

Form **990**Department of the Treasury  
Internal Revenue Service**Return of Organization Exempt From Income Tax**

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

▶ Do not enter social security numbers on this form as it may be made public.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2021****Open to Public  
Inspection**

<b>A For the 2021 calendar year, or tax year beginning</b>		<b>07-01, 2021, and ending</b>		<b>06-30, 2022</b>	
<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending		<b>C</b> Name of organization <b>JOURNEYS IN COMMUNITY LIVING INC</b> Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>1130 HALEY ROAD</b> City or town, state or province, country, and ZIP or foreign postal code <b>MURFREESBORO, TN 37133-0073</b>		<b>D</b> Employer identification number <b>62-0980251</b>	
		<b>E</b> Telephone number <b>(615) 849-8727</b>		<b>G</b> Gross receipts <b>\$ 8,612,523</b>	
		<b>F</b> Name and address of principal officer: <b>GREG WALTHER</b> <b>SAME AS C ABOVE</b>		<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions	
		<b>H(c)</b> Group exemption number ▶			
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527					
<b>J</b> Website: ▶ <b>JOURNEYSINCOMMUNITY.ORG</b>					
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶					
				<b>L</b> Year of formation: <b>1975</b>	
				<b>M</b> State of legal domicile: <b>TN</b>	

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>TO FOSTER, DEVELOP, PROMOTE AND OPERATE SERVICES AND PROGRAMS SO AS TO ENRICH THE LIVES OF THE INTELLECTUALLY AND DEVELOPMENTALLY DISABLED AND PHYSICALLY HANDICAPPED ADULTS OF THE RUTHERFORD CO, TN AREA. OVER 100 ADULTS MEETING THE CONDITIONS ABOVE HAVE BEEN ASSISTED THIS YEAR.</b>		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>13</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>13</b>
	<b>5</b> Total number of individuals employed in calendar year 2021 (Part V, line 2a)	<b>5</b>	<b>206</b>
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	<b>25</b>
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>0</b>
<b>b</b> Net unrelated business taxable income from Form 990-T, Part I, line 11	<b>7b</b>	<b>0</b>	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b> <b>1,165,064</b>	<b>Current Year</b> <b>1,417,187</b>
	<b>9</b> Program service revenue (Part VIII, line 2g)	<b>5,328,770</b>	<b>6,457,992</b>
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>34,390</b>	<b>50,908</b>
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		<b>(1,427)</b>
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>6,528,224</b>	<b>7,924,660</b>
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)		<b>0</b>
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)		<b>0</b>
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<b>4,552,276</b>	<b>5,056,428</b>
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)		<b>0</b>
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>17,175</b>		
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<b>1,042,622</b>	<b>1,481,931</b>
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>5,594,898</b>	<b>6,538,359</b>	
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	<b>933,326</b>	<b>1,386,301</b>	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	<b>Beginning of Current Year</b> <b>3,469,465</b>	<b>End of Year</b> <b>4,826,547</b>
	<b>21</b> Total liabilities (Part X, line 26)	<b>747,540</b>	<b>961,226</b>
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	<b>2,721,925</b>	<b>3,865,321</b>

**Part II Signature Block**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

<b>Sign Here</b>	<b>GREG WALTHER</b> Signature of officer		Date	
	<b>GREG WALTHER, FINANCE DIRECTOR</b> Type or print name and title			
<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check <input checked="" type="checkbox"/> if self-employed PTIN
	<b>TIM MONTGOMERY</b>		<b>11-09-2022</b>	<b>P00736406</b>
	Firm's name ▶ <b>Tim Montgomery, CPA PLLC</b>	Firm's EIN ▶		
	Firm's address ▶ <b>412 Golden Bear Court Suite B208 Murfreesboro TN 37128</b>	Phone no. <b>615-895-8151</b>		

May the IRS discuss this return with the preparer shown above? See instructions ☒ Yes ☐ No**For Paperwork Reduction Act Notice, see the separate instructions.**Form **990** (2021)

**Part III 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:

TO FOSTER, DEVELOP, PROMOTE AND OPERATE SERVICES AND PROGRAMS SO AS TO ENRICH THE LIVES OF THE INTELLECTUALLY AND DEVELOPMENTALLY DISABLED AND PHYSICALLY HANDICAPPED ADULTS OF THE RUTHERFORD CO, TN AREA. OVER 100 ADULTS MEETING THE CONDITIONS ABOVE HAVE BEEN ASSISTED THIS YEAR.

**2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No

If "Yes," describe these new services on Schedule O.

**3** Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No

If "Yes," describe these changes on Schedule O.

**4** Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

**4a** (Code: ) (Expenses \$ 4,483,747 including grants of \$ ) (Revenue \$ 5,376,465 )  
 PROVIDING RESIDENTIAL ASSISTANCE TO APPROXIMATELY 48 ADULTS WITH INTELLECTUAL AND DEVELOPMENTAL DISABILITIES THROUGH OPERATION OF ONE GROUP HOME AND 17 COMPANION HOMES, INCLUDING ONE MEDICAL RESIDENCE.

**4b** (Code: ) (Expenses \$ 325,869 including grants of \$ ) (Revenue \$ 11,923 )  
 PROVIDING TRANSPORTATION TO THOSE CLIENTS SUPPORTED SO THEY CAN FURTHER THEIR INDEPENDENCE. DRIVERS HELP GET CLIENTS TO WORK, TO THE VOCATIONAL CENTER, TO MEDICAL APPOINTMENTS AND TO RECREATIONAL ACTIVITIES.

**4c** (Code: ) (Expenses \$ 324,218 including grants of \$ ) (Revenue \$ 1,022,236 )  
 PROVIDING VOCATIONAL AND SOCIAL SERVICES TO APPROXIMATELY 80 ADULTS WITH INTELLECTUAL AND DEVELOPMENTAL DISABILITIES THROUGH COMMUNITY BASED ACTIVITIES INCLUDING ASSISTANCE WITH DAILY LIVING ACTIVITIES.

**4d** Other program services (Describe on Schedule O.)

(Expenses \$ including grants of \$ ) (Revenue \$ )

**4e** Total program service expenses ▶ 5,133,834

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A . . . . .	<b>1</b> <input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>2</b> Is the organization required to complete Schedule B, Schedule of Contributors? See instructions . . . . .	<b>2</b> <input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I . . . . .	<b>3</b> <input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>4</b> <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II . . . . .	<b>4</b> <input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>5</b> Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III . . . . .	<b>5</b> <input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>6</b> 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 . . . . .	<b>6</b> <input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>7</b> 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 . . . . .	<b>7</b> <input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III . . . . .	<b>8</b> <input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>9</b> 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 . . . . .	<b>9</b> <input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>10</b> 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 . . . . .	<b>10</b> <input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>11</b> 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.		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI . . . . .	<b>11a</b> <input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>b</b> Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII . . . . .	<b>11b</b> <input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>c</b> Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII . . . . .	<b>11c</b> <input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>d</b> Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX . . . . .	<b>11d</b> <input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X . . . . .	<b>11e</b> <input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>f</b> 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 . . . . .	<b>11f</b> <input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII . . . . .	<b>12a</b> <input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>b</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 . . . . .	<b>12b</b> <input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . .	<b>13</b> <input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States? . . . . .	<b>14a</b> <input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>b</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 . . . . .	<b>14b</b> <input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>15</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV . . . . .	<b>15</b> <input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>16</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV . . . . .	<b>16</b> <input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>17</b> 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 . . . . .	<b>17</b> <input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II . . . . .	<b>18</b> <input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III . . . . .	<b>19</b> <input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>20a</b> Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H . . . . .	<b>20a</b> <input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? . . . . .	<b>20b</b> <input type="checkbox"/>	<input type="checkbox"/>
<b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II . . . . .	<b>21</b> <input type="checkbox"/>	<input checked="" type="checkbox"/>

**Part IV Checklist of Required Schedules** (continued)

	Yes	No
<b>22</b> 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? <i>If "Yes," complete Schedule I, Parts I and III . . . . .</i>	<b>22</b>	<b>X</b>
<b>23</b> 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? <i>If "Yes," complete Schedule J. . . . .</i>	<b>23</b>	<b>X</b>
<b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a. . . . .</i>	<b>24a</b>	<b>X</b>
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .	<b>24b</b>	
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .	<b>24c</b>	
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .	<b>24d</b>	
<b>25a</b> <b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I. . . . .</i>	<b>25a</b>	<b>X</b>
<b>b</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? <i>If "Yes," complete Schedule L, Part I . . . . .</i>	<b>25b</b>	<b>X</b>
<b>26</b> Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member or any of these persons? <i>If "Yes," complete Schedule L, Part II. . . . .</i>	<b>26</b>	<b>X</b>
<b>27</b> 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? <i>If "Yes," complete Schedule L, Part III . . . . .</i>	<b>27</b>	<b>X</b>
<b>28</b> Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):		
<b>a</b> A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV. . . . .</i>	<b>28a</b>	<b>X</b>
<b>b</b> A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV. . . . .</i>	<b>28b</b>	<b>X</b>
<b>c</b> A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV. . . . .</i>	<b>28c</b>	<b>X</b>
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M. . . . .</i>	<b>29</b>	<b>X</b>
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M. . . . .</i>	<b>30</b>	<b>X</b>
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I. . . . .</i>	<b>31</b>	<b>X</b>
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II . . . . .</i>	<b>32</b>	<b>X</b>
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I. . . . .</i>	<b>33</b>	<b>X</b>
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 . . . . .</i>	<b>34</b>	<b>X</b>
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? . . . . .	<b>35a</b>	<b>X</b>
<b>b</b> 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)? <i>If "Yes," complete Schedule R, Part V, line 2 . . . . .</i>	<b>35b</b>	
<b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2 . . . . .</i>	<b>36</b>	<b>X</b>
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI. . . . .</i>	<b>37</b>	<b>X</b>
<b>38</b> Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? <b>Note:</b> All Form 990 filers are required to complete Schedule O. . . . .	<b>38</b>	<b>X</b>

**Part V Statements Regarding Other IRS Filings and Tax Compliance**Check if Schedule O contains a response or note to any line in this Part V ☐

	Yes	No
<b>1a</b> Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable. . . . .	<b>1a</b>	<b>11</b>
<b>b</b> Enter the number of Form W-2G included in line 1a. Enter -0- if not applicable. . . . .	<b>1b</b>	<b>0</b>
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . .	<b>1c</b>	

