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.

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

OMB No. 1545-0047 Inspection

A F	or th	e 202	1 calendar year, or tax year begin	ning 07/	01/2021	and end	ling		06/3	30/202	22	
_			C Name of organization					D Employer ide	entificat	ion numb	er	
Вс	heck if ap	oplicable:	JOURNEY CENTER FOR SAF	ETY AND HEALING	3							
	Addre		Doing Business As					34-1278	3377			
	Name	change	Number and street (or P.O. box if mail is r	not delivered to street address	s)	Room/suite	)	E Telephone n	umber			
	Initial	return	P.O. BOX 5466					(216)2	، 29 – 24	420		
	Term	inated	City or town, state or province, country, a	nd ZIP or foreign postal code								
	Amer returr		CLEVELAND, OH 44101					<b>G</b> Gross receip	ts \$	5,	780	,608.
		cation	F Name and address of principal officer:	MELISSA KAY (	GRAVES			H(a) Is this a ground		for	Yes	X No
	·		P.O. BOX 5466, CLEVELAN	ID, OH 44101				H(b) Are all subord		ded?	Yes	No
П	Tax-ex	empt st	tatus: X 501(c)(3) 501(c) (	) <b>(</b> insert no.)	4947(a)(1)	or 5	527	If "No," attac	:h a list. (s	see instruct	ions)	
J	Websi	ite: 🕨	JOURNEYNEO.ORG					H(c) Group exem	ption num	ber >		
K	Form	of orgar	nization: X Corporation Trust	Association Other		L Year	of forma	tion: 1976 <b>M</b>	State of	legal don	nicile:	ОН
P	art I	Su	mmary			·						
	1	Briefly	y describe the organization's mission or	most significant activities	: EMPOV	WER IND	IVIDU	ALS, EDUC	ATE T	ГНЕ		
ė		COM	MUNITY AND ADVOCATE FOR	JUSTICE TO END	DOMEST	IC VIOL	ENCE	AND CHILD				
au		ABU	SE.									
/err	2	Check	k this box ▶  if the organization di	scontinued its operation	s or dispose	ed of more t	than 25%	6 of its net assets	3.			
Governance	3		per of voting members of the governing l						3			22
	4	Numb	per of independent voting members of the	he governing body (Part \	/I, line 1b)				4			22
ctivities &	5		number of individuals employed in cale						5			9!
Ξ	6		number of volunteers (estimate if necess						6			451
ĕ	7a	Total	unrelated business revenue from Part VI	II, column (C), line 12					7a			
			nrelated business taxable income from F						7b			
								Prior Year		Curre	nt Ye	ar
ø	8	Contr	ibutions and grants (Part VIII, line 1h)				¬└──	4,647,70	18.	5,	<u>596</u> ,	,178.
Revenue	9	Progra	am service revenue (Part VIII, line 2g)		COP	Y FOR		30,25	55.		38	,738.
	10	Invest	tment income (Part VIII, column (A), line	s 3, 4, and 7d)	POBLIC	NSPECTION	<u> </u>	21,49	98.		27	,403.
Œ	11	Other	revenue (Part VIII, column (A), lines 5,	6d, 8c, 9c, 10c, and 11e)			_	142,95	55.		23	,451.
	12	Total	revenue - add lines 8 through 11 (must	equal Part VIII, column (A	A), line 12) .			4,842,41	.6.	5,	685,	,770.
	13	Grant	s and similar amounts paid (Part IX, colu	ımn (A), lines 1-3)				206,80	)9.		77	,080.
	14	Benef	fits paid to or for members (Part IX, colur	mn (A), line 4)				N	ONE			NONE
S	15	Salari	es, other compensation, employee bene	efits (Part IX, column (A), I	lines 5-10)			3,149,97	6.	3,	<u>130</u> ,	,518.
Expenses	16a		ssional fundraising fees (Part IX, column					No	ONE			NON
ď	b	Total	fundraising expenses (Part IX, column (D	D), line 25) ▶ 4	78,949	·	_					
ш	17	Other	expenses (Part IX, column (A), lines 11a	a-11d, 11f-24e)				1,245,13	0.	1,	327	,323.
	18	Total	expenses. Add lines 13-17 (must equal	Part IX, column (A), line 2	25)			4,601,91	.5.	4,	<u>534</u> ,	,921.
	19	Rever	nue less expenses. Subtract line 18 from	line 12	<u></u>		-	240,50	)1.	1,	<u> 150</u>	,849.
s or							Begir	nning of Current	'ear	End	of Yea	r
sset	20		assets (Part X, line 16)					3,544,49	94.	3,	604	,518.
Net Assets or Fund Balances	21	Total	liabilities (Part X, line 26)					1,215,57	7.		242	,607.
			ssets or fund balances. Subtract line 21	from line 20	<u></u>			2,328,91	.7.	3,	<u>361</u> ,	,911.
	rt II		gnature Block									
Une	der pei	nalties o	of perjury, I declare that I have examined this complete. Declaration of preparer (other than	s return, including accompa	anying sched	lules and stati	tements, a	and to the best of	my kno	owledge a	and be	lief, it is
	,	T		, , , , , , , , , , , , , , , , , , , ,			,	Ī				
Sig	ın		Signature of officer									
He			Signature of officer					Date				
_			Type or print name and title			1						
Paid	1	Print/	Type preparer's name	Preparer's signature		Date		Check	if PTI	IN		
	parer	DAV	ID M REAPE, CPA					self-employ	1 - '	00068		
	Only	Firm's	s name    HW&CO					Firm's EIN		-16631		
		Firm's		SUITE 700 CLEVELAND,		-5450		Phone no.	216	5-831-		0
<u> </u>			scuss this return with the preparer shown	,	s)					X Ye		<u>No</u>
For	Pape	rwork	Reduction Act Notice, see the separate	e instructions.						Form	990	(2021)

Pa	art III	Statement of Program Service A Check if Schedule O contains a r	Accomplishments esponse or note to any line in this Part	III	
1	Briefly d	lescribe the organization's mission:		***	
	EMPOV	VER INDIVIDUALS, EDUCATE	THE COMMUNITY AND ADVOCA	TE FOR JUSTICE	
	TO E	ND DOMESTIC VIOLENCE AND	CHILD ABUSE.		
	Did the	organization undertake any signifi	cant program services during the yea	ar which were not listed on th	Δ
_	prior Fo				
	services	?	or make significant changes in h		
4	Describ expense		vice accomplishments for each of it 4) organizations are required to repo		-
4a	(Code:			) (Revenue \$	)
			- PROVIDES SAFE, PROTECTI		
			UP TO 45 WOMEN, CHILDREN,		
	_DAILY	Y. ALSO, PROVIDES A 24 H	OUR FAMILY VIOLENCE HOTLI	NE. PROVIDES	
			NCE, ADVOCACY CASE MANAGE		
	DEVE	LOPMENT AND EMPLOYMENT A	ASSISTANCE FOR WOMEN AND T	HEIR CHILDREN	
	AFTE	R THEY LEAVE THE SHELTER	l.		
4b	(Code:	) (Expenses \$1,8	47,827. including grants of \$	) (Revenue \$	62,189.
	COMM	JNITY SERVICES - INCLUDE	S JUSTICE SYSTEM ADVOCACY	, PEER	
	SUPPO	ORT GROUPS, LATINA OUTRE	ACH, SUPERVISED VISITATION	N, TRAUMA	
	THERA	APY, AND COMMUNITY EDUCA	TION PROGRAMS INCLUDING P	ERSONAL	
	SAFE	TY SKILLS AND PARENTING	CLASSES.		
	-				
_	(0 1	) /F		) (D	
4c	(Code: _	) (Expenses \$	including grants of \$	) (Revenue \$	)
	-				
<u> </u>	Othern	rogram services (Describe on Sche	dule O )		
7U	(Expens			\$	
1-	<u> </u>			Ψ <i>)</i>	
40	Total pr	ogram service expenses ▶	3,212,287.		

