It's the Journey, Inc.

Public Inspection Copy For the Year Ended December 31, 2020

TAX RETURNS



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, 2020

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 15, 2021. 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.

Form 8879-EC

IRS e-file Signature Authorization for an Exempt Organization

OMB	Nο	1545-0047

OMB No. 1545-004

2020

Department of the Treasury Internal Revenue Service For calendar year 2020, or fiscal year beginning $\ \ \underline{\ }$

▶ Do not send to the IRS. Keep for your records.

► Go to www.irs.gov/Form8879EO for the latest information.

Taxpayer identification number

Name of e	xempt or	ganization or person	subject to tax
IT'S	THE	JOURNEY,	INC

47-0897591

, 2020, and ending _

Name and title of officer or person subject to tax

ROBIN RAMSEY, TREASURER

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, or 7a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, or 7b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

1a	Form 990 check here ▶ X b	Total revenue , if any (Form 990, Part VIII, column (A), line 12)	1b	837,855.
2a	Form 990-EZ check here ▶	b Total revenue, if any (Form 990-EZ, line 9)	2b	
3a	Form 1120-POL check here	b Total tax (Form 1120-POL, line 22)	3b	
4a	Form 990-PF check here ▶	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	
5a	Form 8868 check here ▶	b Balance due (Form 8868, line 3c)	5b	
6a	Form 990-T check here ▶	b Total tax (Form 990-T, Part III, line 4)	. 6b	
7a	Form 4720 check here ▶	b Total tax (Form 4720, Part III, line 1)		

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparatic software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revolution a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN-	check	one	hox	only

X I authorize SMITH & HOWARD, P.C. to enter my PIN ERO firm name

8 5 2 7 9

as my signature

on the tax year 2020 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the organization, I will enter my PIN as my signature on the tax year 2020 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax

Date $\triangleright 11/15/2021$

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

6 7 9 8 3 8 5 8 1 2 5

I certify that the above numeric entry is my PIN, which is my signature on the 2020 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS *e-file* Providers for Business Returns.

EDOLUTION TO VICE STORY DUSTINGS TO THE

Date $\triangleright 11/15/2021$

ERO Must Retain This Form - See 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** (2020)

Return of Organization Exempt From Income Tax

Department of the Treasury Internal Revenue Service

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

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

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

OMB No. 1545-0047 Inspection

A F	or th	e 202	o calendar year, or tax year beginning , 2020, and ending , 2020, and ending	<u>g</u>		, 2	0
B c	heck if ap	oplicable:	C Name of organization IT'S THE JOURNEY, INC		D Employer ide	entification nur	nber
	Addre		Doing Business As		47-0897	591	
	7 1	change	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	
	+	inated	City or town, state or province, country, and ZIP or foreign postal code		, , , , ,		
	Amer	ided	ATLANTA, GA 30328		G Gross receipt	s \$	854,469.
		cation	F Name and address of principal officer: STEPHANI TUCKER		H(a) Is this a grou	p return for	Yes X No
	_ pendi	ng	270 CARPENTER DRIVE, STE 515, ATLANTA, GA 30328		subordinates? H(b) Are all subordi	? ⊢	Yes No
$\overline{}$	Tax-ex	empt st				h a list. (see instru	
_			WWW.ITSTHEJOURNEY.ORG		H(c) Group exemp	,	,
					on: 2002 M		
$\overline{}$	art I		mmary	TOTTTALI	511. 2002 W	State of legal u	officile. G21
	1		v describe the organization's mission or most significant activities: SUPPORT GEORGI	ZMZ	BY BATCT	NG MONEY	FOR
Governance	2	BRE.	AST HEALTH AND BREAST CANCER PROGRAMS. (this box) if the organization discontinued its operations or disposed of more than				
Š	3		er of voting members of the governing body (Part VI, line 1a)		1	3	10.
∞ ∞	4	Numb	er of independent voting members of the governing body (Part VI, line 1b)			4	10.
Activities &	5	Total	number of individuals employed in calendar year 2020 (Part V, line 2a)			5	6.
Ξ	6					6	300.
Act	72	Total	number of volunteers (estimate if necessary) unrelated business revenue from Part VIII, column (C), line 12			7a	0
						7a 7b	0
_	D	ivet u	nrelated business taxable income from Form 990-T, line 34		Prior Year		rrent Year
		Canta	ibutions and quarte (Dort VIII line 4b)		1,678,89		800,806
ne	8	Contr	ibutions and grants (Part VIII, line 1h)		115,62		10,605
Revenue	9		am service revenue (Part VIII, line 2g) PUBLIC INSPECTION		16,46		13,454
Re	10		tment income (Part VIII, column (A), lines 3, 4, and 7d)		-35,49		12,990
	11		revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)				
	12		revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,775,49		837,855
	13		s and similar amounts paid (Part IX, column (A), lines 1-3)		936,97		390,506
	14		its paid to or for members (Part IX, column (A), line 4)		240 44	0.	0
es	15		es, other compensation, employee benefits (Part IX, column (A), lines 5-10)		340,44		336,917
Expenses			ssional fundraising fees (Part IX, column (A), line 11e)			0.	0
х			fundraising expenses (Part IX, column (D), line 25) 53,525.			_	
_	17	Other	expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		479,43		180,598
	18		expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,756,85		908,021
. 10	19	Rever	nue less expenses. Subtract line 18 from line 12		18,63		-70,166
Net Assets or Fund Balances				Beginn	ning of Current Y		d of Year
sset	20	Total	assets (Part X, line 16)		1,827,89		L,468,150.
d As	21		liabilities (Part X, line 26)		981,44		471,704
Ž₽.	22	Net as	ssets or fund balances. Subtract line 21 from line 20		846,45	1.	996,446
	rt II		gnature Block				
			of perjury, I declare that I have examined this return, including accompanying schedules and statem complete. Declaration of preparer (other than officer) is based on all information of which preparer has			my knowledge	e and belief, it is
	, 00110	Tot, and	complete. Designation of property (exiter than emission) to besset on all minormation of which property has	o diriy ikiri	- I		
e:~	.					5/2021	
Sig He			Signature of officer		Date		
пе	е		ROBIN RAMSEY TREASURER				
			Type or print name and title				
De!		Print/	Type preparer's name Preparer's signature Date		Check	if PTIN	
Paid		SAB	RE J LINAHAN JULY AMARAM 11/15,	/202	self-employe	ed P0137	2980
	parer Only	Firm's	s name > SMITH & HOWARD, P.C.		Firm's EIN	58-12504	86
use	Unity	Firm's	address ▶ 271 17TH STREET, NW SUITE 1600 ATLANTA, GA 30363		Phone no.	404-874-	6244
May	the I	RS dis	cuss this return with the preparer shown above? (see instructions)			Х у	res No
For	Pape	rwork	Reduction Act Notice, see the separate instructions.	_		Fo	rm 990 (2020)

Page 2 Form 990 (2020)

Pa	art III	Statement of Program Servic	e Accomplishments a response or note to any line in this	Port III	Х
1	Briefly de	escribe the organization's missi		raitiii , , , , , , , , , , , , , , , , ,	A
-			SSION IS TO SUPPORT GEORG	GIANS BY RAISING	
			BREAST CANCER PROGRAMS		
	SCREEN	ING, DIAGNOSTICS, GEN	ETIC COUNSELING AND TEST	ING, SUPPORT	
	SERVIC	ES, AND RESEARCH.			
2			nificant program services during the		
					Yes X No
		describe these new services on			
3			ng, or make significant changes		
		describe these changes on Sch			
4	expenses	s. Section 501(c)(3) and 501(service accomplishments for each c)(4) organizations are required to for each program service reported.		
4a	(Code:) (Expenses \$	739,492. including grants of \$	390,506.) (Revenue \$	15,028.
	_	CHMENT 1			 ,
4b	(Code: _) (Expenses \$	including grants of \$) (Revenue \$)
<u></u>	(Code:) (Expenses \$	including grants of \$) (Revenue \$	1
70	(0000) (Ελρείίσεσ ψ	miolading grants of ψ) (πονοπάο ψ	/
4d	Other pr	ogram services (Describe on Sc	chedule O.)		
	(Expense	= -	•	enue \$)	
_	-		E20 400	· · · · · · · · · · · · · · · · · · ·	

