It's The Journey, Inc.

Public Inspection Copy For the Year Ended December 31, 2021

TAX RETURNS



IT'S THE JOURNEY, INC INSTRUCTIONS FOR FILING FORM 8879-TE

IRS E-FILE SIGNATURE AUTHORIZATION FOR FORM 990 FOR THE YEAR ENDED DECEMBER 31, 2021

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-TE 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, 2022. 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-TE**

IRS e-file Signature Authorization for a Tax Exempt Entity

For calendar year 2021, or fiscal year beginning 01/01/2021 and ending 12/31/2021

2021

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service ▶ Do not send to the IRS. Keep for your records.
 ▶ Go to www.irs.gov/Form8879TE for the latest information.

EIN or SSN THE JOURNEY, INC 47-0897591 Name and title of officer or person subject to tax ROBIN RAMSEY, TREASURER Type of Return and Return Information Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a 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, 7b, 8b, 9b, or 10b, 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 b Total revenue, if any (Form 990, Part VIII, column (A), line 12) 1b 1,319,638. 2a Form 990-EZ check here . . . > b Total revenue, if any (Form 990-EZ, line 9). 2b Form 1120-POL check here . > b Tax based on investment income (Form 990-PF, Part V, line 5). 4b Form 990-PF check here 5a Form 8868 check here > 6a Form 990-T check here b Total tax (Form 990-T, Part III, line 4) 6b 7a Form 4720 check here 8a Form 5227 check here b FMV of assets at end of tax year (Form 5227, Item D)8b Form 5330 check here **b** Tax due (Form 5330, Part II, line 19) 9b 10a Form 8038-CP check here . . > b Amount of credit payment requested (Form 8038CP, Part III, line 22) .10b **Declaration and Signature Authorization of Officer or Person Subject to Tax** Under penalties of perjury, I declare that | X | I am an officer of the above entity or | I am a person subject to tax with respect to (name of entity) and that I have examined a copy of the 2021 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke 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 box only X I authorize 8 | 5 | 2 | 7 | 9 | as my signature SMITH & HOWARD, to enter my PIN Enter five numbers, but **ERO firm name** do not enter all zeros on the tax year 2021 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 entity, I will enter my PIN as my signature on the tax year 2021 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 11/15/2022 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 Do not enter all zeros I certify that the above numeric entry is my PIN, which is my signature on the 2021 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.

ERO Must Retain This Form - See Instructions
Do Not Submit This Form to the IRS Unless Requested To Do So

For Privacy Act and Paperwork Reduction Act Notice, see back of form.

Form **8879-TE** (2021)

11/15/2022

ERO's signature

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Open to Public Inspection

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.

AF	or th	ie 202	1 calendar year, or tax year beginning and endi	ng			
D	B Check if applicab		C Name of organization		D Employer ide	entifica	ation number
ВС	heck if a	pplicable:	IT'S THE JOURNEY, INC				
X	Addre		Doing Business As		47-0897	591	
	7 '	e change	Number and street (or P.O. box if mail is not delivered to street address) Room/suite		E Telephone no	ımber	
	Initia	I return	40 TECHNOLOGY PARKWAY SOUTH STE 200		(404)53	31 – 4	1111
	Term	inated	City or town, state or province, country, and ZIP or foreign postal code		,		
	Amer		PEACHTREE CORNERS, GA 30092		G Gross receipt	s \$	1,321,592.
		cation	F Name and address of principal officer: STEPHANI TUCKER		H(a) Is this a grou		
	_ pendi	ing	40 TECHNOLOGY PARKWAY SOUTH 200, PEACHTREE CORNERS,	GA	subordinates' H(b) Are all subord		
$\overline{}$	Tax-ex	empt sta			. ,		(see instructions)
			WWW.ITSTHEJOURNEY.ORG		H(c) Group exemp		,
				of format	ion: 2002 M		
	art I		nmary	Ji lollilat	.ion. 2002 III	Otato (or regar doffficite. GA
			describe the organization's mission or most significant activities: SUPPORT GEOR		C DV DATC	ENIC	MONEY FOR
4	'		AGE HEATEN AND DDEAGE GANGED DDOGDAMG				
Governance		BREA	AST HEALTH AND BREAST CANCER PROGRAMS.				
rna							
ove	2		if the organization discontinued its operations or disposed of more th			1	1.0
	3		er of voting members of the governing body (Part VI, line 1a)			3	10
Activities &	4		er of independent voting members of the governing body (Part VI, line 1b)			4	10
viti	5		number of individuals employed in calendar year 2021 (Part V, line 2a)			5	6
cti	6		number of volunteers (estimate if necessary)			6	300
٩			unrelated business revenue from Part VIII, column (C), line 12			7a	
	b	Net ur	nrelated business taxable income from Form 990-T, line 34			7b	NONE
					Prior Year		Current Year
<u>e</u>	8	Contri	butions and grants (Part VIII, line 1h)	1	800,80	16.	1,192,841.
Revenue	9	Progra	am service revenue (Part VIII, line 2g) PUBLIC INSPECTION		10,60)5.	113,776.
ev.	10		ment income (Part VIII, column (A), lines 3, 4, and 7d)	l	13,45	54.	12,679.
	11	Other	revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		12,99	0.	342.
	12	Total ı	revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		837,85	55.	1,319,638.
	13	Grants	s and similar amounts paid (Part IX, column (A), lines 1-3)		390,50	16.	568,060.
	14		its paid to or for members (Part IX, column (A), line 4)		NO	ONE	NONE
S	15		es, other compensation, employee benefits (Part IX, column (A), lines 5-10)		336,91	7.	311,199.
Expenses	16a		ssional fundraising fees (Part IX, column (A), line 11e)		NO	ONE	NONE
xbe	b	Total f	fundraising expenses (Part IX, column (D), line 25) ▶46,612.				
ωÛ	17		expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		180,59	8.	331,574.
	18		expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		908,02		1,210,833.
	19		ue less expenses. Subtract line 18 from line 12	1	-70,16		108,805.
o s					ning of Current Y	_	End of Year
ets	20	Total a	assets (Part X, line 16)		1,468,15	0	1,715,084.
Net Assets or Fund Balances	21		iabilities (Part X, line 26)		471,70		619,037.
E e	22		ssets or fund balances. Subtract line 21 from line 20		996,44		1,096,047.
	rt II		gnature Block	I	220,11		1,000,017.
			of perjury, I declare that I have examined this return, including accompanying schedules and state	ments a	and to the hest of	mv k	nowledge and helief it is
true	e, corre	ect, and	complete. Declaration of preparer (other than officer) is based on all information of which preparer h	as any kr	nowledge.	,	mowleage and belief, it is
					11/1	F / O	000
Sig	n		Signature of officer		11 / 1 Date	15/2	022
He					Dato		
			ROBIN RAMSEY TREASURER				
			Type or print name and title			T E	TINI
Paic	i	Print/	Type preparer's name Préparer's signature Date		Check	".	TIN
	parer	SABI	RE J LINAHAN JULY MINA 11/19	5/202	2 self-employe	ed E	201372980
	Only	Firm's	name ▶ SMITH & HOWARD, P.C.		Firm's EIN	58	3-1250486
		Firm's	address > 271 17TH STREET, NW SUITE 1600 ATLANTA, GA 30363		Phone no.	40	4-874-6244
May	the I	RS dis	cuss this return with the preparer shown above? (see instructions)	<u> </u>	<u> </u>		X Yes No
For	Pape	rwork	Reduction Act Notice, see the separate instructions.				Form 990 (2021)

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Pa	Statement of Program Service Accomplishments									
	Check if Schedule O contains a response or note to any line in this Part III Briefly describe the organization's mission:	Х								
•	IT'S THE JOURNEY, INC.'S MISSION IS TO SUPPORT GEORGIANS BY RAISING									
	MONEY FOR BREAST HEALTH AND BREAST CANCER PROGRAMS THAT FOCUS ON									
	SCREENING, DIAGNOSTICS, GENETIC COUNSELING AND TESTING, SUPPORT									
	SERVICES, AND RESEARCH.									
2	Did the organization undertake any significant program services during the year which were not listed on the									
2		No								
	If "Yes," describe these new services on Schedule O.	110								
3	Did the organization cease conducting, or make significant changes in how it conducts, any program									
•		No								
	If "Yes," describe these changes on Schedule O.									
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured	d by								
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others,									
	the total expenses, and revenue, if any, for each program service reported.									
4a	(Code:) (Expenses \$ 1,056,026. including grants of \$ 568,060.) (Revenue \$ 114,248.)									
	SEE SCHEDULE O									
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)									
40	(Code:) (Expenses \$including grants of \$) (Revenue \$)									
40	(Code) (Expenses \$\pi) (Revenue \$\pi)									
4 -	Other program comices (Describe on Schedule O.)									
4 d	Other program services (Describe on Schedule O.)									
	(Expenses \$ including grants of \$) (Revenue \$)									