 

 4e Total program service expenses
 ▶ 3,212,287.

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 129700

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Part	t IV Checklist of Required Schedules			
	<u> </u>		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	40	3.7	
44	or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	10	X	
11				
2	VII, VIII, IX, or X, as applicable.  Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
а	complete Schedule D, Part VI	11a	Х	
b	Did the organization report an amount for investments-other securities in Part X, line 12, that is 5% or more	1.0		
_	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments-program related in Part X, line 13, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII.	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate	446		3.5
15	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	13		
10	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	10		21
• •	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	<b>—</b>		
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		Х
20 a	Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i>	20a		Х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х

Part	V Checklist of Required Schedules (continued)			ago .
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		Х
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
·	to defease any tax-exempt bonds?	24c		
Ч	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
LJu	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior	23a		
D	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		77
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	230		X
26				
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%	20		3.5
07	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II.	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
	persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L,			
	Part IV instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV.	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II.	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
٥.	or IV, and Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
D	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	251		
20	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	<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>	26		77
27	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	36		X
37	· · · · · · · · · · · · · · · · · · ·	27		v
38	and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and	37		X
30	19? <b>Note:</b> All Form 990 filers are required to complete Schedule O	38	X	
Part		_ 30		
	Check if Schedule O contains a response or note to any line in this Part V	_	_	
		<del></del>	Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
	Did the organization comply with backup withholding rules for reportable payments to vendors and			
•	reportable gaming (gambling) winnings to prize winners?	1c	x	

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Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 95			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	<b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> . See instructions.			
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,	_		
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country ▶			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	_		
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
_	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	7-	37	
_	and services provided to the payor?	7a	X	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	70		v
	required to file Form 8282?	7c		X
	If "Yes," indicate the number of Forms 8282 filed during the year	7e		Х
_	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7f		X
t ~	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7g		Λ
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7h		
8	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?. • Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
Ü	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources. (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
12 a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule</i> O · · · · · ·	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	4.5		7.7
	excess parachute payment(s) during the year?	15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.	16		V
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
4-	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any	17		
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	.,		

Form **990** (2021)

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

Sect	ion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year <u>1a</u> 22			
	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.			
	Enter the number of voting members included on line 14, above, who are independent.			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	2		х
•	any other officer, director, trustee, or key employee?			
3	Did the organization delegate control over management duties customarily performed by or under the direct	3		Х
4	supervision of officers, directors, trustees, or key employees to a management company or other person?	4		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	5		X
5 6	Did the organization become aware during the year of a significant diversion of the organization's assets?  Did the organization have members or stockholders?	6		X
7a	Did the organization have members of stockholders, or other persons who had the power to elect or appoint			
ı a	one or more members of the governing body?	7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
D	stockholders, or persons other than the governing body?	7b		x
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
Ū	the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?.	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		Х
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Revenue	Code	.)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
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?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? .	11a	X	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	40.		
	describe on Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	Λ	
15	Did the process for determining compensation of the following persons include a review and approval by			
_	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	15a	Х	
a	The organization's CEO, Executive Director, or top management official	15b		Х
b	Other officers or key employees of the organization	.00		- 21
162	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
iva	with a taxable entity during the year?	16a		Х
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?	16b		
Secti	on C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶ OH,			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-	Γ (sec	tion 5	01(c)
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website X Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of	f inter	est p	olicy,
	and financial statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and record MELISSA KAY GRAVES PO BOX 5466 CLEVELAND, OH 44101	ls ▶		

216-229-2420

Form 990 (2021) Page **7** 

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

### Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.s
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	box, office or direct	unles	Pos neck ss pe	rson	e than or/trust Highest compensated employee	an	(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		U	lee			sated				
(1) MELISSA K GRAVES	40.00									
CEO	NONE			Χ				125,115.	NONE	348.
(2) ROBIN JOHNSON	40.00									
CFO	NONE			Χ				58,769.	NONE	6,147.
(3) JEFFREY C. SINDELAR, JR	1.00									
PAST PRESIDENT	NONE	X						NONE	NONE	NONE
(4) SALLY INGBERG	1.00									
DIRECTOR	NONE	X						NONE	NONE	NONE
(5) JEJUANA C. BROWN	1.00									
VICE PRESIDENT	NONE	X		Χ				NONE	NONE	NONE
(6) AMY THOMPSON	1.00									
SECRETARY	NONE	X		Χ				NONE	NONE	NONE
(7) MICHAEL ANDERTON	1.00									
DIRECTOR	NONE	X						NONE	NONE	NONE
(8) LAUREN BACKUS	1.00									
TREASURER	NONE	X		Χ				NONE	NONE	NONE
(9) SUSAN BELMAN	1.00									
DIRECTOR	NONE	X						NONE	NONE	NONE
(10) MICHELLE FISCHER	1.00									
DIRECTOR	NONE	X						NONE	NONE	NONE
(11) DEAN JENKINS	1.00									
DIRECTOR	NONE	X						NONE	NONE	NONE
(12) MELISSA KLINE	1.00									
DIRECTOR	NONE	X						NONE	NONE	NONE
(13) JAMES LAWLER	1.00									
DIRECTOR	NONE	X						NONE	NONE	NONE
(14) ERIC LOGAN	1.00									
PRESIDENT	NONE	X		Χ				NONE	NONE	
										Form <b>990</b> (2021)

Form **990** (2021)

Part VII Section A. Officers, Directors, Tr	ustees, Ke	y En	nplo	ye	es,	and I	Hig	hest Compensat	ed Employees (d	continued)	
(A)	(B)			(	C)			(D)	(E)	(F)	
Name and title	Average				sition			Reportable	Reportable	Estimated	
	hours per	1 '				e than o is both		compensation	compensation from	amount of	
	week (list any hours for					tor/trust		from the	related organizations	other compensatio	าท
	related	or Inc	Ing	Q.	₽ Fe	en Hi	Fo	organization	(W-2/1099-MISC)	from the	
	organizations	dire	i ii	Officer	y en	ploy	Former	(W-2/1099-MISC)	(** =, *********************************	organization	
	below dotted line)	ual t	iona		Key employee	t co	"			and related organization	
	11110)	Individual trustee or director	<del>=</del>		yee	mpe				organization	J
		ee	Institutional trustee			Highest compensated employee					
			L			ted					
( 15) EVA LOVE, MD	1.00										
DIRECTOR	NONE	X						NONE	NONE	1	NON
( 16) ALISON MAGYARI	1.00	-									
DIRECTOR	NONE	X						NONE	NONE	1	NON
( 17) KELLEE BACOTE	1.00	4									
DIRECTOR	NONE	X						NONE	NONE	1	NON
( 18) BRANDON GRIFFIN	1.00	-									
DIRECTOR	NONE	X						NONE	NONE	1	NON
( 19) ANDREA MARTEMUS-PETERS	1.00	٠						17017			
DIRECTOR	NONE	X						NONE	NONE	r	NON
( 20) SONIA E MONROY MATIS	1.00	3,7						NONE	NONE		NT (
DIRECTOR WOODARD	NONE	X						NONE	NONE	<u></u>	NONI
( 21) KELLY WOODARD DIRECTOR	1.00 NONE	X						NONE	NONE		NONI
( 22) ARBI RAINA	1.00	Α						NONE	NONE	1	NOM
DIRECTOR	NONE	X						NONE	NONE	1	NONI
( 23) SEAN KILCHER	1.00	21						INOINE	NONE		10111
DIRECTOR	NONE	X						NONE	NONE	1	NON
(24) CATHERINE MATTI	1.00										
DIRECTOR	NONE	X						NONE	NONE	1	NON
1b Sub-total							<b>&gt;</b>	183,884.	NONE	6,4	495
c Total from continuation sheets to Part VII, S	ection A						$\blacktriangleright$	NONE	NONE	1	NON
d Total (add lines 1b and 1c)							<b></b>	183,884.	NONE	6,4	495
2 Total number of individuals (including but not		hose	liste	ed a	bov	e) who	o re	eceived more than	\$100,000 of		
reportable compensation from the organizatio	n 🕨					1				1 1	
										Yes	No
3 Did the organization list any former office	cer, directo	or, or	tru	uste	e,	key e	emp	oloyee, or highes	t compensated		
employee on line 1a? If "Yes," complete Sched	lule J for su	ch ind	livid	ual			• •			3	X
4 For any individual listed on line 1a, is the											
organization and related organizations gr											37
individual										4	X
5 Did any person listed on line 1a receive or for services rendered to the organization? If "Y										5	v
Section B. Independent Contractors	es, comple	ie oci	ieul	aie c	, 101	SUCH	μer	SUII		ן ט	X
Complete this table for your five highest com	npensated i	ndene	ende	ent	con	tracto	rs t	that received more	than \$100 000 c	of	
compensation from the organization. Report of											
vear	•					, -			<b>J</b>		