4e Total program service expenses ►

JSA
0E1020 1.000
1920IY 9242 8/5/2021

Form 990 (2020)

Part IV Checklist of Required Schedules Page 3

rail	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		Х
5	Is the organization a section $501(c)(4)$, $501(c)(5)$, or $501(c)(6)$ organization that receives membership dues,	-		
Ū	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
	·	J		
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	_		3.7
	"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		Х
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,	10	21	
• •				
	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,"		3.7	
	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		Х
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		Х
	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	Х	
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
12 a		120	Х	
1.	Schedule D, Parts XI and XII.	12a	21	
Ø	Was the organization included in consolidated, independent audited financial statements for the tax year? If	ا بما		v
	"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		Х
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		Х
10		17		
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	4.	v	
	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
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	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			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	

Page 4 Form 990 (2020)

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		Х
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			ĺ
	employees? If "Yes," complete Schedule J	23		Х
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	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		
ч	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?			
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	244		
23 a	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	250		Х
		25a		21
D	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?			v
	If "Yes," complete Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to 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? 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			ĺ
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			ĺ
	persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			i
	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		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
С	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		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
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		Х
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		Х
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	Jua		
~	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	000		
00	related organization? If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	- 30		
31	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	31		
50	19? Note: All Form 990 filers are required to complete Schedule O.	38	Х	
Part		50	21	
ાલા	Check if Schedule O contains a response or note to any line in this Part V			
	Officers in Confedence O Contains a response of flote to any line in this Fait V		Yes	No
1 2	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		- 55	
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
	Did the organization comply with backup withholding rules for reportable payments to vendors and			
Ü		10	Х	
	reportable gaming (gambling) winnings to prize winners?	1c		

Page 5 Form 990 (2020)

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	Х	
	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		X
	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,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	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).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
-	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
_	and services provided to the payor?	7a	Х	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Х	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year			
	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?	7 f		X
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:			
	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:			
	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.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
	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			
	Enter the amount of reserves on hand	14a		X
	Did the organization receive any payments for indoor tanning services during the tax year?	14a 14b		- 11
	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i> Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	1-710		
15	excess parachute payment(s) during the year?	15		Х
	If "Yes," see instructions and file Form 4720, Schedule N.	1.5		
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
. 0	If "Yes," complete Form 4720, Schedule O.			

Page 6

Part	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.											
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. Schedule O			tions.								
Sect	on A. Governing Body and Management		· · ·	A								
3601	On 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 1a 10											
Ia	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											
L	committee, explain on Schedule O. Enter the number of voting members included on line 1a, above, who are independent.											
2	Enter the number of voting members included on line 1a, above, who are independent Local Did any officer, director, trustee, or key employee have a family relationship or a business relationship with											
2	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											
Ū	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		Х								
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											
	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,											
	stockholders, or persons other than the governing body?	7b		X								
8	Did the organization contemporaneously document the meetings held or written actions undertaken during											
	the year by the following:	_	37									
а	The governing body?	8a	X	_								
b	Each committee with authority to act on behalf of the governing body?	8b		-								
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			Х								
Socti	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O on B. Policies (This Section B requests information about policies not required by the Internal Revenue of	9 Codo	. 1	21								
Secu	on b. Folicies (This Section b requests information about policies not required by the internal Nevenue v	Joue	·) Yes	No								
100	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,											
D	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 filling the form?	11a	Х									
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.											
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X									
	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	X									
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	X									
	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	160		X								
_	with a taxable entity during the year?	16a										
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											
<u> </u>	organization's exempt status with respect to such arrangements?	16b		<u> </u>								
	on 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 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 of	inter	est p	olicy,								
20	and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and recordance to the person who possesses the organization's books and recordance to the person who possesses the organization's books and recordance to the public during the tax year.	s >										
	LINDA SHEIN 270 CARPENTER DRIVE, STE 515 ATLANTA, GA 30328-6215 404-531-4111											

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.

	<u>, </u>							, , , , , , , , , , , , , , , , , , ,		
(A) Name and title	(B) Average hours per week	box,	(C) Posit (do not check r box, unless per officer and a di			is both	an	(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other 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				97,231.	0.	10,391.
(2) LAUREL SYBILRUD	6.00									
BOARD CHAIR	0.	Х						0.	0.	0.
(3) CARLETTA CUNNINGHAM	.25									
SECRETARY	0.	Х						0.	0.	0
(4) BENJAMIN PORTMAN	.25									
DIRECTOR	0.	Х						0.	0.	0
(5) JASON PORTER	.25									
DIRECTOR	0.	Х						0.	0.	0
(6) ROBIN RAMSEY	8.00									
TREASURER	0.	Х						0.	0.	0
(7) ANGIE TILLISON	4.00									
DIRECTOR	0.	Х						0.	0.	0
(8) BARBARA ROGERS	1.00									
DIRECTOR	0.	Х						0.	0.	0
(9)LON PASSOFF	1.00									
DIRECTOR	0.	Х						0.	0.	0
(10) STEPHANIE WYATT	1.00									
DIRECTOR	0.	Х						0.	0.	0
(11) SHELLEY AHMANN	1.00									
DIRECTOR	0.	Х						0.	0.	0
(12)										
(13)		-								
(14)										
								1		1

Form **990** (2020)

	n 990 (2020) I rt VII Section A. Officers, Directors, Tru	ıstees. Ke	v Em	ola	vee	2S. i	and F	lial	hest Compensat	ed Emplo	vees (c	ontinue		age 8
	(A)	(B)	y <u></u>	.p.c	((C)	<u> </u>	9.	(D)	(E)		orraniao	(F)	
	Name and title	Average hours per week (list any	box,	unles	s pe	more rson	than o	an	Reportable compensation from	Reporta compensati relate	am	timated ount of other		
		hours for related organizations below dotted line)	Individual trustee or director	a Institutional trustee	a Officer	Key employee	Highest compensated employee	ee) Former	the organization (W-2/1099-MISC)	organiza (W-2/1099	organizations (W-2/1099-MISC)			on n i ns
									07 221		0		10 1	0.01
	Sub-total Total from continuation sheets to Part VII, S								97,231.		0.		10,3	$\frac{0}{0}$
	Total (add lines 1b and 1c)	-							97,231.		0.		10,3	
	Total number of individuals (including but not reportable compensation from the organization	limited to tl		iste				o re	ceived more than	\$100,000	of			
	<u> </u>												Yes	No
3	Did the organization list any former offic													v
	employee on line 1a? If "Yes," complete Schedu											3		X
4	For any individual listed on line 1a, is the organization and related organizations graindividual.	eater than	\$15	0,0	00?	pen 	satior "Yes	n ai s,"	nd other compens complete Schedu	sation from le <i>J for</i>	tne such	4		X
5	Did any person listed on line 1a receive or for services rendered to the organization? If "Yo	accrue coi	mpen	satio	on 1							5		X
Se	ction B. Independent Contractors	, , ,									-			
1	Complete this table for your five highest comcompensation from the organization. Report of year.													
	(A)								(B)		_	(C)		
	Name and business add	ıress							Description of se	rvices	C	ompens	ation	

Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ▶ 0.

