT ORGANIZATION UNRELATED BUSINESS INCOME TAX RETURN FOR THE YEAR ENDED DECEMBER 31, 2019

THE ORIGINAL RETURN SHOULD BE SIGNED (USE FULL NAME) AND DATED ON PAGE 1 BY AN AUTHORIZED OFFICER OF THE ORGANIZATION.

FILE THE SIGNED RETURN BY NOVEMBER 16, 2020 WITH:

GEORGIA DEPARTMENT OF REVENUE, PROCESSING CENTER
P.O. BOX 740397
ATLANTA, GEORGIA 30374-0397

THERE IS NO TAX DUE WITH THE FILING OF THIS RETURN.

TO DOCUMENT THE TIMELY FILING OF YOUR TAX RETURN(S), WE SUGGEST THAT YOU OBTAIN AND RETAIN PROOF OF MAILING. PROOF OF MAILING CAN BE ACCOMPLISHED BY SENDING THE TAX RETURN(S) BY REGISTERED OR CERTIFIED MAIL (METERED BY THE U.S. POSTAL SERVICE) OR THROUGH THE USE OF AN IRS APPROVED DELIVERY METHOD PROVIDED BY AN IRS DESIGNATED PRIVATE DELIVERY SERVICE.

Georgia Form 600-T_(Rev. 05/28/19) Exempt Organization Unrelated Business Income Tax Return



Mailing Address:
Georgia Department of Revenue
Processing Center
PO Box 740397

Atlanta, Georgia 30374-0397

Page 1

Amended	Amended due to IRS Audit	Address Change	e UET An	nualization Except	ion at	tached		
For the taxable	year beginning0	L/01	, 20 19	and ending		12/3	1,	20 <u>19</u>
Name of Organiz	ation	Name of Fiduciar	ту				r ID No. (in case o	
IT'S THE	JOURNEY, INC						n section 401 (a) an nsert the trust's ide	d exempt under entification number.)
Number and Stre	eet	Number and Stre	eet					
270 CARPE	INTER DRIVE, SUIT	E				47-0897	591	
City or Town		City or Town			ı	NAICS Code	Date of current	IRS code section
ATLANTA							exemption letter.	for which you are exempt.
State	Zip Code	State	Zip Code					
GA	30328							SEC.501 (C)(3)
	GEORGIA UNRELATEI	BUSINESS T	AXABLE INC	OME		S	CHEDULE 1	1
1. Unrelated bu	usiness taxable income from F	ederal Form 990)-T (attach copy	y)	1.			
2. Additions .					2.			
3. Total (add L	ine 1 and Line 2)				3.			
4. Subtractions	·				4.			
5. Adjusted uni	related business taxable incon	ne (Line 3 less Li	ine 4)		5.			
6. Income allocated everywhere					6.			
7. Unrelated bu	usiness taxable income subjec	ct to apportionme	ent (Line 5 less	Line 6)	7.			
8. Apportionme	ent ratio (Attach Computation	Schedule)			8.			
9. Georgia app	oortioned unrelated business to	axable income (L	Line 7 x Line 8)		9.			
10.Income alloc	cated to Georgia (Attach Sched	dule)			10.			
11.Total of Line	es 9 and 10				11.			
_	operating loss deduction (Atta				12.			
,	elated business taxable incom				13.			

Georgia Form 600-T Page 2

Title



COMPUTATION OF GEORGIA UNRELATED BUSINESS INCOME	: TAX	SCHEDULE 2
1. Line 13, Schedule 1 multiplied by 5.75%	1.	
2. Less: Credits used from Schedule 3, do not enter more than Line 1 o	f Schedule 2	
3. Less: Payments	3.	
4. Withholding Credits (G2-A, G2-LP and/or G2-RP)	4.	
5. Schedule 3B Refundable tax credits	5.	
6. Balance of tax due OR overpayment	6.	
7. Interest due (See Instructions)	7.	
8. Underestimated tax penalty	8.	
9. Other penalties due (See Instructions)	9.	
10. Balance of tax, interest and penalties due with return	10.	
11. If Line 6 is an overpayment, amount after any penalties and interest on 20 20	to be credited	
Estimated Tax ► Refunded ►		
	anying schedules and state eclaration is based on all ir in lawful money of the Unite SMITH & HOW	ements) and to the best of my/our knowledge and formation of which the preparer has ad States, free of any expense to the State of
Signature of Officer	Signature of Individual	or Firm Preparing Return
TREASURER	P01372980	