4e Total program service expenses ▶

Form 990 (2021) Page **3**

Part	V 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	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
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		Х
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,			
	assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		Χ
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X, as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a	Х	
b	Did the organization report an amount for investments-other securities in Part X, line 12, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments-program related in Part X, line 13, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
a	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets			3.5
_	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
T	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	445	37	
120	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete</i>	11f	Х	
ıza		120	v	
h	Schedule D, Parts XI and XII	12a	X	
IJ	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
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
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
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	X	

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Part	Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		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			
	employees? If "Yes," complete Schedule J	23		Х
24.5	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than	25		21
24 a				
	\$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		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	235		21
20				
	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			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
	persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L,			
	Part IV instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV.	28b		Х
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
·	"Yes," complete Schedule L, Part IV	28c		Х
20	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		
29	g , ,	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		X
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			
	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			
-	related organization? If "Yes," complete Schedule R, Part V, line 2	36		Х
27	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	30		Δ.
37		27		v
	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 on Schedule O for Part VI, lines 11b and			
_	19? Note: All Form 990 filers are required to complete Schedule O	38	Х	
Part				
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1 a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	Х	

JSA 1E1030 1.000

Form **990** (2021)

Form 990 (2021) Page 5

Par	t V 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 <i>e-file</i> . See instructions.			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	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		Х
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		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5с		
6a	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		Х
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).			
а	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	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7с		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources. (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
	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	44.		
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule</i> O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	4-		3.5
	excess parachute payment(s) during the year?	15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.	16		37
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
4 7	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any	17		
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		

Part VI

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.

Check if Schedule O contains a response or note to any line in this Part VI

Sect	ion A. Governing Body and Management	• • •				
	gg				Yes	No
12	Enter the number of voting members of the governing body at the end of the tax year	1a	10			
ıa	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			-		
	committee, explain on Schedule O.	1b	10			
b	Enter the number of voting members included on line 1a, above, who are independent					
2	Did any officer, director, trustee, or key employee have a family relationship or a business re		-	,		v
_	any other officer, director, trustee, or key employee?			2		X
3	Did the organization delegate control over management duties customarily performed by or un			,		3.7
	supervision of officers, directors, trustees, or key employees to a management company or other p			3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was fi			4		X
5	Did the organization become aware during the year of a significant diversion of the organization's			5		X
6	Did the organization have members or stockholders?			6		X
7a	Did the organization have members, stockholders, or other persons who had the power to el					
	one or more members of the governing body?			7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval			l		
	stockholders, or persons other than the governing body?			7b		X
8	Did the organization contemporaneously document the meetings held or written actions und	ertake	n during			
	the year by the following:					
а	The governing body?			8a	X	
b	Each committee with authority to act on behalf of the governing body?			8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot the organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		X
Secti	on B. Policies (This Section B requests information about policies not required by the Inte			_)	Λ
Occi	on B. I oncles (This occupit B requests information about policies not required by the line	mai	Revenue		·/ Yes	No
40-	Did the surreinstice have local shoutons business on ##listes2			10a		X
	Did the organization have local chapters, branches, or affiliates?			104		- 21
b	If "Yes," did the organization have written policies and procedures governing the activities of		-	10b		
110	affiliates, and branches to ensure their operations are consistent with the organization's exempt p	•		11a	Х	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before fi	iing in	e ionn? .			
b	Describe on 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? <i>If "No," go to line 13</i>			12a	Х	
12a b	Were officers, directors, or trustees, and key employees required to disclose annually interests			1.24		
b	rise to conflicts?		_	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the p			1 = 10		
·	describe on Schedule O how this was done	-		12c	Х	
13	Did the organization have a written whistleblower policy?			13	Х	
14	Did the organization have a written document retention and destruction policy?			14	X	
15	Did the process for determining compensation of the following persons include a review ar					
15	independent persons, comparability data, and contemporaneous substantiation of the deliberation		•			
а	The organization's CEO, Executive Director, or top management official			15a	Х	
b	Other officers or key employees of the organization			15b	Х	
-	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar	r arra	ngement			
	with a taxable entity during the year?			16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization	to ev	aluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to					
	organization's exempt status with respect to such arrangements?			16b		
Secti	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),		and 990-1	「(sect	tion 5	01(c)
	(3)s only) available for public inspection. Indicate how you made these available. Check all that ap		- 01			
	X Own website Another's website X Upon request Other (explain on So		,			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents of the control of	nents,	conflict o	f inter	est p	olicy,
	and financial statements available to the public during the tax year.					
20	State the name, address, and telephone number of the person who possesses the organization's LINDA SHEIN 40 TECHNOLOGY PARKWAY SOUTH 200 PEACHTREE CORNERS, GA			s ▶		

404-531-4111

Form **990** (2021)

Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, Part VII **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 the 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.s
- 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 the 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.

(A) Name and title	(B) Average hours per week (list any	Position (do not check more than or box, unless person is both a officer and a director/truste					an	(D) Reportable compensation from the organization (W-2/	(E) Reportable compensation from related organizations (W-2/	(F) Estimated amount of other compensation from the
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee Key employee		1099-MISC/ 1099-NEC)	1099-MISC/ 1099-NEC)	organization and related organizations
(1) STEPHANI TUCKER	40.00									
EXECUTIVE DIRECTOR	NONE			X				85,154.	NONE	11,318.
(2) JASON PORTER	6.00			21				03,134.	INOINE	11,510.
BOARD CHAIR	NONE	Х						NONE	NONE	NONE
(3) CARLETTA CUNNINGHAM	0.25							110112	110111	110112
SECRETARY	NONE	Х						NONE	NONE	NONE
(4) BENJAMIN PORTMAN	0.25									
DIRECTOR	NONE	Х						NONE	NONE	NONE
(5) DALE ISREAL	4.00									
DIRECTOR	NONE	Х						NONE	NONE	NONE
(6) ROBIN RAMSEY	8.00									
TREASURER	NONE	Х						NONE	NONE	NONE
(7) ANGIE TILLISON	1.00									
DIRECTOR	NONE	Х						NONE	NONE	NONE
(8) BARBARA ROGERS	1.00									
DIRECTOR	NONE	Х						NONE	NONE	NONE
(9) STEPHANIE WYATT	1.00									
DIRECTOR	NONE	Х						NONE	NONE	NONE
(10) SUSAN RUSSELL-ALEXANDER	1.00									
DIRECTOR	NONE	X						NONE	NONE	NONE
(11) TRACEY JACKSON SCOTT	1.00									
DIRECTOR	NONE	X						NONE	NONE	NONE
(12)										
(13)										
(14)										

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Part VII Section A. Officers, Directors, Tru	ustees, Ke	y Em	plo	oye	es,	and F	Higl	hest Compensat	ed Employee	s (contir	nued)	
(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	box,	unle:	Pos heck ss pe	erson	e that or/trust Highest compensated	an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation fr related organizations (W-2/1099-MIS	(SC)	other compensation	
1h Cub total								85,154.	NC	ONE	11	,318
1b Sub-total c Total from continuation sheets to Part VII, S	ootion A		• •		• •			NONE		ONE		NON!
	_				• •			85,154.		ONE	11	,318
d Total (add lines 1b and 1c)	limited to t	hose	liste	ed a	bov	e) who	o re	•		<u> </u>		, 310
reportable compensation from the organization	n ▶				NO	NE						1
											Yes	No
3 Did the organization list any former offic												37
employee on line 1a? If "Yes," complete Schede4 For any individual listed on line 1a, is the statement	sum of rep	ortab	le d	com	per	nsation	n ai	nd other compens	sation from the		,	X
organization and related organizations greindividual												X
5 Did any person listed on line 1a receive or for services rendered to the organization? If "Ye	accrue co	mpen	sati	on	fron	n any	un	related organization	on or individua	ıl	j	X
Section B. Independent Contractors	, ,											
Complete this table for your five highest com- compensation from the organization. Report of year.											ах	
(A) Name and business add	dress							(B) Description of se	rvices		(C) ensation	1
							+					
2 Total number of independent contractors (in	ncluding bu	ut not	lin	nite	d to	thos	se li	isted above) who	received			