(A) Name and business address	(B) Description of services	<b>(C)</b> Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ▶ NONE

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## Part VIII Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue exclude from tax under sections 512-51
ız	1a	Federated campaigns 1a 55,14	0.			
and Other Similar Amounts	b	Membership dues 1b				
Ě	С	Fundraising events 1c				
ā	d	Related organizations 1d				
≣│	е	Government grants (contributions) 1e 4,142,54	3.			
ุก	f	All other contributions, gifts, grants,				
		and similar amounts not included above • 1f 1,398,49	5.			
5∣	g	Noncash contributions included in				
שבו		lines 1a-1f				
	h	Total. Add lines 1a-1f				
	0-	PROGRAM SERVICE REVENUE 624100	35,618.	35,618.		
a.	Za	DOMESTIC VIOLENCE TRAINING 624100	3,120.	3,120.		
Kevenue	C					
e Se	d					
צׁ	e					
	f	All other program service revenue				
		Total. Add lines 2a-2f	38,738.			
	3	Investment income (including dividends, interest, and				
		other similar amounts)	27,403.			27,4
	4	Income from investment of tax-exempt bond proceeds .	NONE			
	5	Royalties				
		(i) Real (ii) Personal				
	6a	Gross rents 6a				
	b	Less: rental expenses 6b				
	C	rterital income of (1888)	NONE			
	d	Net rental income or (loss)	NONE			
	7a	sales of assets				
		other than inventory <b>7a</b> 94,838.				
,	b	Less: cost or other basis				
		and sales expenses 7b 94,838.				
	С	Gain or (loss) 7c				
	d	Net gain or (loss)	NONE			
	8a	Gross income from fundraising				
1		events (not including \$				
		of contributions reported on line				
		1c). See Part IV, line 18 8a	ONE			
	b	Less: direct expenses 8b	ONE			
	С	Net income or (loss) from fundraising events	NONE			NO
	9a	Gross income from gaming				
		activities. eser art iv, into re IIIII da	ONE			
	b	Less. direct expenses	ONE			
	С	Net income or (loss) from gaming activities	NONE			
	10a	Gross sales of inventory, less	ONE			
		Totalilo alla allo maricoo	ONE			
	b c	Less: cost of goods sold				
+		Business Cod				
Kevenue	112	MISCELLANEOUS REVENUE 900099	23,451.	23,451.		
בֻׁן <u>ׂ</u>	u	MIDDENIA MOOD KEVENOE	23,131.	23,131.		
e e	b C					
ž	d	All other revenue				
		Total. Add lines 11a-11d	23,451.			
٠,	12	Total revenue. See instructions		62,189.		27,4
						Form <b>990</b> (20

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## Part IX Statement of Functional Expenses

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

360	Check if Schedule O contains a resp			· · · · · · · · · · · · · · · · · · ·	
<u>Do</u>			(B)		
	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	(C) Management and general expenses	( <b>D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	NONE			
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	77,080.	77,080.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and				
	foreign individuals. See Part IV, lines 15 and 16	NONE			
4	Benefits paid to or for members	NONE			
5	Compensation of current officers, directors,				
	trustees, and key employees	190,380.	94,753.	57,551.	38,076.
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	NONE			
7	Other salaries and wages	2,308,090.	1,723,607.	328,419.	256,064.
8	Pension plan accruals and contributions (include	NONE			
	section 401(k) and 403(b) employer contributions)	401 506	212 125	60.651	40.000
9	Other employee benefits	421,786.	310,105.	62,651.	49,030.
10	Payroll taxes	210,262.	153,252.	32,301.	24,709.
	Fees for services (nonemployees):	NONE			
	Management	NONE			
	Legal	NONE NONE			
	Accounting	NONE			
	Lobbying	NONE			
	Professional fundraising services. See Part IV, line 17 Investment management fees	NONE			
		110111			
y	Other. (If line 11g amount exceeds 10% of line 25, column	205,669.	102,445.	91,504.	11,720.
12	(A), amount, list line 11g expenses on Schedule O.) Advertising and promotion	691.	504.	106.	81.
13	Office expenses	91,214.	63,937.	17,881.	9,396.
14	Information technology	11,193.	8,839.	1,456.	898.
15	Royalties	NONE			
16	Occupancy	254,870.	207,848.	24,862.	22,160.
17	Travel	13,267.	11,456.	1,268.	543.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	NONE			
19	Conferences, conventions, and meetings	7,413.	5,170.	1,676.	567.
20	Interest	NONE			
21	Payments to affiliates	NONE			
22	Depreciation, depletion, and amortization	156,696.	152,490.	2,103.	2,103.
23	Insurance	32,822.	28,452.	2,349.	2,021.
24	Other expenses. Itemize expenses not covered				
	above. (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A), amount, list line 24e expenses on Schedule O.)	011 717	400	167 107	44.040
	MISCELLANEOUS	211,717.	482.	167,187.	44,048.
	PROGRAM EXPENSES AND SUPPLIE	153,342. 69,675.	152,807. 55,025.	9,062.	535.
	FOOD & HOUSE SUPPLIES	63,911.	63,911.	9,002.	5,588.
		54,843.	124.	43,309.	11,410.
	All other expenses  Total functional expenses. Add lines 1 through 24e	4,534,921.	3,212,287.	843,685.	478,949.
	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)	1,331,321.	3,212,207.	013,003.	170,515.
_	· · · · · · · · · · · · · · · · · · ·				Form <b>QQ</b> (2021)

