It's the Journey, Inc.

Public Inspection Copy
For the Year Ended
December 31, 2022

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, 2022

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 ADVISORY, LLC 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, 2023. 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.

Payment/Deposit Information Report

Taxpayer Name: IT'S THE JOURNEY, INC

Tax Juris.	Payment Deposit	Amount	Financial Institution Name	Account Type	Routing Number	Account Number
				71.		
	+					
	+					
	+					
	+					
	+					

Form 8879-TE

IRS e-file Signature Authorization for a Tax Exempt Entity

		•	•
For calendar vear 2022, or	fiscal vear beginning		and ending

2022

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 47-0897591 THE JOURNEY, Name and title of officer or person subject to tax TRACEY JACKSON SCOTT, 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. b Total revenue, if any (Form 990, Part VIII, column (A), line 12) 1b 1a Form 990 check here Form 990-EZ check here Form 1120-POL check here . . b Total tax (Form 1120-POL, line 22) b Tax based on investment income (Form 990-PF, Part V, line 5). . . . Form 990-PF check here 4a Form 8868 check here.... 6a Form 990-T check here b Total tax (Form 990-T, Part III, line 4) 6b Form 4720 check here b Total tax (Form 4720, Part III, line 1) 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 b Amount of credit payment requested (Form 8038CP, Part III, line 22) .10b Form 8038-CP check here **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 2022 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 8 | 5 | 2 | 7 | 9 | as my signature X I authorize SMITH & HOWARD ADVISORY, to enter my PIN ERO firm name Enter five numbers, but do not enter all zeros on the tax year 2022 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 2022 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 11/15/2023 Part III Certification and Authentication ERO's EFIN/PIN. Enter your six-digit electronic filing identification |6|7|8|8|2|7|9|2 number (EFIN) followed by your five-digit self-selected PIN. Do not enter all zeros I certify that the above numeric entry is my PIN, which is my signature on the 2022 electronically filed return indicated above. I confirm that I am submitting this peturn in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Busines Returns. ERO's signature 11/15/2023 **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** (2022)

Return of Organization Exempt From Income Tax

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

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

OMB No. 1545-0047 Inspection

Department of the Treasury Internal Revenue Service

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

ΑF	or th	e 202	2 calendar year, or tax year beginning	and ending					
D .			C Name of organization		D Employe	er identifi	cation nu	mber	
D C	heck if ap		IT'S THE JOURNEY, INC						
Х	Addre chang		Doing Business As			47-08	97591		
	Name	change	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telepho	ne numbe	er .		
	Initial	return	40 TECHNOLOGY PARKWAY SOUTH	20	00	(404)	531-4	₹111	
	Term	inated	City or town, state or province, country, and ZIP or foreign postal code						
	Amer return		PEACHTREE CORNERS, GA 30092		G Gross re	ceipts \$	1,3	394,7	28.
		cation	F Name and address of principal officer: STEPHANI TUCKER		H(a) Is this subordi	a group retu	urn for	Yes	X No
	•		40 TECHNOLOGY PKWY S STE 200, PEACHTREE CO	RNERS, GA	H(b) Are all s		included?	Yes	No.
ī	Tax-ex	empt st	atus: X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) d	or 527	If "No,"	attach a lis	st. (see instr	ructions)	
J	Websi	te: 🕨	WWW.ITSTHEJOURNEY.ORG		H(c) Group	exemption r	number	>	
K	Form	of organ	ization: X Corporation Trust Association Other ▶	L Year of for	mation: 2002	M State	e of legal o	domicile:	GA
P	art I	Sui	mmary	•					
		Briefly	describe the organization's mission or most significant activities: SUPPO	RT GEORGIA	ANS BY RA	ISING	MONE	Y FO	 R
ě			ACT HEALTH AND DDEACT CANCED DDOCDAMC						
and									
ern	2	Check	this box if the organization discontinued its operations or dispose	ed of more than 2	25% of its net a	ssets.			
Governance	3	Numb	er of voting members of the governing body (Part VI, line 1a)			1 1			10
	4		er of independent voting members of the governing body (Part VI, line 1b)						10
Activities &	5	Total	number of individuals employed in calendar year 2022 (Part V, line 2a)			5			7
ΞΞ	6		number of volunteers (estimate if necessary)						300
Act	7a		unrelated business revenue from Part VIII, column (C), line 12						
			nrelated business taxable income from Form 990-T, line 34						NONE
					Prior Yea		Cu	rrent Y	
	8	Contri	butions and grants (Part VIII, line 1h)		1,192	.841	1	248	,141.
une	9	Progra	em service revenue (Part VIII line 2g)	Y FOR		,776.			5,810.
Revenue	10		ment income (Part VIII, column (A), lines 3, 4, and 7d)	ISPECTION		,679.			5,448
Ϋ́	11		revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			342.			5,256.
	12		revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,319		1		,143.
_	13		s and similar amounts paid (Part IX, column (A), lines 1-3)			,060.			6,609.
	14		its paid to or for members (Part IX, column (A), line 4)		300	NONE			NONI
	4.5		es, other compensation, employee benefits (Part IX, column (A), lines 5-10)		311	311,199.			,903.
Expenses	162		esional fundraising fees (Part IX, column (A), line 11e)		311	NONE			NON!
per	h	Total	fundraising expenses (Part IX, column (D), line 25) ►57,370.			IVOIVE			110111
Ĕ	17		expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		331	,574.		420	,684.
			expenses (Fart IX, Column (A), lines 11a-11d, 111-24e) expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)			1,210,833.			,196.
	19		iue less expenses. Subtract line 18 from line 12			,805.			,053.
or		TTCVCI	tide 1633 experises. Oublitact fille 10 from fille 12, 1, 1, 1, 1, 1, 1, 1, 1, 1		ginning of Curr		Er	nd of Ye	
ets	20	Total	assets (Part X, line 16)		1,715				,964.
Net Assets or Fund Balances	21		assets (Part X, line 16) iabilities (Part X, line 26)			,037.			,013.
und,	22		sets or fund balances. Subtract line 21 from line 20		1,096				,951.
	rt II		gnature Block		1,000	,017.		007	,,,,,,,,
			of perjury, I declare that I have examined this return, including accompanying schedu	lles and statement	ts, and to the be	est of my	knowledg	e and b	elief. it is
true	e, corre	ct, and	complete. Declaration of preparer (other than officer) is based on all information of which	ch preparer has an	y knowledge.				
					1	1/15/	2023		
Sig	ın		Signature of officer		Date	<u> </u>	2023		
He	re	TRAC	CEY JACKSON SCOTT TREASU	BEB					
			Type or print name and title	псыс					
		Print/	Type preparer's name Preparer's signatura	Date	Check	if	PTIN		
Paid	t	SARI	RE J LINAHAN Salva Amahan	$\gamma_{11/15/2}$			P0137	72921	
	parer		name ▶ SMITH & HOWARD ADVISORY, LLC	11/15/2	Firm's EIN		$\frac{10137}{2-074}$		
Use	Only		address > 271 17TH STREET, NW SUITE 1600 ATLANTA, GA 30363		Phone no.		104-87		44
May	/ the I		cuss this return with the preparer shown above? (see instructions)		i none no.		-	Yes	No
<u> </u>			Reduction Act Notice, see the separate instructions.						0 (2022)
							1.0		- ()