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

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		Check if Schedule O contains a respor	nse or note to any	y line in this Part V	701		
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ts ts	1a	Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues 1b					
عَ ق	C	Fundraising events 1c					
ŢŞ,	d	Related organizations					
ਙੁਛ		Government grants (contributions) 1e	60,788.				
ij.S	e	, ,					
ig is	f	All other contributions, gifts, grants, and similar amounts not included above . 1f	1 122 052				
E E			1,132,053.				
وَظِ	g	Noncash contributions included in					
٦٥		lines 1a-1f					
	h	Total. Add lines 1a-1f		1,192,841.			
4			Business Code				
<u>ĕ</u>	2a	GEORGIA 2 DAY WALK: REGISTRATION FEES	561520	113,776.	113,776.		
e e	b						
e i	С						
Program Service Revenue	d						
90	e						
<u>. </u>	f	All other program service revenue					
	g	Total. Add lines 2a-2f	▶	113,776.			
	3	Investment income (including dividends,	interest, and				
		other similar amounts)		11,274.			11,274.
	4	Income from investment of tax-exempt bond		NONE			
	5	Royalties		NONE			
		(i) Real	(ii) Personal				
	6a	Gross rents 6a					
	b	Less: rental expenses 6b					
	c	Rental income or (loss) 6c NONE	NONE				
	d	Net rental income or (loss)		NONE			
	7a	Gross amount from (i) Securities	(ii) Other	1,01,2			
	l 'a		() 55				
4		,					
evenue	b	Less: cost or other basis					
Ϋ́		and sales expenses 7b NONE					
Re	C	Gain or (loss)					
ē	d	Net gain or (loss)	•	1,405.			1,405.
Other	8a	Gross income from fundraising					
•		events (not including \$					
		of contributions reported on line					
		1c). See Part IV, line 18 8a	NONE				
	b	Less: direct expenses	NONE				
	С	Net income or (loss) from fundraising events	•	NONE			
	9a	Gross income from gaming					
		activities. See Part IV, line 19 9a	NONE				
	b	Less: direct expenses 9b	NONE				
	С	Net income or (loss) from gaming activities.	▶	NONE			
	10a	Gross sales of inventory, less					
		returns and allowances 10a	1,824.				
	b	Less: cost of goods sold 10b	1,954.				
	c	Net income or (loss) from sales of inventory		-130.			-130
s			Business Code				
e gon	11a	OTHER INCOME		472.	472.		
ane nu							
ee ĭ €	b						1
Miscellaneous Revenue	C d	All other revenue					
Σ	e	Total. Add lines 11a-11d		472.			
	12	Total revenue See instructions		1 210 628	114 248		12 549

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Part IX Statement of Functional Expenses

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

	Check if Schedule O contains a response or note to any line in this Part IX										
	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses						
1	Grants and other assistance to domestic organizations										
	and domestic governments. See Part IV, line 21	568,060.	568,060.								
2	Grants and other assistance to domestic										
	individuals. See Part IV, line 22	NONE									
3	Grants and other assistance to foreign										
	organizations, foreign governments, and										
	foreign individuals. See Part IV, lines 15 and 16	NONE									
4	Benefits paid to or for members	NONE									
5	Compensation of current officers, directors,										
	trustees, and key employees	96,472.	61,297.	24,326.	10,849						
6	Compensation not included above to disqualified										
	persons (as defined under section 4958(f)(1)) and										
	persons described in section 4958(c)(3)(B)	NONE									
7	Other salaries and wages	186,795.	117,330.	48,894.	20,571						
8	Pension plan accruals and contributions (include	NONE									
	section 401(k) and 403(b) employer contributions)										
9	Other employee benefits	7,128.	4,918.	1,283.	927						
10	Payroll taxes	20,804.	14,355.	3,744.	2,705						
	Fees for services (nonemployees):										
а	Management	NONE									
	Legal	NONE									
	Accounting	16,000.		16,000.							
	Lobbying	NONE									
	Professional fundraising services. See Part IV, line 17.	NONE									
	f Investment management fees	NONE									
g	Other. (If line 11g amount exceeds 10% of line 25, column	F0 640	F0 640								
	(A), amount, list line 11g expenses on Schedule O.)	58,648.	58,648.	1 272	2 105						
	Advertising and promotion	25,486.	21,919.	1,372.	2,195						
13	Office expenses	25,926.	18,083.	5,514.	2,329						
14	Information technology	23,626.	18,263.		5,363						
15	Royalties	NONE	24 502	1 600	1 526						
16	Occupancy	30,727.	24,582.	4,609.	1,536						
17		000.	549.		137						
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	NONE									
10		NONE									
	Conferences, conventions, and meetings	NONE									
	Interest Payments to affiliates	NONE									
21 22	· ·	NONE									
	Insurance	12,267.	9,814.	2,453.							
	Other expenses. Itemize expenses not covered	12,207.	5,011.	2,133.							
-7	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.)										
a	FOOD AND BEVERAGE	52,433.	52,433.								
	HOTEL	49,818.	49,818.								
	RENTAL ITEMS AND SECURITY	35,957.	35,957.								
d		,	,								
	All other expenses										
	Total functional expenses. Add lines 1 through 24e	1,210,833.	1,056,026.	108,195.	46,612						
	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 if following SOP 98-2 (ASC 958-720)										

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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		775.	1	2,412.
	2	Savings and temporary cash investments		983,114.	2	1,257,970.
	3	Pledges and grants receivable, net	L	157,273.	3	116,456.
	4	Accounts receivable, net		NONE	4	NONE
	5	Loans and other receivables from any current or former officer, di	rector,			
		trustee, key employee, creator or founder, substantial contributor, of	or 35%			
		controlled entity or family member of any of these persons		NONE	5	NONE
ts	6	Loans and other receivables from other disqualified persons (as of	lefined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3	3)(B)	NONE	6	NONE
	7	Notes and loans receivable, net		NONE	7	NONE
Assets	8	Inventories for sale or use	[NONE	8	NONE
Ä	9	Prepaid expenses and deferred charges SEE SCHEDULE .O		4,077.	9	14,634.
	10 a	Land, buildings, and equipment: cost or other				
			7,775.			
	b		7,775.		10c	
	11	Investments - publicly traded securities		320,911.	11	321,612.
	12	Investments - other securities. See Part IV, line 11	_	NONE		NONE
	13	Investments - program-related. See Part IV, line 11.		NONE		NONE
	14	Intangible assets		NONE		NONE
	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)		1,468,150.	16	1,715,084.
	17	Accounts payable and accrued expenses		2,152.	17	2,536.
	18	Grants payable	390,506.	18	571,776.	
	19	Deferred revenue SEE SCHEDULE 0		79,046.	19	44,725.
	20	Tax-exempt bond liabilities		NONE		NONE
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		NONE		NONE
s	1	Loans and other payables to any current or former officer, di		110112		110112
Liabilities		trustee, key employee, creator or founder, substantial contributor, of				
ig		controlled entity or family member of any of these persons		NONE	22	NONE
Ë	23	Secured mortgages and notes payable to unrelated third parties		NONE		NONE
	24	Unsecured notes and loans payable to unrelated third parties		NONE		NONE
	25	Other liabilities (including federal income tax, payables to related		NONE	24	IVOIVE
	-0	parties, and other liabilities not included on lines 17-24). Complete	1			
		of Schedule D		NONE	25	NONE
	26	Total liabilities. Add lines 17 through 25		471,704.		619,037.
ces		Organizations that follow FASB ASC 958, check here ► X and complete lines 27, 28, 32, and 33.		1717701.		0197037.
<u>a</u>	27	Net assets without donor restrictions		819,174.	27	896,687.
Ba	28	Net assets with donor restrictions.	<u> </u>	177,272.	28	199,360.
Fund Balances		Organizations that do not follow FASB ASC 958, check here ▶ and complete lines 29 through 33.	j	111,212.	20	177,300.
ō	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	
Net Assets or	32	Total net assets or fund balances	_	996,446.	32	1,096,047.
Š	33	Total liabilities and net assets/fund balances		1,468,150.	33	1,715,084.
_	1 33			I, TOO, IJO.	- 55	Form 990 (2021)

Form 990 (2021) Part XI **Reconciliation of Net Assets** Check if Schedule O contains a response or note to any line in this Part XI 1,319,638. 1 1,210,833. 2 3 108,805. 3 Revenue less expenses. Subtract line 2 from line 1........... 996,446. Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 4 5 -9,204. 5 6 6 7 7 8 8 9 9 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 1,096,047 10 Part XII Financial Statements and Reporting Yes No 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," explain on Schedule O. 2a Χ 2a Were the organization's financial statements compiled or reviewed by an independent accountant?..... If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis 2b Χ **b** Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: | X | Separate basis Consolidated basis Both consolidated and separate basis c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of 2c Χ the audit, review, or compilation of its financial statements and selection of an independent accountant?.... If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the 3a Χ b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the

required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits . . .