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)				Yes	No
<b>2a</b>	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 . . . . .	<b>2a</b>	206		
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? . . . . . <b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.	<b>2b</b>		X	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year? . . . . .	<b>3a</b>			X
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O . . . . .	<b>3b</b>			
<b>4a</b>	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)? . . . . .	<b>4a</b>			X
<b>b</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).				
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . . .	<b>5a</b>			X
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? . . . . .	<b>5b</b>			X
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T? . . . . .	<b>5c</b>			
<b>6a</b>	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? . . . . .	<b>6a</b>			X
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .	<b>6b</b>			
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>				
<b>a</b>	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? . . . . .	<b>7a</b>			
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .	<b>7b</b>			
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .	<b>7c</b>			
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year. . . . .	<b>7d</b>			
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . . . .	<b>7e</b>			
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . .	<b>7f</b>			
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? . . . . .	<b>7g</b>			
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? . . . . .	<b>7h</b>			
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? . . . . .	<b>8</b>			
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>				
<b>a</b>	Did the sponsoring organization make any taxable distributions under section 4966? . . . . .	<b>9a</b>			
<b>b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . . . .	<b>9b</b>			
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:				
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12 . . . . .	<b>10a</b>			
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . . . . .	<b>10b</b>			
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:				
<b>a</b>	Gross income from members or shareholders . . . . .	<b>11a</b>			
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) . . . . .	<b>11b</b>			
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041? . . . . .	<b>12a</b>			
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year . . . . .	<b>12b</b>			
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>				
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? . . . . . <b>Note:</b> See the instructions for additional information the organization must report on Schedule O.	<b>13a</b>			
<b>b</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 . . . . .	<b>13b</b>			
<b>c</b>	Enter the amount of reserves on hand . . . . .	<b>13c</b>			
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year? . . . . .	<b>14a</b>			X
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O . . . . .	<b>14b</b>			
<b>15</b>	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? . . . . . If "Yes," see instructions and file Form 4720, Schedule N.	<b>15</b>			X
<b>16</b>	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? . . . . . If "Yes," complete Form 4720, Schedule O.	<b>16</b>			X
<b>17</b>	<b>Section 501(c)(21) organizations.</b> Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? . . . . . If "Yes," complete Form 6069.	<b>17</b>			

**Part VI Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

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

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year. . . . .	<b>1a</b>	<b>13</b>
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>b</b>	Enter the number of voting members included in line 1a, above, who are independent. . . . .	<b>1b</b>	<b>13</b>
<b>2</b>	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? . . . . .	<b>2</b>	<b>X</b>
<b>3</b>	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? . . . . .	<b>3</b>	<b>X</b>
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . . . . .	<b>4</b>	<b>X</b>
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets? . . . . .	<b>5</b>	<b>X</b>
<b>6</b>	Did the organization have members or stockholders? . . . . .	<b>6</b>	<b>X</b>
<b>7a</b>	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? . . . . .	<b>7a</b>	<b>X</b>
<b>b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? . . . . .	<b>7b</b>	<b>X</b>
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body? . . . . .	<b>8a</b>	<b>X</b>
<b>b</b>	Each committee with authority to act on behalf of the governing body? . . . . .	<b>8b</b>	<b>X</b>
<b>9</b>	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? If "Yes," provide the names and addresses on Schedule O . . . . .	<b>9</b>	<b>X</b>

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
<b>10a</b>	Did the organization have local chapters, branches, or affiliates? . . . . .	<b>10a</b>	<b>X</b>
<b>b</b>	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? . . . . .	<b>10b</b>	
<b>11a</b>	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? . . . . .	<b>11a</b>	<b>X</b>
<b>b</b>	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b>	Did the organization have a written conflict of interest policy? If "No," go to line 13. . . . .	<b>12a</b>	<b>X</b>
<b>b</b>	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . . .	<b>12b</b>	<b>X</b>
<b>c</b>	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done. . . . .	<b>12c</b>	<b>X</b>
<b>13</b>	Did the organization have a written whistleblower policy? . . . . .	<b>13</b>	<b>X</b>
<b>14</b>	Did the organization have a written document retention and destruction policy? . . . . .	<b>14</b>	<b>X</b>
<b>15</b>	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?		
<b>a</b>	The organization's CEO, Executive Director, or top management official . . . . .	<b>15a</b>	<b>X</b>
<b>b</b>	Other officers or key employees of the organization . . . . .	<b>15b</b>	<b>X</b>
If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
<b>16a</b>	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? . . . . .	<b>16a</b>	<b>X</b>
<b>b</b>	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? . . . . .	<b>16b</b>	

**Section C. Disclosure**

**17** List the states with which a copy of this Form 990 is required to be filed ► **Tennessee**

**18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

☐ Own website ☐ Another's website ☒ Upon request ☐ Other (explain on Schedule O)

**19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

**20** State the name, address, and telephone number of the person who possesses the organization's books and records ►

**GREG WALTHER (615)890-4389, 1130 HALEY ROAD, MURFREESBORO, TN 37130**

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**Check if Schedule O contains a response or note to any line in this Part VII ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."

- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, 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 instructions for the order in which to list the persons above.

☐ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) FRANCES COOK EXECUTIVE DIRECTOR	40.00			X				93,891	0	0
(2) GREG WALTHER FINANCE DIRECTOR	40.00			X				73,547	0	0
(3) AMANDA HILL DIRECTOR	1.00	X						0	0	0
(4) JODI WILLIAMSON DIRECTOR	1.00	X						0	0	0
(5) TODDRA LIDDELL DIRECTOR	1.00	X						0	0	0
(6) DEBBIE TILLER DIRECTOR	1.00	X						0	0	0
(7) ERICA JONES DIRECTOR	1.00	X						0	0	0
(8) TRISH WALDRON DIRECTOR	1.00	X						0	0	0
(9) JAMES CALDER DIRECTOR	1.00	X						0	0	0
(10) LAURA LYNN VAUGHT DIRECTOR	1.00	X						0	0	0
(11) ERNEST BURGESS DIRECTOR	1.00	X						0	0	0
(12) JOHN DIETRICH DIRECTOR	1.00	X						0	0	0
(13) WENDY JACOBS CHAIR	1.00	X		X				0	0	0
(14) MICHAEL BUSEY CO-CHAIR	1.00	X		X				0	0	0

**Part VII** Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)							(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
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				
(15)TEB BATEY SEC/TREASURER	1.00	X		X					0	0	0
(16)											
(17)											
(18)											
(19)											
(20)											
(21)											
(22)											
(23)											
(24)											
(25)											
1b Subtotal											
c Total from continuation sheets to Part VII, Section A											
d Total (add lines 1b and 1c)									167,438	0	0

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **0**

**3** Did the organization list any **former** officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual **3** **X**

**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** **X**

**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** **X**

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
<b>TRIUMPH CARE LLC, 116 MURFREESBORO PK STE 519 NASHVI TN 37211</b>	<b>NURSING SERVICES</b>	<b>258,440</b>
<b>THINK LLP, 3636 BIRCH ST STE 210 NEWPORT BEAC CA 92660</b>	<b>ADMINISTRATIVE</b>	<b>246,301</b>

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **2**



**Part VIII****Statement of Revenue**Check if Schedule O contains a response or note to any line in this Part VIII ☐

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns . . . . .	1a	24,489			
	b	Membership dues . . . . .	1b				
	c	Fundraising events . . . . .	1c	70,319			
	d	Related organizations . . . . .	1d				
	e	Government grants (contributions) . .	1e	1,289,304			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	33,075			
	g	Noncash contributions included in lines 1a-1f . . . . .	1g	\$			
	h	<b>Total.</b> Add lines 1a-1f . . . . . ▶		1,417,187			
Program Service Revenue	Business Code						
	2a	STATE OF TN - DIDD	624100	6,037,376	6,037,376		
	b	PRIVATE PAY SERVICES	624100	311,538	311,538		
	c	CLIENT RENT	624100	61,708	61,708		
	d	DEPT OF HUMAN SERVICES	624310	42,984	42,984		
	e	OTHER PROGRAM INCOME	624100	4,386	4,386		
	f	All other program service revenue . . . . .					
	g	<b>Total.</b> Add lines 2a-2f . . . . . ▶		6,457,992			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts) . . . . . ▶		70,653			70,653
	4	Income from investment of tax-exempt bond proceeds . . . ▶					
	5	Royalties . . . . . ▶					
	6a	Gross rents . . . . .	(i) Real	(ii) Personal			
	6b	Less: rental expenses . .	6b				
	6c	Rental income or (loss)	6c				
	d	Net rental income or (loss) . . . . . ▶					
	7a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
	7b	Less: cost or other basis and sales expenses . .	7b	686,436			
	7c	Gain or (loss) . . . . .	7c	(49,448)	29,703		
	d	Net gain or (loss) . . . . . ▶		(19,745)	29,703		(49,448)
8a	Gross income from fundraising events (not including \$ 70,319 of contributions reported on line 1c). See Part IV, line 18 . . . . .	8a					
8b	Less: direct expenses . . . . .	8b	1,427				
c	Net income or (loss) from fundraising events . . . . . ▶		(1,427)			(1,427)	
9a	Gross income from gaming activities, See Part IV, line 19 . . . . .	9a					
9b	Less: direct expenses . . . . .	9b					
c	Net income or (loss) from gaming activities . . . . . ▶						
10a	Gross sales of inventory, less returns and allowances . . . . .	10a					
10b	Less: cost of goods sold . . . . .	10b					
c	Net income or (loss) from sales of inventory . . . . . ▶						
Miscellaneous Revenue	Business Code						
	11a						
	b						
	c						
	d	All other revenue . . . . .					
e	<b>Total.</b> Add lines 11a-11d . . . . . ▶						
12	<b>Total revenue.</b> See instructions . . . . . ▶		7,924,660	6,487,695	0	19,778	

**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, 8b, 9b, and 10b of Part VIII.**

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . .				
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . .				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 . . . .				
<b>4</b> Benefits paid to or for members . . . . .				
<b>5</b> Compensation of current officers, directors, trustees, and key employees . . . . .	167,438		167,438	
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .				
<b>7</b> Other salaries and wages . . . . .	4,247,982	3,808,151	427,463	12,368
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . .				
<b>9</b> Other employee benefits . . . . .	314,966	271,647	42,437	882
<b>10</b> Payroll taxes . . . . .	326,042	281,201	43,928	913
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management . . . . .				
<b>b</b> Legal . . . . .				
<b>c</b> Accounting . . . . .	24,386		24,386	
<b>d</b> Lobbying . . . . .				
<b>e</b> Professional fundraising services. See Part IV, line 17 .				
<b>f</b> Investment management fees . . . . .	9,344		9,344	
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) . .	618,949	260,391	358,558	
<b>12</b> Advertising and promotion . . . . .	28,362	138	27,802	422
<b>13</b> Office expenses . . . . .	34,690		33,777	913
<b>14</b> Information technology . . . . .	84,906		84,906	
<b>15</b> Royalties . . . . .				
<b>16</b> Occupancy . . . . .	214,518	130,975	83,543	
<b>17</b> Travel . . . . .	3,784	3,370	414	
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .				
<b>19</b> Conferences, conventions, and meetings . . . . .	5,383	4,183		1,200
<b>20</b> Interest . . . . .	4,125		4,125	
<b>21</b> Payments to affiliates . . . . .				
<b>22</b> Depreciation, depletion, and amortization . . . . .	98,297	75,928	22,369	
<b>23</b> Insurance . . . . .	131,801	113,674	17,758	369
<b>24</b> 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.)				
<b>a</b> BACKGROUND EXPENSE	8,420		8,420	
<b>b</b> COMMUNICATIONS	38,667	33,349	5,210	108
<b>c</b> VEHICLE EXPENSES AND FUEL	129,312	129,312		
<b>d</b> FOOD	31,523	15,839	15,684	
<b>e</b> All other expenses	15,464	5,676	9,788	
<b>25</b> Total functional expenses. Add lines 1 through 24e. .	6,538,359	5,133,834	1,387,350	17,175
<b>26</b> 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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) . . . . .				