Pa	Statement of Program Service Accomplishments										
_	Check if Schedule O contains a response or note to any line in this Part III										
1	Briefly describe the organization's mission:										
	IT'S THE JOURNEY'S MISSION IS TO ENGAGE WITH GEORGIA'S BREAST CANCER										
	COMMUNITY TO INCREASE ACCESS TO CARE AND REDUCE DISPARITIES IN CANCER										
	OUTCOMES.										
_	Did the ergenization undertake any significant program convices during the year which were not listed on the										
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?										
	prior Form 990 or 990-EZ? Yes," describe these new services on Schedule O.										
2											
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?										
	services?										
1	Describe the organization's program service accomplishments for each of its three largest program services, as measured by										
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others										
	the total expenses, and revenue, if any, for each program service reported.										
	the total expenses, and revenue, if any, for each program service reported.										
	(Code:) (Expenses \$ 1,440,767. including grants of \$ 733,609.) (Revenue \$ 77,302.)										
тu	IT'S THE JOURNEY ("ITJ") RAISES FUNDS AND PROVIDES FINANCIAL										
	SUPPORT TO ORGANIZATIONS THAT PROVIDE BREAST HEALTH AND BREAST										
	CANCER PROGRAMS THAT FUND DIAGNOSTIC AND THERAPUTIC SERVICES.										
	FUNDS FOR THE ITJ GRANT PROGRAM ARE RAISED THROUGH THE GEORGIA										
	2-DAY WALK FOR BREAST CANCER (WHICH IS HELD IN METROPOLITAN										
	ATLANTA EACH FALL) AND OTHER EVENTS HELD THROUGHOUT THE YEAR.										
	SEE SCHEDULE O FOR MORE DETAILS										
	SEE SCHEDULE O FOR MORE DETAILS										
<u></u>	(Code:) (Expenses \$ including grants of \$) (Revenue \$)										
75	(Code:) (Expenses ψ) (Nevenue ψ)										
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)										
70	(Code:) (Expenses ψ) (Nevertice ψ)										
4d	Other program services (Describe on Schedule O.)										
	(Expenses \$ including grants of \$) (Revenue \$)										
	1 / //·································										

4e Total program service expenses 1,440,7

rar	Checklist of Required Schedules		V	NI-
	In the consciention described in continue 504/5/(2) on 4047/5/(4) /others there a private foundation/2 (f II)/on II	$\overline{}$	Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"	4	v	
2	complete Schedule A	2	X	
2	Did the organization required to complete <i>Scriedule bi</i> , <i>Scriedule of Contributors?</i> See instructions		Х	
3	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)	-		
7	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,	_		21
•	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		Х
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		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		Х
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	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X, as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a		X
D	Did the organization report an amount for investments-other securities in Part X, line 12, that is 5% or more	446		v
_	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII Did the organization report an amount for investments-program related in Part X, line 13, that is 5% or more	11b		X
C	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
Ч	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets	110		Λ
u	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	- 21
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII.	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Χ
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
4.0	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	4.		37
17	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		v
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	'		X
10	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?	10	Λ	
. 5	If "Yes," complete Schedule G, Part III	19		Х
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX column (A) line 12 If "Vas " complete Schedule I. Parts I and II	21	v	

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			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	١		
_	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		X
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		X
	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	· · ·	29		X
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		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		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
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			21
31	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		v
20	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and	31		X
38	· · · · · · · · · · · · · · · · · · ·	20	,,	
Dow	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
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
	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	

2.000 1920IY 9242 11/03/2029 PUBLIC INSPECTION COPY

Par	Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 7			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	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		Х
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
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?	7c		X
	If "Yes," indicate the number of Forms 8282 filed during the year	_		
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
_	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
_	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	8		
•	sponsoring organization have excess business holdings at any time during the year?	0		
9	Sponsoring organizations maintaining donor advised funds.	9a		
	Did the sponsoring organization make any taxable distributions under section 4966?	9b		
10	Section 501(c)(7) organizations. Enter:	0.5		
	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:			
	Gross income from members or shareholders			
	Gross income from other sources. (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand	4.4-		37
	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? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	15		v
	excess parachute payment(s) during the year?	15		X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
10	If "Yes," complete Form 4720, Schedule O.			21
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities			
• •	that would result in the imposition of an excise tax under section 4951, 4952, or 4953?	17		
	If "Yes " complete Form 6069			

Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" Part VI 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 S

Sect	ion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 10			
	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.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 10			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint	_		
	one or more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	l		
	stockholders, or persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:	0-	3.7	
а	The governing body?	8a 8b	X	
b	Each committee with authority to act on behalf of the governing body?	on		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? <i>If</i> "Yes," <i>provide the names and addresses on Schedule O.</i>	9		Х
Secti	ion B. Policies (This Section B requests information about policies not required by the Internal Revenue	-)	
3001.	on B. F. Cholos (17110 Section B requeste information about politice net required by the internal Nevental	0000	Yes	No
102	Did the organization have local chapters, branches, or affiliates?	10a		X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	100		
b	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
112	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
	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	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give			
-	rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe 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	Χ	
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	X	
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 arrangement			
	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 evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
200ti	organization's exempt status with respect to such arrangements?	16b		
	ion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed GA,	Γ /a =	liar T	01/-
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990- (3)s only) available for public inspection. Indicate how you made these available. Check all that apply.	(sec	uon 5	U1(C)
	X Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict or	f inter	oct n	olicy
13	and financial statements available to the public during the tax year.	ı ıııtel	σοι μ	oncy,
20	State the name, address, and telephone number of the person who possesses the organization's books and record	s		
	TINDS CUETN 40 TECHNOLOGY DEPUNDS COUNTY COUNTY COUNTY COUNTY CONTROL	J		

404-531-4111

Form **990** (2022)

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above.

	Check this box if neither	er the organization nor ar	nv related ord	ganization com	pensated any	v current officer.	director, or trustee.

(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 than or is both or/trust Highest compensated	an	(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) STEPHANI TUCKER	40.00									
EXECUTIVE DIRECTOR	NONE			Х				90,000.	NONE	13,862.
(2) DALE ISREAL	4.00									
DIRECTOR	NONE	X						NONE	NONE	NONE
(3) BARBARA ROGERS	1.00									
DIRECTOR	NONE	X						NONE	NONE	NONE
(4) STEPHANIE WYATT	1.00									
DIRECTOR	NONE	X						NONE	NONE	NONE
(5) SUSAN RUSSELL-ALEXANDER	1.00									
DIRECTOR	NONE	X						NONE	NONE	NONE
(6) TRACEY JACKSON SCOTT	1.00									
DIRECTOR	NONE	X						NONE	NONE	NONE
(7) CARLETTA CUNNINGHAM	0.25									
SECRETARY	NONE	Х						NONE	NONE	NONE
(8) BENJAMIN PORTMAN	0.25									
DIRECTOR	NONE	Х						NONE	NONE	NONE
(9) ROBIN RAMSEY	8.00									
TREASURER	NONE	Х						NONE	NONE	NONE
(10) JASON PORTER	6.00									
BOARD CHAIR	NONE	Х						NONE	NONE	NONE
(11) ANGIE TILLISON	1.00									
DIRECTOR	NONE	Х						NONE	NONE	NONE
(12)										
(13)										
(14)										

Form **990** (2022)

90,000.