SCHEDULE A (Form 990)

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.

Attach to Form 990 or Form 990-EZ.

st. OMB No. 1545-0047
2021
Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service

Name of the organization

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

IT'	S :	THE JOURNEY, INC					47-0	897591	
Pai	ťΙ	Reason for Public Cha	rity Status. (All	organizations must	complet	te this pa	art.) See instruction	S.	
The	orga	anization is not a private fou	ndation because it	is: (For lines 1 through	gh 12, ch	eck only	one box.)		
1		A church, convention of chu	urches, or associa	tion of churches desc	ribed in s	ection 1	70(b)(1)(A)(i).		
2		A school described in secti	on 170(b)(1)(A)(ii)	. (Attach Schedule E	(Form 99	90).)			
3		A hospital or a cooperative	hospital service o	rganization described	in sectio	n 170(b)	(1)(A)(iii).		
4		A medical research organiz	ation operated in	conjunction with a hos	spital de	scribed ir	n section 170(b)(1)(A)	(iii). Enter the	
		hospital's name, city, and st							
5		An organization operated f	for the benefit of	a college or universit	y owned	d or ope	rated by a governme	ental unit described ir	
		section 170(b)(1)(A)(iv). (C							
6	Щ	A federal, state, or local go	_			-			
7	X	An organization that norma	=	•	pport fro	om a go	vernmental unit or fr	om the general public	
	$\overline{}$	described in section 170(b)		•					
8	Щ	A community trust describe	-		-				
9		An agricultural research org	=			-	=		
		or university or a non-land-	grant college of ag	griculture (see instruct	ions). Ei	nter the i	name, city, and state o	f the college or	
	$\overline{}$	university:							
10		An organization that norma receipts from activities rela support from gross investmacquired by the 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 ome (less Complete	s; and (2) no more that s section 511 tax) from Part III.)	n 331/3 % of its	
11		An organization organized a	•	•	-		. , . ,		
12		An organization organized a	•	•				• • •	
	one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.								
							•	=	
а		Type I. A supporting orga	-		-				
		the supported organization				ajority of	the directors or truste	es of the	
		supporting organization.	-					()	
b		Type II. A supporting org	•				• • •		
		control or management o		=	tne sam	e persor	is that control or mar	lage the supported	
_		organization(s). You must			tod in a	onnoctio	n with and functions	lly intograted with	
С		_ Type III functionally integ _ its supported organization						ily ilitegrated with,	
d		Type III non-functionally						ted organization(s)	
u		that is not functionally into						• , ,	
		requirement (see instructi		•	-		•	a an attentiveness	
е		Check this box if the orga	-	-				II. Type III	
_		functionally integrated, or					•••	, .) [
f	En	iter the number of supported							
g	Pro	ovide the following information	on about the suppo	orted organization(s).					
	(i) N	lame of supported organization	(ii) EIN	(iii) Type of organization		organization	(v) Amount of monetary	(vi) Amount of	
				(described on lines 1-10 above (see instructions))		ur governing ment?	support (see instructions)	other support (see instructions)	
				azere (eeee.aeaee,)	Yes	No		mon donome,	
(A)									
(,,									
(B)									
(C)									
(D)									
(E)									
	l								
Tota	ıl								

Schedule A (Form 990) 2021 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						
Cale	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1,542,312.	1,651,808.	1,678,890.	800,806.	1,192,841.	6,866,657.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						NONE
3	The value of services or facilities furnished by a governmental unit to the organization without charge						NONE
4	Total. Add lines 1 through 3	1,542,312.	1,651,808.	1,678,890.	800,806.	1,192,841.	6,866,657.
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)						56,710.
$\frac{6}{2}$	Public support. Subtract line 5 from line 4						6,809,947.
	tion B. Total Support	(-) 2017	(b) 2010	(5) 2010	(4) 2020	(5) 2021	(f) Total
_	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7 8	Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	1,542,312.	1,651,808. 2,178.	1,678,890.	13,454.	11,274.	6,866,657.
9	Net income from unrelated business activities, whether or not the business is regularly carried on						NONE
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)		256.	769.	4,423.	472.	5,920.
11	Total support. Add lines 7 through 10						6,917,030.
12	Gross receipts from related activities, etc. (s	see instructions) .				12	566,967.
13	First 5 years. If the Form 990 is for organization, check this box and stop here	<u> </u>					
	tion C. Computation of Public Sup		•				00.45.24
14	Public support percentage for 2021 (li		-			14	98.45 %
15	Public support percentage from 2020	•	•			15	98.89 %
16a	331/3% support test - 2021. If the org	-					
	box and stop here. The organization qu						
D	331/3% support test - 2020. If the organization						
172	this box and stop here . The organization 10%-facts-and-circumstances test - 2	•		-			
1 <i>1</i> a	10% or more, and if the organization						
	Part VI how the organization meets			•		•	•
	organization			•	•		
b	10%-facts-and-circumstances test - 2						
-	15 is 10% or more, and if the organization	-					
	in Part VI how the organization meets					•	•
	organization			•	•		
18	Private foundation. If the organization						
	instructions						. \square

Schedule A (Form 990) 2021 Page **3**

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

	tion A Post in Community				<u> </u>	,	
	tion A. Public Support	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(6) 2019	(u) 2020	(e) 2021	(I) Total
1	Gifts, grants, contributions, and membership fees						
2	received. (Do not include any "unusual grants.") 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						
3	unrelated trade or business under section 513						
4	Tax revenues levied for the						
•	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and 3						
. u	received from disqualified persons						
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
	line 6.)						
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(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.)				5:50		<u> </u>
14	First 5 years. If the Form 990 is for	•			•		```
<u></u>	organization, check this box and stop here.						🚩 🔃
	tion C. Computation of Public Supp Public support percentage for 2021 (line 8,			ump (f\)		45	0/
15		٠,	•			15	%
16 Sec	Public support percentage from 2020 Schettion D. Computation of Investment					16	%
	-			42 and man (f))		47	0/
17 10	Investment income percentage for 2021 (lin					17	%
18	Investment income percentage from 2020 S					18	% and line
19 a	331/3% support tests - 2021. If the org	-					
1.	17 is not more than 331/3%, check this		_				
b	331/3% support tests - 2020. If the orga						
0.0	line 18 is not more than 331/3%, check		•				
20	Private foundation. If the organization of	iiu not check	a box on line '	14, 19a, or 19b	, check this bo	ix and see instru	ICHONS 📂

Schedule A (Form 990) 2021 Page 4

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 governin 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.
- Did the organization have any supported organization that does not have an IRS determination of statu under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supporte organization was described in section 509(a)(1) or (2).
- Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answe lines 3b and 3c below.
- Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) an satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how th organization made the determination.
- Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(E purposes? If "Yes." explain in Part VI what controls the organization put in place to ensure such use.
- Was any supported organization not organized in the United States ("foreign supported organization")? "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- Did the organization have ultimate control and discretion in deciding whether to make grants to the foreig supported organization? If "Yes," describe in Part VI how the organization had such control and discretic despite being controlled or supervised by or in connection with its supported organizations.
- Did the organization support any foreign supported organization that does not have an IRS determinatio under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization use to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(E 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 El. 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 actio 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 alread designated in the organization's organizing document?
- Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) t anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefite by one or more of its supported organizations, or (iii) other supporting organizations that also support benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributo (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entit with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described on lin 7? If "Yes," complete Part I of Schedule L (Form 990).
- Was the organization controlled directly or indirectly at any time during the tax year by one or mor disqualified persons, as defined in section 4946 (other than foundation managers and organization described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in whic the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benef from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of sectio 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrate supporting organizations)? If "Yes," answer line 10b below.
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, determine whether the organization had excess business holdings.)