Form 990 (2021)
Part X Balance Sheet

	ILA	Check if Schedule O contains a response or note to any line in this Pa	art X		
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	1,894,761.	1	987,023.
	2	Savings and temporary cash investments	NONE	2	NONE
	3	Pledges and grants receivable, net	399,251.	3	224,331.
	4	Accounts receivable, net	23,590.	4	1,385,830.
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons	NONE	5	NONE
	6	Loans and other receivables from other disqualified persons (as defined			
	•	under section 4958(f)(1)), and persons described in section 4958(c)(3)(B).	NONE	6	NONE
ι	7	Notes and loans receivable, net	NONE		NONE
Assets	8	Inventories for sale or use	NONE		NONE
As	9	Prepaid expenses and deferred charges	67,315.	9	84,707.
	-	Land, buildings, and equipment: cost or other	07,313.		01,707.
	iva	basis. Complete Part VI of Schedule D 10a 2,295,228.			
	h		619,859.	100	476,686.
	11	Investments - publicly traded securities SEE SCHEDULE .O	527,301.	11	433,524.
	12	Investments - other securities. See Part IV, line 11	NONE		NONE
	13	Investments - program-related. See Part IV, line 11.	NONE		NONE
	14	Intangible assets	NONE		NONE
	15	Other assets. See Part IV, line 11	12,417.	15	12,417.
_	16	Total assets. Add lines 1 through 15 (must equal line 33)	3,544,494.	16	3,604,518.
	17	Accounts payable and accrued expenses	254,521.	17	148,526.
	18	Grants payable	NONE		NONE
	19	Deferred revenue	395,056.	19	94,081.
	20	Tax-exempt bond liabilities	NONE	20	NONE
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	NONE	21	NONE
es	22	Loans and other payables to any current or former officer, director,			
≣		trustee, key employee, creator or founder, substantial contributor, or 35%			
Liabilities		controlled entity or family member of any of these persons	NONE	22	NONE
<b>-</b>	23	Secured mortgages and notes payable to unrelated third parties	NONE	23	NONE
	24	Unsecured notes and loans payable to unrelated third parties	566,000.	24	NONE
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D	NONE	25	NONE
	26	Total liabilities. Add lines 17 through 25	1,215,577.	26	242,607.
Fund Balances		Organizations that follow FASB ASC 958, check here ► X and complete lines 27, 28, 32, and 33.			
a	27	Net assets without donor restrictions	2,051,450.	27	3,201,828.
Ba	28	Net assets with donor restrictions.	277,467.	28	160,083.
2		Organizations that do not follow FASB ASC 958, check here ▶	277,107.		100,003.
		and complete lines 29 through 33.			
Assets or	29	Capital stock or trust principal, or current funds		29	
set	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
ASS	31	Retained earnings, endowment, accumulated income, or other funds		31	
	32	Total net assets or fund balances	2,328,917.	32	3,361,911.
Z	33	Total liabilities and net assets/fund balances	3,544,494.	33	3,604,518.
			, ,		Form <b>990</b> (2021)

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OIIII J	70 (2021)				ıα	gc • <b>-</b>
Part	XI Reconciliation of Net Assets					$\overline{}$
	Check if Schedule O contains a response or note to any line in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1		5,6	85,	<u>770</u> .
2	Total expenses (must equal Part IX, column (A), line 25)	2		<u>4,5</u>	34,	<u>921</u> .
3	Revenue less expenses. Subtract line 2 from line 1	3				<u>849</u> .
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		2,3	28,	<u>917</u> .
5	Net unrealized gains (losses) on investments	5		-1	<u>17,</u>	<u>855</u>
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain on Schedule O)	9				
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	32, column (B))	10		3,3	61,	<u>911</u> .
Part						
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>			
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," ex	plain	on			
	Schedule O.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?.			2a		_X_
	If "Yes," check a box below to indicate whether the financial statements for the year were con	piled	or			
	reviewed on a separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	Χ	
	If "Yes," check a box below to indicate whether the financial statements for the year were audi					
	separate basis, consolidated basis, or both:					
	X Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over	rsiah	t of			
	the audit, review, or compilation of its financial statements and selection of an independent accounta		I	2c	Χ	
	If the organization changed either its oversight process or selection process during the tax year, ex					
	Schedule O.					
3 a	As a result of a federal award, was the organization required to undergo an audit or audits as set for	th in	the			
- Ju	Single Audit Act and OMB Circular A-133?			3a	Х	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und	erao	the			
-	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such au	_		3b	Х	
	, , , , , , , , , , , , , , , , , , ,					(2021)

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### **SCHEDULE A** (Form 990)

## **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. ► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service

Nam	e of tl	ne organization					Employer identif	ication number
JOU	JRN]	EY CENTER FOR SAFETY	Y AND HEALING	Š			34-1	278377
Pa	rt I	Reason for Public Cha	rity Status. (All o	organizations must o	complet	te this pa	art.) See instruction	S.
The	orga	anization is not a private fou	ndation because it	is: (For lines 1 throu្	gh 12, ch	eck only	one box.)	
1	Щ	A church, convention of chu					70(b)(1)(A)(i).	
2		A school described in <b>section</b>						
3	Щ	A hospital or a cooperative	· ·	-				
4		A medical research organiz	ation operated in	conjunction with a hos	spital des	scribed ir	n section 170(b)(1)(A)	(iii). Enter the
		hospital's name, city, and st						
5		An organization operated f		a college or universit	y owned	d or ope	erated by a governme	ental unit described ir
		section 170(b)(1)(A)(iv). (C						
6	Щ	A federal, state, or local go	•			•		
7	X	An organization that norma	-	· · · · · · · · · · · · · · · · · · ·	pport fro	om a go	vernmental unit or fr	om the general public
		described in section 170(b)		· ·				
8	Щ	A community trust describe	•		,			
9		An agricultural research org	=			-		
		or university or a non-land-	grant college of ac	griculture (see instruct	ions). Ei	nter the i	name, city, and state o	f the college or
		university:						
10		An organization that norma receipts from activities rela support from gross investm acquired by the organizatio	ted to its exempt f rent income and u	unctions, subject to c nrelated business tax	ertain ex able incc	ceptions ome (less	s; and (2) no more than s section 511 tax) from	n 331/3 % of its
11		An organization organized a						
12		An organization organized a	and operated exclu	sively for the benefit of	f, to perf	form the	functions of, or to car	rry out the purposes of
		one or more publicly suppor	rted organizations	described in section 5	09(a)(1)	or <b>secti</b>	ion 509(a)(2). See sed	ction 509(a)(3). Check
		the box on lines 12a throug	h 12d that describ	es the type of suppor	ting orga	anization	and complete lines 1	2e, 12f, and 12g.
а		$oxedsymbol{oxed}$ Type I. A supporting orga	anization operated	, supervised, or contro	olled by	its supp	orted organization(s),	typically by giving
		the supported organization	on(s) the power to	regularly appoint or e	lect a ma	ajority of	the directors or truste	ees of the
		supporting organization.	ou must complet	e Part IV, Sections A	and B.			
b		$oxedsymbol{oxed}$ Type II. A supporting org	anization supervise	ed or controlled in co	nnection	with its	supported organizati	on(s), by having
		control or management of	of the supporting o	rganization vested in	the sam	e person	ns that control or mar	age the supported
	_	_ organization(s). You must	complete Part IV	, Sections A and C.				
С		$oxedsymbol{oxed}$ Type III functionally integ	grated. A supporti	ng organization opera	ited in co	onnectio	n with, and functiona	lly integrated with,
	_	_ its supported organization	n(s) (see instruction	ns). You must comple	te Part l'	V, Sectio	ons A, D, and E.	
d			integrated. A sup	porting organization o	perated	in conne	ection with its suppor	ted organization(s)
		that is not functionally inte	egrated. The organ	nization generally mus	t satisfy	a distrib	ution requirement and	d an attentiveness
		_ requirement (see instructi	ions). <b>You must co</b>	omplete Part IV, Secti	ions A a	nd D, and	d Part V.	
е		$oxedsymbol{ox}$ Check this box if the orga	nization received	a written determinatio	n from tl	he IRS th	hat it is a Type I, Type	II, Type III
		functionally integrated, or	Type III non-funct	ionally integrated sup	porting c	organizat	ion.	
f		ter the number of supported	•					
g		ovide the following information		orted organization(s).	T		Г	I
	(i) N	ame of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10	· ,	organization ur governing	(v) Amount of monetary support (see	(vi) Amount of other support (see
				above (see instructions))		ment?	instructions)	instructions)
					Yes	No		
(A)								
(B)								
(C)								
(D)								
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For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990) 2021