**Part X Balance Sheet**Check if Schedule O contains a response or note to any line in this Part X ☐

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing	935,759	<b>1</b>	1,165,136
	<b>2</b> Savings and temporary cash investments		<b>2</b>	
	<b>3</b> Pledges and grants receivable, net		<b>3</b>	
	<b>4</b> Accounts receivable, net	579,660	<b>4</b>	1,940,148
	<b>5</b> 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		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		<b>6</b>	
	<b>7</b> Notes and loans receivable, net		<b>7</b>	
	<b>8</b> Inventories for sale or use		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges	5,582	<b>9</b>	24,153
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	<b>10a</b> 1,806,323		
	<b>b</b> Less: accumulated depreciation	<b>10b</b> 1,620,733		
	<b>11</b> Investments - publicly traded securities	1,684,102	<b>11</b>	1,453,058
	<b>12</b> Investments - other securities. See Part IV, line 11		<b>12</b>	
	<b>13</b> Investments - program-related. See Part IV, line 11		<b>13</b>	
	<b>14</b> Intangible assets		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11	31,199	<b>15</b>	58,462
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 33)	3,469,465	<b>16</b>	4,826,547	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses	35,933	<b>17</b>	284,829
	<b>18</b> Grants payable		<b>18</b>	
	<b>19</b> Deferred revenue		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D		<b>21</b>	
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties	150,000	<b>24</b>	150,000
	<b>25</b> 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	561,607	<b>25</b>	526,397
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25	747,540	<b>26</b>	961,226
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions	2,721,925	<b>27</b>	3,865,321
	<b>28</b> Net assets with donor restrictions		<b>28</b>	
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds		<b>31</b>	
	<b>32</b> <b>Total net assets or fund balances</b>	2,721,925	<b>32</b>	3,865,321
<b>33</b> <b>Total liabilities and net assets/fund balances</b>	3,469,465	<b>33</b>	4,826,547	

**Part XI Reconciliation of Net Assets**Check if Schedule O contains a response or note to any line in this Part XI ☐

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	7,924,660
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	6,538,359
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	1,386,301
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	2,721,925
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	(242,905)
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>9</b>	0
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	3,865,321

**Part XII Financial Statements and Reporting**Check if Schedule O contains a response or note to any line in this Part XII ☐

	Yes	No
<b>1</b> Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
<b>2a</b> Were the organization's financial statements compiled or reviewed by an independent accountant? . . . . . If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	<b>2a</b>	<b>x</b>
<b>b</b> Were the organization's financial statements audited by an independent accountant? . . . . . If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	<b>2b</b>	<b>x</b>
<b>c</b> If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? . . . . . If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	<b>2c</b>	<b>x</b>
<b>3a</b> As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? . . . . .	<b>3a</b>	<b>x</b>
<b>b</b> If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits . . . . .	<b>3b</b>	

**SCHEDULE A  
(Form 990)**Department of the Treasury  
Internal Revenue Service**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](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No. 1545-0047

**2021****Open to Public  
Inspection**

Name of the organization

Employer identification number

JOURNEYS IN COMMUNITY LIVING INC

62-0980251

**Part I Reason for Public Charity Status.** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 ☐ A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990).)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: \_\_\_\_\_
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 ☐ An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: \_\_\_\_\_
- 10 ☐ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
- a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
- b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
- c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
- d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
- e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

f Enter the number of supported organizations . . . . .

g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
<b>Total</b>						

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

EEA

Schedule A (Form 990) 2021

**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.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .	329,482	403,351	272,639	1,165,064	1,417,187	3,587,723
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
<b>4 Total.</b> Add lines 1 through 3 . . . . .	329,482	403,351	272,639	1,165,064	1,417,187	3,587,723
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) . . . . .						241,417
<b>6 Public support.</b> Subtract line 5 from line 4.						3,346,306

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>7</b> Amounts from line 4 . . . . .	329,482	403,351	272,639	1,165,064	1,417,187	3,587,723
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . . . . .		3,717	6,760	27,013	70,653	108,143
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .						
<b>11 Total support.</b> Add lines 7 through 10						3,695,866
<b>12</b> Gross receipts from related activities, etc. (see instructions) . . . . .					12	
<b>13 First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . . ▶ <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f)) . . . . .	<b>14</b>	90.54 %
<b>15</b> Public support percentage from 2020 Schedule A, Part II, line 14 . . . . .	<b>15</b>	86.97 %
<b>16a 33 1/3% support test - 2021.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization . . . . . ▶ <input checked="" type="checkbox"/>		
<b>b 33 1/3% support test - 2020.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization. . . . . ▶ <input type="checkbox"/>		
<b>17a 10%-facts-and-circumstances test - 2021.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here</b> . Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization . . . . . ▶ <input type="checkbox"/>		
<b>b 10%-facts-and-circumstances test - 2020.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here</b> . Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization . . . . . ▶ <input type="checkbox"/>		
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . . ▶ <input type="checkbox"/>		

**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.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .						
<b>2</b> 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 . . . . .						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
<b>6 Total.</b> Add lines 1 through 5 . . . . .						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .						
<b>b</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						
<b>c</b> Add lines 7a and 7b . . . . .						
<b>8 Public support.</b> (Subtract line 7c from line 6.) . . . . .						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>9</b> Amounts from line 6 . . . . .						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . . .						
<b>c</b> Add lines 10a and 10b . . . . .						
<b>11</b> Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.) . . . . .						
<b>14 First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . . ▶ <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f)) . . . . .	<b>15</b>	%
<b>16</b> Public support percentage from 2020 Schedule A, Part III, line 15 . . . . .	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for <b>2021</b> (line 10c, column (f), divided by line 13, column (f)) . . .	<b>17</b>	%
<b>18</b> Investment income percentage from <b>2020</b> Schedule A, Part III, line 17 . . . . .	<b>18</b>	%

- 19a 33 1/3% support tests - 2021.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ▶ ☐
- b 33 1/3% support tests - 2020.** If the organization did not 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 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization . . . . . ▶ ☐
- 20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions . . ▶ ☐

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
<b>b</b> Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in <b>Part VI</b> when and how the organization made the determination.</i>		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.</i>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
<b>c</b> Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in <b>Part VI</b> what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in <b>Part VI</b>, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
<b>b</b> <b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c</b> <b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in <b>Part VI</b>.</i>		
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
<b>9a</b> Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in <b>Part VI</b>.</i>		
<b>b</b> Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in <b>Part VI</b>.</i>		
<b>c</b> Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in <b>Part VI</b>.</i>		
<b>10a</b> Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer 10b below.</i>		
<b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		



**Part IV Supporting Organizations** (continued)

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> A person who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below, the governing body of a supported organization?		
<b>11a</b>		
<b>b</b> A family member of a person described in line 11a above?		
<b>11b</b>		
<b>c</b> A 35% controlled entity of a person described in 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		
<b>11c</b>		

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> 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? <i>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.</i>		
<b>1</b>		
<b>2</b> 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? <i>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.</i>		
<b>2</b>		

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		
<b>1</b>		

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
<b>1</b>		
<b>2</b> 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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
<b>2</b>		
<b>3</b> By reason of the relationship described in line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
<b>3</b>		

**Section E. Type III Functionally Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
<b>a</b>	<input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.	
<b>b</b>	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.	
<b>c</b>	<input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).	
<b>2</b> Activities Test. Answer lines 2a and 2b below.		
<b>a</b>	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "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.</i>	
<b>2a</b>		
<b>b</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? <i>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.</i>	
<b>2b</b>		
<b>3</b> Parent of Supported Organizations. Answer lines 3a and 3b below.		
<b>a</b>	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No," provide details in Part VI.</i>	
<b>3a</b>		
<b>b</b>	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>	
<b>3b</b>		

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

- 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 organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	8	

  

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors ( <i>explain in detail in Part VI</i> ):		
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	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

  

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 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	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

**Part V** Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required) - <i>provide details in Part VI</i>	5
6	Other distributions ( <i>describe in Part VI</i> ). See instructions.	6
7	<b>Total annual distributions.</b> Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive ( <i>provide details in Part VI</i> ). See instructions.	8
9	Distributable amount for 2021 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

  

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2021 (reasonable cause required - <i>explain in Part VI</i> ). See instructions.		
3	Excess distributions carryover, if any, to 2021		
a	From 2016 . . . . .		
b	From 2017 . . . . .		
c	From 2018 . . . . .		
d	From 2019 . . . . .		
e	From 2020 . . . . .		
f	<b>Total</b> of lines 3a through 3e		
g	Applied to underdistributions of prior years		
h	Applied to 2021 distributable amount		
i	Carryover from 2016 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2021 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2021 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.		
6	Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.		
7	<b>Excess distributions carryover to 2022.</b> Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2017 . . . .		
b	Excess from 2018 . . . .		
c	Excess from 2019 . . . .		
d	Excess from 2020 . . . .		
e	Excess from 2021 . . . .		