		Yes	No
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	10b		

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	le A (Form 990) 2021		- 1	Page 5
Part	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 on lines 11b and 11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
	A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c,</i>	110		
·	provide detail in Part VI.	11c		
Section	on B. Type I Supporting Organizations		I	
	71 11 0 0		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		
Secti	on C. Type II Supporting Organizations		I	
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Secti	on D. All Type III Supporting Organizations		V	N1 -
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		res	No
•	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 on 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	_ 3		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see ins	etructi	one)	
a	The organization satisfied the Activities Test. Complete line 2 below.	ili ucu	0113).	
b	The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
c	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see	e instr	uction	s).
Ū	The organization supported a governmental onary. Describe in rail of now you supported a governmental onary (se	o mou	Yes	
2	Activities Test. Answer lines 2a and 2b below.			
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		
_		u		
b	Did the activities described on 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		
2		-0		
3	Parent of Supported Organizations. <i>Answer lines 3a and 3b below.</i> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
а	trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI.	3a		
h	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	- Ju		
D	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3h		

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Pa	art V Type III Non-Functionally Integrated 509(a)(3) Supporting Organ	nization	S			
1	1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See					
	instructions. All other Type III non-functionally integrated supporting organi	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				
	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				
С	Fair market value of other non-exempt-use assets	1c				
	Total (add lines 1a, 1b, and 1c)	1d				
е	Discount claimed for blockage or other factors					
	(explain in detail in Part VI):					
2	Acquisition indebtedness applicable to non-exempt-use assets	2				
3	Subtract line 2 from line 1d.	3				
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4				
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5				
	Multiply line 5 by 0.035.	6				
	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				
	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		ly integra	ated Type III supporting	g organization		
	(see instructions).	. •		- -		

Schedule A (Form 990) 2021

Schedule A (Form 990) 2021 Page 7

Part	V Type III Non-Functionally Integrated 509(a)(3)	Supporting Organizat	i ons (continued)		
Sect	ion D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish ea	xempt purposes		1	
2	Amounts paid to perform activity that directly furthers exer	mpt purposes of support	ed		
	organizations, in excess of income from activity	2			
3	Administrative expenses paid to accomplish exempt purpo	oses of supported organi	zations	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - p	provide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which	the organization is resp	onsive		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2021 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2021	าร	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2021				
	(reasonable cause required - explain in Part VI). See				
	instructions.				
3	Excess distributions carryover, if any, to 2021				
а	From 2016				
b	From 2017				
С	From 2018				
d	From 2019				
е	From 2020				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2021 distributable amount				
i	Carryover from 2016 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2021 from				
	Section D, line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2021 distributable amount				

Schedule A (Form 990) 2021

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6

Remainder. Subtract lines 4a and 4b from line 4.

Part VI. See instructions.

Breakdown of line 7: Excess from 2017 Excess from 2018 Excess from 2019 Excess from 2020 Excess from 2021

and 4c.

Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions. Remaining underdistributions for 2021. Subtract lines 3h

and 4b from line 1. For result greater than zero, explain in

Excess distributions carryover to 2022. Add lines 3j

Part VI 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.)

PART II, SECTION A, LINE 1:

IN APRIL 2020, THE ORGANIZATION OBTAINED A SMALL BUSINESS ADMINISTRATION ("SBA") LOAN UNDER THE PAYCHECK PROTECTION PROGRAM FLEXIBILITY ACT ("PPPFA") IN THE AMOUNT OF \$65,500. THE PAYCHECK PROTECTION PROGRAM ("PPP") LOAN BORE INTEREST AT 1% AND WOULD FOLLOW THE REPAYMENT TERMS OUTLINED BY THE CORONAVIRUS AID, RELIEF, AND ECONOMIC SECURITIES ACT (THE "CARES ACT") AND PPPFA. THE ORGANIZATION WAS ALLOWED TO APPLY FOR PPP LOAN PROCEEDS TO BE FORGIVEN WITH THE LENDING INSTITUTION, PROVIDED THE PROCEEDS WERE USED WITHIN A SPECIFIED TIMEFRAME TO COVER CERTAIN PAYROLL AND OTHER EXPENSES AS OUTLINED IN THE CARES ACT AND THE PPPFA. INITIAL REPAYMENTS OF THE LOAN AMOUNT WERE DEFERRED UNTIL THE DATE THE SBA REMITS THE LOAN FORGIVENESS FUNDS TO THE LENDING INSTITUTION, OR UNTIL 16 MONTHS AFTER THE END OF THE FORGIVENESS COVERED PERIOD IF THE ORGANIZATION DOES NOT APPLY FOR FORGIVENESS.

THE ORGANIZATION RECEIVED NOTIFICATION IN APRIL 2021 THAT THE PPP LOAN PROCEEDS WERE FORGIVEN AND ACCORDINGLY, HAS RECORDED OTHER REVENUES WITHIN THE STATEMENT OF ACTIVITIES AND CHANGES IN NET ASSETS FOR THE FULL AMOUNT.

IN JANUARY 2021, THE ORGANIZATION OBTAINED A SECOND SMALL BUSINESS ADMINISTRATION LOAN UNDER THE PPP IN THE AMOUNT OF \$60,788. THE SECOND PPP LOAN HAS THE SAME PROVISIONS AS THE FIRST LOAN MENTIONED ABOVE. THE ORGANIZATION HAS MET ALL THE REQUIREMENTS OF THE GRANT AND RECOGNIZED THE GRANT AS INCOME AS OF DECEMBER 31, 2021. THE ORGANIZATION RECEIVED NOTIFICATION IN JANUARY 2022 THAT THE PPP LOAN PROCEEDS WERE FORGIVEN.

Schedule B (Form 990)

Schedule of Contributors

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

► Attach to Form 990 or Form 990-PF. ► Go to www.irs.gov/Form990 for the latest information.

Name of the organization		Employer identification number					
IT'S THE JOURNEY,		47-0897591					
Organization type (check	one):						
Filers of:	Section:						
Form 990 or 990-EZ	X 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 pr	rivate foundation					
	501(c)(3) taxable private foundation						
Check if your organization	n is covered by the General Rule or a Special Rule .						
-	c)(7), (8), or (10) organization can check boxes for both the General	I Rule and a Special Rule. See					
instructions.	o)(1), (0), or (10) organization out oncok boxes for boar the constant	Traic and a openial raic.					
General Rule							
or more (in mor	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							
regulations und 16b, and that re	ation described in section 501(c)(3) filing Form 990 or 990-EZ that reer sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule Acceived from any one contributor, during the year, total contributions mount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1.0	A (Form 990), Part II, line 13, 16a, or s of the greater of (1) \$5,000; or					
contributor, dur literary, or educ	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 totaling \$5,000 or more during the year							
Caution: An organization	that isn't covered by the General Rule and/or the Special Rules doe	esn't file Schedule B (Form 990). but it					

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

2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

Schedule B (Form 990) (2021)

must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line

Name of organization IT'S THE JOURNEY, INC

Employer identification number 47-0897591

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed	Part I	Contributors (see instructions).	Use duplicate copies of Part I	if additional space is needed.
--	--------	----------------------------------	--------------------------------	--------------------------------

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1_	N/A	\$33,034.	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	\$27,305.	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	N/A	\$60,788.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

SCHEDULE D (Form 990)

Supplemental Financial Statements ► Complete if the organization answered "Yes" on Form 990,

► 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.