Form 990 (2022)

Part VII

IT'S THE	JOURNE	Υ, Ι	NC						47-0897	
Section A. Officers, Directors, Tru	ıstees, Ke	y Em	plo	vee	es,	and F	ligi	hest Compensat	ed Employees (d	Page { continued)
(A)	(B)		•		C)			(D)	(E)	(F)
Name and title	Average hours per week (list any hours for	box,	unles	heck ss pe	rson	e than o is both or/trust	an ee)	Reportable compensation from the	Reportable compensation from related organizations	Estimated amount of other compensation
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations

NONE

13,862. NONE

Yes No

C	:Total from continuation sheets to Part VII, Section A			NONE	NONE	NONE
c	I Total (add lines 1b and 1c)		\blacktriangleright	90,000.	NONE	13,862.
2	Total number of individuals (including but not limited to those listed above	e) who	re	ceived more than	\$100,000 of	
	reportable compensation from the organization ► NO	NE				

3	Did the organization list any former officer, director, or trustee, key employee, or highest compensated		
	employee on line 1a? If "Yes," complete Schedule J for such individual	3	Х
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such		
	individual	4	Х
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual		
	for services rendered to the organization? If "Yes," complete Schedule J for such person	5	Х

Section B. Independent Contractors

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

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

1b Sub-total

47-0897591

		Check if Schedule O co	ntains a resp	onse or note to an	ny line in this Part V	/		
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ς, ς,	1a	Federated campaigns	1a					
ᆵ	b	Membership dues						
Contributions, Gifts, Grants, and Other Similar Amounts		•		31,956.				
	C	Fundraising events		31,730.				
	d	Related organizations						
	е	Government grants (contribute	tions) 1e					
	f	All other contributions, gifts,	grants,					
		and similar amounts not included above . 1f		1,216,185.				
	g	Noncash contributions include	ded in					
בַּק		lines 1a-1f	<u>1</u> g	\$ 10,345.				
ಶ ರ	h	Total. Add lines 1a-1f			1,248,141.			
				Business Code				
8	2a	GEORGIA 2 DAY WALK: REGIST	TRATION FEES	561520	76,810.	76,810.		
Program Service Revenue	b							
E &	С.							
Reg	d							
2	е							
-	f	All other program service rev						
	g	Total. Add lines 2a-2f			76,810.			
	3	Investment income (include	ding dividends	, interest, and				
		other similar amounts)			7,763.			7,763.
	4	Income from investment of	tax-exempt bor	nd proceeds .	NONE			
	5	Royalties			NONE			
			(i) Real	(ii) Personal				
	6a	Gross rents 6a						
	b	Less: rental expenses 6b						
	С	Rental income or (loss) 6c	NO	NE NONE				
	d	Net rental income or (loss)		L	NONE			
	7a	Gross amount from	(i) Securities	(ii) Other				
	ı a		(i) Coodinace	(ii) Othor				
		sales of assets						
		other than inventory 7a						
ne l	b	Less: cost or other basis						
Revenue		and sales expenses 7b	1,31					
Š		Gain or (loss)	-1,31					
	d	Net gain or (loss)	<u></u>		-1,315.			-1,315.
Other	8a	Gross income from for	undraising					
0		events (not including \$	31,956.					
		of contributions reported	on line					
		1c). See Part IV, line 18		51,079.				
	b	Less: direct expenses						
	C	Net income or (loss) from full		· I	-26,885.			-26,885.
					.,			
	9a	Gross income from activities. See Part IV, line 19	gaming	NONE				
		,		`-				
		Less: direct expenses						
	С	Net income or (loss) from ga	aming activities	S	NONE			
	10a	Gross sales of inventor	•					
		returns and allowances	10	a 10,443.				
		Less: cost of goods sold						
		Net income or (loss) from sal			137.			137.
S				Business Code				
او <u>م</u>	11a	OTHER INCOME			492.	492.		
ב שו	b							
Miscellaneous Revenue								
် နှ	c d	All other revenue						
Ξ		Total. Add lines 11a-11d			492.			
	<u>е</u> 12	Total revenue. See instructio			1,305,143.	77,302.		-20,300.
	14	i otal revellue. Occ IlloudCllO			1,303,143.	11,302.		-20,300.

47-0897591

Part IX Statement of Functional Expenses

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

	Check if Schedule O contains a response or note to any line in this Part IX						
Do	not include amounts reported on lines 6b, 7b,	(A)		(C)	(D)		
	9b, and 10b of Part VIII.	Total expenses	(B) Program service expenses	Management and general expenses	Fundraising expenses		
			expenses	general expenses	expenses		
	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	733,609.	733,609.				
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					
	Benefits paid to or for members	NONE					
5	Compensation of current officers, directors, trustees, and key employees	103,862.	86,065.	6,995.	10,802.		
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		10.000			
7	Other salaries and wages	267,536.	227,405.	13,377.	26,754.		
8	Pension plan accruals and contributions (include	NONE					
	section 401(k) and 403(b) employer contributions)	0.154	6 216	1 640	1 100		
9	Other employee benefits	9,154.	6,316.	1,648.	1,190.		
10	Payroll taxes	27,351.	18,872.	4,923.	3,556.		
11	Fees for services (nonemployees):	NONE					
	Management	NONE					
	Legal	16,000.		16,000.			
	Accounting	NONE		10,000.			
	Lobbying Professional fundraising services. See Part IV, line 17	NONE					
	Investment management fees	NONE					
	Other. (If line 11g amount exceeds 10% of line 25, column	1,01,2					
9	(A), amount, list line 11g expenses on Schedule O.)	28,535.	23,833.	4,702.			
12	Advertising and promotion	58,401.	49,469.	3,435.	5,497.		
13	Office expenses	78,920.	61,596.	12,195.	5,129.		
14	Information technology	6,089.	5,480.		609.		
15	Royalties	NONE					
16	Occupancy	48,839.	39,071.	7,326.	2,442.		
17	Travel	6,955.	5,564.		1,391.		
18	Payments of travel or entertainment expenses						
	for any federal, state, or local public officials	NONE					
19	Conferences, conventions, and meetings	NONE					
20	Interest	NONE					
21	Payments to affiliates	NONE					
22	Depreciation, depletion, and amortization	NONE		2			
23	Insurance	12,291.	9,833.	2,458.			
24	Other expenses. Itemize expenses not covered						
	above. (List miscellaneous expenses on line 24e. If						
	line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)						
	FOOD AND BEVERAGE	65,853.	65,853.				
	HOTEL	60,764.	60,764.				
	RENTAL ITEMS AND SECURITY	47,037.	47,037.				
d		11,037.	11,037.				
	All other expenses						
	Total functional expenses. Add lines 1 through 24e	1,571,196.	1,440,767.	73,059.	57,370.		
	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)	, = ,== = =	, ,,,,,,,,	2,3223	5.,5.0		
					5 000 (2222)		

Form **990** (2022)

Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this I	Part X		X
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		1	2,594.
	2	Savings and temporary cash investments	1,257,970.	2	1,273,633.
	3	Pledges and grants receivable, net	116,456.	3	NONE
	4	Accounts receivable, net	NONE	4	12,750.
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons	NONE	5	NONE
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	NONE	6	NONE
ß	7	Notes and loans receivable, net		7	NONE
Assets	8	Inventories for sale or use			NONE
As	9	Prepaid expenses and deferred charges SEE SCHEDULE .Q		9	7,523.
	_	Land, buildings, and equipment: cost or other	21,001.		.,,525
		basis. Complete Part VI of Schedule D 10a NON	Tr.		
	h	Less: accumulated depreciation 10b NON		10c	NONE
	11	Investments - publicly traded securities		11	318,330.
	12	Investments - other securities. See Part IV, line 11			NONE
	13	Investments - program-related. See Part IV, line 11.			NONE
	14				
		Intangible assets			185,134.
	15	Other assets. See Part IV, line 11		15	NONE
	16	Total assets. Add lines 1 through 15 (must equal line 33)		16	1,799,964.
	17	Accounts payable and accrued expenses		17	6,049.
	18	Grants payable	571,776.	18	719,000.
	19	Deferred revenue		19	65,845.
	20	Tax-exempt bond liabilities			NONE
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	NONE	21	NONE
es	22	Loans and other payables to any current or former officer, director,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			
iab		controlled entity or family member of any of these persons			NONE
_	23	Secured mortgages and notes payable to unrelated third parties	NONE	23	NONE
	24	Unsecured notes and loans payable to unrelated third parties	NONE	24	NONE
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D	NONE	25	199,119.
	26	Total liabilities. Add lines 17 through 25	619,037.	26	990,013.
ces		Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33.			
<u>a</u>	27	Net assets without donor restrictions	896,687.	27	594,162.
ä	28	Net assets with donor restrictions		28	215,789.
Fund Balances		Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33.	, , , , , , , , , , , ,	-	,
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		32	809,951.
Š	33	Total liabilities and net assets/fund balances		33	1,799,964.
	100	Total nashing and not appoint and sulanges, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,	1,/13,004.	33	Form 990 (2022)