## Part VI

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

**Schedule B  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

OMB No. 1545-0047

**2021**

► **Attach to Form 990 or Form 990-PF.**  
► **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.**

Name of the organization

JOURNEYS IN COMMUNITY LIVING INC

Employer identification number

62-0980251

Organization type (check one):

Filers of:

Section:

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 totaling \$5,000 or more during the year . . . . . ► \$ \_\_\_\_\_

**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).

Name of organization <b>JOURNEYS IN COMMUNITY LIVING INC</b>	Employer identification number <b>62-0980251</b>
---	---

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	CITY OF MURFREESBORO  CITY HALL  MURFREESBORO TN 37130	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	RUTHERFORD COUNTY GOVERNMENT  COURT HOUSE  MURFREESBORO TN 37130	\$ 37,800	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	COGGIN FAMILY FOUNDATION  1942 DILTON MANKIN RD  MURFREESBORO TN 37127	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	MIKE COLVIN  1302 HONEYWOOD PL  MURFREESBORO TN 37130	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	CHARITY CIRCLE  PO BOX 11128  MURFREESBORO TN 37129	\$ 9,500	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	MIDDLE TENNESEE ELECTRIC  555 NEW SALEM  MURFREESBORO TN 37129	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <b>JOURNEYS IN COMMUNITY LIVING INC</b>	Employer identification number <b>62-0980251</b>
---	---

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	UNITED WAY RUTHERFORD/CANNON CO  3050 MEDICAL CENTER PKWY, 2ND FLOOR  MURFREESBORO TN 37129	\$ 24,489	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	RICHIE BOLIN  952 NEW SALEM HWY  MURFREESBORO TN 37129	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	TVA  400 WEST SUMMIT HILL DRIVE  KNOXVILLE TN 37902	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	EARNEST BURGESS  7097 FRANKLIN RD  MURFREESBORO TN 37128	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	US TREASURY - ERTC  1500 PENNSYLVANIA AVE  WASHINGTON DC 20220	\$ 1,241,504	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

**SCHEDULE D  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

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

▶ **Attach to Form 990.**

▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No. 1545-0047

**2021**

**Open to Public  
Inspection**

Name of the organization

Employer identification number

JOURNEYS IN COMMUNITY LIVING INC

62-0980251

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year . . . . .		
2 Aggregate value of contributions to (during year) . . . .		
3 Aggregate value of grants from (during year) . . . . .		
4 Aggregate value at end of year . . . . .		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? . . . . .		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? . . . . .		<input type="checkbox"/> Yes <input type="checkbox"/> No

**Part 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). <input type="checkbox"/> Preservation of land for public use (for example, recreation or education) <input type="checkbox"/> Protection of natural habitat <input type="checkbox"/> Preservation of open space <input type="checkbox"/> Preservation of a historically important land area <input type="checkbox"/> Preservation of a certified historic structure	
2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.	
a Total number of conservation easements . . . . .	2a
b Total acreage restricted by conservation easements . . . . .	2b
c Number of conservation easements on a certified historic structure included in (a) . . . . .	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register . . . . .	2d
3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____	
4 Number of states where property subject to conservation easement is located ▶ _____	
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? . . . . .	<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ _____	
7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ _____	
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)? . . . . .	<input type="checkbox"/> Yes <input type="checkbox"/> No
9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.	

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.	
b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (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 assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1 . . . . . ▶ \$ _____ b Assets included in Form 990, Part X . . . . . ▶ \$ _____	



**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):

a ☐ Public exhibition

b ☐ Scholarly research

c ☐ Preservation for future generations

d ☐ Loan or exchange programs

e ☐ Other \_\_\_\_\_

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? . . . . . ☐ Yes ☐ No

**Part IV Escrow and Custodial Arrangements.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? . . . . . ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

	Amount
c Beginning balance . . . . .	1c
d Additions during the year . . . . .	1d
e Distributions during the year . . . . .	1e
f Ending balance . . . . .	1f

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? . . . . . ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII . . . . . ☐

**Part V Endowment Funds.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance . . . . .					
b Contributions . . . . .					
c Net investment earnings, gains, and losses . . . . .					
d Grants or scholarships . . . . .					
e Other expenditures for facilities and programs . . . . .					
f Administrative expenses . . . . .					
g End of year balance . . . . .					

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

a Board designated or quasi-endowment ▶ \_\_\_\_\_ %

b Permanent endowment ▶ \_\_\_\_\_ %

c Term endowment ▶ \_\_\_\_\_ %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

(i) Unrelated organizations . . . . .

(ii) Related organizations . . . . .

	Yes	No
3a(i)		
3a(ii)		
3b		

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? . . . . .

4 Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land . . . . .		19,795		19,795
b Buildings . . . . .		312,095	310,956	1,139
c Leasehold improvements . . . . .		546,070	537,443	8,627
d Equipment . . . . .		928,363	772,334	156,029
e Other . . . . .				
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) . . . . .				185,590

**Part VII Investments - Other Securities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives . . . . .		
(2) Closely-held equity interests . . . . .		
(3) Other _____		
(A) _____		
(B) _____		
(C) _____		
(D) _____		
(E) _____		
(F) _____		
(G) _____		
(H) _____		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 12.). . . . .		

**Part VIII Investments - Program Related.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) _____		
(2) _____		
(3) _____		
(4) _____		
(5) _____		
(6) _____		
(7) _____		
(8) _____		
(9) _____		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 13.). . . . .		

**Part IX Other Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) DEPOSITS	18,592
(2) UNEMPLOYMENT RESERVE DEPOSIT	39,870
(3) _____	
(4) _____	
(5) _____	
(6) _____	
(7) _____	
(8) _____	
(9) _____	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.). . . . .	58,462

**Part X Other Liabilities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value	
(1) Federal income taxes		
(2) ACCRUED LEAVE PAYABLE	229,753	
(3) OTHER ACCRUED EXPENSES	201,283	
(4) CLIENT TRUST ACCOUNTS	95,361	
(5) _____		
(6) _____		
(7) _____		
(8) _____		
(9) _____		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.). . . . .	526,397	

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 XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

<b>1</b>	Total revenue, gains, and other support per audited financial statements . . . . .	<b>1</b>	7,673,838
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains (losses) on investments . . . . .	<b>2a</b>	(242,905)
<b>b</b>	Donated services and use of facilities . . . . .	<b>2b</b>	
<b>c</b>	Recoveries of prior year grants . . . . .	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.) . . . . .	<b>2d</b>	1,427
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .	<b>2e</b>	(241,478)
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .	<b>3</b>	7,915,316
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>	9,344
<b>b</b>	Other (Describe in Part XIII.) . . . . .	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .	<b>4c</b>	9,344
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.) . . . . .	<b>5</b>	7,924,660

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

<b>1</b>	Total expenses and losses per audited financial statements . . . . .	<b>1</b>	6,530,442
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b>	Donated services and use of facilities . . . . .	<b>2a</b>	
<b>b</b>	Prior year adjustments . . . . .	<b>2b</b>	
<b>c</b>	Other losses . . . . .	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.) . . . . .	<b>2d</b>	1,427
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .	<b>2e</b>	1,427
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .	<b>3</b>	6,529,015
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>	9,344
<b>b</b>	Other (Describe in Part XIII.) . . . . .	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .	<b>4c</b>	9,344
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.) . . . . .	<b>5</b>	6,538,359

**Part XIII Supplemental Information.**

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

**01. Other revenues not included on Form 990 (Part XI, line 2d)****FUNDRAISING EXPENSES NETTED AGAINST FORM 990 REVENUE \$1,427**

Part XIII

Supplemental Information (continued)

02. Other expenses not included on Form 990 (Part XII, line 2d)

FUNDRAISING EXPENSES NETTED AGAINST FORM 990 REVENUE \$1,427

**SCHEDULE G  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information Regarding Fundraising or Gaming Activities**

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

▶ Attach to Form 990 or Form 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2021**

**Open to Public  
Inspection**

Name of the organization

JOURNEYS IN COMMUNITY LIVING INC

Employer identification number

62-0980251

**Part I Fundraising Activities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 17.

Form 990-EZ filers are not required to complete this part.

**1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- |  |   |
|--|---|
| <b>a</b> <input type="checkbox"/> Mail solicitations               | <b>e</b> <input type="checkbox"/> Solicitation of non-government grants |
| <b>b</b> <input type="checkbox"/> Internet and email solicitations | <b>f</b> <input type="checkbox"/> Solicitation of government grants     |
| <b>c</b> <input type="checkbox"/> Phone solicitations              | <b>g</b> <input type="checkbox"/> Special fundraising events            |
| <b>d</b> <input type="checkbox"/> In-person solicitations          |   |

**2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☐ No

**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.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total . . . . . ▶						

**3** 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.

**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 \$5,000.

		(a) Event #1 2021 BANQUET (event type)	(b) Event #2 (event type)	(c) Other events NONE (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1 Gross receipts . . . . .	70,319			70,319
	2 Less: Contributions . . . . .	70,319			70,319
	3 Gross income (line 1 minus line 2) . . . . .				
Direct Expenses	4 Cash prizes . . . . .				
	5 Noncash prizes . . . . .				
	6 Rent/facility costs . . . . .				
	7 Food and beverages . . . . .				
	8 Entertainment . . . . .				
	9 Other direct expenses . . . . .	1,427			1,427
	10 Direct expense summary. Add lines 4 through 9 in column (d) . . . . . ▶				1,427
	11 Net income summary. Subtract line 10 from line 3, column (d) . . . . . ▶				(1,427)

**Part III Gaming.** Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1 Gross revenue . . . . .				
Direct Expenses	2 Cash prizes . . . . .				
	3 Noncash prizes . . . . .				
	4 Rent/facility costs . . . . .				
	5 Other direct expenses . . . . .				
	6 Volunteer labor . . . . .	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
7 Direct expense summary. Add lines 2 through 5 in column (d) . . . . . ▶					
8 Net gaming income summary. Subtract line 7 from line 1, column (d) . . . . . ▶					

9 Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_

a Is the organization licensed to conduct gaming activities in each of these states? . . . . . ☐ Yes ☐ No

b If "No," explain: \_\_\_\_\_

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? . . . . . ☐ Yes ☐ No

b If "Yes," explain: \_\_\_\_\_

**SCHEDULE O  
(Form 990)**Department of the Treasury  
Internal Revenue Service**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 Form 990-EZ.  
► Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2021****Open to Public  
Inspection**

Name of the organization

JOURNEYS IN COMMUNITY LIVING INC

Employer identification number

62-0980251

**01. Form 990 governing body review (Part VI, line 11)**

FORM 990 DISTRIBUTED ELECTRONICALLY TO BOARD MEMBERS BY EMAIL FOR THEIR REVIEW PRIOR TO  
ITS FILING.

**02. Conflict of interest policy compliance (Part VI, line 12c)**

CONFLICT OF INTEREST DISCLOSURES ARE COMPLETED ANNUALLY BY BOARD OF DIRECTORS. DIRECTORS  
COMPLETE QUESTIONNAIRE TO DISCLOSE ANY POTENTIAL CONFLICTS OF INTEREST. DIRECTORS REVIEW  
ANY ISSUES IDENTIFIED. POLICY INDICATES DIRECTORS ARE TO ABSTAIN FROM ANY VOTE IN WHICH A  
CONFLICT HAS BEEN IDENTIFIED.

**03. CEO, executive director, top management comp (Part VI, line 15a)**

ORGANIZATION HAS AN EXECUTIVE COMPENSATION POLICY IN PLACE TO REVIEW COMPENSATION. AN  
ANNUAL REVIEW IS MADE OF EXECUTIVE DIRECTOR COMPENSATION TO COMPLY WITH POLICY AND MAKE  
COMPENSATION DECISIONS.