Part VIII Statement of Revenue

		Check if Schedule O contains a	respor	nse or note to an	y 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
इ इ	1a	Federated campaigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues	1b					
ַם בּ	С	Fundraising events	1c	610.				
r ts	d	Related organizations	1d					
פֿיפֿן	e	Government grants (contributions)	1e	65,500.				
n's,	f	All other contributions, gifts, grants,		30,000				
을능	•	and similar amounts not included above	1f	734,696.				
혈휲	g	Noncash contributions included in		73170301				
눌입	9	lines 1a-1f	1g	\$				
ခြဲ ပိ	h	Total. Add lines 1a-1f			800,806.			
				Business Code				
හු	2a	GEORGIA 2 DAY WALK: REGISTRATION 1	FEES	561520	10,605.	10,605.		
ا ہ ≧	za b				·			
S č								
a a	c d							
ڰۣڰ								
Program Service Revenue	e f	All other program service revenue						
	g	Total. Add lines 2a-2f		 ▶	10,605.			
	3	Investment income (including dividence						
		other similar amounts)			13,454.			13,454.
	4	Income from investment of tax-exemp			0.			
	5	Royalties		•	0.			
		(i) Re		(ii) Personal				
	6a	Gross rents 6a						
	b	Less: rental expenses 6b						
	С	Rental income or (loss) 6c						
	d	Net rental income or (loss)			0.			
	7a	Gross amount from (i) Secu	rities	(ii) Other				
		sales of assets						
		other than inventory 7a						
ē	b	Less: cost or other basis						
Revenue		and sales expenses 7b						
ě	С	Gain or (loss) 7c						
	d	Net gain or (loss)	. <u></u>	<u></u>	0.			
Other	8a	Gross income from fundraising						
0		events (not including \$610						
		of contributions reported on line						
		1c). See Part IV, line 18	. 8a	24,371.				
	b	Less: direct expenses		16,596.				
	С	Net income or (loss) from fundraising	e <u>vents.</u>		7,775.			7,775.
	9a	Gross income from gaming						
		activities. See Part IV, line 19	. 9a	0.				
	b	Less: direct expenses	. 9b	0.				
	С	Net income or (loss) from gaming ac	ivities .	▶	0.			
	10a	Gross sales of inventory, less						
		returns and allowances	. 10a	810.				
	b	Less: cost of goods sold	10b	18.				
	С	Net income or (loss) from sales of inver	itory		792.			792.
S				Business Code				
Miscellaneous Revenue	11a	OTHER INCOME			4,423.	4,423.		
la l	b							
Re	c	Au						
Ξ	d	All other revenue			4 400			
		Total Add lines 11a-11d			4,423.	15 000		22, 227
	12	Total revenue. See instructions		🟲	837,855.	15,028.		22,021.

47-0897591

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	onse or note to any line	e 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	390,506.	390,506.		
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.			
	Compensation of current officers, directors,				
	trustees, and key employees	107,623.	68,043.	27,180.	12,400.
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	0.			
7	Other salaries and wages	194,555.	121,804.	50,642.	22,109.
	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	0.			
9	Other employee benefits	12,417.	8,568.	2,235.	1,614.
10	Payroll taxes	22,322.	15,402.	4,018.	2,902.
11	Fees for services (nonemployees):				
а	Management	0.			
b	Legal	0.			
С	Accounting	16,000.		16,000.	
d	Lobbying	0.			
	Professional fundraising services. See Part IV, line 17.	0.			
f	Investment management fees	0.			
g	Other. (If line 11g amount exceeds 10% of line 25, column	55 050	50.051	0.001	
	(A) amount, list line 11g expenses on Schedule O.)	55,072.	53,071.	2,001.	688
12	Advertising and promotion	8,448.	7,348.	423.	677.
13	Office expenses	34,797.	26,931.	5,438.	2,428.
14	Information technology	19,452.	9,726.		9,726.
15	Royalties	0.	22 502	4 400	1 474
	Occupancy	29,478.	23,582.	4,422.	1,474. 195.
	Travel	9/3.	770.		195.
18	Payments of travel or entertainment expenses	0.			
	for any federal, state, or local public officials	0.			
	Conferences, conventions, and meetings	0.			
	Interest	0.			
	Payments to affiliates	0.			
	Depreciation, depletion, and amortization	13,161.	10,529.	2,632.	
	Insurance	13/1011	10,025.	2,002.	
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.)				
9	FOOD AND BEVERAGE	251.	238.	13.	
۰.	RENTAL ITEMS AND SECURITY	2,966.	2,966.		
C		,	,		
d					
	All other expenses				
	Total functional expenses. Add lines 1 through 24e	908,021.	739,492.	115,004.	53,525.
	Joint costs. Complete this line only if the				
	organization reported in column (B) joint costs from a combined educational campaign and				
	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	art X		X
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	400.	1	775.
	2	Savings and temporary cash investments	1,517,632.	2	983,114.
	3	Pledges and grants receivable, net	0.	3	157,273.
	4	Accounts receivable, net	0.	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.
ĕ	9	Prepaid expenses and deferred charges ATCH . 2	1,702.	9	4,077.
	10 a	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	306,157.	11	320,911.
	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)	1,827,891.	16	1,468,150.
	17	Accounts payable and accrued expenses	6,544.	17	2,152.
	18	Grants payable	914,966.	18	390,506.
	19	Deferred revenue ATCH 3	59,930.	19	79,046.
	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%			
abi		controlled entity or family member of any of these persons	0.	22	0.
Ï	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			
		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	981,440.	26	471,704.
ses		Organizations that follow FASB ASC 958, check here ► X and complete lines 27, 28, 32, and 33.			
ılan	27	Net assets without donor restrictions	754,534.	27	819,174.
B	28	Net assets with donor restrictions	91,917.	28	177,272.
Fund Balances		Organizations that do not follow FASB ASC 958, check here ▶ and complete lines 29 through 33.			
Assets or	29	Capital stock or trust principal, or current funds		29	
ets	30	Paid-in or capital surplus, or land, building, or equipment fund.		30	
SS	31	Retained earnings, endowment, accumulated income, or other funds.		31	
∍t A	32	Total net assets or fund balances	846,451.	32	996,446.
Net	33	Total liabilities and net assets/fund balances	1,827,891.	33	1,468,150.
					Form 990 (2020)

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	(2020)					gc • =
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			37,8	
2	Total expenses (must equal Part IX, column (A), line 25)	2		908,021		
3	Revenue less expenses. Subtract line 2 from line 1	3				
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4				
5	Net unrealized gains (losses) on investments	5			6,7	715.
6	Donated services and use of facilities	6				0.
7	Investment expenses	7				0.
8	Prior period adjustments	8		2	13,4	
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		9	96,4	146.
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 aud	ted or	na 📗			
	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	_				
	the audit, review, or compilation of its financial statements and selection of an independent accounts			2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, e	xplain	on			
	Schedule O.					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set fo	rth in t				3.5
	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.