2021
Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

	•	' '
IT	S THE JOURNEY, INC	47-0897591
Pa	rt I Organizations Maintaining Donor Advised Funds or Other Similar Funds or A	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 in	n donor advised
5	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 fur	
Ū	only for charitable purposes and not for the benefit of the donor or donor advisor, or for an	
	conferring impermissible private benefit?	
D	Int II Conservation Easements.	111111111111111111111111111111111111111
Гс	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).	
•		f a historically important land area
		f a certified historic structure
	Preservation of open space	i a certified flistofic structure
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in t	the form of a concervation
2	·	Held at the End of the Tax Year
	easement on the last day 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 termin	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
	>	
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing con	nservation easements during the year
	> \$	
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section	
	and section 170(h)(4)(B)(ii)?	Yes No
9	in Part XIII, describe now the organization reports conservation easements in its revenue and	expense statement and
	balance sheet, and include, if applicable, the text of the footnote to the organization's financia	I statements that describes the
	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 of art, historical treasures, or other similar assets held for public exhibition, education, or	statement and balance sheet works
	service, provide in Part XIII the text of the footnote to its financial statements that describes the	ese items.
b	If the organization elected, as permitted under FASB ASC 958, to report in its revenue sta	
	art, historical treasures, or other similar assets held for public exhibition, education, or research	arch in furtherance of public service,
	provide the following amounts relating to these items:	•
	(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 as	ssets for financial gain, provide the
	following amounts required to be reported under FASB ASC 958 relating to these items:	
а	Revenue included on Form 990, Part VIII, line 1	> \$
b	Assets included in Form 990. Part X	▶ \$

Sahar	dule D (Form 990) 2021	a mile tolibana	TATO			47 0007	F01 B (
		S THE JOURNEY,			Other Cimiler A	47-0897	
	rt III Organizations Maintainir					•	
3	Using the organization's acquisition		other records, che	ck any of the	following that m	iake significa	nt use of its
	collection items (check all that apply	y):					
а	Public exhibition			or exchange	program		
b	Scholarly research		e Othe	r			
С	Preservation for future gener						
4	Provide a description of the organ	ization's collections	and explain how	they further	the organization's	s exempt pur	pose in Part
	XIII.						
5	During the year, did the organizatio	n solicit or receive d	onations of art, his	torical treasur	es, or other simila	ar	
	assets to be sold to raise funds rath		ained as part of the	organization's	s collection?	Y	es No
Pa	rt IV Escrow and Custodial Ar	rangements.					
	Complete if the organiza	tion answered "Ye	s" on Form 990,	Part IV, line	9, or reported ai	n amount on	Form
	990, Part X, line 21.						
1a	Is the organization an agent, trust	ee, custodian or of	ther intermediary	for contribution	ons or other asse	ets not	
	included on Form 990, Part X?					Y	es No
b	If "Yes," explain the arrangement in		lete the following t	able:			
						Amount	
С	Beginning balance			1c			
d	Additions during the year						
е	Distributions during the year						
f	Ending balance						
2a	Did the organization include an amo				stodial account lia	bility? Y	es No
	If "Yes," explain the arrangement in						
	rt V Endowment Funds.			· ·			
_							
	Complete if the organiza	tion answered "Ye	s" on Form 990,	Part IV, line	10.		
	Complete if the organiza			Part IV, line		ears back (e) F	our years back
10	-	(a) Current year	(b) Prior year	(c) Two years	back (d) Three ye		Four years back
	Beginning of year balance	(a) Current year	(b) Prior year 283,237.	(c) Two years	back (d) Three ye	3,043.	52,224.
b	Beginning of year balance	(a) Current year	(b) Prior year	(c) Two years	back (d) Three ye		<u> </u>
b	Beginning of year balance Contributions	(a) Current year	(b) Prior year 283,237.	(c) Two years	back (d) Three ye	3,043.	52,224.
b c	Beginning of year balance Contributions	(a) Current year	(b) Prior year 283,237.	(c) Two years	back (d) Three ye	3,043.	52,224.
b c d	Beginning of year balance Contributions Net investment earnings, gains, and losses	(a) Current year	(b) Prior year 283,237.	(c) Two years	back (d) Three ye	3,043.	52,224.
b c	Beginning of year balance	(a) Current year 177,272. 42,088.	(b) Prior year 283,237. 952.	(c) Two years 68,4	s back (d) Three yet 13. 5	3,043.	52,224.
b c d	Beginning of year balance Contributions	(a) Current year	(b) Prior year 283,237.	(c) Two years	s back (d) Three yet 13. 5	3,043.	52,224.
b c d	Beginning of year balance Contributions	(a) Current year 177,272. 42,088.	(b) Prior year 283,237. 952.	(c) Two years 68,42 283,23	s back (d) Three yes 13. 537. 6	3,043.	52,224. 53,043.
b c d e f g	Beginning of year balance Contributions	(a) Current year 177,272. 42,088. 20,000.	(b) Prior year 283,237. 952.	(c) Two years 68, 41 283, 21 68, 41 283, 21	s back (d) Three yet 13. 537. 6	3,043.	52,224.
b c d e f g	Beginning of year balance Contributions	(a) Current year 177,272. 42,088. 20,000. 199,360. of the current year	(b) Prior year 283,237. 952. 106,917. 177,272. end balance (line 1	(c) Two years 68, 41 283, 21 68, 41 283, 21	s back (d) Three yet 13. 537. 6	3,043.	52,224. 53,043.
b c d e f g 2 a	Beginning of year balance Contributions	(a) Current year 177,272. 42,088. 20,000. 199,360. of the current year eent ▶	(b) Prior year 283,237. 952.	(c) Two years 68, 41 283, 21 68, 41 283, 21	s back (d) Three yet 13. 537. 6	3,043.	52,224. 53,043.
b c d e f g 2 a b	Beginning of year balance	(a) Current year 177,272. 42,088. 20,000. 199,360. of the current year element	(b) Prior year 283,237. 952. 106,917. 177,272. end balance (line 1	(c) Two years 68, 41 283, 21 68, 41 283, 21	s back (d) Three yet 13. 537. 6	3,043.	52,224. 53,043.
b c d e f g 2 a b	Beginning of year balance	(a) Current year 177,272. 42,088. 20,000. 199,360. of the current year eent %	(b) Prior year 283,237. 952. 106,917. 177,272. end balance (line 1	(c) Two years 68, 41 283, 21 68, 41 283, 21	s back (d) Three yet 13. 537. 6	3,043.	52,224. 53,043.
b c d e f g 2 a b c	Beginning of year balance Contributions	(a) Current year 177,272. 42,088. 20,000. 199,360. of the current year eent ——————————————————————————————————	(b) Prior year 283,237. 952. 106,917. 177,272. end balance (line 1	(c) Two years 68,4 283,23 68,4 283,23 g, column (a)) I	s back (d) Three yet 13. 537. 6	3,043. 8,413. 3,043.	52,224. 53,043.
b c d e f g 2 a b c	Beginning of year balance Contributions	(a) Current year 177,272. 42,088. 20,000. 199,360. of the current year eent ——————————————————————————————————	(b) Prior year 283,237. 952. 106,917. 177,272. end balance (line 1	(c) Two years 68,4 283,23 68,4 283,23 g, column (a)) I	s back (d) Three yet 13. 537. 6	3,043. 8,413. 3,043.	52,224. 53,043. 52,224. 53,043.
b c d e f g 2 a b c	Beginning of year balance Contributions	(a) Current year 177,272. 42,088. 20,000. 199,360. of the current year elent	(b) Prior year 283,237. 952. 106,917. 177,272. end balance (line 1 %	(c) Two years 68,4 283,2: 68,4: 283,2: g, column (a)) b	13. 5 6 6 6 6 6 6 6 6 6	3,043. 8,413. 3,043. 8,413.	52,224. 53,043. 52,224. 53,043.
b c d e f g 2 a b c	Beginning of year balance Contributions	(a) Current year 177,272. 42,088. 20,000. 199,360. of the current year eent	(b) Prior year 283,237. 952. 106,917. 177,272. end balance (line 1 _%	(c) Two years 68,4 283,2: 68,4 283,2: g, column (a)) h	13. 5 13. 5 13. 5 13. 6 13. 6 13. 6 13. 6 13. 6 13. 6 13. 6 13. 6 13. 6 13. 6 14. 6 15. 6 16. 6 17. 6 18. 7 19. 7	3,043. 8,413. 3,043. 8,413.	52,224. 53,043. 52,224. 53,043.
b c d e f g 2 a b c 3a	Beginning of year balance Contributions Net investment earnings, gains, and losses Grants or scholarships Other expenditures for facilities and programs Administrative expenses End of year balance Provide the estimated percentage of Board designated or quasi-endowm Permanent endowment Term endowment Term endowment 100.0000 The percentages on lines 2a, 2b, a Are there endowment funds not in torganization by: (i) Unrelated organizations (ii) Related organizations	(a) Current year 177,272. 42,088. 20,000. 199,360. of the current year eent % % nd 2c should equal 1 the possession of the	(b) Prior year 283,237. 952. 106,917. 177,272. end balance (line 1 %	(c) Two years 68,4 283,23 68,4 283,23 g, column (a)) h	s back (d) Three yet 13. 5 37. 6 13. 5 13. 5 and 13. 5 and 13. 5 and 13. 6 administered for	3,043. 8,413. 3,043. 8,413. the	52,224. 53,043. 52,224. 52,224. 53,043.
b c d e f g 2 a b c 3a	Beginning of year balance Contributions Net investment earnings, gains, and losses Grants or scholarships Other expenditures for facilities and programs Administrative expenses End of year balance Provide the estimated percentage of Board designated or quasi-endowm Permanent endowment Term endowment Term endowment 100.0000 The percentages on lines 2a, 2b, a Are there endowment funds not in torganization by: (i) Unrelated organizations (ii) Related organizations If "Yes" on line 3a(ii), are the related	(a) Current year 177,272. 42,088. 20,000. 199,360. of the current year eent % % nd 2c should equal 1 the possession of the characteristic should equal 1 the possession should expect the possession	(b) Prior year 283,237. 952. 106,917. 177,272. end balance (line 1 % 100%. the organization that d as required on So	(c) Two years 68,4 283,23 68,4 283,23 g, column (a)) h	s back (d) Three yet 13. 5 37. 6 13. 5 13. 5 and 13. 5 and 13. 5 and 13. 6 administered for	3,043. 8,413. 3,043. 8,413. the	52,224. 53,043. 52,224. 52,224. 53,043.
b c d e f g 2 a b c 3a	Beginning of year balance Contributions Net investment earnings, gains, and losses Grants or scholarships Other expenditures for facilities and programs Administrative expenses End of year balance Provide the estimated percentage Board designated or quasi-endowm Permanent endowment Term endowment Term endowment 100.0000 The percentages on lines 2a, 2b, a Are there endowment funds not in torganization by: (i) Unrelated organizations (ii) Related organizations If "Yes" on line 3a(ii), are the related Describe in Part XIII the intended u	(a) Current year 177,272. 42,088. 20,000. 199,360. of the current year eent% when 2c should equal 1 the possession of the characteristic ses of the organizations listerses of the organizations.	(b) Prior year 283,237. 952. 106,917. 177,272. end balance (line 1 % 100%. the organization that d as required on So	(c) Two years 68,4 283,23 68,4 283,23 g, column (a)) h	s back (d) Three yet 13. 5 37. 6 13. 5 13. 5 and 13. 5 and 13. 5 and 13. 6 administered for	3,043. 8,413. 3,043. 8,413. the	52,224. 53,043. 52,224. 52,224. 53,043.
b c d e f g 2 a b c 3a	Beginning of year balance Contributions	(a) Current year 177,272. 42,088. 20,000. 199,360. of the current year eent	(b) Prior year 283,237. 952. 106,917. 177,272. end balance (line 1 % 100%. the organization that d as required on Sotion's endowment for the second	(c) Two years 68,4 283,2: 68,4 283,2: g, column (a)) h	s back (d) Three yes 13. 5 37. 6 13. 5 13. 5 13. 5 arr. 6 administered for 6	3,043. 8,413. 3,043. 8,413. the 3a. 3a(3l.	52,224. 53,043. 52,224. 53,043. Yes No (i) X ii) X
b c d e f g 2 a b c 3a	Beginning of year balance Contributions Net investment earnings, gains, and losses Grants or scholarships Other expenditures for facilities and programs Administrative expenses End of year balance Provide the estimated percentage Board designated or quasi-endowm Permanent endowment Term endowment Term endowment 100.0000 The percentages on lines 2a, 2b, a Are there endowment funds not in torganization by: (i) Unrelated organizations (ii) Related organizations If "Yes" on line 3a(ii), are the related Describe in Part XIII the intended u	(a) Current year 177,272. 42,088. 20,000. 199,360. of the current year eent	(b) Prior year 283,237. 952. 106,917. 177,272. end balance (line 1 % 100%. the organization that d as required on Sotion's endowment fees" on Form 990	(c) Two years 68,4 283,2: 68,4 283,2: g, column (a)) h	s back (d) Three yes 13. 5 37. 6 13. 5 13. 5 13. 5 arr. 6 administered for 6	3,043. 8,413. 3,043. 8,413. the 3a. 3a(3l.	52,224. 53,043. 52,224. 52,224. 53,043. Yes No (i) X ii) X o line 10.
b c d e f g 2 a b c 3a	Beginning of year balance Contributions	(a) Current year 177,272. 42,088. 20,000. 199,360. of the current year element	(b) Prior year 283,237. 952. 106,917. 177,272. end balance (line 1 % 100%. the organization that did as required on So tion's endowment files" on Form 990 other basis (b) Cos	(c) Two years 68,4 283,23 68,4 283,23 g, column (a)) Is t are held and chedule R? unds. Part IV, line	de back (d) Three yet 13. 5 13. 5 13. 5 13. 6 13. 6 13. 6 13. 5 14. See Form	3,043. 8,413. 3,043. 8,413. the 3ai 3ai 3ai	52,224. 53,043. 52,224. 52,224. 53,043. Yes No (i) X ii) X o line 10.
b c d e f g 2 a b c 3a b 4 Pa	Beginning of year balance Contributions	(a) Current year 177,272. 42,088. 20,000. 199,360. of the current year elem ———————————————————————————————————	(b) Prior year 283,237. 952. 106,917. 177,272. end balance (line 1 % 100%. the organization that did as required on So tion's endowment files" on Form 990 other basis (b) Cos	(c) Two years 68,4 283,2: 68,4 283,2: g, column (a)) h t are held and chedule R? unds.	de back (d) Three years (e) Accumulated (d) Three years (e) Three years Th	3,043. 8,413. 3,043. 8,413. the 3ai 3ai 3ai	52,224. 53,043. 52,224. 52,224. 53,043. Yes No (i) X ii) X o line 10.
b c d e f g 2 a b c 3a b 4 Pa	Beginning of year balance	(a) Current year 177,272. 42,088. 20,000. 199,360. of the current year element	(b) Prior year 283,237. 952. 106,917. 177,272. end balance (line 1 % 100%. the organization that did as required on So tion's endowment files" on Form 990 other basis (b) Cos	(c) Two years 68,4 283,2: 68,4 283,2: g, column (a)) h t are held and chedule R? unds.	de back (d) Three years (e) Accumulated (d) Three years (e) Three years Th	3,043. 8,413. 3,043. 8,413. the 3ai 3ai 3ai	52,224. 53,043. 52,224. 52,224. 53,043. Yes No (i) X ii) X o line 10.