Form **990** (2022)

	,				
Part					
	Check if Schedule O contains a response or note to any line in this Part XI	<u>.</u> .			. X
1	Total revenue (must equal Part VIII, column (A), line 12)	1		305,	
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,	571,	<u> 196</u>
3	Revenue less expenses. Subtract line 2 from line 1	3	_	266,	053
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,	096,	047
5	Net unrealized gains (losses) on investments	5		-4,	574
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8		-15,	469
9	Other changes in net assets or fund balances (explain on Schedule O)	9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	32, column (B))	10		809,	951
Part					
	Check if Schedule O contains a response or note to any line in this Part XII				
			_	Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_		
	If the organization changed its method of accounting from a prior year or checked "Other," ex	oplain o	n		
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		28	ı	X
	If "Yes," check a box below to indicate whether the financial statements for the year were con	npiled o	or		
	reviewed on a separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2k	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audi				
	separate basis, consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over	ersiaht o	of		
	the audit, review, or compilation of its financial statements and selection of an independent accounta	-	l _	X	
	If the organization changed either its oversight process or selection process during the tax year, e				
	Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set fo	rth in th	е		
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		_	1	Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits?				
-	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such a	•			

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.

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

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization Employer identification number

IT'	S	THE JOURNEY, INC						897591
Pai	tΙ	Reason for Public Cha	arity Status. (All	organizations must	comple	te this p	oart.) See instruction	is.
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 churches, or association of churches described in section 170(b)(1)(A)(i).							
2		A school described in section	on 170(b)(1)(A)(ii)	. (Attach Schedule E	(Form 99	0).)		
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 des	scribed in	n section 170(b)(1)(A)	(iii). Enter the
		hospital's name, city, and st	ate:					
5		An organization operated f	for the benefit of	a college or universit	y owned	d or ope	erated by a governme	ental unit described in
		section 170(b)(1)(A)(iv). (C	Complete Part II.)					
6		A federal, state, or local go	vernment or gover	nmental unit describe	d in sect	ion 170(b)(1)(A)(v).	
7	Х	An organization that norma	ally receives a sub	stantial part of its su	pport fro	om a go	vernmental unit or fro	om the general public
		described in section 170(b)	(1)(A)(vi). (Comple	ete Part II.)				
8		A community trust describe		·	Part II.)			
9		An agricultural research org	ganization describe	ed in section 170(b)(1)(A)(ix)	perated	l in conjunction with a	land-grant college
		or university or a non-land-	grant college of ag	riculture (see instruct	ions). Ei	nter the	name, city, and state o	f the college or
		university:						
10		An organization that norma receipts from activities rela support from gross investm acquired by the organization	ted to its exempt f nent income and u n after June 30, 19	unctions, subject to c nrelated business tax 975. See section 509 0	ertain ex able inco (a)(2). (C	ceptions me (les: complete	s; and (2) no more than s section 511 tax) from e Part III.)	n 331/3 % of its
11		An organization organized a	•	•	-			en out the numbers of
12		, ,	•	•			·	
		one or more publicly support the box on lines 12a through	-					
_		¬					·	
а	L	Type I. A supporting orga	•	•	-		• , ,	
		the supported organization supporting organization.				ajority of	the directors of truste	es of the
b		Type II. A supporting org	•			with ite	supported organizati	on(e) by baying
b		control or management o	·					
		organization(s). You must		=	tile saili	e persor	is that control of man	lage the supported
С		Type III functionally integ	•		ated in co	nnectio	n with and functional	lly integrated with
·	_	its supported organization						ny miogratou with,
d		Type III non-functionally		•				ted organization(s)
ŭ		that is not functionally inte			-			- , ,
		requirement (see instructi	-	-	-		•	a an ausminoness
е		Check this box if the orga	•	-				I. Type III
		functionally integrated, or					• • • • • • • • • • • • • • • • • • • •	, . , p =
f	En	ter the number of supported						
g		ovide the following information						
	(i) N	lame of supported organization	(ii) EIN	(iii) Type of organization	(iv) Is the	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)
				above (see instructions))	Yes	No	instructions)	moti dottorio)
(Δ)								
(A)								
(B)								
(D) ——								
(C)								
								
(D)								
(E)								
Tota								

Page 2 Schedule A (Form 990) 2022

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support			•	•	•	
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1,651,808.	1,678,890.	800,806.	1,192,841.	1,248,141.	6,572,486.
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 5	Total. Add lines 1 through 3 The portion of total contributions by	1,651,808.	1,678,890.	800,806.	1,192,841.	1,248,141.	6,572,486.
	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)						186,505.
6	Public support. Subtract line 5 from line 4						6,385,981.
	tion B. Total Support	() 0040	(1) 0040	() 0000	(N 0004	() 0000	
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(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	1,651,808. 2,178.	1,678,890. 16,039.	800,806. 13,454.	1,192,841.	1,248,141. 7,763.	6,572,486. 50,708.
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.	492.	6,412.
11	Total support. Add lines 7 through 10						6,629,606.
12	Gross receipts from related activities, etc. (s	ee instructions) .				12	562,973.
13	First 5 years. If the Form 990 is for organization, check this box and stop here			, third, fourth,	or fifth tax yea	ar as a section	501(c)(3)
	tion C. Computation of Public Sup						06.22.00
14	Public support percentage for 2022 (lin		•			14	96.33 %
15	Public support percentage from 2021					15	98.45 %
тоа	331/3% support test - 2022. If the orgonization question and stop here. The organization question question and stop here.	•					
h	331/3% support test - 2021. If the organization qu	•		•			
D	this box and stop here. The organization						
17a	10%-facts-and-circumstances test - 2	•		-			
	10% or more, and if the organization	_					
	Part VI how the organization meets					-	•
	organization			=			
b	10%-facts-and-circumstances test - 2						
	15 is 10% or more, and if the organiz	-					
	in Part VI how the organization meets					-	•
	organization			-		· · · · · ·	
18	Private foundation. If the organization						
	instructions						<u> L </u>