**04. Governing documents, etc, available to public (Part VI, line 19)**

GOVERNING DOCUMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST.

**Depreciation and Amortization**

(Including Information on Listed Property)

▶ Attach to your tax return.

▶ Go to [www.irs.gov/Form4562](http://www.irs.gov/Form4562) for instructions and the latest information.

OMB No. 1545-0172

**2021**Attachment  
Sequence No. **179**

Name(s) shown on return

JOURNEYS IN COMMUNITY LIVING INC

Business or activity to which this form relates

FORM 990 - 1

Identifying number

62-0980251

**Part I Election To Expense Certain Property Under Section 179****Note:** If you have any listed property, complete Part V before you complete Part I.

<b>1</b>	Maximum amount (see instructions)	<b>1</b>	
<b>2</b>	Total cost of section 179 property placed in service (see instructions)	<b>2</b>	
<b>3</b>	Threshold cost of section 179 property before reduction in limitation (see instructions)	<b>3</b>	
<b>4</b>	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	<b>4</b>	
<b>5</b>	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	<b>5</b>	
<b>6</b>	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
<b>7</b>	Listed property. Enter the amount from line 29	<b>7</b>	
<b>8</b>	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	<b>8</b>	
<b>9</b>	Tentative deduction. Enter the <b>smaller</b> of line 5 or line 8	<b>9</b>	
<b>10</b>	Carryover of disallowed deduction from line 13 of your 2020 Form 4562	<b>10</b>	
<b>11</b>	Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions	<b>11</b>	
<b>12</b>	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	<b>12</b>	
<b>13</b>	Carryover of disallowed deduction to 2022. Add lines 9 and 10, less line 12	<b>13</b>	

**Note:** Don't use Part II or Part III below for listed property. Instead, use Part V.**Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.)**

<b>14</b>	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions.	<b>14</b>	
<b>15</b>	Property subject to section 168(f)(1) election	<b>15</b>	
<b>16</b>	Other depreciation (including ACRS)	<b>16</b>	93,225

**Part III MACRS Depreciation (Don't include listed property. See instructions.)****Section A**

<b>17</b>	MACRS deductions for assets placed in service in tax years beginning before 2021	<b>17</b>	
<b>18</b>	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>		

**Section B - Assets Placed in Service During 2021 Tax Year Using the General Depreciation System**

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only-see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
<b>19a</b> 3-year property						
<b>b</b> 5-year property	#567					5,072
<b>c</b> 7-year property						
<b>d</b> 10-year property						
<b>e</b> 15-year property						
<b>f</b> 20-year property						
<b>g</b> 25-year property			25 yrs.		S/L	
<b>h</b> Residential rental property			27.5 yrs.	MM	S/L	
<b>i</b> Nonresidential real property			39 yrs.	MM	S/L	

**Section C - Assets Placed in Service During 2021 Tax Year Using the Alternative Depreciation System**

<b>20a</b> Class life					S/L	
<b>b</b> 12-year			12 yrs.		S/L	
<b>c</b> 30-year			30 yrs.	MM	S/L	
<b>d</b> 40-year			40 yrs.	MM	S/L	

**Part IV Summary (See instructions.)**

<b>21</b>	Listed property. Enter amount from line 28	<b>21</b>	
<b>22</b>	<b>Total.</b> Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instructions	<b>22</b>	98,297
<b>23</b>	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	<b>23</b>	

For Paperwork Reduction Act Notice, see separate instructions.

Form **4562** (2021)



# Sales of Business Property

(Also Involuntary Conversions and Recapture Amounts  
Under Sections 179 and 280F(b)(2))

► Attach to your tax return.  
► Go to [www.irs.gov/Form4797](http://www.irs.gov/Form4797) for instructions and the latest information.

2021

Attachment  
Sequence No. 27

Name(s) shown on return

Identifying number

JOURNEYS IN COMMUNITY LIVING INC

62-0980251

- 1 Enter the gross proceeds from sales or exchanges reported to you for 2021 on Form(s) 1099-B or 1099-S (or substitute statement) that you are including on line 2, 10, or 20. See instructions . . . . .

1

## Part I Sales or Exchanges of Property Used in a Trade or Business and Involuntary Conversions From Other Than Casualty or Theft - Most Property Held More Than 1 Year (see instructions)

2	(a) Description of property	(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)	(d) Gross sales price	(e) Depreciation allowed or allowable since acquisition	(f) Cost or other basis, plus improvements and expense of sale	(g) Gain or (loss) Subtract (f) from the sum of (d) and (e)
3	Gain, if any, from Form 4684, line 39 . . . . .						3
4	Section 1231 gain from installment sales from Form 6252, line 26 or 37 . . . . .						4
5	Section 1231 gain or (loss) from like-kind exchanges from Form 8824 . . . . .						5
6	Gain, if any, from line 32, from other than casualty or theft . . . . .						6 0
7	Combine lines 2 through 6. Enter the gain or (loss) here and on the appropriate line as follows . . . . .						7 0
<b>Partnerships and S corporations.</b> Report the gain or (loss) following the instructions for Form 1065, Schedule K, line 10, or Form 1120S, Schedule K, line 9. Skip lines 8, 9, 11, and 12 below.  <b>Individuals, partners, S corporation shareholders, and all others.</b> If line 7 is zero or a loss, enter the amount from line 7 on line 11 below and skip lines 8 and 9. If line 7 is a gain and you didn't have any prior year section 1231 losses, or they were recaptured in an earlier year, enter the gain from line 7 as a long-term capital gain on the Schedule D filed with your return and skip lines 8, 9, 11, and 12 below.							
8	Nonrecaptured net section 1231 losses from prior years. See instructions . . . . .						8
9	Subtract line 8 from line 7. If zero or less, enter -0-. If line 9 is zero, enter the gain from line 7 on line 12 below. If line 9 is more than zero, enter the amount from line 8 on line 12 below and enter the gain from line 9 as a long-term capital gain on the Schedule D filed with your return. See instructions . . . . .						9

## Part II Ordinary Gains and Losses (see instructions)

10 Ordinary gains and losses not included on lines 11 through 16 (include property held 1 year or less):

11	Loss, if any, from line 7 . . . . .					11 ( )
12	Gain, if any, from line 7 or amount from line 8, if applicable . . . . .					12
13	Gain, if any, from line 31 . . . . .					13 29,703
14	Net gain or (loss) from Form 4684, lines 31 and 38a . . . . .					14
15	Ordinary gain from installment sales from Form 6252, line 25 or 36 . . . . .					15
16	Ordinary gain or (loss) from like-kind exchanges from Form 8824 . . . . .					16
17	Combine lines 10 through 16 . . . . .					17 29,703
18	For all except individual returns, enter the amount from line 17 on the appropriate line of your return and skip lines a and b below. For individual returns, complete lines a and b below.					
a	If the loss on line 11 includes a loss from Form 4684, line 35, column (b)(ii), enter that part of the loss here. Enter the loss from income-producing property on Schedule A (Form 1040), line 16. (Do not include any loss on property used as an employee.) Identify as from "Form 4797, line 18a." See instructions . . . . .					18a
b	Redetermine the gain or (loss) on line 17 excluding the loss, if any, on line 18a. Enter here and on Schedule 1 (Form 1040), Part I, line 4 . . . . .					18b

For Paperwork Reduction Act Notice, see separate instructions.

Form 4797 (2021)

**Part III Gain From Disposition of Property Under Sections 1245, 1250, 1252, 1254, and 1255**  
 (see instructions)

19 (a) Description of section 1245, 1250, 1252, 1254, or 1255 property:		(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)
Statement #605			
B			
C			
D			
These columns relate to the properties on lines 19A through 19D.▶		Property A	Property B
		Property C	Property D
20	Gross sales price (Note: See line 1 before completing.) . . . . .	20	29,703
21	Cost or other basis plus expense of sale . . . . .	21	144,237
22	Depreciation (or depletion) allowed or allowable . . . . .	22	144,237
23	Adjusted basis. Subtract line 22 from line 21 . . . . .	23	0
24	Total gain. Subtract line 23 from line 20 . . . . .	24	29,703
25 If section 1245 property:			
a	Depreciation allowed or allowable from line 22 . . . . .	25a	
b	Enter the smaller of line 24 or 25a . . . . .	25b	29,703
26 If section 1250 property: If straight line depreciation was used, enter -0- on line 26g, except for a corporation subject to section 291.			
a	Additional depreciation after 1975. See instructions . . . . .	26a	
b	Applicable percentage multiplied by the smaller of line 24 or line 26a. See instructions . . . . .	26b	
c	Subtract line 26a from line 24. If residential rental property or line 24 isn't more than line 26a, skip lines 26d and 26e . . . . .	26c	
d	Additional depreciation after 1969 and before 1976 . . . . .	26d	
e	Enter the smaller of line 26c or 26d . . . . .	26e	
f	Section 291 amount (corporations only) . . . . .	26f	
g	Add lines 26b, 26e, and 26f . . . . .	26g	
27 If section 1252 property: Skip this section if you didn't dispose of farmland or if this form is being completed for a partnership.			
a	Soil, water, and land clearing expenses . . . . .	27a	
b	Line 27a multiplied by applicable percentage. See instructions . . . . .	27b	
c	Enter the smaller of line 24 or 27b . . . . .	27c	
28 If section 1254 property:			
a	Intangible drilling and development costs, expenditures for development of mines and other natural deposits, mining exploration costs, and depletion. See instructions . . . . .	28a	
b	Enter the smaller of line 24 or 28a . . . . .	28b	
29 If section 1255 property:			
a	Applicable percentage of payments excluded from income under section 126. See instructions . . . . .	29a	
b	Enter the smaller of line 24 or 29a. See instructions . . . . .	29b	

**Summary of Part III Gains.** Complete property columns A through D through line 29b before going to line 30.

30	Total gains for all properties. Add property columns A through D, line 24 . . . . .	30	29,703
31	Add property columns A through D, lines 25b, 26g, 27c, 28b, and 29b. Enter here and on line 13 . . . . .	31	29,703
32	Subtract line 31 from line 30. Enter the portion from casualty or theft on Form 4684, line 33. Enter the portion from other than casualty or theft on Form 4797, line 6 . . . . .	32	0

**Part IV Recapture Amounts Under Sections 179 and 280F(b)(2) When Business Use Drops to 50% or Less**  
 (see instructions)

		(a) Section 179	(b) Section 280F(b)(2)
33	Section 179 expense deduction or depreciation allowable in prior years . . . . .	33	
34	Recomputed depreciation. See instructions . . . . .	34	
35	Recapture amount. Subtract line 34 from line 33. See the instructions for where to report . . . . .	35	

**Application for Automatic Extension of Time To File an  
Exempt Organization Return**

OMB No. 1545-0047

- **File a separate application for each return.**  
 ► **Go to [www.irs.gov/Form8868](http://www.irs.gov/Form8868) for the latest information.**

**Electronic filing (e-file).** You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits](http://www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits).

