- ∳Forπ	990-T	E	empt Organization) (and proxy tax				x Retui	n	ОМВ	No 1545-0687
,, 1 0111		F1-	, .					.	G)@ 4 0
		For cale	ndar year 2018 or other tax year begin					··— [4	3U 18
	rtment of the Treasury al Revenue Service	▶ no	► Go to www irs gov/Form990 not enter SSN numbers on this form a						o n Open to	Rublic Inspection (for (**)
A	Check box if		1 1 - 1		me changed and see		ונוטוו וז מ זט וןני) Örganızatıöns: Only 💥 ficatıon number
	address changed		····································		ondrigod and occ	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				ee instructions)
B Ex	empt under section		IT'S THE JOURNEY, I	NC	•	1				
	501(C P 3)	Print	Number, street, and room or suite no		box, see instructions			47-0	897591	
F-	408(e) 220(e)	_ or								ess activity code
	408A 530(a)	i y pe	270 CARPENTER DRIVE	. SU	JITE 515			(See in	nstructions)	•
	529(a)		City or town, state or province, countr			ode				
C Bo	ok value of all assets	Í	ATLANTA, GA 30328	•						
	end of year	F Gro	up exemption number (See instruct	ions)	>					
	1,898,641.		eck organization type X 501			501(c) tru	st	401(a)	trust	Other trust
H F			inization's unrelated trades or busine			1001(0) 110			(or first) u	
	ade or business her	-		3303		nly one com			, ,	e, describe the
			end of the previous sentence, con	mnlete		-	-			, describe the
	ade or business, the		· ·	· · · · · · · ·	or and raina in, comp	picto a conci	Jaio IVI 101 Cal	or addition		
			corporation a subsidiary in an affil	ated o	roup or a parent-sub	hsidiary contr	alled aroun?		•	Yes X No
			identifying number of the parent co	_		boldially conti	onca group			
	he books are in care		, ,	porati		elephone nu	ımber ▶ 40	4-531-	-4111	
_			or Business Income	_	(A) Income		(B) Expen		T	(C) Net
1a	Gross receipts or s	•			(,,				4/200900	
b	Less returns and allowa		c Balance ▶	1c						
2			ule A, line 7)	2		**************************************	175000	7007 35 (4.10.4 24.0007 (4.10.4 24.0007 (4.10.4		
3			2 from line 1c	3		700	34 427 317949E	CHE TALL	4 (352,274)	ACRES HISTORISMINANCE NO
4a			ttach Schedule D)	4a				ANG	4	
b			Part II, line 17) (attach Form 4797)	4b		73.4950 73.4950 73.8250		- 10 m	<u> </u>	
c			rusts	4c					<u> </u>	
5			r an S corporation (attach statement)	5		30000 30000			í –	
6			· · · · · · · · · · · · · · · · · · ·	6		P-CAR	CONTRACTOR OF STREET	*:X*Gb17***C2#	S4	
7			come (Schedule E)	7						
8			nts from a controlled organization (Schedule F)	8	 -					-
9			1(c)(7), (9), or (17) organization (Schedule G)	9			111			
10			ncome (Schedule I)	10					-	
11	-	•	lule J)	11					 -	
12		,	tions, attach schedule)				\$265 FA 3255	WALLO CA	a	
13			ough 12		REC	<u>;EMET</u>) 	746678000009674652	23	
	1 Deduction	s Not	Taken Elsewhere (See instr		ns for limitation	os on dedi	ictions) (F	xcent f	or contr	
			be directly connected with t					-xoopt i	01 0011111	battoris,
14			directors, and trustees (Schedule K)					. 14		
15								15		
16	Repairs and main	enance			n nGE	EN, L	النيلا	. 16		
17						-				
18			see instructions)							
19										
20			See instructions for limitation rules)							
21	مظالم		4562)		1			. 20	3	
22			on Schedule A and elsewhere on re					22b	21	
23	Q/		· · · · · · · · · · · · · · · · · · ·							
24			compensation plans							
25									1	
26			Schedule I)						 	
20 27			chedule J)						1	
28			chedule)						+	
29			s 14 through 28						+	
30			le income before net operating						+	
31			g loss arising in tax years beginnin						1000 NO.	
32			e income Subtract line 31 from line	-	-			. 31	MA CELARANTA	
~~	CHICAGO DUSINES	o takabit	, moonie oudmachine di nom line	JU.						