47-0897591

Employer identification number

IT	'S	THE	JOURNEY,	INC					47-08975	91
Pa	rt I	R	eason for F	Public Cha	rity Status. (All	organizations must	complet	te this pa	art.) See instructions	S.
The	org	aniza	ation is not a	private fou	ndation because it	is: (For lines 1 through	gh 12, ch	eck only	one box.)	
1		A cl	hurch, conve	ntion of chu	urches, or associa	tion of churches desc	ribed in s	ection 1	70(b)(1)(A)(i).	
2		A s	chool describ	oed in secti	on 170(b)(1)(A)(ii)	. (Attach Schedule E	(Form 99	90 or 990)-EZ).)	
3		A h	ospital or a c	cooperative	hospital service o	rganization described	in sectio	n 170(b)	(1)(A)(iii).	
4		Αm	nedical resea	rch organiz	zation operated in	conjunction with a hos	spital de	scribed ir	section 170(b)(1)(A)	(iii). Enter the
		hos	pital's name	, city, and st	tate:					
5		An	organization	operated t	for the benefit of	a college or universit	y owned	d or ope	rated by a governme	ntal unit described in
		sec	tion 170(b)(1	1)(A)(iv). (C	Complete Part II.)					
6		A fe	ederal, state,	or local go	vernment or gove	rnmental unit describe	d in sect	ion 170(b)(1)(A)(v).	
7	X	An	organization	that norma	ally receives a sub	stantial part of its su	pport fro	om a go	vernmental unit or fro	om the general public
		des	scribed in sec	tion 170(b)	(1)(A)(vi). (Compl	ete Part II.)				
8] A c	ommunity tru	ıst describe	ed in section 170(b	o)(1)(A)(vi). (Complete	Part II.)			
9		An :	agricultural re	esearch or	ganization describe	ed in section 170(b)(1)(A)(ix)	operated	l in conjunction with a	land-grant college
		or ι	university or a	a non-land-	grant college of ag	griculture (see instruct	ions). Ei	nter the r	name, city, and state of	f the college or
		univ	versity:							
10		rece sup acq	eipts from acoport from groups port from groups puired by the	ctivities rela oss investm organizatio	ted to its exempt f nent income and u n after June 30, 1	functions, subject to conrelated business tax 1975. See section 509	ertain ex able inco (a)(2). (0	ceptions me (less Complete		1 331/3 % of its
11		4	•	•	•	usively to test for publi	-		, ,, ,	
12		,	J	J	•	•			·	carry out the purposes
				-	· ·					ee section 509(a)(3).
	_	Che	eck the box in	ı lines 12a t	hrough 12d that d	escribes the type of s	upporting	g organiz	zation and complete lir	nes 12e, 12f, and 12g.
а		T	ype I. A supp	porting orga	anization operated	, supervised, or contr	olled by	its supp	orted organization(s),	typically by giving
		th	ne supported	organizatio	on(s) the power to	regularly appoint or e	lect a m	ajority of	the directors or truste	es of the
	_	_ sເ	upporting org	janization. `	You must complet	e Part IV, Sections A	and B.			
b		-			•				supported organization	
		C	ontrol or mar	nagement c	of the supporting o	rganization vested in	the sam	e person	s that control or man	age the supported
	_	_ or	rganization(s)). You must	complete Part IV	, Sections A and C.				
С		_		-					n with, and functional	ly integrated with,
	_	its	s supported o	organizatior	n(s) (see instruction	s). You must comple	te Part I	V, Sectio	ons A, D, and E.	
d		_		-			-		ection with its suppor	
				•	•	•	•		ution requirement and	d an attentiveness
		_			•	omplete Part IV, Sect				
е				-					nat it is a Type I, Type I	I, Type III
_	_		-	•	• •	ionally integrated sup	porting o	organizat	ion.	
Ť					l organizations					
<u>g</u>				-		orted organization(s).	T			())
	(I) N	lame o	of supported orga	anization	(ii) EIN	(iii) Type of organization (described on lines 1-10		organization ur governing	(v) Amount of monetary support (see	(vi) Amount of other support (see
						above (see instructions))	docu	ment?	instructions)	instructions)
—							Yes	No		
(A)										
(B)										
···										
(C)										
(D)										
(E)										
Tota	al									

Schedule A (Form 990 or 990-EZ) 2020 Page **2**

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support			•		•	
	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1,473,462.	1,542,312.	1,651,808.	1,678,890.	800,806.	7,147,278.
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	1,473,462.	1,542,312.	1,651,808.	1,678,890.	800,806.	7,147,278.
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount						
_	shown on line 11, column (f)						40,262.
6	Public support. Subtract line 5 from line 4						7,107,016.
	tion B. Total Support	4 > 00.40	# \ 0047	() 0040	4 10 00 40	() 0000	
	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7 8	Amounts from line 4	1,473,462.	1,542,312.	1,651,808. 2,178.	1,678,890.	800,806. 13,454.	7,147,278.
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.	4,423.	5,448.
11	Total support. Add lines 7 through 10						7,187,087.
12	Gross receipts from related activities, etc. (s	see instructions) .				12	587,021.
13	First 5 years. If the Form 990 is for organization, check this box and stop here	<u> </u>		, third, fourth,	or fifth tax yea	ar as a section	501(c)(3) ▶
Sec	tion C. Computation of Public Sup	port Percenta	ge				
14	Public support percentage for 2020 (li		•			14	98.89 %
15	Public support percentage from 2019	Schedule A, Pa	ırt II, line 14			15	99.21 %
16a	331/3% support test - 2020. If the org	•					
	box and stop here. The organization q	•		•			
b	331/3% support test - 2019. If the org						
	this box and stop here. The organization	-		_			
1/a	10%-facts-and-circumstances test - 2	-					
	10% or more, and if the organization						-
b	Part VI how the organization meets organization						▶ □
	15 is 10% or more, and if the organizin Part VI how the organization meets	zation meets the state of the tacts.	e facts-and-circ circumstances t	umstances test, est. The organi	check this box zation qualifies	c and stop here as a publicly st	Explain upported
18	organization	n did not chec	k a box on line	13, 16a, 16b	, 17a, or 17b,	check this box	and see
						chadula A (Farm 0)	

Schedule A (Form 990 or 990-EZ) 2020 Page 3

Support Schedule for Organizations Described in Section 509(a)(2) Part III

(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.)

	tion A. Public Support			I	I		I
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						
2	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						
3	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 Amounts included on lines 2 and 3						
D	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	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.)						
	tion B. Total Support			T	1	T	
Cale	ndar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9	Amounts from line 6						
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.)						
13	Total support. (Add lines 9, 10c, 11,						
-	and 12.)						
14	First 5 years. If the Form 990 is for	the organizati	ion's first secon	d. third fourth	or fifth tax ve	ear as a section	501(c)(3)
	organization, check this box and stop here .	-			•		````
Sec	tion C. Computation of Public Supp						
<u> 15</u>	Public support percentage for 2020 (line 8,			mn (f))		15	%
16	Public support percentage from 2019 Schee					16	
	tion D. Computation of Investment					10	70
<u>3ec</u> 17				13 column (f))		17	%
	Investment income percentage for 2020 (lin						<u>%</u>
18	Investment income percentage from 2019 S					18	
19 a	331/3% support tests - 2020. If the org	-					. \square
	17 is not more than 331/3%, check this		_				
b	331/3% support tests - 2019. If the orga						
	line 18 is not more than 331/3 %, check		-	•			
20	Private foundation. If the organization d	id not check a	a box on line 1	4, 19a, or 19b,	check this box	and see instruc	ctions 🕨 📗

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Part IV Supporting Organizations

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

Section A. All Supporting Organizations

- Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 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 line 10b below.
 - 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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	3b		
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Part I	V Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and			
	11c below, the governing body of a supported organization?	11a		
	, · · · · · · · · · · · · · · · · · · ·	11b		L
С	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
		11c		
Section	on B. Type I Supporting Organizations			
	ſ		Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2		
Section	on C. Type II Supporting Organizations		\ <u>'</u>	
			res	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)? <i>If "No," describe in Part VI how control</i>			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Section	on D. All Type III Supporting Organizations			
_			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?			
•	· ·	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.	3		
Section	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 governmental entity (see	e instr		
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. <i>Answer lines 3a and 3b below.</i>			
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? <i>If "Yes" or "No," provide details in Part VI.</i>	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If</i> "Yes," <i>describe in</i> Part VI the role played by the organization in this regard.	3b		