**Automatic 6-Month Extension of Time.** Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

<b>Type or print</b>  File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions. <b>JOURNEYS IN COMMUNITY LIVING INC</b>	Taxpayer identification number (TIN) <b>62-0980251</b>
	Number, street, and room or suite no. If a P.O. box, see instructions. <b>1130 HALEY ROAD</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>MURFREESBORO TN 37133-0073</b>	

Enter the Return Code for the return that this application is for (file a separate application for each return) . . . . . 

0	1
---	---

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12
Form 990-T (corporation)	07		

- The books are in the care of ► **GREG WALTHER, 1130 HALEY ROAD MURFREESBORO TN 37130**

Telephone No.► **615-890-4389**

FAX No.►

- If the organization does not have an office or place of business in the United States, check this box . . . . . ► ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . . . . . If this is for the whole group, check this box . . . . . ► ☐ . If it is for part of the group, check this box. . . . . ► ☐ and attach a list with the names and TINs of all members the extension is for.

- 1 I request an automatic 6-month extension of time until 05-15, 20 23, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
- ☐ calendar year 20 \_\_\_\_ or
- ☒ tax year beginning 07-01, 20 21, and ending 06-30, 20 22.

- 2 If the tax year entered in line 1 is for less than 12 months, check reason: ☐ Initial return ☐ Final return  
☐ Change in accounting period

<b>3a</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b>	\$
<b>b</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	<b>3b</b>	\$
<b>c Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$

**Caution:** If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

**For Privacy Act and Paperwork Reduction Act Notice, see instructions.**

Form **8868** (Rev. 1-2022)

**IRS e-file Signature Authorization  
for a Tax Exempt Entity**

OMB No. 1545-0047

For calendar year 2021, or fiscal year beginning **07-01**, 2021, and ending **06-30**, 2022▶ **Do not send to the IRS. Keep for your records.**▶ **Go to [www.irs.gov/Form8879TE](http://www.irs.gov/Form8879TE) for the latest information.****2021**Department of the Treasury  
Internal Revenue Service

Name of filer

EIN or SSN

**JOURNEYS IN COMMUNITY LIVING INC****62-0980251**

Name and title of officer or person subject to tax

**GREG WALTHER, FINANCE DIRECTOR****Part I 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>1a</b> Form 990 check here . . . ▶ <input checked="" type="checkbox"/>	<b>b</b> Total revenue, if any (Form 990, Part VIII, column (A), line 12) . . . . . <b>1b</b>	<b>7,924,660</b>
<b>2a</b> Form 990-EZ check here . . . ▶ <input type="checkbox"/>	<b>b</b> Total revenue, if any (Form 990-EZ, line 9) . . . . . <b>2b</b>	
<b>3a</b> Form 1120-POL check here. ▶ <input type="checkbox"/>	<b>b</b> Total tax (Form 1120-POL, line 22) . . . . . <b>3b</b>	
<b>4a</b> Form 990-PF check here. . . ▶ <input type="checkbox"/>	<b>b</b> Tax based on investment income (Form 990-PF, Part V, line 5). . . . . <b>4b</b>	
<b>5a</b> Form 8868 check here . . . ▶ <input type="checkbox"/>	<b>b</b> Balance due (Form 8868, line 3c) . . . . . <b>5b</b>	
<b>6a</b> Form 990-T check here. . . ▶ <input type="checkbox"/>	<b>b</b> Total tax (Form 990-T, Part III, line 4) . . . . . <b>6b</b>	
<b>7a</b> Form 4720 check here . . . ▶ <input type="checkbox"/>	<b>b</b> Total tax (Form 4720, Part III, line 1) . . . . . <b>7b</b>	
<b>8a</b> Form 5227 check here . . . ▶ <input type="checkbox"/>	<b>b</b> FMV of assets at end of tax year (Form 5227, Item D) . . . . . <b>8b</b>	
<b>9a</b> Form 5330 check here . . . ▶ <input type="checkbox"/>	<b>b</b> Tax due (Form 5330, Part II, line 19) . . . . . <b>9b</b>	
<b>10a</b> Form 8038-CP check here . ▶ <input type="checkbox"/>	<b>b</b> Amount of credit payment requested (Form 8038-CP, Part III, line 22) . <b>10b</b>	

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

Under penalties of perjury, I declare that ☐ I am an officer of the above entity or ☐ I am a person subject to tax with respect to (name of entity) \_\_\_\_\_, (EIN) \_\_\_\_\_ and that I have examined a copy of the

2021 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

**PIN: check one box only**

☒ I authorize **Tim Montgomery, CPA PLLC** to enter my PIN **37130** as my signature  
ERO firm name Enter five numbers, but do not enter all zeros

on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

☐ As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax ▶

Date ▶ **11-09-2022****Part III Certification and Authentication**

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

**621121 37128****Don't enter all zeros**

I certify that the above numeric entry is my PIN, which is my signature on the 2021 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶

Date ▶ **11-09-2022**

**ERO Must Retain This Form - See Instructions**  
**Don't Submit This Form to the IRS Unless Requested To Do So**

For Privacy Act and Paperwork Reduction Act Notice, see the instructions.

Form **8879-TE** (2021)

**Federal Supporting Statements****2021 PG01**

Name(s) as shown on return

Tax ID Number

JOURNEYS IN COMMUNITY LIVING INC

62-0980251

FORM 4562 - LINE 19B

Statement #567

BASIS	RP	CV	METHOD	DEDUCTION
23,583	5	HY	SL	2,358
12,298	5	HY	SL	1,230
14,844	5	HY	SL	<u>1,484</u>
<b>TOTAL</b>				<u><u>5,072</u></u>

# Federal Supporting Statements

2021 PG01

Name(s) as shown on return

Tax ID Number

JOURNEYS IN COMMUNITY LIVING INC

62-0980251

FORM 4797 - PART 3

Statement #605

			LINE 20	LINE 21	LINE 22	LINE 24		
DESCRIPTION	ACQUIRED	SOLD	SALE PRICE	COST/BASIS	DEPR.	NET	LINE 25A	LINE 25B
2004 FORD VAN 24 V	05-12-2004	09-23-2021	1,786	18,372	18,372	1,786	18,372	1,786
DESCRIPTION	ACQUIRED	SOLD	SALE PRICE	COST/BASIS	DEPR.	NET	LINE 25A	LINE 25B
2004 FORD VAN 4 VI	05-12-2004	09-23-2021	1,786	18,372	18,372	1,786	18,372	1,786
DESCRIPTION	ACQUIRED	SOLD	SALE PRICE	COST/BASIS	DEPR.	NET	LINE 25A	LINE 25B
2005 FORD VAN 3 VI	04-21-2005	09-23-2021	1,806	18,593	18,593	1,806	18,593	1,806
DESCRIPTION	ACQUIRED	SOLD	SALE PRICE	COST/BASIS	DEPR.	NET	LINE 25A	LINE 25B
2000 DODGE RAM 16	08-15-2005	03-23-2022	1,803	18,344	18,344	1,803	18,344	1,803
DESCRIPTION	ACQUIRED	SOLD	SALE PRICE	COST/BASIS	DEPR.	NET	LINE 25A	LINE 25B
2006 FORD LIFT VAN	07-01-2006	03-23-2022	3,322	33,792	33,792	3,322	33,792	3,322
DESCRIPTION	ACQUIRED	SOLD	SALE PRICE	COST/BASIS	DEPR.	NET	LINE 25A	LINE 25B
FORD E350 VIN 9351	10-01-2013	03-23-2022	19,200	36,764	36,764	19,200	36,764	19,200
TOTAL			<u>29,703</u>	<u>144,237</u>	<u>144,237</u>	<u>29,703</u>	FORM 4797, LINE 31 =	<u>29,703</u>

990

## Overflow Statement

(This page is not filed with the return. It is for your records only.)

2021

Page 1

Name(s) as shown on return

FEIN

JOURNEYS IN COMMUNITY LIVING INC

62-0980251

## PART III - PROGRAM ACCOMPLISHMENT (DAY)

Description	Amount
STATE	\$ 974,152
MCO	42,724
PRIVATE	420
SUPPORTED EMPLOYMENT	4,940
<b>Total:</b>	<b>\$ 1,022,236</b>

## PART III - PROGRAM ACCOMPLISHMENT (RESIDENTIAL)

Description	Amount
STATE	\$ 5,046,877
MCO	267,880
RENT	61,708
<b>Total:</b>	<b>\$ 5,376,465</b>

## PART III - PROGRAM ACCOMPLISHMENT (TRANSPORT)

Description	Amount
PRIVATE	\$ 515
NEMT	11,408
<b>Total:</b>	<b>\$ 11,923</b>

## GOVERNMENT GRANTS

Description	Amount
CITY	\$ 47,800
ERTC	1,241,504
<b>Total:</b>	<b>\$ 1,289,304</b>

## PROGRAM SERVICES - OTHER FEES PS

Description	Amount
PROFESSIONAL FEES	\$ 1,951
CONTRACTED NURSING SERVICES	258,440
<b>Total:</b>	<b>\$ 260,391</b>

990

## Overflow Statement

(This page is not filed with the return. It is for your records only.)

2021

Page 2

Name(s) as shown on return

FEIN

JOURNEYS IN COMMUNITY LIVING INC

62-0980251

## FEES FOR SERVICES - OTHER MG

Description	Amount
	\$ 110,257
ERTC FEES	248,301
Total: \$	<u>358,558</u>

## MANAGEMENT AND GENERAL - OFFICE EXPENSE

Description	Amount
OFFICE EXPENSE	\$ 29,519
DUES AND SUBSCRIPTIONS	2,570
PRINTING AND POSTAGE	1,671
BANK CHARGES	17
Total: \$	<u>33,777</u>

## MGMT &amp; GEN - INFORMATION TECHNOLOGY

Description	Amount
SERVER AND SOFTWARE MAINTENANCE	\$ 48,906
TIMAS SYSTEMS	36,000
Total: \$	<u>84,906</u>

## PROGRAM SERVICES - OCCUPANCY

Description	Amount
REPAIRS & MAINTENANCE-BUILDING	\$ 81,840
RENT	49,135
Total: \$	<u>130,975</u>

## MANAGEMENT &amp; GENERAL - OCCUPANCY

Description	Amount
UTILITIES	\$ 81,446
RENT	2,097
Total: \$	<u>83,543</u>



990

## Overflow Statement

2021

Page 3

(This page is not filed with the return. It is for your records only.)