Schedule D (Form 990) 2021

d Equipment

14,335.

13,440.

14,335

13,440

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)

1.	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total	(Column (b) must equal Form 990. Part X. col. (B) line 25.)	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII .

Part 2	Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	۱.	
1	Total revenue, gains, and other support per audited financial statements	1	1,353,260.
	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
	Net unrealized gains (losses) on investments		
	Donated services and use of facilities		
	Recoveries of prior year grants		
	Other (Describe in Part XIII.)		
	Add lines 2a through 2d	2e	33,622.
3	Subtract line 2e from line 1	3	1,319,638.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		, ,
	Investment expenses not included on Form 990, Part VIII, line 7b		
	Other (Describe in Part XIII.)		
	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	1,319,638.
Part 2		rn.	, ,
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	1,253,659.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities		
	Prior year adjustments		
	Other losses		
	Other (Describe in Part XIII.) 2d 1,954.		
	Add lines 2a through 2d	2e	42,826.
	Subtract line 2e from line 1	3	1,210,833.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
	Other (Describe in Part XIII.) 4b		
	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	1,210,833.
Part 2	XIII Supplemental Information.		
	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; PXI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform		
SEE S	SUPPLEMENTAL PAGE		

PART V

TEMPORARILY RESTRICTED NET ASSETS TOTALED \$199,360 AS OF DECEMBER 31,

2021 AND CONSIST OF CONTRIBUTIONS THAT ARE RESTRICTED FOR FUTURE WALKS.

NET ASSETS RELEASED FROM RESTRICTION DURING 2021 TOTALED \$20,000, WHICH

WERE TIME-RESTRICTED FOR THE 2021 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, 2018.

Part XIII Supplemental Information (continued)

PART XI, LINE 2D

OTHER ADJUSTMENTS: \$1,954 COGS

PART XII, LINE 2B

OTHER ADJUSTMENTS: \$1,954 COGS

SCHEDULE I (Form 990)

Department of the Treasury

Internal Revenue Service

Name of the organization

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

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.