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Pa	art V Type III Non-Functionally Integrated 509(a)(3) Supporting Organ	nization	S	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	g trust on	Nov. 20, 1970 (explain	in in Part VI). See
	instructions. All other Type III non-functionally integrated supporting organization	zations r	nust complete Sectio	ns A through E.
Se	ection 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		
Se	ection B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
C	Fair market value of other non-exempt-use assets	1c		
c	I Total (add lines 1a, 1b, and 1c)	1d		
e	Discount claimed for blockage or other factors (explain in detail in Part VI):	1e		
_2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Se	ection C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		
7			ted Type III supportin	g organization

Schedule A (Form 990 or 990-EZ) 2020

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Part	V Type III Non-Functionally Integrated 509(a)(3)	Supporting Organiz	ations (continued)			
Sect	ion D - Distributions				Current Year	
1	1 Amounts paid to supported organizations to accomplish exempt purposes					
2	Amounts paid to perform activity that directly furthers exer	mpt purposes of suppo	rted			
	organizations, in excess of income from activity			2		
3	Administrative expenses paid to accomplish exempt purpo	oses of supported orga	nizations	3		
4	Amounts paid to acquire exempt-use assets			4		
5	Qualified set-aside amounts (prior IRS approval required - p	7)	5			
6	Other distributions (describe in Part VI). See instructions.			6		
7	Total annual distributions. Add lines 1 through 6.			7		
8	Distributions to attentive supported organizations to which	the organization is res	sponsive			
	(provide details in Part VI). See instructions.			8		
9	Distributable amount for 2020 from Section C, line 6			9		
10	Line 8 amount divided by line 9 amount		1	10		
Saat	(ii) (ii) Underdistributions					

Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2020			
	(reasonable cause required - explain in Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2020			
a	From 2015			
b	From 2016			
C	From 2017			
d	From 2018			
е	From 2019			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2020 distributable amount			
i	Carryover from 2015 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2020 from			
	Section D, line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2020 distributable amount			
C	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2020, if			
	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2020. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2021. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2016			
b	Excess from 2017			
С	Excess from 2018			
d	Excess from 2019			
е	Excess from 2020			

Schedule A (Form 990 or 990-EZ) 2020

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Scriedule A (Form 990 or 990-E2

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.)

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

2020

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** [X] 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 (entering "N/A" in column (b) instead of the contributor name and address), 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

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) (2020)

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).

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Name of organization IT'S THE JOURNEY, INC

Employer identification number 47-0897591

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
1 N/A		\$\$\$	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 N/A		\$\$	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 <u>N/A</u>		\$\$	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 <u>N/A</u>		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5 <u>N/A</u>		\$\$\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6 N/A		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization IT'S THE JOURNEY, INC

Employer identification number 47-0897591

art II	Noncash Property	(see instructions).	. Use duplicate	copies of Part II	if additional space is needed.
--------	-------------------------	---------------------	-----------------	-------------------	--------------------------------

(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
		\$	

Employer identification number 47-0897591

t c	Exclusively religious, charitable, etc. (10) that total more than \$1,000 for the following line entry. For organizatic contributions of \$1,000 or less for the Jse duplicate copies of Part III if addit	the year from any one co ons completing Part III, en e year. (Enter this informat	ontributor. Cotal (Complete columns (a) through (e) and of exclusively religious, charitable, etc.	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held	
	Transferee's name, address, ar	(e) Transfer of gift		nship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held	
	Tunnefannala nome address an	(e) Transfer of gift			
	Transferee's name, address, ar	U ZIF + 4	Relation	nship 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	i		
	Transferee's name, address, ar	nd ZIP + 4	Relation	nship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held	
	Transferee's name, address, ar	(e) Transfer of gift	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
Pa	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	Total number at end of year	
2	Aggregate value of contributions to (during year)	
3	Aggregate value of grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held i	in donor advised
	funds are the organization's property, subject to the organization's exclusive legal control?	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant full	
	only for charitable purposes and not for the benefit of the donor or donor advisor, or for ar	
	conferring impermissible private benefit?	
Pa	rt II Conservation Easements.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 7.	
1	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	of a historically important land area
	Protection of natural habitat Preservation of	of a certified historic structure
	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in	
	easement on the last day of the tax year.	Held at the End of the Tax Year
а	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
С	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 7/25/06, and not on a	
	historic structure listed in the National Register	2d
3	Number of conservation easements modified, transferred, released, extinguished, or termination	nated by the organization during the
	tax year 🕨	
4	Number of states where property subject to conservation easement is located	
5	Does the organization have a written policy regarding the periodic monitoring, inspection	-
_	violations, and enforcement of the conservation easements it holds?	
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing of	conservation easements during the year
-	Annual of the control is a control in the control i	
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing co	inservation easements during the year
8	> Does each conservation easement reported on line 2(d) above satisfy the requirements of section	on 170/h)////P)/i)
0	· · · · · · · · · · · · · · · · · · ·	
9	and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and	evnence statement and
5	balance sheet, and include, if applicable, the text of the footnote to the organization's financia	•
	organization's accounting for conservation easements.	
Pa	organizations Maintaining Collections of Art, Historical Treasures, or Other	Similar Assets.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 8.	
1a	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, service, provide in Part XIII the text of the footnote to its financial statements that describes the	or research in furtherance of public
L.	• 1	
b	If the organization elected, as permitted under FASB ASC 958, to report in its revenue start, historical treasures, or other similar assets held for public exhibition, education, or rese	
	provide the following amounts relating to these items:	aren in farmerance of public service,
	(i) Revenue included on Form 990, Part VIII, line 1	> \$
	(ii) Assets included in Form 990, Part X	
2	If the organization received or held works of art, historical treasures, or other similar a	
	following amounts required to be reported under FASB ASC 958 relating to these items:	<u>-</u> .
а	Revenue included on Form 990, Part VIII, line 1	 \$
b	Assets included in Form 990, Part X	▶ \$