Name(s) as shown on return

FEIN

JOURNEYS IN COMMUNITY LIVING INC

62-0980251

## PROGRAM SERVICES - OTHER EXPENSES

Description	Amount
TAXES AND LICENSES	\$ 4,983
MEDICAL SUPPLIES	693
Total: \$	<u>5,676</u>

## MGMT &amp; GEN - ALL OTHER EXPENSES

Description	Amount
GENERAL EXPENSES	\$ 9,788
Total: \$	<u>9,788</u>

## AMOUNTS NOT INCLUDED

Description	Amount
FUNDRAISING EXPENSES ON SCH G	\$ 1,427
Total: \$	<u>1,427</u>

## AMOUNTS NOT INCLUDED

Description	Amount
FUNDRAISING EXPENSES ON SCH G	\$ 1,427
Total: \$	<u>1,427</u>

Form 990  
Worksheet

Schedule A, Line 5 - Excess 2% Limitation Contributors

(This page is not filed with the return. It is for your records only.)

2021

Name(s) as shown on return

Tax ID Number

JOURNEYS IN COMMUNITY LIVING INC

62-0980251

2% of the amount on Schedule A, Part II, line 11, column (f) . . . . . 73,917

Name	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total	(g) Excess contributions (col. (f) minus the 2% limitation)
CHRISTY HOUSTON FOUNDATION	100,334	160,000		55,000		315,334	241,417
COGGIN FAMILY FOUNDATION		5,000	5,000		5,000	15,000	
MIKE COLVIN		5,000			5,000	10,000	
OLE SOUTH PROPERTIES				50,000		50,000	
FIDELITY CHARITABLE				5,000		5,000	
RICHIE BOLIN					10,000	10,000	
EARNEST BURGESS					5,000	5,000	
TOTAL							241,417

# Depreciation Detail Listing

Program Services

(This page is not filed with the return. It is for your records only.)

# 2021

PAGE 1

(This page is not filed with the return. It is for your records only.)

Social security number/EIN

62-0980251

[illegible]

# Depreciation Detail Listing

Program Services

(This page is not filed with the return. It is for your records only.)

# 2021

PAGE 2

(This page is not filed with the return. It is for your records only.)

Social security number/EIN

62-0980251

[illegible]

## Depreciation Detail Listing

Program Services

(This page is not filed with the return. It is for your records only.)

# 2021

PAGE 3

(This page is not filed with the return. It is for your records only.)

Social security number/EIN

62-0980251

No.	Description	Date	Cost	Basis Adjustment	Business percentage	Section 179	Bonus depreciation	Depreciable Basis	Life	Method	Rate	Prior Depreciation	Current Depreciation	Accumulated Depreciation	AMT Current			
101	2011 FORD STARTRANS 3	08222011	34,329		100.00			34,329	5		0	34,329		34,329				
102	2011 FORD E150 40 VIN	09072011	31,828		100.00			31,828	5			0		31,828		31,828		
103	2003 FORD F-150 XL SU	05242013	6,743		100.00			6,743	5			0		6,743		6,743		
105	FORD E350 VIN 9350	10012013	36,764		100.00			36,764	5			0		36,764		36,764		
106	'13 FORD VAN VIN 6363	09012013	33,278		100.00			33,278	5			0		33,278		33,278		
107	'13 FORD VAN VIN 6366	09012013	33,278		100.00			33,278	5			0		33,278		33,278		
108	2010 DODGE CARAVAN SE	08102013	5,021	100.00	5,021	5	0	5,021	5,021	SL HY	14.286	2,739	498	3,237	498			
109	2010 DODGE CARAVAN SE	08102013	5,021	100.00	5,021	5	0	5,021	5,021									
110	14 FORD 15V VIN 86523	02262015	33,278	100.00	33,278	5	0	33,278	33,278									
111	IRIS CARPETING	08312015	3,488	100.00	3,488	7												
112	2006 DODGE CARAVAN MI	06222016	5,703	100.00	5,703	5	0	5,703	5,703									
113	2015 DODGE CARAVAN 98	10012015	41,208	100.00	41,208	5	0	41,208	41,208									
114	2015 DODGE CARAVAN 35	10012015	41,208	100.00	41,208	5	0	41,208	41,208	SL HY	20	2,021	224	2,245	224			
115	FLOORING IN IRIS	09132016	2,245	100.00	2,245	5												
116	2018 DODGE CARAVAN 02	11012017	40,399	100.00	40,399	5	SL HY	20	28,280							8,080	36,360	8,080
117	2018 CHRYSLER PACIFIC	11012017	25,249	100.00	25,249	5	SL HY	20	17,675							5,050	22,725	5,050
118	2018 CHRYSLER PACIFI	11012017	24,686	100.00	24,686	5	SL HY	20	17,280							4,937	22,217	4,937
119	2007 FORD ECO W/ LIFT	08022017	15,163	100.00	15,163	5	SL HY	20	10,615							3,033	13,648	3,033
121	2015 GRAND CARAVAN 53	12132018	13,030	100.00	13,030	5	SL HY	20	6,515	2,606	9,121	2,606	SL HY	20	5,715	2,286	8,001	2,286
122	2014 GRAND CARAVAN 37	12132018	11,429	100.00	11,429	5												
123	2016 GRAND CARAVAN 27	04082019	13,500	100.00	13,500	5	SL HY	20	6,750	2,700	9,450	2,700						
124	2019 FORD T350 4224	04152019	61,358	100.00	61,358	5	SL HY	20	30,680	12,272	42,952	12,272						
125	2016 TOYOTA COROLLA 3	04172019	13,905	100.00	13,905	5	SL HY	20	6,953	2,781	9,734	2,781						
126	2017 NISSAN VERSA 485	04172019	10,350	100.00	10,350	5	SL HY	20	5,175	2,070	7,245	2,070						
127	2015 CARAVAN 0064	04192019	10,790	100.00	10,790	5	SL HY	20	5,395	2,158	7,553	2,158	SL HY	20	7,493	2,997	10,490	2,997
128	2016 TOYOTA COROLLA 1	05312019	14,987	100.00	14,987	5												
129	2015 NISSAN VERSA 690	05312019	10,713	100.00	10,713	5	SL HY	20	5,357	2,143	7,500	2,143						
130	USED FORD CARAVAN (FO	07192019	16,397	100.00	16,397	5	SL HY	20	4,919	3,279	8,198	3,279						
131	USED FORD CARAVAN (SP	11272019	10,544	100.00	10,544	5	SL HY	20	3,163	2,109	5,272	2,109						
133	USED TOWN AND COUNTRY	07232020	12,564	100.00	12,564	5	SL HY	20	1,256	2,513	3,769	2,513						

# Depreciation Detail Listing

Program Services

(This page is not filed with the return. It is for your records only.)

# 2021

PAGE 4

(This page is not filed with the return. It is for your records only.)

Social security number/EIN

62-0980251

Land Amount		CY 179 and CY Bonus		ST ADJ:
Net Depreciable Cost	1,791,262	TOTAL CY Depr including 179/bonus	97,229	

ST ADJ:

# Depreciation Detail Listing

Management & General

(This page is not filed with the return. It is for your records only.)

# 2021

PAGE 1

(This page is not filed with the return. It is for your records only.)

Social security number/EIN

62-0980251

[illegible]

\* Item is included in UBIA  
for Section 199A calculations.  
See "UBIA" in lower right corner.

## Depreciation Detail Listing

Management & General  
(This page is not filed with the return. It is for your records only.)

**2021**

PAGE 2

Name(s) as shown on return

Social security number/EIN

JOURNEYS IN COMMUNITY LIVING INC

62-0980251

JOURNALS IN COMMUNITY LIVING INC												02 0900291			
No.	Description	Date	Cost	Basis Adjustment	Business percentage	Section 179	Bonus depreciation	Depreciable Basis	Life	Method	Rate	Prior Depreciation	Current Depreciation	Accumulated Depreciation	AMT Current
32	NEW SERVER	11072013	3,401		100.00			3,401	5		0	3,401		3,401	
33	11 DELL COMPUTERS	07232013	4,753		100.00			4,753	5		0	4,753		4,753	
34	2 DELL COMPUTERS	12112013	2,123		100.00			2,123	5		0	2,123		2,123	
35	3 DELL COMPUTERS	06122014	3,086		100.00			3,086	5		0	3,086		3,086	
36	12 DELL COMPUTERS	06122014	10,727		100.00			10,727	5		0	10,727		10,727	
120	CONFERENCE TABLES	05102019	3,677		100.00			3,677	10	SL HY	10	920	368	1,288	368
132	CAT 6 CABLE	03232020	3,500		100.00			3,500	5	SL HY	20	1,050	700	1,750	700



## Depreciation Reconciliation for JOURNEYS IN COMMUNITY LIVING INC

	Cost	Basis	Current Depreciation	Accumulated Depreciation	Bonus Depreciation
Beginning of Year	1,899,836	1,880,040	93,225	1,756,571	
Placed in Service in Current Year	50,725	50,725	5,072	5,072	
Removed from Service in Current Year	144,237	144,237		144,237	
End of Year	1,806,324	1,786,528	98,297	1,617,406	

## Next Year's Depreciation Worksheet

(This page is not filed with the return. It is for your records only.)