Form	990-T (2018)		Page 2
Pa	rt III Total Unrelated Business Taxable Income		
33	Total of unrelated business taxable income computed from all unrelated trades or businesses (see		
	instructions)	33	
34	Amounts paid for disallowed fringes	34	541
35	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see		
	instructions)	35	
36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum		
	of lines 33 and 34	36	541
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)	37	1,000
38	Unrelated business taxable income Subtract line 37 from line 36 If line 37 is greater than line 36,		
	enter the smaller of zero or line 36	38	0
Pa	rt IV Tax Computation		
39	Organizations Taxable as Corporations. Multiply line 38 by 21% (0 21)		
40	Trusts Taxable at Trust Rates. See instructions for tax computation Income tax on		
	the amount on line 38 from Tax rate schedule or Schedule D (Form 1041) ▶	40	
41	Proxy tax. See instructions		
42	Alternative minimum tax (trusts only).		
43	Tax on Noncompliant Facility Income. See instructions	43	
44	Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies	44	
Pa	rt V Tax and Payments	··	
45 a	Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116)		
	Other credits (see instructions)		
d	Credit for prior year minimum tax (attach Form 8801 or 8827)		
е	Total credits. Add lines 45a through 45d	45e	
46	Subtract line 45e from line 44	46	
47	Other taxes Check if from Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule).		
48	Total tax. Add lines 46 and 47 (see instructions)		0
49	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2		
	Payments A 2017 overpayment credited to 2018		
	2018 estimated tax payments		
	Tax deposited with Form 8868		
	Foreign organizations Tax paid or withheld at source (see instructions)		
	Backup withholding (see instructions)		
	Credit for small employer health insurance premiums (attach Form 8941) 50f		
g	Other credits, adjustments, and payments Form 2439		
	Form 4136 Other Total ▶ 50g		
51	Total payments Add lines 50a through 50g	51	
52	Estimated tax penalty (see instructions) Check if Form 2220 is attached	52	
53	Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed	53	
54	Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid	54	
55	Enter the amount of line 54 you want Credited to 2019 estimated tax Refunded		
Pat		•	authority Yes No
56	At any time during the 2018 calendar year, did the organization have an interest in or a signature or over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization m		
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts If "Yes," enter the name of the		[888/2/28] 7 2/2
	here	Toreign	X
- -			
57	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a fore	ign trust?	
58	If "Yes," see instructions for other forms the organization may have to file		
30	Enter the amount of tax-exempt interest received or accrued during the tax year Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the t	best of my	knowledge and belief it is
Sig	true correct, and complete Deplaration of preserve (other than taxpaver) is based on all information of which preparer has any knowledge		ge ene wener, it i
Her	DODIN DAMCEY // A - / MAAAAAAAAAAAAAAAAAAAAAAAAAAAAA	•	RS discuss this return
1161		th the p seinstruction	oreparer shown below
	Print/Type preparer's name Preparer's grapature Date	T	PTIN No
Paic	CARRE T TIMBURN		P01372980
Prep	parer	employed	58-1250486
Use	Only Firm's name ► SMITH & HOWARD, P.C. Firm's address ► 271 17TH STREET, NW SUITE 1600, ATLANTA, GA 30363 Phone	4.0	4-874-6244
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(1) (2) (3) (4) 2. Rent received or accrued (a) From personal property (if the percentage of rent for personal property (if the percentage of rent for personal property receds 50% or if the rent is based on profit or income) (1) (2) (3) (4) Total (c) Total income. Add totals of columns 2(a) and 2(b) Enter here and on page 1, Part I, line 6, column (A)	Form 990-T (2018)			•				Page 3	
2 Purchases	Schedule A - Cost of G	oods Sold. E	nter metho	d of invento	ry valuation	>			