Employee ID or Social Security Number

Date

Georgia Form 600-T Page 3



2001621433

Name IT'S THE JOURNEY, INC

FFIN 47-0897591

CREDIT USAGE AND CARRYOVER (ROUND TO NEAREST DOLLAR) SCHEDULE 3

- 1. Complete a separate schedule for each Credit Code.
- 2. Total the amounts on Line 11 of each schedule and enter the total on the credit line of the return.
- 3. If there is a credit eligible for carryover, please complete a schedule even if the credit is not used for this tax year.
- 4. Enter credits which are attributable to unrelated trade or business income from Georgia sources. See Form 600 for the credit codes that may apply (note not all credits apply to 600-T).
- 5. See the relevant forms, statutes, and regulations to determine how the credit is allocated to the owners, to determine when carryovers expire, and to see if the credit is limited to a certain percentage of tax.
- 6. If the credit for a particular credit code originated with more than one person or company, enter separate information on Lines 3 through 9 below.
- 7. The credit certificate number is issued by the Department of Revenue for credits that are preapproved. If applicable, please enter the Department of Revenue credit certificate number where indicated.
- 8. Before the Line 12 carryover is applied to the next year, the amount must be reduced by any carryovers that have expired.

For the credit generated this year, list the Company Name, ID number, Credit Certificate number, if applicable, and % of credit (purchased credits should also be included). If the credit originated with this tax payer, enter this taxpayer's name and ID# below and 100% for the percentage.

1. Credit Code			
2. Credit remaining from previous years			
3. Company Name			ID Number
Credit Certificate #	% of Credit		Credit Generated this tax year
4. Company Name			ID Number
Credit Certificate #	% of Credit		Credit Generated this tax year
5. Company Name			ID Number
Credit Certificate #	% of Credit		Credit Generated this tax year
6. Company Name			ID Number
Credit Certificate #	% of Credit		Credit Generated this tax year
7. Company Name			ID Number
Credit Certificate #	% of Credit		Credit Generated this tax year
8. Company Name			ID Number
Credit Certificate #	% of Credit		Credit Generated this tax year
9. Company Name			ID Number
Credit Certificate #	% of Credit		Credit Generated this tax year
10. Total available credit for this tax year (sum of Line	es 2 through 9)	10.	
11. Credit Used this tax year		11.	
12. Potential carryover to next tax year (Line 10 less I	Line 11)	12.	

Georgia Form 600-T Page 4 SCHEDULE 3B



Name IT'S THE JOURNEY, INC

FEIN <u>47-08</u>97591

REFUNDABLE TAX CREDITS (ROUND TO NEAREST DOLLAR) SCHEDULE 3B

- 1. Complete a separate schedule for each Credit Code.
- 2. Total the amounts on Line 11 of each schedule and enter the total on the credit line of the return.
- 3. If there is a credit eligible for carryover, please complete a schedule even if the credit is not used for this tax year.
- 4. Enter credits which are attributable to unrelated trade or business income from Georgia sources. See Form 600 for the credit codes that may apply (note not all credits apply to 600-T).
- 5. See the relevant forms, statutes, and regulations to determine how the credit is allocated to the owners and to determine when carryovers expire.
- 6. If the credit for a particular credit code originated with more than one person or company, enter separate information on Lines 3 through 9 below.
- 7. The credit certificate number is issued by the Department of Revenue for credits that are preapproved. If applicable, please enter the Department of Revenue credit certificate number where indicated.
- 8. Before the Line 12 carryover is applied to the next year, the amount must be reduced by any carryovers that have expired or by any credits that were sold.