Total

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

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

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2017	<b>(b)</b> 2018	<b>(c)</b> 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	4,019,022.	4,646,260.	5,094,800.	4,663,019.	5,596,178.	24,019,279.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						NONE
3	The value of services or facilities furnished by a governmental unit to the organization without charge						NONE
4	Total. Add lines 1 through 3	4,019,022.	4,646,260.	5,094,800.	4,663,019.	5,596,178.	24,019,279.
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						NONE
6	Public support. Subtract line 5 from line 4						24,019,279.
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in)	<b>(a)</b> 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7	Amounts from line 4	4,019,022.	4,646,260.	5,094,800.	4,663,019.	5,596,178.	24,019,279.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	14,920.	18,420.	18,555.	19,523.	27,403.	98,821.
9	Net income from unrelated business activities, whether or not the business is regularly carried on						NONE
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	12,249.	14,393.	47,617.	136,422.	23,451.	234,132.
11	Total support. Add lines 7 through 10						24,352,232.
12	Gross receipts from related activities, etc. (s	ee instructions)				12	369,810.
13	First 5 years. If the Form 990 is for organization, check this box and stop here	<u> </u>					
Sec	tion C. Computation of Public Sup		_				
14	Public support percentage for 2021 (li		-			14	98.63 <b>%</b>
15	Public support percentage from 2020					15	98.69 <b>%</b>
16a	331/3% support test - 2021. If the org	=					
	box and <b>stop here.</b> The organization qu			_			
b	331/3% support test - 2020. If the org						
	this box and <b>stop here.</b> The organization			_			
17a	10%-facts-and-circumstances test - 2						
	10% or more, and if the organization					-	-
	Part VI how the organization meets			<del>-</del>	=	-	
	organization						
b	10%-facts-and-circumstances test - 2	-					
	15 is 10% or more, and if the organiz					-	•
	in Part VI how the organization meets			=	· ·		
10	organization						
18	<b>Private foundation.</b> If the organization						
	instructions						<u> </u>

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

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

Sec	tion A. Public Support						
Caler	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						
7 a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons						
b	Amounts included on lines 2 and 3						
	received from other than disqualified persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
	line 6.)						
	tion B. Total Support	( ) 0047	41,0040	( ) 0040	(1) 0000	( ) 0004	(0 T / 1
Caler	ndar year (or fiscal year beginning in)	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9 10 a	Amounts from line 6.  Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether						
	or not the business is regularly carried on.						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)						
14	First 5 years. If the Form 990 is for	the organizati	on's first, secon	d, third, fourth,	or fifth tax ye	ar as a section	501(c)(3)
	organization, check this box and stop here						▶ 🔙
Sec	tion C. Computation of Public Supp	oort Percenta	ge				
15	Public support percentage for 2021 (line 8,	column (f), divid	ed by line 13, colu	mn (f))		15	%
16	Public support percentage from 2020 Sche	dule A, Part III, lir	ne 15			16	%
Sec	tion D. Computation of Investment	t Income Perd	entage				
17	Investment income percentage for 2021 (lin	ne 10c, column (	f), divided by line	13, column (f))		17	%
18	Investment income percentage from 2020 S	Schedule A, Part	III, line 17			18	%
19 a	331/3% support tests - 2021. If the or	ganization did r	ot check the bo	ox on line 14, ar	nd line 15 is m	ore than 331/3%	, and line
	17 is not more than 331/3%, check this	s box and stop	here. The orga	nization qualifies	as a publicly su	upported organiza	ation 🕨 🔙
b	331/3% support tests - 2020. If the orga	anization did not	check a box on	line 14 or line 1	19a, and line 16	is more than 33	1/3 %, and
	line 18 is not more than 331/3 %, check	this box and s	t <b>op here.</b> The or	ganization qualifi	es as a publicly	supported organi	ization 🕨 🔃
20	Private foundation If the organization of						

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### Part IV Supporting Organizations

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

### Section A. All Supporting Organizations

1	Are all of the o	organization's	supported	organizations	listed b	y name	in	the	organiza	tion's	governing
	documents? If "N	lo," describe i	n <b>Part VI</b> h	now the suppo	rted orga	anizations	are	de	signated.	If des	signated by
	class or purpose, o	describe the de	signation. It	f historic and co	ontinuing	relationsh	ip, (	expla	ain.		

- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in **Part VI.**
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI.**
- 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? If "Yes," provide detail in **Part VI.**
- 10 a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
  - Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, t determine whether the organization had excess business holdings.)

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				- 3
Part I	Supporting Organizations (continued)		V	NI.
4.4	Has the organization accepted a gift or contribution from any of the following persons?		Yes	NO
11 a	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
а	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
	A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c,</i>	110		
·	provide detail in <b>Part VI</b> .	11c		
Section	on B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
•	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.			
Sactio	on C. Type II Supporting Organizations	2		
occiic	71 C. Type ii oupporting Organizations		Yes	Nο
4	Ware a majority of the argenization's directors or trustoes during the tay year also a majority of the directors		103	110
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Section	on D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior			
	tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of			
	the organization's governing documents in effect on the date of notification, to the extent not previously			
	provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).			
_		2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's			
	supported organizations played in this regard.	3		
Section	on E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see ins	tructi	ons).	
a	The organization satisfied the Activities Test. Complete <b>line 2</b> below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (se	e instr	uctions	s).
•	Astinities Test. Amount lines On and Oh halour		Yes	No
2	Activities Test. Answer lines 2a and 2b below.			
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If</i> "Yes," then in <b>Part VI identify</b>			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's			
	involvement, one or more of the organization's supported organization(s) would have been engaged in? If			
	"Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would			
	have engaged in these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. <i>Answer lines 3a and 3b below.</i>			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No," provide details in <b>Part VI.</b>	20		
h		3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes." describe in <b>Part VI</b> the role played by the organization in this regard.	3h		

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

Schedule A (Form 990) 2021

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 Schedule A (Form 990) 2021
 Page 7

Part	V Type III Non-Functionally Integrated 509(a)(3)	Supporting Organizat	t <b>ions</b> (continued)		
Sect	ion D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish e	xempt purposes		1	
2	Amounts paid to perform activity that directly furthers exer	mpt purposes of support	ed		
	organizations, in excess of income from activity			2	
3	3 Administrative expenses paid to accomplish exempt purposes of supported organizations 3				
4	4 Amounts paid to acquire exempt-use assets 4				
5	5 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI) 5				
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which	the organization is resp	onsive		
	(provide details in Part VI). See instructions.			8	
9	9 Distributable amount for 2021 from Section C, line 6 9				
10	Line 8 amount divided by line 9 amount			10	
			(ii)		(iii)

Secti	on 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 - explain in Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2021			
a	From 2016			
b	From 2017			
C	From 2018			
d	From 2019			
е	From 2020			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2021 distributable amount			
i	Carryover from 2016 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2021 from			
	Section D, line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2021 distributable amount			
С	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, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2021. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2022. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2017			
b	Excess from 2018			
С	Excess from 2019			
d	Excess from 2020			
е	Excess from 2021			
		·	·	

Schedule A (Form 990) 2021

Schedule A (Form 990 or 990-EZ) 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 A, PART II - OTHER INCO	OME					
DESCRIPTION	2017	2018	2019	2020	2021	TOTAL
CELL PHONE PROGRAM MISCELLANEOUS	1,215. 11,034.	NONE 14,393.	NONE 47,617.	136,422.	23,451.	1,215. 232,917.
TOTALS	12,249.	14,393.	47,617.	136,422.	23,451.	234,132.