Schedule A (Form 990) 2022 Page 3

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

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

Sec	tion A. Public Support						
	endar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and 3						
ı a	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 Add lines 7a and 7b						
С 8	Public support. (Subtract line 7c from						
Ü	line 6.)						
Sec	tion B. Total Support						1
	endar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9	Amounts from line 6	(-,		(-, -	(1)	(1)	()
	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 on line 10b, whether						
	or not the business is regularly carried on.						
12	Other income. Do not include gain or loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for	the organizati	on's first secon	d. third. fourth	or fifth tax ve	ar as a section	501(c)(3)
• •	organization, check this box and stop here .	_					
Sec	tion C. Computation of Public Supp						
<u> </u>	Public support percentage for 2022 (line 8,			mn (f))		15	%
16	Public support percentage from 2021 Sche	. ,	•	.,,		16	%
	tion D. Computation of Investment						70
<u>360</u> 17	Investment income percentage for 2022 (lin			13 column (f))		17	%
18	Investment income percentage for 2022 (iii					18	
	331/3% support tests - 2022. If the or						
134	17 is not more than 331/3%, check this	-					
b	331/3% support tests - 2021. If the orga	anization did no	t check a box on	line 14 or line	19a, and line 16	is more than 33	1/3 %, and
	line 18 is not more than 331/3 %, check		•	•			
20	Private foundation. If the organization of	did not check	a box on line 1	4, 19a, or 19b	, check this bo	x and see instr	uctions

Schedule A (Form 990) 2022 Page 4

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of 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 governi documents? If "No," describe in Part VI how the supported organizations are designated. If designated 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 star under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the support 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." answ lines 3b and 3c below.
- Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) a satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how organization made the determination.
- Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2) 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 forei supported organization? If "Yes," describe in Part VI how the organization had such control and discret 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 determinati under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization us to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Ye answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and E numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such activ (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the acti 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 alrea 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) anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefit 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 contribution (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled ent 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 li 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 mo 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 whi 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 bene 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 secti 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrat 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
ing			
by			
•	1		
tus			
ted	_		
	2		
wer	3a		
and	Ja		
the			
	3b		
(B)			
	3с		
? If	4 -		
	4a		
ign tion			
iori	4b		
ion			
sed			
(B)			
	4c		
es,"			
ΞIN			
on; ion			
IUII	5a		
adv.	Ja		
ady	5b		
	5c		
to			
to ted			
or			
UI			
4	6		
tor tity			
iity	7		
ine			
	8		
ore			
ons			
	9a		
ich	9b		
ofi+	an		
efit	9с		
ion			
ted			
	10a		
to			
	10b		
hedul	e A (Fo	rm 990)) 2022

Schedu	ile A (Form 990) 2022			age 3			
Part	Supporting Organizations (continued)		V				
44			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	44.					
	11c below, the governing body of a supported organization?	11a					
b	A family member of a person described on line 11a above?	11b					
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c,						
Cooti	provide detail in Part VI.	11c					
Secu	on B. Type I Supporting Organizations		Yes	No			
			162	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						
	,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,,		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	ion D. All Type III Supporting Organizations						
36011	on B. All Type III Supporting Organizations		Yes	No			
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously		100	110			
	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					
Secti	on E. Type III Functionally Integrated Supporting Organizations						
1 a b	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instance) The organization satisfied the Activities Test. Complete line 2 below. The organization is the parent of each of its supported organizations. Complete line 3 below.	structi	ions).				
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see	e instr					
2	Activities Test. Answer lines 2a and 2b below.		Yes	No			
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify						
	those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a					
_							
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.						
3	Parent of Supported Organizations. Answer lines 3a and 3b below.						
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or						
_	trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI .	3a					
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	٥.					

Schedule A (Form 990) 2022

Page **6**

Pa	art V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	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 organ	izations ı	nust complete Sectio	ns A through E.				
Se	ection A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)				
1	Net short-term capital gain	1						
2	Recoveries of prior-year distributions	2						
_3	Other gross income (see instructions)	3						
4	Add lines 1 through 3.	4						
5	Depreciation and depletion	5						
6	Portion of operating expenses paid or incurred for production or collection							
	of gross income or for management, conservation, or maintenance of							
	property held for production of income (see instructions)	6						
_7	Other expenses (see instructions)	7						
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8						
Se	ection B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)				
1	Aggregate fair market value of all non-exempt-use assets (see							
	instructions for short tax year or assets held for part of year):							
a	Average monthly value of securities	1a						
	Average monthly cash balances	1b						
c	Fair market value of other non-exempt-use assets	1c						
_	l Total (add lines 1a, 1b, and 1c)	1d						
е	Discount claimed for blockage or other factors							
	(explain in detail in Part VI):							
2	Acquisition indebtedness applicable to non-exempt-use assets	2						
3	Subtract line 2 from line 1d.	3						
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,							
	see instructions).	4						
_5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5						
6	Multiply line 5 by 0.035.	6						
7	Recoveries of prior-year distributions	7						
8	Minimum Asset Amount (add line 7 to line 6)	8						
Se	ection C - Distributable Amount			Current Year				
_1	Adjusted net income for prior year (from Section A, line 8, column A)	1						
2	Enter 0.85 of line 1.	2						
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3						
4	Enter greater of line 2 or line 3.	4						
5	Income tax imposed in prior year	5						
6	Distributable Amount. Subtract line 5 from line 4, unless subject to							
	emergency temporary reduction (see instructions).	6						
7	Check here if the current year is the organization's first as a non-functional	lly integra	ated Type III supporting	g organization				
	(see instructions).							

Schedule A (Form 990) 2022

Page 7

Part	V Type III Non-Functionally Integrated 509(a)(3)	Supporting Organizat	ions (continued)		<u> </u>
Sect	on D - Distributions		,		Current Year
1	Amounts paid to supported organizations to accomplish ex	1			
2	Amounts paid to perform activity that directly furthers exer				
	organizations, in excess of income from activity	2			
3	Administrative expenses paid to accomplish exempt purpo	zations	3		
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - p	rovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
	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 2022 from Section C, line 6			9	
_10	Line 8 amount divided by line 9 amount			10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2022	ıs	(iii) Distributable Amount for 2022
_1	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022				
	(reasonable cause required - explain in Part VI). See				
	instructions.				
3	Excess distributions carryover, if any, to 2022				
a	From 2017				
b	From 2018				
<u>c</u>	From 2019				
d	From 2020				
e	From 2021				
f	Total of lines 3a through 3e Applied to underdistributions of prior years				
<u>g</u> h	Applied to 2022 distributable amount				
<u>;</u>	Carryover from 2017 not applied (see instructions)				
<u> </u>	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2022 from				
•	Section D, line 7: \$				
a	Applied to underdistributions of prior years				
b	Applied to 2022 distributable amount				
C	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2022, if				
	any. Subtract lines 3g and 4a from line 2. For result				
	greater than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2022. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2023. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
a	Excess from 2018				
b	Excess from 2019				
c	Excess from 2020				
d	Excess from 2021				
<u>e</u>	Excess from 2022				

Schedule B (Form 990)

Schedule of Contributors

Attach to Form 990 or Form 990-PF.

OMB No. 1545-0047

2022

Department of the Treasury Internal Revenue Service

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

Employer identification number Name of the organization IT'S THE JOURNEY, INC 47-0897591 Organization type (check one): Filers of: Section: X Form 990 or 990-EZ 501(c)(3) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. **Special Rules** For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

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

Schedule B (Form 990) (2022)

Name of organization
IT'S THE JOURNEY, INC

Employer identification number
47-0897591

(2)	/h)	(a)	(4)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1_	N/A	\$\$ 31,638.	Person X 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.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

IT'S THE JOURNEY, INC

47-0897591

Part II	Noncash Property (see instructions). Ose duplicate copies	of Part II ii additional space is ne	eded.
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	

Name of organization Employer identification number IT'S THE JOURNEY, INC 47-0897591 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) \$ Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. (b) Purpose of gift (c) Use of gift (d) Description of how gift is held from Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

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.