For the credit generated this year, list the Company Name, ID number, Credit Certificate number, if applicable, and % of credit (purchased credits should also be included). If the credit originated with this taxpayer, enter this taxpayer's name and ID# below and 100% for the percentage.

Note: A purchased Timber Tax Credit is not a refundable tax credit. Use Schedule 3 if the Timber Tax Credit was purchased.

1. Credit Code			
2. Credit remaining from previous years			
3. Company Name			ID Number
Credit Certificate #	% of Credit		Credit Generated this tax year
4. Company Name			ID Number
Credit Certificate #	% of Credit		Credit Generated this tax year
5. Company Name			ID Number
Credit Certificate #	% of Credit		Credit Generated this tax year
6. Company Name			ID Number
Credit Certificate #	% of Credit		Credit Generated this tax year
7. Company Name			ID Number
Credit Certificate #	% of Credit		Credit Generated this tax year
8. Company Name			ID Number
Credit Certificate #	% of Credit		Credit Generated this tax year
9. Company Name			ID Number
Credit Certificate #	% of Credit		Credit Generated this tax year
10. Total available credit for this tax year (sum of Line	es 2 through 9)	10.	
11. Credit Used this tax year	· ·	11.	
12. Potential carryover to next tax year (Line 10 less I	_ine 11)	12.	

Form **2220**

Department of the Treasury Internal Revenue Service

Underpayment of Estimated Tax by Corporations

► Attach to the corporation's tax return.

► Go to www.irs.gov/Form2220 for instructions and the latest information.

OMB No. 1545-0123

2019

Name
IT'S THE JOURNEY, INC

Employer identification number
47-0897591

Note: Generally, the corporation is not required to file Form 2220 (see Part II below for exceptions) because the IRS will figure any penalty owed and bill the corporation. However, the corporation may still use Form 2220 to figure the penalty. If so, enter the amount from page 2, line 38, on the estimated tax penalty line of the corporation's income tax return, but **do not** attach Form 2220.

Par	Required Annual Payment							
1	Total tax (see instructions)						1	
2a b	Personal holding company tax (Schedule PH (For Look-back interest included on line 1 under section contracts or section 167(g) for depreciation under	on 4	60(b)(2) for completed long	g-term				
c d 3	Credit for federal tax paid on fuels (see instru Total . Add lines 2a through 2c Subtract line 2d from line 1. If the result is does not owe the penalty Enter the tax shown on the corporation's 20 the tax year was for less than 12 months, sk	less	than \$500, do not com	plete or f	ile this form. T	he corporation ne tax is zero or	2d 3	
5	Required annual payment. Enter the smalle the amount from line 3						5	Ell-
Par	Reasons for Filing - Check the Form 2220 even if it does not do					e cneckea, in	e corp	ooration must life
6 7 8	The corporation is using the adjusted some the corporation is using the annualized The corporation is a "large corporation".	d in	come installment method.	stallment b	pased on the pr	ior year's tax.		
Part			<u> </u>			•		
I all	rigaring the onderpayment		(a)		(b)	(c)		(d)
9	Installment due dates. Enter in columns (a) through (d) the 15th day of the 4th (<i>Form 990-PF filers</i> : Use 5th month), 6th, 9th, and 12th months of the corporation's tax year	9	(u)		(ω)	(6)		(0)
10	Required installments. If the box on line 6 and/or line 7 above is checked, enter the amounts from Schedule A, line 38. If the box on line 8 (but not 6 or 7) is checked, see instructions for the amounts to enter. If none of these boxes are checked, enter 25% (0.25) of line 5 above in each column	10						
11	Estimated tax paid or credited for each period. For column (a) only, enter the amount from line 11 on line 15. See instructions	11						
12	Enter amount, if any, from line 18 of the preceding column	12						
13	Add lines 11 and 12	13						
14	Add amounts on lines 16 and 17 of the preceding column	14						
15	Subtract line 14 from line 13. If zero or less, enter -0-	15						
16	If the amount on line 15 is zero, subtract line 13	40						
17	from line 14. Otherwise, enter -0- Underpayment. If line 15 is less than or equal to line 10, subtract line 15 from line 10. Then go to line 12 of the next column. Otherwise, go to	16						
18	line 18	17						

Go to Part IV on page 2 to figure the penalty. Do not go to Part IV if there are no entries on line 17 - no penalty is owed.