Page 2 Schedule D (Form 990) 2020

Pa	rt III Organizations Maintain	ing Collections of	Art, Historical Tre	asures, or	Other Similar	Assets (conti		rage =
3	Using the organization's acquisiti	_ 				•		of its
	collection items (check all that app	oly):						
а	Public exhibition		d Loan o	or exchange	program			
b	Scholarly research		e Other					
С	Preservation for future gene	erations						
4	Provide a description of the orga	nization's collections	and explain how t	hey further	the organization	's exempt pui	pose in	Part
	XIII.							
5	During the year, did the organizati	on solicit or receive d	lonations of art, histo	orical treasu	res, or other simi	lar		
	assets to be sold to raise funds rat	her than to be mainta	ained as part of the o	organization'	s collection?	🔲 ۱	es _	No
Pa	rt IV Escrow and Custodial A							
	Complete if the organize	ation answered "Ye	es" on Form 990, F	Part IV, line	9, or reported a	an amount or	n Form	
	990, Part X, line 21.							
1 a	Is the organization an agent, trus					sets not		_
	included on Form 990, Part X?					۱ 📖 ۰۰۰۰	es	No
b	If "Yes," explain the arrangement	in Part XIII and comp	plete the following tab	ole:				
						Amount		
С	Beginning balance							
d	Additions during the year							
е	Distributions during the year							
f	Ending balance							
2a	5						es _	No
	If "Yes," explain the arrangement	in Part XIII. Check he	ere if the explanation	has been pr	ovided on Part XI	<u> </u>		
Pa	rt V Endowment Funds.	-4: I II)/-	-" 000 F)	40			
	Complete if the organiz					1		
		(a) Current year	(b) Prior year	(c) Two year	` ` ' '		Four years	
1 a	Beginning of year balance	283,237.	68,413.			2,224.		,659.
b	Contributions	952.	283,237.	68	,413. 5	3,043.	52	,224.
С	Net investment earnings, gains,							
	and losses							
d	Grants or scholarships							
е	Other expenditures for facilities	106 015	60 410		0.40	0.004		650
	and programs	106,917.	68,413.	53	,043. 5	2,224.	62	<u>,659</u> .
f	Administrative expenses	155 050	002 025	60	412	2 0 4 2		
g	End of year balance	177,272.	283,237.	68	,413. 5	3,043.	52	,224.
2	Provide the estimated percentage			column (a))	held as:			
a	Board designated or quasi-endowr		_%					
	Permanent endowment	%						
С	Term endowment ▶ 100.0000	_	1000/					
٥-	The percentages on lines 2a, 2b,	•				. 41		
3a	Are there endowment funds not in	the possession of tr	ie organization that	are neid and	administered for	rtne	Yes	No
	organization by:					20		X
	(i) Unrelated organizations							X
L	(ii) Related organizations If "Yes" on line 3a(ii), are the relat						(ii)	<u> </u>
_	· /:	•	•			3	Ы	
4	Describe in Part XIII the intended rt VI Land, Buildings, and Eq		tion's endowment fur	ius.				
га	Complete if the organize	ation answered "Ye	es" on Form 990, F	Part IV, line	11a. See Form	n 990, Part X	, line 10).
	Description of property	(a) Cost or	other basis (b) Cost of	or other basis	(c) Accumulated	(d) Boo	ok value	
1 2	Land	(invest	unent) (0	ther)	depreciation			
та b	Buildings							
D	Leasehold improvements							
d	Equipment.			14,335.	14,335.			
	Other			13,440.	13,440.			
	I. Add lines 1a through 1e. (Colum		n 990. Part X. columi					

Schedule D (Form 990) 2020 Page 3

Part VII	Investments - Other Securities. Complete if the organization answered	l "Vos" on Form 000) Part IV line 11h See Form 000	Part V lina 12
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuatio Cost or end-of-year marke	
(1) Financia	al derivatives			
(2) Closely	held equity interests			
(3) Other _				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
Total. (Column	n (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII	Investments - Program Related.			
	Complete if the organization answered	l "Yes" on Form 990), Part IV, line 11c. See Form 990, I	Part X, line 13.
	(a) Description of investment	(b) Book value	(c) Method of valuation	
			Cost or end-of-year market	value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	n (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, l	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) I	line 15.)		
Part X	Other Liabilities.	/		
	Complete if the organization answered line 25.	l "Yes" on Form 990), Part IV, line 11e or 11f. See Form	n 990, Part X,
1.	(a) Descrip	tion of liability		(b) Book value
	al income taxes	<u> </u>		
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)	nn (b) must equal Form 990, Part X, col. (B) line 25.)			
1 Jiahilitus fa	r uncertain tox positions. In Part XIII, provide the		the ameninations financial statements the	ut nomente the

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) 2020

Conoda	10 D (10 m) 000/2020		i ugo i
Part	XI 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	857,576.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	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.)	20	19,721.
e	Add lines 2a through 2d	2e 3	837,855.
3 4	Subtract line 2e from line 1		,
a	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		
С	Add lines 4a and 4b	4c	028 055
5 Port	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	837,855.
Part	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	ırn.	
1	Total expenses and losses per audited financial statements	1	898,187.
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 III Fait Alli.)	2e	-9,834.
e	Add lines 2a through 2d	3	908,021.
3 4	Subtract line 2e from line 1		· · ·
a	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		
С	Add lines 4a and 4b	4c	000 001
5 Dow4	Total expenses. Add lines 3 and 4c . (<i>This must equal Form 990, Part I, line 18.</i>)	5	908,021.
	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	Part V.	line 4: Part X. line
2; Part	XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform	nation	
SEE	PAGE 5		

Part XIII Supplemental Information (continued)

PART V

TEMPORARILY RESTRICTED NET ASSETS TOTALED \$177,272 AS OF DECEMBER 31, 2020 AND CONSIST OF CONTRIBUTIONS THAT ARE RESTRICTED FOR FUTURE WALKS. NET ASSETS RELEASED FROM RESTRICTION DURING 2020 TOTALED \$106,917, WHICH WERE TIME-RESTRICTED FOR THE 2020 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, 2017.

PART XI, LINE 2D

12,988 FUNDRAISING EXPENSE

18 + COGS

13,006 =

Schedule D (Form 990) 2020

Part XIII Supplemental Information (continued)

PART XII, LINE 2B

-22,840- PRIOR YEAR GRANTS RETURNED

PART XII, LINE 2D

12,988 FUNDRAISING EXPENSE

18 + COGS

13,006 =

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.

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Open to Public Inspection

	e organization					Employer identification	on number
	HE JOURNEY, INC					47-0897591	
Part I	Fundraising Activities. Comp	•			Yes" on Form 99	90, Part IV, line 1	7.
	Form 990-EZ filers are not re	·					
1 <u>Inc</u>	dicate whether the organization rais	sed funds through	any of the	following	activities. Check a	all that apply.	
a	Mail solicitations	е	Solid	itation of r	non-government g	rants	
b	Internet and email solicitations	f	Solid	itation of	government grants	S	
С	Phone solicitations	g	ı ∭ Spe	cial fundra	ising events		
d	In-person solicitations		-		_		
or b If '	d the organization have a written of key employees listed in Form 990. "Yes," list the 10 highest paid indi- mpensated at least \$5,000 by the	, Part VII) or entity viduals or entities	y in connec	tion with p	rofessional fundra	ising services?	Yes No fundraiser is to be
	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	custody	draiser have or control of outions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in	(vi) Amount paid to (or retained by) organization
			Yes	No		col. (i)	
1			103	110			
2							
3							
4							
5							
6							
7							
8							
9							
10							
	st all states in which the organizati gistration or licensing.	tion is registered	or licensed	d to solicit	contributions or	has been notified	it is exempt from

Sche	dule	e G (Form 990 or 990-EZ) 2020				Page 2
Pa	rt l	Fundraising Events. Completed more than \$15,000 of fundrate events with gross receipts great the second sec	aising event contribut			
		events with gross receipts gre	(a) Event #1 AUCTION	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through
a)			(event type)	(event type)	(total number)	col. (c))
Revenue	1	Gross receipts	24,981.			24,981
ፚ	2	Less: Contributions	610.			610
	3	Gross income (line 1 minus line 2)	24,371.			24,371
	4	Cash prizes				
	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs				
Expe	7	Food and beverages	3,704.			3,704
Direct	8	Entertainment	51.			51
	9	Other direct expenses	12,841.			12,841
	10	Direct expense summary. Add lin	es 4 through 9 in colu	ımn (d)		16,596
Pa			anization answered "			7,775 reported more than
_		\$15,000 on Form 990-EZ, lin	ne 6a. ⊺	T		T =
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Rev	1	Gross revenue				
penses	2	Cash prizes				
	3	Noncash prizes				
Direct Ex	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	Yes %	Yes% No	Yes% No)
	7	Direct expense summary. Add lin	es 2 through 5 in colu	ımn (d)		
	8	Net gaming income summary. Su	ubtract line 7 from line	1, column (d)	>	
9 a b	l	Enter the state(s) in which the org Is the organization licensed to con If "No," explain:	anization conducts ga	in each of these state	es?	Yes No
10a		Were any of the organization's gaming	g licenses revoked, sus	pended, or terminated d	uring the tax year?	. Yes No

Sched	ule G (Form 990 or 990-EZ) 2020
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?
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$
С	If "Yes," enter name and address of the third party:
	Name ▶
	Address ▶
16	Gaming manager information:
	Name ▶
	Gaming manager compensation ►\$
	Description of services provided ▶
	Director/officer Employee Independent contractor
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? Yes No
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	Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information
COLL	(see instructions).
SCH.	EDULE G, PART II, EVENT #1:
DUE	TO COVID-19, IT'S THE JOURNEY'S ANNUAL GALA WAS REPLACED BY A VIRTUAL
SIL	ENT AUCTION.