OMB No. 1545-0047

2021

Open to Public Inspection

Employer identification number

IT'S THE JOURNEY, INC						47-0897591	47-0897591	
Part I General Information on Grants a	nd Assistanc	е						
 Does the organization maintain records to the selection criteria used to award the gra Describe in Part IV the organization's proc Part II Grants and Other Assistance to 	ints or assistand edures for mor	ce?	of grant funds in th	e United States.			Yes No	
Part IV, line 21, for any recipient	that received	more than \$5	,000. Part II can l	be 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) ATHENS NURSES CLINIC								
PO BOX 1732 ATHENS, GA 30603	58-2490925	501(C)(3)	16,594.				PROGRAMS	
(2) ATLANTA CANCER CARE FOUNDATION								
5670 PEACHTREE DUNWOODY ROAD SUITE 1100	58-2607802	501(C)(3)	19,463.				PROGRAMS	
(3) THE CANCER FOUNDATION								
PO BOX 49309 ATHENS, GA 30604	20-3378035	501(C)(3)	19,463.				PROGRAMS	
(4) CANCER SUPPORT COMMUNITY ATLANTA								
1100 JOHNSON FERRY ROAD ATLANTA, GA 30342	58-2142151	501(C)(3)	14,370.				PROGRAMS	
(5) CENTER FOR BLACK WOMEN'S WELLNESS, INC.								
477 WINDSOR STREET SUITE 309	58-2212203	501(C)(3)	19,463.				PROGRAMS	
(6) EAST GEORGIA CANCER COALITION								
315 RIVERBEND ROAD ATHENS, GA 30602	20-3273703	501(C)(3)	33,188.				PROGRAMS	
(7) GOOD NEWS CLINICS								
PO BOX 2683 GAINESVILLE, GA 30503	06-1445382	501(C)(3)	16,594.				PROGRAMS	
(8) THE GOOD SAMARITAN HEALTH CENTER, INC.								
1015 DONALD LEE HOLLOWELL PKWY	58-2373395	501(C)(3)	16,594.				PROGRAMS	
(9) GWINNETT MEDICAL FOUNDATION								
1755 N. BROWN ROAD SUITE 100	58-1828486	501(C)(3)	11,985.				PROGRAMS	
(10) THE LIGHTHOUSE LYMPHEDEMA NETWORK								
10240 CRESCENT RIDGE ROSWELL, GA 30076	58-2301746	501(C)(3)	19,463.				PROGRAMS	
(11) MERCY CARE ATLANTA								
5134 PEACHTREE ROAD CHAMBLEE, GA 30341	58-1448522	501(C)(3)	19,463.				PROGRAMS	
(12) NORTHSIDE HOSPITAL CANCER INSTITUTE								
1100 JOHNSON FERRY RD NE CENTER POINT II SU	58-1954432	501(C)(3)	46,057.				PROGRAMS	
2 Enter total number of section 501(c)(3) and3 Enter total number of other organizations l	•	•					26	

SCHEDULE I (Form 990)

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

2021

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

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

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

Open to Public Inspection Employer identification number

IT'S THE JOURNEY, INC						47-0897591	
Part I General Information on Grants and	d Assistanc	е					
 Does the organization maintain records to so the selection criteria used to award the grant Describe in Part IV the organization's proced 	s or assistand dures for mor	e? nitoring the use	of grant funds in the	e United States.			Yes No
Part II Grants and Other Assistance to D Part IV, line 21, for any recipient the		_					es" on Form 990,
1 (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) TURNINGPOINT BREAST CANCER REHABILITATION							
8010 ROSWELL ROAD ATLANTA, GA 30350	56-2318721	501(C)(3)	19,463.				PROGRAMS
(2) UNIVERSITY HEALTH CARE FOUNDATION							
2260 WRIGHTSBORO ROAD AUGUSTA, GA 30904	58-1343550	501(C)(3)	16,594.				PROGRAMS
(3) WELLSTAR FOUNDATION							
805 SANDY PLAINS ROAD SUITE 100	58-1637413	501(C)(3)	58,286.				PROGRAMS
(4) THE GOOD SAMARITAN HEALTH CENTER OF COBB							
1605 ROBERTA DRIVE MARIETTA, GA 30008	32-0045238	201(C)(3)	16,594.				PROGRAMS
(5) BOAT PEOPLE (SOS) - ATLANTA							
6107 OAKBROOK PKWY NORCROSS, GA 30093	30-0737900	501(C)(3)	11,985.				PROGRAMS
(6) LORAN SMITH CENTER							
240 TALMAGE DR ATHENS, GA 30606	58-1978389	501(C)(3)	16,594.				PROGRAMS
(7) LOVING ARMS CANCER OUTREACH							
995 ROSWELL ST. NE SUITE 100	45-0753116	501(C)(3)	16,594.				PROGRAM
(8) UNITED IN PINK, INC.							
1515 BASS ROAD SUITE H MACON, GA 31210	20-5848087	501(C)(3)	16,594.				PROGRAM
(9) ATLANTA LEGAL AID SOCIETY							
54 ELLIS ST NE ATLANTA, GA 30303	58-0568691	501(C)(3)	19,463.				PROGRAMS
(10) HOPE FOR THE JOURNEY							
P.O. BOX 1343 CARROLLTON, GA 30112	27-2982365	501(C)(3)	7,000.				PROGRAMS
(11) PIEDMONT ATHENS REGIONAL - BREAST HEALTH CE							
242 KING AVENUE MEDICAL SERVICES BUILDING	58-2179986	501(C)(3)	5,429.				PROGRAMS
(12) PIEDMONT HEALTHCARE ATLANTA/NEWNAN							
2001 PEACHTREE RD NE ATLANTA, GA 30309	58-1272768	501(C)(3)	36,057.				PROGRAMS
2 Enter total number of section 501(c)(3) and3 Enter total number of other organizations list	-	•					

SCHEDULE I (Form 990)

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

2021

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

Department of the Treasury

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. Internal Revenue Service Name of the organization

IT'S THE JOURNEY, INC 47-0897591 **General Information on Grants and Assistance** 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and Yes No the selection criteria used to award the grants or assistance? 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. 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. (f) Method of valuation (book, FMV, appraisal, other) (c) IRC section (d) Amount of cash (e) Amount of non-(g) Description of 1 (a) Name and address of organization (b) EIN (h) Purpose of grant (if applicable) cash assistance or government grant noncash assistance or assistance (1) SOUTHEAST GA RURAL COMMUNITY NETWORK 47-1963576 501(C)(3) 714-1 NW BROAD ST LYONS, GA 30436 19,463. PROGRAMS (2) GRADY HEALTH FOUNDATION 191 PEACHTREE ST. NE, SUITE 820 501(C)(3) 19,463. PROGRAMS (3) (4) (5) (6) (7) (8) (9) (10)(11)(12)

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

Schedule I (Form 990) (2021) IT'S THE JOURNEY, INC 47-0897591 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.

PART I, LINE 2

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

ADVISORY COMMITTEE TO THE BOARD OF DIRECTORS CONSISTING OF AT LEAST

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

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

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

MONITORING THE GRANTMAKING POLICIES AND PROCEDURES WHICH INCLUDE WRITTEN

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

MAINTAINING RELATIONSHIPS WITH GRANTEES AND POTENTIAL GRANTEE OF THE

Schedule I (Form 990) (2021)

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.

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

Schedule I (Form 990) (2021) IT'S THE JOURNEY, INC 47-0897591 Page **2**

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1					
2					
3					
4					
5					
6					
7					

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

PART II, COLUMN H

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

OUR WEBSITE, WWW.ITSTHEJOURNEY.ORG

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

2021

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

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

Employer identification number 47-0897591

IT'S THE JOURNEY, INC

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

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

FORM 990, PART VI, SECTION B, LINE 11

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

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

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

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

THE ORGANIZATION HAS ESTABLISHED A PERSONNEL COMMITTEE CONSISTING OF 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

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

2021

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Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

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

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.

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

FORM 990, PART III - PROGRAM SERVICE

LINE 4A, PROGRAM SERVICE

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

Name of the organization	Employer identification number
IT'S THE JOURNEY, INC	47-0897591
FORM 990, PART X - PREPAID EXPENSES AND DEFERRED CHARGS	
	ENDING
DESCRIPTION	BOOK VALUE
PREPAID RENT	14,634.
-	
TOTALS	14,634.

TOTALS

44,725.

=========

Schedule O (Form 990 of 990-EZ) 2021	rage Z
Name of the organization	Employer identification number
IT'S THE JOURNEY, INC	47-0897591
FORM 990, PART X - DEFERRED REVENUE	
	ENDING
DESCRIPTION	BOOK VALUE
UNEARNED REVENUE	44,725.