For Paperwork Reduction Act Notice, see separate instructions.

Form **2220** (2019)

Exempt Organization Business Income Tax Return Form **990-T** OMB No. 1545-0047 (and proxy tax under section 6033(e)) For calendar year 2019 or other tax year beginning , 2019, and ending ► Go to www.irs.gov/Form990T for instructions and the latest information. Department of the Treasury Internal Revenue Service Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3) D Employer identification number Check box if Name of organization (Check box if name changed and see instructions.) (Employees' trust, see instructions.) address changed IT'S THE JOURNEY, INC **B** Exempt under section Print 47-0897591 $X \mid_{501} (C) (3)$ Number, street, and room or suite no. If a P.O. box, see instructions. E Unrelated business activity code 408(e) 220(e) Type (See instructions.) 270 CARPENTER DRIVE, SUITE 515 408A 530(a) City or town, state or province, country, and ZIP or foreign postal code 529(a) C Book value of all assets ATLANTA, GA 30328 at end of year Group exemption number (See instructions.) ▶ Check organization type ► X 501(c) corporation 1,827,891. 501(c) trust 401(a) trust Other trust **H** Enter the number of the organization's unrelated trades or businesses. \triangleright 1 Describe the only (or first) unrelated trade or business here ▶NONE If only one, complete Parts I-V. If more than one, describe the first in the blank space at the end of the previous sentence, complete Parts I and II, complete a Schedule M for each additional trade or business, then complete Parts III-V. Yes X No During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? If "Yes." enter the name and identifying number of the parent corporation. The books are in care of ▶LINDA SHEIN Telephone number ► 404-531-4111 Part I Unrelated Trade or Business Income (A) Income (B) Expenses (C) Net Gross receipts or sales Less returns and allowances 1 c b Cost of goods sold (Schedule A, line 7) 2 Gross profit. Subtract line 2 from line 1c 3 3 Capital gain net income (attach Schedule D) 4a 4a Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797) b 4b Capital loss deduction for trusts С 4c 5 Income (loss) from a partnership or an S corporation (attach statement) 5 Rent income (Schedule C) 6 6 7 Unrelated debt-financed income (Schedule E) 8 Interest, annuities, royalties, and rents from a controlled organization (Schedule F) 8 9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G) Exploited exempt activity income (Schedule I) 10 10 Advertising income (Schedule J) 11 11 Other income (See instructions; attach schedule) 12 Ο. Total. Combine lines 3 through 12 13 Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Deductions must be directly connected with the unrelated business income.) 14 Compensation of officers, directors, and trustees (Schedule K) 15 Salaries and wages 15 16 Repairs and maintenance 16 17 17 Interest (attach schedule) (see instructions) 18 18 19 Taxes and licenses 19 Depreciation (attach Form 4562) 20 Less depreciation claimed on Schedule A and elsewhere on return 21 21b 22 22 Contributions to deferred compensation plans 23 24 Employee benefit programs 24 25 Excess exempt expenses (Schedule I) Excess readership costs (Schedule J) 26 26 27 Other deductions (attach schedule) 27 Total deductions. Add lines 14 through 27 28 28 29 Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13 29 30 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions) 30

For Paperwork Reduction Act Notice, see instructions.