Schedule G (Form 990 or 990-EZ) 2020

SCHEDULE I (Form 990)

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

2020

OMB No. 1545-0047

Open to Public

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.

Inspection Employer identification number

IT'S THE JOURNEY, INC						47-089759	1	
Part I General Information on Grants ar	nd Assistanc	e						
 Does the organization maintain records to set the selection criteria used to award the grant in Part IV the organization's process. 	nts or assistand	ce?			• •		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.								
(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) ATHENS NURSES CLINIC								
PO BOX 1732 ATHENS, GA 30603	58-2490925	501(C)(3)	10,960.				PROGRAMS	
(2) ATLANTA CANCER CARE FOUNDATION								
5670 PEACHTREE DUNWOODY ROAD SUITE 1100	58-2607802	501(C)(3)	20,000.				PROGRAMS	
(3) THE CANCER FOUNDATION								
PO BOX 49309 ATHENS, GA 30604	20-3378035	501(C)(3)	20,000.				PROGRAMS	
(4) CANCER SUPPORT COMMUNITY ATLANTA								
1100 JOHNSON FERRY ROAD ATLANTA, GA 30342	58-2142151	501(C)(3)	8,900.				PROGRAMS	
(5) CENTER FOR BLACK WOMEN'S WELLNESS, INC.								
477 WINDSOR STREET SUITE 309	58-2212203	501(C)(3)	20,000.				PROGRAMS	
(6) EAST GEORGIA CANCER COALITION								
315 RIVERBEND ROAD ATHENS, GA 30602	20-3273703	501(C)(3)	20,000.				PROGRAMS	
(7) EMORY UNIVERSITY								
1599 CLIFTON ROAD NE ATLANTA, GA 30322	58-0566256	501(C)(3)	8,250.				PROGRAMS	
(8) GOOD NEWS CLINICS								
PO BOX 2683 GAINESVILLE, GA 30503	06-1445382	501(C)(3)	9,000.				PROGRAMS	
(9) THE GOOD SAMARITAN HEALTH CENTER, INC.								
1015 DONALD LEE HOLLOWELL PKWY	58-2373395	501(C)(3)	18,740.				PROGRAMS	
(10) GWINNETT HOSPITAL SYSTEM FOUNDATION								
1755 N. BROWN ROAD SUITE 100	58-1828486	501(C)(3)	9,991.				PROGRAMS	
(11) THE LIGHTHOUSE LYMPHEDEMA NETWORK								
10240 CRESCENT RIDGE ROSWELL, GA 30076	58-2301746	501(C)(3)	20,000.				PROGRAMS	
(12) MERCY CARE ATLANTA								
5134 PEACHTREE ROAD CHAMBLEE, GA 30341	58-1448522	501(C)(3)	20,000.				PROGRAMS	
2 Enter total number of section 501(c)(3) and	government	organizations lis	sted in the line 1 tal	ble			•	
3 Enter total number of other organizations lis	sted in the line	e 1 table						

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

Schedule I (Form 990) 2020

SCHEDULE I (Form 990)

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

2020

Employer identification number

OMB No. 1545-0047

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

▶ Attach to Form 990.

0. Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

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

IT'S THE JOURNEY, INC	d Assistans					47-089759	<u> </u>
Part I General Information on Grants and							
1 Does the organization maintain records to su			•	•			X Yes No
the selection criteria used to award the grant							X Yes No
2 Describe in Part IV the organization's proced	dures for mor	nitoring the use	of grant funds in the	e United States.			
Part II Grants and Other Assistance to D	omestic Or	ganizations ar	nd Domestic Gov	vernments. Com	plete if the organiz	ation answered "Y	es" on Form 990,
Part IV, line 21, for any recipient the	nat received	more than \$5	,000. Part II can I	oe duplicated if a	additional space is r	needed.	
(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) NORTHSIDE HOSPITAL CANCER INSTITUTE							
1100 JOHNSON FERRY RD NE CENTER POINT II SU	58-1954432	501(C)(3)	36,000.				PROGRAMS
(2) TURNINGPOINT BREAST CANCER REHABILITATION							
8010 ROSWELL ROAD ATLANTA, GA 30350	56-2318721	501(C)(3)	15,510.				PROGRAMS
(3) UNIVERSITY HEALTH CARE FOUNDATION							
2260 WRIGHTSBORO ROAD AUGUSTA, GA 30904	58-1343550	501(C)(3)	14,958.				PROGRAMS
(4) WELLSTAR FOUNDATION							
805 SANDY PLAINS ROAD SUITE 100	58-1637413	501(C)(3)	44,884.				PROGRAMS
(5) PIEDMONT ATHENS REGIONAL FOUNDATION - SUPPO							
1199 PRINCE AVENUE ATHENS, GA 30606	58-1978389	501(C)(3)	10,000.				PROGRAMS
(6) UNITED IN PINK, INC.							
1515 BASS ROAD SUITE H MACON, GA 31210	20-5848087	501(C)(3)	15,000.				PROGRAM
(7) ATLANTA LEGAL AID SOCIETY							
54 ELLIS ST NE ATLANTA, GA 30303	58-0568691	501(C)(3)	6,667.				PROGRAMS
(8) HOPE FOR THE JOURNEY							
P.O. BOX 1343 CARROLLTON, GA 30112	27-2982365	501(C)(3)	6,000.				PROGRAMS
(9) PIEDMONT ATHENS REGIONAL - BREAST HEALTH CE							
PAR BREAST HEALTH CENTER ATHENS, GA 30606	58-2179986	501(C)(3)	15,646.				PROGRAMS
(10) PIEDMONT HEALTHCARE ATLANTA/NEWNAN							
2001 PEACHTREE RD NE ATLANTA, GA 30309	58-1272768	501(C)(3)	20,000.				PROGRAMS
(11) SOUTHEAST GA RURAL COMMUNITY NETWORK							
714-1 NW BROAD ST LYONS, GA 30436	47-1963576	501(C)(3)	20,000.				PROGRAMS
(12)							
	<u> </u>						
2 Enter total number of section 501(c)(3) and	government	organizations lis	sted in the line 1 tal	ole			23.
3 Enter total number of other organizations list	ted in the line	1 table	<u> </u>	<u> </u>	<u>.</u>	. . >	

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

Schedule I (Form 990) 2020

Page 2

IT'S THE JOURNEY, INC 47-0897591

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					

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

PART I, LINE 2

Schedule I (Form 990) (2020)

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

Schedule I (Form 990) (2020)

47-0897591

IT'S THE JOURNEY, INC

Schedule I (Form 990) (2020) Page 2

art 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.

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) (2020)

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 0 (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.

Open to Public

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Inspection Employer identification number

Name of the organization IT'S THE JOURNEY, INC

47-0897591

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

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.

FORM 990, PART XI, LINE 8:

DURING 2020, AN ACCOUNTING MATTER WAS IDENTIFIED THAT LED TO REQUIRED CORRECTIONS OF THE PREVIOUSLY ISSUED FINANCIAL STATEMENTS. THE LINE ITEM THAT WAS AFFECTED BY THE CORRECTION WAS UNCONDITIONAL PROMISES TO GIVE, WHICH HAD A PREVIOUSLY STATE BALANCE OF ZERO AND A RESTATED BALANCE OF \$190,606. THE NET EFFECT OF THE CORRECTION HAS INCREASED NET ASSETS AT DECEMBER 31, 2019 BY \$190,606 AND NET ASSETS WITH DONOR RESTRICTIONS WAS PREVIOUSLY REPORTED AS \$91,917 AND INCREASED TO \$283,237 AS A RESULT OF THE CORRECTION.