OMB No. 1545-0047

2022

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

IT	'S THE JOURNEY, INC	47-0897591
Pa	organizations Maintaining Donor Advised Funds or Other Similar Funds or 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	donor advised
	funds are the organization's property, subject to the organization's exclusive legal control?	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant fund	
	only for charitable purposes and not for the benefit of the donor or donor advisor, or for any	
	conferring impermissible private benefit?	
Pa	art II Conservation Easements.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the organization (check all that apply).	
		a historically important land area
		a certified historic structure
	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the	ne form of a conservation
	easement on the last day of the tax year.	Held at the End of the Tax Year
а		2a
b		2b
C	·	2c
d	Number of conservation easements included in (c) acquired after July 25, 2006, and not on	
-		2d
3	Number of conservation easements modified, transferred, released, extinguished, or terminal	· · · · · · · · · · · · · · · · · · ·
-	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	n. handling of
-	violations, and enforcement of the conservation easements it holds?	-
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing co	
	3, 1 3, 3	3 ,
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing con	servation easements during the year
		ű ,
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section	170(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?	Yes No
9	In Part XIII, describe how the organization reports conservation easements in its reve	enue and expense statement and
	balance sheet, and include, if applicable, the text of the footnote to the organization's final	•
	organization's accounting for conservation easements.	
Pa	organizations Maintaining Collections of Art, Historical Treasures, or Other S	Similar Assets.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 958, not to report in its revenue	statement and balance sheet works
	of art, historical treasures, or other similar assets held for public exhibition, education, or service, provide in Part XIII the text of the footnote to its financial statements that describes the	r research in furtherance of public
b	If the organization elected, as permitted under FASB ASC 958, to report in its revenue star	
b	art, historical treasures, or other similar assets held for public exhibition, education, or resea	
	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	
	following amounts required to be reported under FASB ASC 958 relating to these items:	3 , 1
а	Revenue included on Form 990, Part VIII, line 1	\$
b	Assets included in Form 990, Part X	\$

									_
		S THE JOURNE	•			011 01		0897591 ′ <i>:::</i>	Page 2
	Organizations Maintaini						<u>'</u>		,
3	Using the organization's acquisitio		other recor	ds, check	any of the	e following	that make sig	nificant us	e of its
	collection items (check all that appl	y):	. —	٦.					
а	Public exhibition		d	╡	exchange	program			
b	Scholarly research		е	Other _					
С	Preservation for future gener								
4	Provide a description of the organ	nization's collectio	ns and expla	ain how th	ey further	the orgar	nization's exemp	ot purpose	in Part
	XIII.								
5	During the year, did the organization								
	assets to be sold to raise funds rath		ntained as pa	rt of the or	ganization	's collectio	n?	Yes	No
Pa	rt IV Escrow and Custodial A								
	Complete if the organiza	tion answered "\	es" on For	m 990, Pa	art IV, line	9, or repo	orted an amou	nt on For	m
	990, Part X, line 21.								
1 a	Is the organization an agent, trus			-					
	included on Form 990, Part X?							Yes	No
b	If "Yes," explain the arrangement in	n Part XIII and cor	nplete the fol	lowing table	e:				
							Amoun	t	
С	Beginning balance				1c				
d	Additions during the year				1d				
е	Distributions during the year				1e				
f	Ending balance								
2a	Did the organization include an am	ount on Form 990	, Part X, line	21, for es	crow or cu	ıstodial ac	count liability?	Yes	No
b	If "Yes," explain the arrangement in	n Part XIII. Check	here if the ex	kplanation h	nas been p	rovided on	Part XIII		
Pa	rt V Endowment Funds.								
	Complete if the organiza	tion answered "	es" on For	m 990, Pa	art IV, line	: 10.			
		(a) Current year	(b) Prio	r year	(c) Two yea	rs back (c	l) Three years back	(e) Four ye	ears back
1a	Beginning of year balance	199,360.	11	77,272.	283,2	237.	68,413.	5	3,043.
b	Contributions	84,334.		12,088.	!	952.	283,237.	6	8,413.
С	Not investment cornings going								
	net investment earnings, gains,								
	Net investment earnings, gains, and losses								
d	and losses								
d	and losses								
d	and losses	67,905.		20,000.	106,9	917.	68,413.		53,043.
d e	and losses	67,905.		20,000.	106,9	917.	68,413.	Ę	53,043.
d e f	and losses	67,905. 215,789.		20,000.	106,9		68,413. 283,237.		53,043.
d e	and losses	215,789.	19	99,360.	177,2	272.			
d e f g	and losses	215,789. of the current yea	19	99,360.	177,2	272.			
d e f g 2	and losses	215,789. of the current yea	r end balance	99,360.	177,2	272.			
d e f g 2 a b	and losses	215,789. of the current yea ent	r end balance	99,360.	177,2	272.			
d e f g 2 a b	and losses	of the current yea ent%	r end balance	99,360.	177,2	272.			
d e f g 2 a b c	and losses	of the current yea ent %	r end balance	99,360. e (line 1g, c	177 , : column (a))	held as:	283,237.		
d e f g 2 a b c	and losses	of the current yea ent %	r end balance.	99,360. e (line 1g, c	177 , : column (a))	held as:	283,237.	E	
d e f g 2 a b c	and losses	of the current yearent % and 2c should equate possession of	r end balance %	e (line 1g, c	177,: column (a)) re held an	held as:	283,237.	Y	58,413.
d e f g 2 a b c	and losses	of the current yearent % and 2c should equate the possession of	r end balance %	e (line 1g, continue 1g, contin	177,2 column (a)) re held an	held as:	283,237.	Y(58,413.
d e f g 2 a b c	and losses	of the current yearent % and 2c should equate the possession of	r end balance %	e (line 1g, continue 1g, contin	177,2 column (a)) re held an	held as:	283,237.	Y(98 No
d e f g 2 a b c	and losses	of the current yearent % and 2c should equate the possession of characteristics.	r end balance % Il 100%. the organizated as require exation's endo	e (line 1g, on that a seed on Schewment func	re held and dule R?	held as:	283,237.	3a(i) 3a(ii) 3b	98 No X X
d e f g 2 a b c c 3a	and losses	of the current yearent % and 2c should equate the possession of characteristics.	r end balance % Il 100%. the organizated as require exation's endo	e (line 1g, on that a seed on Schewment func	re held and dule R?	held as:	283,237.	3a(i) 3a(ii) 3b	98 No X X
d e f g 2 a b c c 3a	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 100.0000 % The percentages on lines 2a, 2b, a Are there endowment funds not in organization by: (i) Unrelated organizations. (ii) Related organizations. If "Yes" on line 3a(ii), are the related Describe in Part XIII the intended unt VI Land, Buildings, and Equation Complete if the organizations.	of the current yearent % and 2c should equate the possession of ed organizations listses of the organization answered "	r end balance % Il 100%. the organizated as require exation's endo	e (line 1g, on the take of the	re held and dule R?dule and IV, line	held as: d administe	283,237. ered for the	3a(i) 3a(ii) 3b	98 No X X
d e f g 2 a b c c 3a	and losses	of the current yearent and 2c should equate the possession of the organizations list the current of the curren	r end balance % Il 100%. the organizated as require exation's endo	e (line 1g, on that a seed on Schewment func	re held an dule R? ds.	held as:	e Form 990, Paulated (3a(i) 3a(ii) 3b	98 No X X
d e f g 2 a b c 3a b 4 Pa	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 100.0000 % The percentages on lines 2a, 2b, a Are there endowment funds not in organization by: (i) Unrelated organizations. (ii) Related organizations. If "Yes" on line 3a(ii), are the related Describe in Part XIII the intended unt VI Land, Buildings, and Equation Complete if the organizations.	of the current yearent of the current yearent when the possession of the possession of the possession of the organization answered " (a) Cost (inv	r end balance % Il 100%. the organizated as require zation's endo Yes" on For	e (line 1g, of the distribution that a distrib	re held an dule R? ds.	held as: d administe	e Form 990, Paulated (3a(i) 3a(ii) 3b	98 No X X

Schedule D (Form 990) 2022

c Leasehold improvements d Equipment.....