# Schedule B (Form 990)

### **Schedule of Contributors**

OMB No. 1545-0047

2021

**Employer identification number** 

Department of the Treasury
Internal Revenue Service

Name of the organization

► Attach to Form 990 or Form 990-PF.

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

JOURNEY CENTER FOR SAFETY AND HEALING 34-1278377 Organization type (check one): Filers of: Section: X Form 990 or 990-EZ 501(c)(3 ) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. **Special Rules** For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or

16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions <i>exclusively</i> 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 <i>exclusively</i> religious, charitable, etc., purpose. Don't complete any of the parts unless the <b>General Rule</b> applies to this organization because it received <i>nonexclusively</i> 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).

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

Schedule B (Form 990) (2021)

Name of organization

JOURNEY CENTER FOR SAFETY AND HEALING

Employer identification number 34-1278377

art I	Contributors (	(see instructions).	Use duplicate co	pies of Part I if a	dditional space is needed.
-------	----------------	---------------------	------------------	---------------------	----------------------------

	(b)	(c)	(d)
(a) No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
1_	N/A	\$483,926.	Person Payroll Noncash  (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
2	<u>N/A</u>	\$1,274,405	Person   X     Payroll   Noncash   (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
3	N/A	\$389,508.	Person Payroll Noncash  (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
	V /	(6)	
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
No4			
4(a)	Name, address, and ZIP + 4  N/A  (b)	\$ 566,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
4	Name, address, and ZIP + 4  N/A	\$566,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
4(a)	Name, address, and ZIP + 4  N/A  (b)	\$ 566,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
4(a) No.	Name, address, and ZIP + 4  N/A  (b)  Name, address, and ZIP + 4  N/A  (b)	\$ 566,000.  (c) Total contributions  \$ 1,359,322.	Person Payroll Noncash (Complete Part II for noncash contributions.)  (d) Type of contribution  Person Payroll Noncash (Complete Part II for noncash contributions.)
4(a)5	Name, address, and ZIP + 4  N/A  (b)  Name, address, and ZIP + 4  N/A	\$ 566,000.  (c) Total contributions  \$ 1,359,322.	Person Payroll Noncash (Complete Part II for noncash contributions.)  (d) Type of contribution  Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

JOURNEY CENTER FOR SAFETY AND HEALING

Employer identification number

34-1278377

Part II	<b>Noncash Property</b>	(see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

Name of organization Employer identification number JOURNEY CENTER FOR SAFETY AND HEALING 34-1278377 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ▶\$ Use duplicate copies of Part III if additional space is needed. (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. (b) Purpose of gift (c) Use of gift (d) Description of how gift is held from Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

### **SCHEDULE D** (Form 990)

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

Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

Department of the Treasury Internal Revenue Service

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

**Open to Public** Inspection

OMB No. 1545-0047

Name	e of the organization	Employer identification number
	JRNEY CENTER FOR SAFETY AND HEALING	34-1278377
Pa	rt 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	a danas advisad
5	Did the organization inform all donors and donor advisors in writing that the assets held i	
_	funds are the organization's property, subject to the organization's exclusive legal control?	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant fur	
	only for charitable purposes and not for the benefit of the donor or donor advisor, or for ar	
	conferring impermissible private benefit?	Yes No
Pa	rt II Conservation Easements.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the organization (check all that apply).	
	Preservation of land for public use (for example, recreation or education)  Preservation of land for public use	f a historically important land area
	Protection of natural habitat Preservation of	f a certified historic structure
	Preservation of open space	
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.	Held at the End of the Tax Year
а	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	
u	historic structure listed in the National Register	2d
3	Number of conservation easements modified, transferred, released, extinguished, or terming	-
3	tax year >	lated by the organization during the
	•	
4	Number of states where property subject to conservation easement is located	- handling of
5	Does the organization have a written policy regarding the periodic monitoring, inspection	-
^	violations, and enforcement of the conservation easements it holds?	
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing of	conservation easements during the year
_		
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing co	nservation easements during the year
	\$	
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section	
	and section 170(h)(4)(B)(ii)?	Yes  No
9	In Part XIII, describe how the organization reports conservation easements in its revenue and	
	balance sheet, and include, if applicable, the text of the footnote to the organization's financial	al statements that describes the
	organization's accounting for conservation easements.	
Pa	organizations Maintaining Collections of Art, Historical Treasures, or Other	Similar Assets.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 958, not to report in its revenue	statement and balance sheet works
	of art, historical treasures, or other similar assets held for public exhibition, education, of service, provide in Part XIII the text of the footnote to its financial statements that describes the	or research in furtherance of public
h	•	
b	If the organization elected, as permitted under FASB ASC 958, to report in its revenue start, historical treasures, or other similar assets held for public exhibition, education, or rese	
	provide the following amounts relating to these items:	a.c raraneranes or public service,
	(i) Revenue included on Form 990, Part VIII, line 1	<b>&gt;</b> \$
	(ii) Assets included in Form 990, Part X	<b></b> \$
2	If the organization received or held works of art, historical treasures, or other similar a	
-	following amounts required to be reported under FASB ASC 958 relating to these items:	ooso for inational gain, provide the
2	Revenue included on Form 990, Part VIII, line 1	<b>&gt;</b> \$
a b		
	Assets included in Form 990, Part X	