Unrelated business taxable income. Subtract line 30 from line 29

Par	t III Total Unrelated Business Taxable Income		
32	Total of unrelated business taxable income computed from all unrelated trades or businesses (see		
	instructions)	32	
33	Amounts paid for disallowed fringes	33	
34	Charitable contributions (see instructions for limitation rules)	34	
35	Total unrelated business taxable income before pre-2018 NOLs and specific deduction. Subtract line	0.	
33		25	0.
••	34 from the sum of lines 32 and 33	35	
36	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see		
	instructions)	36	
37	Total of unrelated business taxable income before specific deduction. Subtract line 36 from line 35	37	
38	Specific deduction (Generally \$1,000, but see line 38 instructions for exceptions)	38	
39	Unrelated business taxable income. Subtract line 38 from line 37. If line 38 is greater than line 37,		
	enter the smaller of zero or line 37	39	0.
Par	t IV Tax Computation		
40	Organizations Taxable as Corporations. Multiply line 39 by 21% (0.21).	40	
41	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on	40	
41		44	
	the amount on line 39 from: Tax rate schedule or Schedule D (Form 1041).		
42	Proxy tax. See instructions		
43	Alternative minimum tax (trusts only)	43	
44	Tax on Noncompliant Facility Income. See instructions	44	
45	Total. Add lines 42, 43, and 44 to line 40 or 41, whichever applies	45	
Par	t V Tax and Payments		
46 a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) 46a		
	Other credits (see instructions)	1	
C	General business credit. Attach Form 3800 (see instructions)	1	
d		-	
		460	
	Total credits. Add lines 46a through 46d		
47	Subtract line 46e from line 45	47	
48	Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule)		
49	Total tax. Add lines 47 and 48 (see instructions)	49	0 .
50	2019 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 3.	50	
51 a	Payments: A 2018 overpayment credited to 2019		
b	2019 estimated tax payments		
	Tax deposited with Form 8868	1	
	Foreign organizations: Tax paid or withheld at source (see instructions) 51d	1	
e	Backup withholding (see instructions)	1	
f	Credit for small employer health insurance premiums (attach Form 8941) 51f	-	
	, , , , , , , , , , , , , , , , , , , ,	-	
g			
	Form 4136 Other Total ▶ 51g		
52	Total payments. Add lines 51a through 51g	52	
53	Estimated tax penalty (see instructions). Check if Form 2220 is attached.	53	
54	Tax due. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed	54	
55	Overpayment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid	55	
56	Enter the amount of line 55 you want: Credited to 2020 estimated tax ▶ Refunded ▶	56	
Par	t VI Statements Regarding Certain Activities and Other Information (see instruction	ns)	
57	At any time during the 2019 calendar year, did the organization have an interest in or a signature or		rity Yes No
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization m		
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the	•	
		Torcigir court	X
	here •		_
58	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a fore	ign trust?	
	If "Yes," see instructions for other forms the organization may have to file.		
59	Enter the amount of tax-exempt interest received or accrued during the tax year ▶ \$		
	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.	best of my knowle	edge and belief, it i
Sigi	n I.	ay the IDS di-	course this return
Her		•	scuss this return er shown below
	· ·	ee instructions)? X	
	Print/Type preparer's name Preparer's signature Date	PT	
Paid	Chec		01372980
Prep		s EIN ► 58-1	
Use	Only	$\frac{\text{s EIN}}{\text{ne no}} = \frac{30-1}{404-87}$	
	Films address ▶ 2/1 1/11 DINEEL, NW DOLLE LOUD, ALLANIA, GA DUDOS Phon	eno. Tut-o/	UATT