2 Purchases	1 Inventory at beginning of	year 1			6 Inventory	at end of yea	ar	6	
3	2 Purchases	2							
(altach schedule) 4a	3 Cost of labor	3			6 from	line 5 En	iter here and in	<u> </u>	
(altach schedule) 4a	4a Additional section 263A c	osts			Part I, line	2		7	
b Other costs (attach schedule) 40	(attach schedule)	4a						with respect to Yes No	
Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property) (see instructions) 1. Description of property 1. (b) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%) 1. Description of debt-financed property 1. Description of de					property	produced	or acquired for	resale) apply	
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Schedule F—Interest, Ann				ontrolled Or					,	
' 1 Name of controlled organization	2 Employer identification numb	ן ופּי		lated income instructions)		al of specified included i		f column 4 that is in the controlling ion's gross income		6 Deductions directly connected with income in column 5
(1)			7.10			• .		_		• 1
(2)										,
(3)										
(4)					١.					-
Nonexempt Controlled Organi	zations *	<u> </u>								1
7 Taxable Incomé	8 Net unrelated in (loss) (see instruc		1 1	Total of specifications		include	10 Part of column 9 that is included in the controlling organization's gross income			Deductions directly inected with income in column 10
(1)										
(2)				(-				
(3)	,							_		
(4)	· · · · · · · · · · · · · · · · · · ·									· · · · · · · · · · · · · · · · · · ·
Totals					`.▶	Enter f Part I,	olumns 5 a nere and on line 8, colu	page 1, mn (A)	Ent	d columns 6 and 11 er here and on page 1, rt I, line 8, column (B)
Schedule G-Investment In	come of a Sec	tion 50	1(c)(7),			nization	(see ins	tructions)		
1 Description of income	2 Amount of	income		3 Dedu directly co (attach sc	nnected			et-asides schedule)		5 Total deductions and set-asides (col 3 plus col 4)
(1)										
(2)							-			
(3)	_									
(4)										
Totals ▶	Enter here and Part I, line 9, co	olumn (A)								Enter here and on page 1 Part I, line 9, column (B)
Schedule I-Exploited Exe	empt Activity In	come, C	Other Th	an Advert	ising In	come (s	ee instru	ctions)		
Description of exploited activity	2 Gross unrelated business income from trade or business	dire connec produ- unre	penses ectly ited with ction of elated s income	4 Net inconfrom unrelator business 2 minus coll fa gain, coll 5 thm	ted tradé (column lumn 3) ompute	5 Gross from act is not u business	nrelated	6 Expe attributa colum	able to	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)				<u> </u>						
(2)				 						
(3)								-		
(3) (4)								 		
Totals ▶	Enter here and on page 1, Part I, line 10, col (A)	page 1 line 10,	re and on , Part I, ' col (B)	Sil.				l		Enter here and on page 1, Part II, line 26
Schedule J-Advertising In	icome (see instri	uctions)								
Part I Income From Per	iodicals Report	ed on a	Consol	idated Ba	sis					
1 Name of periodical	2 Gross advertising income		irect ing costs	4 Adver gain or (los 2 minus co a gain, co cols 5 thre	ss) (col ol 3) If mpute	5 Circ		6 Reade cost		7 Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)				500000	100		1			
(2)										
(3)	 				7					
(4)	- +									
				and anomalist decided.	o no batta de Sacioni. Sel		,			V.3. D.C. M.O.A. p. 4. 300 S. S. W. A. G. S.
Totals (carry to Part II, line (5))	<u> </u>			İ.				<u> </u>		Form 990-T (2018)

Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis)

Name of periodical	2 Gross advertising income	3 Direct advertising costs	4. Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5 Circulation income	6 Readership costs	7 Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)				•	,	
(2)						
(3)						
(4)						
Totals from Part I ▶					10 22 4 2 5 7 6 7 1	
Totals, Part II (lines 1-5) ▶	Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (B)		1.84		Enter here and on page 1, Part II, line 27

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

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

Form 990-T (2018)