PRIOR PERIOD ADJUSTMENT OF \$22,840 FOR PRIOR YEAR GRANTS RETURNED.

\$190,606

Schedule O (Form 990 or 990-EZ) 2020 Page **2**

Name of the organization

IT'S THE JOURNEY, INC

Employer identification number

47-0897591

22,840

= \$213,446

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.

CORONAVIRUS HIT ALL NON-PROFITS HARD. NON-PROFITS SURVIVE OFF OF DISPOSABLE INCOME, AND ARE TYPICALLY THE FIRST ITEM TO GO OUT OF A MONTHLY HOUSE BUDGET AND THE LAST TO BE PUT BACK IN. SIMILAR TO THE MOST RECENT RECESSION, WE SAW A 50% DECREASE IN INCOME LEVELS IN 2020.

IT'S THE JOURNEY IS A SMALL LOCAL NON-PROFIT WITH A FULL- TIME STAFF OF 5. MOSTLY SUPPORTED IN THE PAST BY JUST THE GA 2-DAY WALK FOR BREAST CANCER INCOME, EVEN WITH DIVERSIFYING OUR REVENUE STREAMS, WE STILL SAW A HUGE REDUCTION IN OUR ABILITY TO CULTIVATE DONORS AND BRING IN REVENUE. WITH MOST CHARITY EVENTS HAVING TO GO

Name of the organization IT'S THE JOURNEY, INC

Employer identification number 47-0897591

ATTACHMENT 1 (CONT'D)

FROM IN PERSON (WITH A VERY PERSONABLE TOUCH) TO ONLINE, WE LOST
THE CHANCE TO SOCIALIZE WITH OUR GUESTS, WHICH IS VITAL TO KEEPING
THE MISSION IN FRONT OF THEM. WITH COVID 19 CAUSING A GLOBAL SHUT
DOWN, PEOPLE LOSING THEIR JOBS AND NOT GOING OUT IN PUBLIC, THE
OPPORTUNITIES TO RECRUIT SEASONED WALKERS/DONORS AND TO WORK ON
RECRUITING NEW DONORS/SUPPORTERS WAS NOT A POSSIBILITY FROM MARCH
2020, WELL INTO 2021.

WHILE WE WERE ABLE TO PIVOT TO INCLUDE ONLINE SOCIAL EVENTS, AND SURVEYED OUR DONORS AS TO THEIR COMFORT LEVEL, WE DID FIND THAT MOST OF OUR SUPPORTERS EITHER DIDN'T HAVE THE INCOME TO DONATE AND/OR WERE VERY UNCOMFORTABLE ASKING OTHERS TO GIVE IN THE MIDDLE OF GLOBAL PANDEMIC. WE ADJUSTED OUR BUDGET, CHANGED OUR ENTIRE MARKETING STRATEGY, WORKED ON REDUCED PAY, AND PULLED OUT EVERY MARKETING SECRET WE COULD IN ORDER TO BRING IN THE DOLLARS WE DID. WE STAYED TRUE TO OUR MISSION AND FOCUSED ON OUR GRANTEES, KEEPING THE MISSION IN FRONT OF OUR DONORS IN EVERY WAY POSSIBLE. LIKE THE REST OF THE WORLD, WE SWITCHED EVERYTHING TO VIRTUAL AND AFTER A FEW MONTHS SAW A DRASTIC REDUCTION IN ENGAGEMENT; CONTRIBUTING THAT TO ZOOM FATIGUE. IT IS VERY HARD TO GET DONOR DOLLARS TURNED IN WHEN PEOPLE AREN'T SURE IF THEY ARE GOING TO HAVE AN INCOME IN THE MONTHS TO COME. ALL THAT BEING SAID, OUR SUPPORTERS RAISED OVER \$600,000 WITHOUT GETTING TO ATTEND ANYTHING IN RETURN.

WHILE WE ARE GEARED TO HOST AN IN-PERSON WALK IN 2021, WE ARE NOT ANTICIPATING GETTING BACK TO THE SAME HIGH LEVEL OF INCOME AS WE

Schedule O (Form 990 or 990-EZ) 2020 Page 2

Name of the organization Employer identification number IT'S THE JOURNEY, INC 47-0897591

ATTACHMENT 1 (CONT'D)

HAD PRIOR TO COVID-19. WE EXPECT IT WILL TAKE 2-3 YEARS TO RECOVER FULLY AND WITH MORE COVID-19 STRAINS AND VACCINATION ISSUES, IT COULD TAKE LONGER. WE ARE WORKING TO DIVERSIFY OUR INCOME TO ACCOMMODATE FOR THOSE THAT ARE NOW IN THE CATEGORY OF "CULTURE CHANGE" AND STAYING AT HOME, AS WELL AS LOOKING TO ADD SMALLER EVENTS IN AREAS THROUGHOUT METRO ATLANTA, THUS INCREASING OUR CHANCES OF MORE REVENUE.

LARGER NATIONALLY BASED CHARITIES WILL SEE A QUICKER RETURN TO NORMAL THAN ITJ, BUT WE WILL CONTINUE TO LOOK BACK AT COVID 19 AS A MEANS OF LEARNING TO PIVOT AND CHANGE WITH THE CULTURES.

ATTACHMENT 2

FORM 990, PART X - PREPAID EXPENSES AND DEFERRED CHARGES

ENDING DESCRIPTION BOOK VALUE

PREPAID RENT 4,077.

TOTALS 4,077.

ATTACHMENT 3

ENDING

DESCRIPTION BOOK VALUE

UNEARNED REVENUE 79,046.

79,046. TOTALS

FORM 990, PART X - DEFERRED REVENUE

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

Employer identification number Name 47-0897591 IT'S THE JOURNEY, INC

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	<u> </u>		
					1							
2a	Personal holding company tax (Schedule PH (For	m 11	20), line 26) included on line 1	2	a							
b	Look-back interest included on line 1 under section	ion 4	60(b)(2) for completed long-te	erm								
	contracts or section 167(g) for depreciation under	the i	ncome forecast method	2	b							
С	Credit for federal tax paid on fuels (see instru	uctio	ns)	2	c							
d	Total. Add lines 2a through 2c								2d	<u> </u>		
3	Subtract line 2d from line 1. If the result is	less	than \$500, do not comple	ete or f	file	this form. T	he corpoi	ation				
	does not owe the penalty								3	<u> </u>		
4	Enter the tax shown on the corporation's 20											
	the tax year was for less than 12 months, sk	ip th	is line and enter the amoun	nt from	line	3 on line 5			4			
5	Required annual payment. Enter the smalle											
Don	the amount from line 3	<u></u>	· · · · · · · · · · · · · · · · · · ·			<u> </u>		 	5			fila
Par	Reasons for Filing - Check the Form 2220 even if it does not on the form 2220 even if				,	boxes are	cnecke	ea, in	e cc	orpo	oration m	iust ille
6	The corporation is using the adjusted		•	0110110								
7	The corporation is using the annualize											
8	The corporation is a "large corporation			allment l	bas	ed on the pri	or year's t	ax.				
Part						· ·						
	Jan		(a)		(k))		(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. Filers with install-											
	ments due on or after April 1, 2020, and before July 15, 2020, see instructions	9										
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											
		11										
	Complete lines 12 through 18 of one column											
	before going to the next column.											
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								\dashv		
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								$ \rightarrow $		
18	Overpayment. If line 10 is less than line 15, subtract line 10 from line 15. Then go to line											
		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** (2020)