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

= 3.		
1. (a) Description of	liability	(b) Book value
(1) Federal income taxes		
(2)LEASE LIABILITY		199,119.
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total, (Column (b) must equal Form 990, Part X, col. (B) line 25.)		199.119.

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.	า.	
1	Total revenue, gains, and other support per audited financial statements	1	1,376,375.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities		
C	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
	Add lines 2a through 2d	2e	71,232.
3	Subtract line 2e from line 1	3	1,305,143.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		1,303,113.
	Investment expenses not included on Form 990, Part VIII, line 7b		
b		4c	
с 5	Add lines 4a and 4b	5	1,305,143.
Part	XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Retu	ırn.	, ,
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	1,647,002.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities		
b	Prior year adjustments		
С	Other losses		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	75,806.
3	Subtract line 2e from line 1	3	1,571,196.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
	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	1,571,196.
Part 3			
	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; F XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform		
SEE :	SUPPLEMENTAL PAGE		

PART V

TEMPORARILY RESTRICTED NET ASSETS TOTALED \$215,789 AS OF DECEMBER 31, 2022 AND CONSIST OF CONTRIBUTIONS THAT ARE RESTRICTED FOR FUTURE WALKS.

NET ASSETS RELEASED FROM RESTRICTION DURING 2022 TOTALED \$67,905, WHICH WERE TIME-RESTRICTED FOR THE 2022 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, 2019.

Part XIII Supplemental Information (continued)

PART XI, LINE 2D

OTHER ADJUSTMENTS: \$10,306 COGS

PART XII, LINE 2D

OTHER ADJUSTMENTS: \$10,306 COGS

SCHEDULE G (Form 990)

Supplemental Information Regarding Fundraising or Gaming Activities

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

Attach to Form 990 or Form 990-EZ.

Department of the Treasury Internal Revenue Service

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

OMB No. 1545-0047

2022

Open to Public Inspection

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

47-0897591 Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with

		gross receipts greater than \$5,00	0.			
			(a) Event #1 GALA	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through
a)			(event type)	(event type)	(total number)	col. (c))
Revenue	1	Gross receipts	83,035.			83,035
œ	2	Less: Contributions Gross income (line 1 minus	31,956.			31,956.
		line 2)	51,079.			51,079.
	4	Cash prizes				
	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs	3,500.			3,500.
	7	Food and beverages	55,386.			55,386.
Direc	8	Entertainment	3,000.			3,000.
	9	Other direct expenses	16,078.			16,078.
	10 11	Direct expense summary. Add lii Net income summary. Subtract	nes 4 through 9 in colu line 10 from line 3, col	umn (d) umn (d)		77,964. -26,885.
Pa	rt II	Gaming. Complete if the org	anization answered "	Yes" on Form 990, F	Part IV, line 19, or	reported more than
(1)		\$15,000 on Form 990-EZ, lin		(b) Pull tabs/instant		(d) Total gaming (add
nue			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))
Revenue	1	Gross revenue				
ses	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
irect E	4	Rent/facility costs				
<u> </u>	5	Other direct expenses				
	6	Volunteer labor	Yes % No	Yes% No	Yes% No	
	7	Direct expense summary. Add lii	nes 2 through 5 in colu	ımn (d)		
	8	Net gaming income summary. S	subtract line 7 from line	e 1. column (d)		
9 8	1. I	Enter the state(s) in which the org s the organization licensed to con	anization conducts ga	ming activities: in each of these state	es?	
10a		Were any of the organization's gamin		pended, or terminated du	ring the tax year?	Yes No
	-					

12 Is the org formed to 13 Indicate to a The orga b An outsic 14 Enter the records: Name ▶	organization conduct gaming activities with nonmembers? anization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity administer charitable gaming? he percentage of gaming activity conducted in: nization's facility e facility name and address of the person who prepares the organization's gaming/special events books and address of the person who prepares the organization's gaming/special events books and address of the person who prepares the organization's gaming/special events books and address of the person who prepares the organization's gaming/special events books and address of the person who prepares the organization's gaming/special events books and address of the person who prepares the organization's gaming/special events books and address of the person who prepares the organization's gaming/special events books and address of the person who prepares the organization's gaming/special events books and address of the person who prepares the organization's gaming/special events books and address of the person who prepares the organization's gaming/special events books and address of the person who prepares the organization's gaming/special events books and address of the person who prepares the organization's gaming/special events books and address of the person who prepares the organization's gaming/special events books and address of the person who prepares the organization's gaming/special events books and address of the person who prepares the organization's gaming/special events books and address of the person who prepares the organization's gaming/special events books and address of the person who prepares the organization's gaming/special events books and address of the person who prepares the organization's gaming/special events books and address of the person who prepares the organization's gaming/special events books and address of the person who prepares the organization's gaming and address of the person who prepares the organization's gaming and gaming a	Yes No 3a % 3b %
formed to 13 Indicate to a The orga b An outsic 14 Enter the records: Name	o administer charitable gaming? he percentage of gaming activity conducted in: nization's facility e facility name and address of the person who prepares the organization's gaming/special events books a	3a % 3b %
13 Indicate to a The orga b An outsic 14 Enter the records: Name ▶	he percentage of gaming activity conducted in: nization's facility	3a % 3b %
a The orgab An outsic14 Enter the records:Name ▶	nization's facility	3b %
b An outsic 14 Enter the records: Name ▶	name and address of the person who prepares the organization's gaming/special events books a	3b %
14 Enter the records: Name ▶	name and address of the person who prepares the organization's gaming/special events books a	
records:		and
Address		
	>	
	organization have a contract with a third party from whom the organization receives ga	
h If "Ves"	enter the amount of gaming revenue received by the organization ▶ \$ an	
amount o	f gaming revenue retained by the third party ► \$	d tilo
	enter name and address of the third party:	
,	,	
Name ►		
Address	>	
16 Gaming r	nanager information:	
Name ▶		
Gaming ı	manager compensation ▶ \$	
Descripti	on of services provided	
Dire	ctor/officer	
17 Mandato	y distributions:	
	ganization required under state law to make charitable distributions from the gaming proce	eeds to
	state gaming license?	
b Enter the	amount of distributions required under state law to be distributed to other exempt organing the organization's own exempt activities during the tax year > \$	zations
	pplemental Information. Provide the explanation required by Part I, line 2b, columns (ii	ii) and (v). and
Pa	rt III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additionate instructions).	

SCHEDULE I (Form 990)

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

OMB No. 1545-0047
2022

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

Attach to Form 990.