Form 990-T (2019)						Page 3
Schedule A - Cost of Goods Schedule A - Cost of	old. Enter metho	d of inventory valuation	>			
1 Inventory at beginning of year 1				ar	6	
2 Purchases2				ld. Subtract line		
3 Cost of labor			•	here and in Part		
4a Additional section 263A costs					7	
(attach schedule) 4a				section 263A (v		Yes No
b Other costs (attach schedule) 4b				or acquired for		
5 Total. Add lines 1 through 4b 5						х
Schedule C - Rent Income (From	Real Property a	nd Personal Property	I eased V	/ith Real Prope	rtv)	
(see instructions)	iteai i roperty a	ila i cisoliai i ropeity	LCasca v	vitii Keai i Tope	· ·y/	
1. Description of property						
<u>(1)</u>						
(2)						
(3)						
(4)						
2. Re	ent received or accru	ed				
(a) From personal property (if the percentage for personal property is more than 10% but more than 50%)	rom real and personal property age of rent for personal property r if the rent is based on profit or	exceeds	exceeds in columns 2(a) and 2(b) (attach schedul			
(1)						
(2)						
(3)						
(4)						
Total	Total					
(c) Total income. Add totals of columns 2(a here and on page 1, Part I, line 6, column (a	a) and 2(b). Enter A)			(b) Total deduction Enter here and or Part I, line 6, colu	n page 1,	
Schedule E - Unrelated Debt-Fina	nced Income (se	ee instructions)				
1. Description of debt-financed p	property	Gross income from or allocable to debt-financed		debt-financ	nnected with or allocable ced property	
		property	(a) Straight line depreciation (attach schedule)		(b) Other deductions (attach schedule)	
(1)						
(2)						
(3)						
(4)						
4. Amount of average 5. Ave acquisition debt on or allocable to debt-financed debt	erage adjusted basis or allocable to -financed property ttach schedule)	6. Column 4 divided by column 5		income reportable n 2 x column 6)	8. Allocable deduction (column 6 x total of a 3(a) and 3(b)	columns
(1)		%				
(2)		%				
(3)		%				
(4)		%				
Totals				e and on page 1, e 7, column (A).	Enter here and on Part I, line 7, colur	
Total dividends-received deductions include	ded in column 8	<u></u>	<u></u>			

Form 990-T (2019)		JOURNEY								897591 Page 4	
Schedule F – Interest, Ann	uities, Royaltie	s, and Ren	ts Fr	om Contro	lled O	rganiza	ntions (se	e instructi	ons)		
	-			ntrolled Org							
Name of controlled organization	2. Employer identification numb			ated income nstructions)	i included in the controlling		olling	6. Deductions directly connected with income in column 5			
(1)											
(2)											
(3)											
(4)											
Nonexempt Controlled Organiz	zations	l									
7. Taxable Income	8. Net unrelated in (loss) (see instruc			Total of specific		inclu	art of column ded in the co ization's gross	ntrolling		1. Deductions directly nected with income in column 10	
(1)											
(2)											
(3)											
(4)											
Totals						Ente	I columns 5 a r here and on I, line 8, colu	page 1,	Ent	dd columns 6 and 11. ter here and on page 1, rt I, line 8, column (B).	
Schedule G-Investment Ir	come of a Sec	ction 501(c	:)(7).	(9). or (17) Orga	nizatio	n (see inst	ructions)			
1. Description of income	2. Amount of			3. Deduction directly corticated school (attach school)	tions inected		4. Se	t-asides schedule)		5. Total deductions and set-asides (col. 3 plus col. 4)	
(1)										, ,	
(2)											
(3)											
(4)											
Totals ▶	Enter here and Part I, line 9, c	olumn (A).				·				Enter here and on page 1, Part I, line 9, column (B).	
Schedule I-Exploited Exe	mpt Activity In	come, Oth	er Th	an Adverti	sing Ir	come	(see instru	ctions)			
1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expens directly connected productior unrelated business inc	with of d	4. Net incon from unrelat or business 2 minus col If a gain, co cols. 5 thro	ed tradé (column umn 3). ompute	5. Gross income from activity that is not unrelated business income 6. Expenses attributable to column 5		able to	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).		
(1)											
(2)											
(3)											
(4)											
Totals	Enter here and on page 1, Part I, line 10, col. (A).	Enter here ar page 1, Pa line 10, col.	rt I,						Enter here and on page 1, Part II, line 25.		
Schedule J- Advertising In	come (see instr	uctions)									
Part I Income From Peri			nsol	idated Bas	sis						
										T	
1. Name of periodical	2. Gross advertising income	3. Directadvertising of		4. Advert gain or (los 2 minus co a gain, col cols. 5 thro	s) (col. ol. 3). If mpute	5. Circulation 6. Readership costs		7. Excess readership costs (column 6 minus column 5, but not more than column 4).			
(1)											
(2)											
(3)											
(4)											
Totals (carry to Part II, line (5))											