Sche	dule D (Form 990) 2021								Page 2
Pa	rt III Organizations Maintaini								
3	Using the organization's acquisition	on, accession, a	and other recor	rds, check any	of the follo	owing that n	nake sigr	ificant u	se of its
	collection items (check all that app	ly):	_	$\neg$					
а	Public exhibition		d	Loan or excl	nange prog	ıram			
b	Scholarly research		e	Other					
С	Preservation for future gene								
4	Provide a description of the organ	nization's collec	tions and expla	ain how they fu	urther the	organization'	s exempt	purpose	e in Part
	XIII.								
5	During the year, did the organization						_	٦.,	<b></b>
	assets to be sold to raise funds rath		aintained as pa	art of the organiz	zation's col	llection?		Yes	No.
Pa	rt IV Escrow and Custodial A			000 Dowt IV	lina O a			Fa.	
	Complete if the organiza 990, Part X, line 21.	ition answered	res on For	m 990, Part IV	, line 9, o	r reported a	n amour	it on For	rm
1.0	Is the organization an agent, trus	too quotodion	or other intern	andiany for son	tributions	or other see	oto not		
ıa	included on Form 990, Part X?			·=				Yes	□ No
h	If "Yes," explain the arrangement in	n Part XIII and (	complete the fo	llowing table:			L	163	
	ii res, explain the arrangement ii	irr art XIII and t	complete the lo	nowing table.			Amount		
С	Beginning balance				1c		711100111		
d	Additions during the year								
e	Distributions during the year								
f	Ending balance								
	Did the organization include an am					ial account lia	bility?	Yes	No
	If "Yes," explain the arrangement in								
Pa	rt V Endowment Funds.			'					
Pa	rt V Endowment Funds. Complete if the organiza	ation answered	I "Yes" on For						
Pa		ation answered		m 990, Part IV					years back
	Complete if the organiza		r <b>(b)</b> Prio	m 990, Part IV	', line 10.	(d) Three y		(e) Four y	years back
		(a) Current yea	r <b>(b)</b> Prio	rm 990, Part IV	, line 10. wo years back	(d) Three y	ears back	(e) Four y	
1a b	Complete if the organization of year balance Contributions	(a) Current yea	r <b>(b)</b> Prio	rm 990, Part IV	, line 10. wo years back	(d) Three y	ears back	(e) Four y	
1a b	Complete if the organiza	(a) Current yea	r <b>(b)</b> Prio	rm 990, Part IV	, line 10. wo years back	(d) Three y	ears back	(e) Four y	
1a b c	Complete if the organization of the contributions	(a) Current yea	r <b>(b)</b> Prio	rm 990, Part IV	, line 10. wo years back	(d) Three y	ears back	(e) Four y	
1a b c	Beginning of year balance Contributions	(a) Current yea	r <b>(b)</b> Prio	rm 990, Part IV	, line 10. wo years back	(d) Three y	ears back	(e) Four y	
1a b c	Beginning of year balance	(a) Current yea	r <b>(b)</b> Prio	rm 990, Part IV	, line 10. wo years back	(d) Three y	ears back	(e) Four y	
1a b c d	Beginning of year balance	(a) Current yea	r <b>(b)</b> Prio	rm 990, Part IV	, line 10. wo years back	(d) Three y	ears back	(e) Four y	
1a b c d	Beginning of year balance	(a) Current yea	r <b>(b)</b> Pric	rm 990, Part IV	, line 10. wo years back	(d) Three y	ears back	(e) Four y	
1a b c d e	Beginning of year balance	(a) Current yea 11,309	(b) Prices.	rm 990, Part IV or year (c) To 11,305.	/, line 10. wo years back 11,305.	(d) Three y	ears back	(e) Four y	11,305.
1a b c d e f g 2 a	Beginning of year balance	11,309  11,309  11,309  of the current year	r <b>(b)</b> Pric	rm 990, Part IV or year (c) To 11,305.	/, line 10. wo years back 11,305.	(d) Three y	ears back	(e) Four y	11,305.
1a b c d e f g 2 a b	Beginning of year balance Contributions Net investment earnings, gains, and losses Grants or scholarships Other expenditures for facilities and programs Administrative expenses End of year balance Provide the estimated percentage Board designated or quasi-endowm Permanent endowment  100.00	11,309  11,309  11,309  of the current year  nent   000 %	(b) Prices.	rm 990, Part IV or year (c) To 11,305.	/, line 10. wo years back 11,305.	(d) Three y	ears back	(e) Four y	11,305.
1a b c d e f g 2 a b	Beginning of year balance	11,309  11,309  11,309  of the current ynent	ear end balanc	rm 990, Part IV or year (c) To 11,305.	/, line 10. wo years back 11,305.	(d) Three y	ears back	(e) Four y	11,305.
1a b c d e f g 2 a b c	Beginning of year balance	11,309  11,309  11,309  of the current year  nent   000  %  and 2c should ed	ear end balanc	m 990, Part IV or year (c) To 11,305.	/, line 10. wo years back 11,305.  11,305.  n (a)) held	(d) Three y	ears back 11,305.	(e) Four y	11,305.
1a b c d e f g 2 a b c	Beginning of year balance	11,309  11,309  11,309  of the current year  nent   000  %  and 2c should ed	ear end balanc	m 990, Part IV or year (c) To 11,305.	/, line 10. wo years back 11,305.  11,305.  n (a)) held	(d) Three y	ears back 11,305.	(e) Four y	11,305.
1a b c d e f g 2 a b c	Beginning of year balance	11,309  11,309  of the current year  nent   000  %  and 2c should exthe possession	ear end balanc % qual 100%.	m 990, Part IV or year (c) To 11,305.  11,305.  e (line 1g, column	/, line 10. wo years back 11,305.  11,305. n (a)) held	as:	ears back 11,305.	(e) Four y	11,305. 11,305.
1a b c d e f g 2 a b c	Beginning of year balance	11,309  11,309  11,309  of the current year  pent   000   %  and 2c should extend the possession	ear end balance—%	or 990, Part IV or year (c) To 11,305.	/, line 10. wo years back 11,305.  11,305. n (a)) held	as:	ears back 11,305.	(e) Four y	11,305. 11,305. /es No
1a b c d e f g 2 a b c	Beginning of year balance	11,309  11,309  of the current year  nent   000  %  and 2c should exthe possession	ear end balance—%	or 990, Part IV or year (c) To 11,305.	/, line 10. wo years back 11,305.  11,305. n (a)) held	as:	ears back 11,305.	(e) Four y  Y  3a(i)  3a(ii)	11,305. 11,305.
1a b c d e f g 2 a b c	Beginning of year balance	11,309  11,309  of the current year  nent   000  %  and 2c should extend possession  ed organizations	ear end balance	m 990, Part IV or year (c) To 11,305.  11,305.  e (line 1g, column ation that are he	/, line 10. wo years back 11,305.  11,305. n (a)) held	as:	ears back 11,305.	(e) Four y	11,305. 11,305. /es No
1a b c d e f g 2 a b c 3a	Beginning of year balance	(a) Current yea  11,309  11,309  of the current yean  nent   000   %  and 2c should exthe possession  ed organizationsuses of the organizationsuse	ear end balance	or 990, Part IV or year (c) To 11,305.  11,305.  e (line 1g, column ation that are he ed on Schedule owment funds.	/, line 10. wo years back 11,305.  11,305. n (a)) held eld and adr	as:	ears back 11,305.  11,305.	(e) Four y  3a(i) 3a(ii) 3b	11,305. 11,305. Yes No
1a b c d e f g 2 a b c 3a	Beginning of year balance	(a) Current yea  11,309  11,309  of the current yean  nent   000   %  and 2c should exthe possession  ed organizationsuses of the organizationsuse	ear end balance	or 990, Part IV or year (c) To 11,305.  11,305.  e (line 1g, column ation that are he ed on Schedule owment funds.	/, line 10. wo years back 11,305.  11,305. n (a)) held eld and adr	as:	ears back 11,305.  11,305.	(e) Four y  3a(i) 3a(ii) 3b	11,305. 11,305. Yes No
1a b c d e f g 2 a b c 3a	Beginning of year balance	(a) Current yea  11,309  11,309  of the current yean    nent    nent	ear end balance	or 990, Part IV or year (c) To 11,305.  11,305.  e (line 1g, column ation that are he ed on Schedule owment funds.	/, line 10. wo years back 11,305.  11,305.  n (a)) held eld and adr R? /, line 11a	as:	ears back 11,305.  11,305.  the 990, Pa	(e) Four y  3a(i) 3a(ii) 3b	11,305. 11,305. (es No X X X

69,480.

225,251.

113,463.

1,881,494.

69,480

208,595

105,577

1,434,890.

476,686. Schedule D (Form 990) 2021

446,604.

16,656.

7,886.

**b** Buildings

d Equipment

c Leasehold improvements

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

Part VII Investments - Other Securities.	"Voo" on Form 000	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		
(B) (C) (D)		
(E) (F) (G)		
(H)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)   Part VIII Investments - Program Related.	Voo   on Form 000	Port IV line 44 a Con Form 000 Port V line 42
(a) Description of investment	(b) Book value	, Part IV, line 11c. See Form 990, Part X, line 13.  (c) Method of valuation: Cost or end-of-year market value
(1) (2) (3)		
4) 5) 6)		
7) 8)		
(9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)		

		,
	(a) Description	(b) Book value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		

# Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.). 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)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total.	(Column (b) must equal Form 990, Part X, col. (B) line 25.)	