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Name of the organization						Employer identificat	ion number		
IT'S THE JOURNEY, INC						47-0897591	_		
Part I General Information on Grants a	nd Assistanc	е							
 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. 									
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance		
(1) ATLANTA CANCER CARE FOUNDATION									
5670 PEACHTREE DUNWOODY RD	58-2607802	501(C)(3)	22,500.				PROGRAMS		
(2) ATLANTA LEGAL AID SOCIETY									
54 ELLIS ST NE ATLANTA, GA 30303	58-0568691	501(C)(3)	22,500.				PROGRAMS		
(3) BOAT PEOPLE SOS ATLANTA									
6066 LEESBURG PIKE STE 100	54-1563619	501(C)(3)	20,957.				PROGRAMS		
(4) CANCER SUPPORT COMMUNITY ATLANTA									
CENTER POINTE 1100 JOHNSON FERRY RD NE BLDG	58-2142151	501(C)(3)	15,900.				PROGRAMS		
(5) CASTING FOR RECOVERY									
109 EAST OAK ST., STE. 1G,	03-0354382	501(C)(3)	10,000.				PROGRAMS		
(6) CENTER FOR BLACK WOMEN'S WELLNESS									
477 WINDSOR ST SW ATLANTA, GA 30312	58-2212203	501(C)(3)	25,000.				PROGRAMS		
(7) CLARKSTON COMMUNITY HEALTH CENTER									
3700 MARKET STREET RM/STE E1	46-1402143	501(C)(3)	10,000.				PROGRAMS		
(8) EAST GA CA COALITION - NORTH									
315 RIVERBEND RD #306 ATHENS, GA 30602	20-3273703	501(C)(3)	50,000.				PROGRAMS		
(9) GOOD NEWS CLINIC									
810 PINE ST, GAINSVILLE, GA 30501	06-1445382	501(C)(3)	20,000.				PROGRAMS		
(10) GOOD SAMARITAN HEALTH CENTER OF ATLANTA									
1015 DONALD LEE HOLLOWELL PKWY NW	58-2373395	501(C)(3)	25,000.				PROGRAMS		
(11) GOOD SAMARITAN HEALTH CENTER OF COBB									
1605 ROBERTA DR MARIETTA, GA 30008	32-0045238	501(C)(3)	16,000.				PROGRAMS		
(12) GRADY HEALTH FOUNDATION									
80 JESSE HILL JUNIOR DRIVE SE	26-2037695	501(C)(3)	24,779.				PROGRAMS		
2 Enter total number of section 501(c)(3) and	d government	organizations lis	sted in the line 1 ta	ole			30		
3 Enter total number of other organizations li	isted in the line	1 table					NONE		

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

Schedule I (Form 990) 2022

SCHEDULE I (Form 990)

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

OMB No. 1545-0047
2022

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 an	d Assistanc	е					
1 Does the organization maintain records to s			•		• •		
the selection criteria used to award the gran							Yes No
2 Describe in Part IV the organization's proce	dures for mor	nitoring the use	of grant funds in the	e United States.			
Part II Grants and Other Assistance to D	omestic Or	ganizations ar	nd Domestic Gov	vernments. Com	plete if the organiz	ation answered "Y	es" on Form 990,
Part IV, line 21, for any recipient t	hat received	more than \$5	,000. Part II can I	oe duplicated if a	additional space is r	needed.	
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) GWINNETT HOSPITAL SYSTEM FOUNDATION							
1755 N BROWN RD #100	58-1828486	501(C)(3)	12,500.				PROGRAMS
(2) LIGHTHOUSE LYMPHEDEMA NETWORK							
10240 CRESCENT RIDGE DRIVE	58-2301746	501(C)(3)	20,000.				PROGRAMS
(3) LOVING ARMS CANCER OUTREACH							
3595 CANTON ROAD, SUITE 312-284	45-0753116	501(C)(3)	25,000.				PROGRAMS
(4) MERCY CARE							
424 DECATUR STREET ATLANTA, GA 30312	58-1752700	501(C)(3)	24,957.				PROGRAMS
(5) MY STYLE MATTERS							
P.O BOX 162211 ATLANTA, GA 30321	82-3252921	501(C)(3)	10,000.				PROGRAMS
(6) NORTHSIDE HOSPITAL INSIDE METRO-ATLANTA							
1100 JOHNSON FERRY ROAD CENTER POINTE I, SU	58-1954432	501(C)(3)	60,000.				PROGRAMS
(7) PIEDMONT ATHENS REGIONAL BREAST HEALTH CENT							
242 KING AVENUE MEDICAL SERVICES BUILDING	58-2179986	501(C)(3)	10,000.				PROGRAMS
(8) PIEDMONT ATLANTA GENETICS							
2001ÿPEACHTREEÿROADÿNE,ÿSUITEÿ400ÿ	58-1272768	501(C)(3)	49,915.				PROGRAMS
(9) PIEDMONT AUGUSTA FOUNDATION SCREENING & DIA							
2260 WRIGHTSBORO ROAD AUGUSTA, GA 30904	58-1343550	501(C)(3)	18,195.				PROGRAMS
(10) SOUTHEAST GEORGIA RURAL COMMUNITY NETWORK							
P.O BOX 946 VIDALIA VIDALIA, GA 30475	47-1963576	501(C)(3)	25,000.				PROGRAMS
(11) ST. JOSEPH'S/CANDLER							
5353 REYNOLDS STREET SAVANNAH, GA 31405	58-1553254	501(C)(3)	20,000.				PROGRAMS
(12) ST. MARY'S HEALTHCARE SYSTEM	_						
1230 BAXTER STREET ATHENS, GA 30606	58-0566223	501(C)(3)	20,000.				PROGRAMS
2 Enter total number of section 501(c)(3) and							-
3 Enter total number of other organizations lis	ted in the line	1 table					

SCHEDULE I (Form 990)

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

OMB No. 1545-0047
2022

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

Attach to Form 990.

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

Open to Public Inspection

Name of the organization						Employer identificati	ion number
IT'S THE JOURNEY, INC						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 process Part II Grants and Other Assistance to 	nts or assistand edures for mor	ce?nitoring the use	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	oe duplicated if a	additional space is n	eeded.	
(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) TEAM MAGGIE'S DREAM							
227 HILLCREST DRIVE ROSEWELL, GA 30075	46-5528377	501(C)(3)	20,000.				PROGRAMS
(2) THE CANCER FOUNDATION							
3320 OLD JEFFERSON ROAD BLD 700	20-3378035	501(C)(3)	25,000.				PROGRAMS
(3) THE PINK FROG FOUNDATION TRANSPORTATION							
1380 AUDUBON COURT ATLANTA, GA 30311	45-5519735	501(C)(3)	5,297.				PROGRAMS
(4) TURNING POINT BREAST CANCER REHAB							
8010 ROSWELL RD #120 ATLANTA, GA 30350	56-2317821	501(C)(3)	20,000.				PROGRAMS
(5) UNITED IN PINK							
1515 BASS RD SUITE H MACON, GA 31210	20-5848087	501(C)(3)	23,000.				PROGRAMS
(6) WELLSTAR LEGACY HOSPITAL							
805 SANDY PLAINS ROAD, SUITE 100	58-1627413	501(C)(3)	50,000.				PROGRAMS
_(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
2 Enter total number of section 501(c)(3) and 3 Enter total number of other organizations li	=	=	sted in the line 1 tal	ole			

Schedule I (Form 990) (2022) 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 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) (2022)

Schedule I (Form 990) (2022) 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.

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) (2022) 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

2022

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 III, LINE 4A:

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.

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

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

2022

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

FAIRNESS OF THE TRANSACTION TO THE ORGANIZATION.

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

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

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

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

FORM 990, PART XI, LINE 8

PRIOR PERIOD ADJUSTMENTS: -\$15,469

=========

Name of the organization	Employer identification number
IT'S THE JOURNEY, INC	47-0897591
FORM 990, PART X - PREPAID EXPENSES AND DEFERRED CHARGS	
DESCRIPTION	ENDING BOOK VALUE
PREPAID RENT PREPAID EVENTS	3,523. 4,000.
TOTALS	7,523.