**2021**

Name(s) as shown on return

Tax ID Number

**JOURNEYS IN COMMUNITY LIVING INC**

**62-0980251**

Form	Multi-Form	Description	Date	Basis	Method	Life	Deduction
PRG	1	IRIS AVE GROUP HOME	12-31-1994	285,196	SL	25	
MGT	1	CONFERENCE TABLE	06-16-1987	768	SL	5	
MGT	1	CABINETS & BOOKCASES	12-22-1987	387	SL	5	
MGT	1	DESKS & CHAIRS	03-04-1988	372	SL	5	
MGT	1	DESKS & CHAIRS	06-04-1988	158	SL	5	
MGT	1	DESK	03-22-1988	297	SL	5	
MGT	1	FILE CABINETS, CHAIRS, D	03-20-1988	1,791	SL	5	
MGT	1	DESK & CHAIRS	05-08-1988	291	SL	5	
MGT	1	FIRE FILE	06-28-1989	924	SL	5	
MGT	1	SECRETARY DESK	02-02-1989	487	SL	5	
MGT	1	DUMPSTER--CENTER	12-21-1994	760	SL	5	
MGT	1	FORKLIFT	07-31-1996	1,076	SL	5	
MGT	1	ROOM DIVIDERS	09-17-1997	10,729	SL	5	
MGT	1	TELEPHONE SYSTEM	08-31-1997	9,659	SL	5	
MGT	1	WINDOW BLINDS	09-17-1997	602	SL	5	
MGT	1	VOICE MAIL REPAIRS	03-16-1999	500	SL	5	
MGT	1	CONF ROOM CHAIRS	05-16-2005	668	SL	5	
MGT	1	DESK FOR HR--ADMIN	07-03-2006	880	SL	7	
MGT	1	SONY 50" LCD TV FOR CONF	12-14-2006	1,602	SL	7	
MGT	1	CUBICLES IN COMPUTER LAB	06-02-2008	1,259	SL	7	
MGT	1	IMAC COMPUTER--MKTG DIRE	02-17-2011	965	SL	5	
MGT	1	CHAIR--RECEPTION	07-12-2010	300	SL	7	
MGT	1	LIFT CHAIR	04-13-2011	13,908	SL	7	
MGT	1	COMMERCIAL VACUUM	01-09-2013	599	SL	5	
MGT	1	MONITORS	01-22-2013	364	SL	5	
MGT	1	SHARP PG-LX	04-16-2013	479	SL	5	
MGT	1	THIN CLIENTS	05-09-2013	4,141	SL	5	
MGT	1	SERVER--SYSCORP	05-09-2013	24,288	SL	5	
MGT	1	REFRIGERATOR	06-04-2013	225	SL	7	
MGT	1	MICROSOFT SOFTWARE--DONA	05-13-2013	48,792	SL	3	
MGT	1	STAPLES PRINTER	08-30-2013	761	SL	5	
MGT	1	NEW SERVER	11-07-2013	3,401	SL	5	
MGT	1	11 DELL COMPUTERS	07-23-2013	4,753	SL	5	
MGT	1	2 DELL COMPUTERS	12-11-2013	2,123	SL	5	
MGT	1	3 DELL COMPUTERS	06-12-2014	3,086	SL	5	
MGT	1	12 DELL COMPUTERS	06-12-2014	10,727	SL	5	
PRG	1	REFRIGERATOR	12-31-2005	675	SL	5	
PRG	1	WASHER FOR ADU	07-10-2008	333	SL	5	
PRG	1	FURNITURE--FOR RENTAL	07-22-2012	393	SL	5	
PRG	1	SLEEPER	06-22-1987	578	SL	5	
PRG	1	FURNITURE	07-02-1987	2,434	SL	5	
PRG	1	OUTSIDE FURNITURE	12-17-1987	290	SL	5	
PRG	1	COFFEE & END TABLES	07-01-1987	429	SL	5	
PRG	1	BEDS	10-11-1988	911	SL	5	
PRG	1	DRESSER/CHEST/TABLE	10-11-1988	600	SL	5	
PRG	1	TABLES/CHAIRS/SOFA	10-11-1988	1,841	SL	5	
PRG	1	TABLES	10-13-1988	297	SL	5	
PRG	1	SLEEPER	06-30-1994	908	SL	5	
PRG	1	SOFA	06-30-1994	738	SL	5	
PRG	1	2 CHAIRS	06-30-1994	646	SL	5	
PRG	1	8 CHAIRS	06-30-1994	1,096	SL	5	
PRG	1	2 DRESSERS/MIRRORS	01-19-1995	696	SL	5	

## Next Year's Depreciation Worksheet

(This page is not filed with the return. It is for your records only.)

**2021**

Name(s) as shown on return

Tax ID Number

**JOURNEYS IN COMMUNITY LIVING INC**

**62-0980251**

Form	Multi-Form	Description	Date	Basis	Method	Life	Deduction
PRG	1	2 NIGHTSTANDS	01-19-1995	260	SL	5	
PRG	1	BED FRAME/BOX SPRINGS	01-19-1995	139	SL	5	
PRG	1	MATTRESS/BED FRAME	01-27-1995	278	SL	5	
PRG	1	TELEVISION	03-31-1995	549	SL	5	
PRG	1	SWIVEL DESK CHAIR	04-12-1995	150	SL	5	
PRG	1	DOUBLE PEDESTAL DESK	04-12-1995	200	SL	5	
PRG	1	DRESSER/MIRROR	01-02-1995	338	SL	5	
PRG	1	HEADBOARD/BED FRAME	12-22-1994	188	SL	5	
PRG	1	DRESSER/MIRROR	12-22-1994	348	SL	5	
PRG	1	NIGHT STAND	12-22-1994	128	SL	5	
PRG	1	MATTRESS/BOX SPRINGS	12-22-1994	298	SL	5	
PRG	1	CHERRY END TABLE	12-22-1994	190	SL	5	
PRG	1	OVAL CHERRY END TABLE	12-22-1994	190	SL	5	
PRG	1	2 BRASS LAMPS	12-22-1994	124	SL	5	
PRG	1	2 FLOOR LAMPS	12-22-1994	142	SL	5	
PRG	1	2 BRASS LAMPS	12-22-1994	92	SL	5	
PRG	1	SLEEPER	06-11-2001	600	SL	5	
PRG	1	COUCH	04-19-2007	1,169	SL	7	
PRG	1	WHIRLPOOL 27" DOUBLE OVE	02-28-2007	1,200	SL	7	
PRG	1	REFRIGERATOR	10-30-2007	563	SL	7	
PRG	1	WASHER--IRIS (LOWES)	05-28-2009	463	SL	5	
PRG	1	WASHER/WATER HEATER--IRI	07-08-2010	972	SL	7	
PRG	1	WATER HEATER	05-30-2013	567	SL	7	
PRG	1	IRIS FURNITURE	05-30-2013	460	SL	7	
PRG	1	PAINTING/RAISING SINK	11-02-1995	1,600	SL	25	
PRG	1	HEAT & AIR UNIT	06-07-2004	2,550	SL	10	
PRG	1	ROOF	11-14-2005	7,280	SL	15	
PRG	1	COOK TOP & HOOD	06-23-2006	587	SL	15	
PRG	1	AIR CONDITIONER	08-30-2006	3,000	SL	10	
PRG	1	HVAC UNIT	08-21-2009	6,149	SL	15	410
PRG	1	LAND--IRIS AVE.	03-26-1993		NDA	0	
PRG	1	CLOSETS, ELECTRIC WORK	05-01-1990	1,637	SL	15	
PRG	1	POUR CONCRETE	06-01-1990	725	SL	15	
PRG	1	COVERS--FRONT AND SIDE D	06-20-1998	2,059	SL	15	
PRG	1	BUILDING ADDITION/RENOVA	09-30-1997	526,386	SL	25	5,271
PRG	1	PARKING LOT PAVING	12-10-1998	5,603	SL	15	
PRG	1	CANOPY	12-23-2003	6,160	SL	25	246
PRG	1	2001 DODGE VAN 12 VIN 74	01-19-2001	20,115	SL	5	
PRG	1	2007 FORD FREESTAR WAGON	06-16-2010	4,170	SL	5	
PRG	1	2004 CHEVY IMPALA (VIN 3	02-01-2010	3,975	SL	5	
PRG	1	2007 FORD FREESTAR 4DR W	09-10-2010	3,974	SL	5	
PRG	1	2008 DODGE CARAVAN 15 VI	09-08-2011	4,515	SL	5	
PRG	1	2009 TOYOTA COROLLA 10 V	02-25-2012	6,345	SL	5	
PRG	1	2011 FORD STARTRANS 38 V	08-22-2011	34,329	SL	5	
PRG	1	2011 FORD E150 40 VIN 31	09-07-2011	31,828	SL	5	
PRG	1	2003 FORD F-150 XL SUPER	05-24-2013	6,743	SL	5	
PRG	1	FORD E350 VIN 9350	10-01-2013	36,764	SL	5	
PRG	1	'13 FORD VAN VIN 6363	09-01-2013	33,278	SL	5	
PRG	1	'13 FORD VAN VIN 6366	09-01-2013	33,278	SL	5	
PRG	1	2010 DODGE CARAVAN SE VI	08-10-2013	5,021	SL	5	
PRG	1	2010 DODGE CARAVAN SE VI	08-10-2013	5,021	SL	5	
PRG	1	14 FORD 15V VIN 86523 (1	02-26-2015	33,278	SL	5	

## Next Year's Depreciation Worksheet

(This page is not filed with the return. It is for your records only.)

**2021**

Name(s) as shown on return

Tax ID Number

**JOURNEYS IN COMMUNITY LIVING INC**

**62-0980251**

Form	Multi-Form	Description	Date	Basis	Method	Life	Deduction
PRG	1	IRIS CARPETING	08-31-2015	3,488	SL	7	251
PRG	1	2006 DODGE CARAVAN MINI	06-22-2016	5,703	SL	5	
PRG	1	2015 DODGE CARAVAN 98930	10-01-2015	41,208	SL	5	
PRG	1	2015 DODGE CARAVAN 35042	10-01-2015	41,208	SL	5	
PRG	1	FLOORING IN IRIS	09-13-2016	2,245	SL	5	
PRG	1	2018 DODGE CARAVAN 02364	11-01-2017	40,399	SL	5	4,039
PRG	1	2018 CHRYSLER PACIFICA 0	11-01-2017	25,249	SL	5	2,524
PRG	1	2018 CHRYSLER PACIFICA	11-01-2017	24,686	SL	5	2,469
PRG	1	2007 FORD ECO W/ LIFT AD	08-02-2017	15,163	SL	5	1,515
MGT	1	CONFERENCE TABLES	05-10-2019	3,677	SL	10	368
PRG	1	2015 GRAND CARAVAN 5317	12-13-2018	13,030	SL	5	2,606
PRG	1	2014 GRAND CARAVAN 3731	12-13-2018	11,429	SL	5	2,286
PRG	1	2016 GRAND CARAVAN 2703	04-08-2019	13,500	SL	5	2,700
PRG	1	2019 FORD T350 4224	04-15-2019	61,358	SL	5	12,272
PRG	1	2016 TOYOTA COROLLA 3124	04-17-2019	13,905	SL	5	2,781
PRG	1	2017 NISSAN VERSA 4856	04-17-2019	10,350	SL	5	2,070
PRG	1	2015 CARAVAN 0064	04-19-2019	10,790	SL	5	2,158
PRG	1	2016 TOYOTA COROLLA 1170	05-31-2019	14,987	SL	5	2,997
PRG	1	2015 NISSAN VERSA 6908	05-31-2019	10,713	SL	5	2,143
PRG	1	USED FORD CARAVAN (FORD	07-19-2019	16,397	SL	5	3,279
PRG	1	USED FORD CARAVAN (SPEED	11-27-2019	10,544	SL	5	2,109
MGT	1	CAT 6 CABLE	03-23-2020	3,500	SL	5	700
PRG	1	USED TOWN AND COUNTRY	07-23-2020	12,564	SL	5	2,513
PRG	1	WHEELCHAIR VAN FROM CH G	09-11-2020	43,550	SL	5	8,710
PRG	1	2018 HONDA ACCORD(3)	08-26-2021	23,583	SL	5	4,717
PRG	1	2016 VERSA (22)	01-28-2022	12,298	SL	5	2,460
PRG	1	2011 HONDA ODYSSEY (4)	03-30-2022	14,844	SL	5	2,969
		<b>TOTAL</b>					<b>76,563</b>