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

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 . Schedule D (Form 990) 2021

Part	Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	ո.	
1	Total revenue, gains, and other support per audited financial statements	1	5,623,817.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		· ·
a	Net unrealized gains (losses) on investments		
	Donated services and use of facilities		
b			
C	The content of prior your grants;		
d		2e	-61,953.
е	Add lines 2a through 2d	3	5,685,770.
3	Subtract line 2e from line 1	3	5,005,770.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:  Investment expenses not included on Form 990, Part VIII, line 7b.  4a		
a	invocament expenses not included on the first seed, if are thin, into the		
b	Other (Becombe art are Ann.)	4c	
С 5	Add lines 4a and 4b	5	5,685,770.
Part			3,000,770
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	4,590,823.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities		
b	Prior year adjustments		
С	Other losses		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	55,902.
3	Subtract line 2e from line 1	3	4,534,921.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		
C	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	4,534,921.
Part	XIII Supplemental Information.		
Provid 2; Part	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; F XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform	Part V, nation.	line 4; Part X, line
SEE	SUPPLEMENTAL PAGE		

### Part XIII Supplemental Information (continued)

SCHEDULE D, PART V, #4

THE PRINCIPAL IS TO BE KEPT INTACT AND THE INVESTMENT EARNINGS ARE TO BE USED BY THE ORGANIZATION FOR ANY PURPOSE. ANY UNREALIZED GAINS MAY BE USED FOR VERY SPECIAL PURPOSES.

### SCHEDULE I (Form 990)

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

2021

OMB No. 1545-0047

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

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

Open to Public Inspection

Name of the organization						Employer identificati	on number
JOURNEY CENTER FOR SAFETY AND HEA						34-1278377	
Part I General Information on Grants an	d Assistand	е					
<ol> <li>Does the organization maintain records to s the selection criteria used to award the gran</li> <li>Describe in Part IV the organization's proce</li> </ol>	ts or assistan	ce?					X Yes No
Part II Grants and Other Assistance to Deart IV, line 21, for any recipient to		•					es" on Form 990,
(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
2 Enter total number of section 501(c)(3) and 3 Enter total number of other organizations lis	•	•					

Schedule I (Form 990) (2021)

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1 CLIENTS- GENERAL ASSISTANCE	170	77,080.		FMV	
2					
3					
4					
_ 5					
_ 6					
7					

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

SCHEDULE I, PART I, #2

PROCEDURES FOR MONITORING USE OF GRANT FUNDS

EACH ADVOCATE OR WORKER MUST PROVIDE DOCUMENTATION TO THEIR IMMEDIATE

SUPERVISOR AS TO THE NATURE OF THE ASSISTANCE. ONCE NEED IS ESTABLISHED

AND THE SUPERVISOR APPROVES, THE REQUEST IS SUBMITTED TO THE FINANCE

DEPARTMENT FOR FURTHER APPROVAL. THE FINANCE DEPARTMENT WILL CHECK ON

THE AVAILABILITY OF ASSISTANCE FUNDS IN THE BUDGET AND WHEN THERE IS A

GRANT TO COVER IT. MOST DIRECT ASSISTANCE WILL BE PAID TO A THIRD PARTY

(I.E. LANDLORD, UTILITY COMPANY, MOVING COMPANY, ETC.) AND DOCUMENTATION

Schedule I (Form 990) (2021)

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

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

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

IS ATTACHED TO THE CHECK REQUEST.

### **SCHEDULE M** (Form 990)

### **Noncash Contributions**

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

► Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

► Attach to Form 990.

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

Employer identification number 34-1278377

JOURNEY CENTER FOR SAFETY AND HEALING Part I Types of Property

	. , , , , , , , , , , , , , , , , , , ,							
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Method of noncash cont			
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household							
·	goods	X		78,839.	THRIFT ST	ORE		
6	Cars and other vehicles			7070071		0112		
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded							
10	Securities - Closely held stock							
11	Securities - Partnership, LLC,							
• •	or trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation							
13	contribution - Historic							
	structures							
14	Qualified conservation							
14	contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other ►()							
26	Other ►()							
27	Other ►()							
28	Other ►(							
29	Number of Forms 8283 received		•		20			
	which the organization completed I	-orm 8283,	Part V, Donee Acknowledge	ement	29		Yes	No
20-	During the year did the argenizat		hu contribution only proposit	why was awtad in Dawt I line	a 1 through		162	NO
30a	During the year, did the organizat			-	-			
	28, that it must hold for at least the	•			•	200		37
	to be used for exempt purposes for		olding period?			30a		X
	If "Yes," describe the arrangement in		tanaa mallan (bat as 1	a tha martan of a				
31	Does the organization have a	•		•		24	37	
	contributions?					31	X	
32a	Does the organization hire or use					20-		3.7
_	contributions?					32a		X
	If "Yes," describe in Part II.		- h (-) (	a anto famou III II a 1 a 1 a 1 a 1				
33	If the organization didn't report an describe in Part II.	amount in c	column (c) for a type of prop	perty for which column (a)	is checked,			

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

Schedule M (Form 990) 2021

### SCHEDULE O (Form 990 or 990-EZ)

### Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

2021
Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

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

JOURNEY CENTER FOR SAFETY AND HEALING

34-1278377

#### PAGE 6, PART VI, SECTION B, #11

THE PRELIMINARY FORM 990 IS DISTRIBUTED TO THE MEMBERS OF THE FINANCE

COMMITTEE FOR REVIEW. THE FULL BOARD WAS ALSO GIVEN AN OPPORTUNITY FOR

QUESTIONS AND COMMENTS PRIOR TO FINALIZING THE RETURN. JOURNEY CENTER FOR

SAFETY AND HEALING HAS A CPA ON THE FINANCE COMMITTEE, SO THERE IS

PROFESSIONAL OVERSIGHT.

#### PAGE 6, PART VI, SECTION B, #12C

JOURNEY CENTER FOR SAFETY AND HEALING HAS AN ATTORNEY ON THE BOARD WHO IS

ALSO RESPONSIBLE FOR COMPLIANCE WITH THE WRITTEN CONFLICT OF INTEREST

POLICY.

### PAGE 6, PART VI, SECTION B, #15A

THE ORGANIZATION HIRED AN INDEPENDENT CONSULTANT TO DO THE SEARCH FOR THE CURRENT EXECUTIVE DIRECTOR. DUE DILIGENCE WAS DONE BY THE CONSULTANT AND A COMMITTEE DESIGNATED BY THE BOARD TO RESEARCH COMPARABLE SALARIES. ALL DECISIONS WERE DOCUMENTED AT THE TIME THEY WERE MADE.

#### PAGE 6, PART VI, SECTION C, #19

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC. THE PUBLIC MAY REQUEST THESE DOCUMENTS SINCE THEY ARE ALL ON RECORD, OR THEY CAN ACCESS THEM DIRECTLY FROM THE JOURNEY CENTER FOR SAFETY AND HEALING'S WEBSITE.

Name of the organization Employer identification number JOURNEY CENTER FOR SAFETY AND HEALING 34-1278377

FORM 990, PART X - INVESTMENTS - PUBLICLY TRADED SECURITIES \_\_\_\_\_\_

	ENDING	COST
DESCRIPTION	BOOK VALUE	OR FMV
CASH EQUIVALENTS	10,344.	FMV
MUTUAL FUNDS	398,910.	FMV
CORPORATE STOCKS	24,270.	FMV

TOTALS 433,524.