Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form, as it may be made public. Go to www.irs.gov/Form990EZ for instructions and the latest information.

Open to Public Inspection

A F	or the	2022 calenda	ar year, or tax year beginning	09/01/2022	and	l ending	08	/31/202	23
B 0	heck if ap	oplicable:	C Name of organization				D Empl	oyer ide	entification number
	Address c	hange	AZIMUTH COUNSELING AND THERA	APEUTIC SERVICES	INC Journey	True North	Ν	20	0-3545100
\sqcup	Name cha	ange	Number and street (or P.O. box if mail is not	delivered to street addr	ess)	Room/suite	E Telep	hone nu	umber
=	Initial return 8 Essex Way Suite 101						80	2-288-1001	
=	Final return/terminated Amended return Amended return City or town, state or province, country, and ZIP or foreign postal code F Grou						ıp Exer	mption	
=		n pending	Essex Junction, VT 05452				Nun	•	•
			✓ Cash	ifv):		н	Check	if the	organization is not
		•	nuthcounseling.org	<i>,</i>		••			ach Schedule B
			eck only one) — 🗹 501(c)(3) 🗌 501(c) () (insert no.)	4947(a)(1) o	r	(Form 9		
			Corporation Trust	Association		521	(, , , , , , ,	/-	
		-	7b to line 9 to determine gross receipts.			more or if tot	al assets		
			5500,000 or more, file Form 990 instead	•				. \$	193,689
	art I	,	e, Expenses, and Changes in I						
	A1 C 1		the organization used Schedule C			,			•
	1	Contributio	ons, gifts, grants, and similar amoun	ts received				1	50,037
	2	Program se	ervice revenue including governmen	nt fees and contrac	ts			2	143,652
	3	Membersh	ip dues and assessments					3	0
	4	Investment	income					4	0
	5a	Gross amo	unt from sale of assets other than in	nventory	. 5a		0		
	b		or other basis and sales expenses	•			0		
	С							5c	0
	6	Gaming and fundraising events:							-
	а	Gross inc	ome from gaming (attach Sched	lule G if greater	than				
Revenue							0		
/eu	b	Gross inco	me from fundraising events (not inc	luding \$	0 0	of contributi	ons		
Ş.		from fundr	aising events reported on line 1) (a	ttach Schedule G					
_		sum of suc	h gross income and contributions e	exceeds \$15,000) .	. 6b		0		
	С	Less: direc	t expenses from gaming and fundra	ising events	. 6с		0		
	d	Net incom	e or (loss) from gaming and fundra	aising events (add	lines 6a and	d 6b and su	ubtract		
		line 6c) .						6d	0
	7a	Gross sale	s of inventory, less returns and allow	vances	. 7a		0		
	b		of goods sold				0		
	С	Gross prof	it or (loss) from sales of inventory (s					7c	0
	8	•	nue (describe in Schedule O)		,			8	0
	9		nue. Add lines 1, 2, 3, 4, 5c, 6d, 7c,					9	193,689
	10		similar amounts paid (list in Sched					10	0
	11		aid to or for members	•				11	0
Ş	12	-	ther compensation, and employee b					12	161,699
Expenses	13		essional fees and other payments to independent contractors					13	0
bei	14		/, rent, utilities, and maintenance					14	11,927
Ä	15		ublications, postage, and shipping					15	1,743
	16	• • • • • • • • • • • • • • • • • • • •	enses (describe in Schedule O) .see					16	19,427
	17		enses. Add lines 10 through 16 .					17	194,796
	18	Excess or	deficit) for the year (subtract line 17	from line 9) .				18	-1,107
Net Assets	19		or fund balances at beginning of						.,107
\ss			r figure reported on prior year's retu		. ,,	, -		19	63,913
et /	20	-	iges in net assets or fund balances	•				20	03,713
ž	21		or fund balances at end of year. Co					21	62,806
		. 101 000010	oaa balances at one of your. oc		90 .		<u> </u>		02,000

Form 990-EZ (2022) Page 2 Balance Sheets (see the instructions for Part II) Part II Check if the organization used Schedule O to respond to any question in this Part II (A) Beginning of year (B) End of year 60,670 22 22 Cash, savings, and investments 60,025 3,243 23 23 Land and buildings 2,781 Other assets (describe in Schedule O) 24 0 24 0 25 63,913 25 62,806 Total liabilities (describe in Schedule O) . . 26 0 26 0 Net assets or fund balances (line 27 of column (B) must agree with line 21) . . . 27 63,913 27 62,806 Statement of Program Service Accomplishments (see the instructions for Part III) Part III **Expenses** Check if the organization used Schedule O to respond to any question in this Part III (Required for section What is the organization's primary exempt purpose? See Schedule O, Statement 2 501(c)(3) and 501(c)(4) Describe the organization's program service accomplishments for each of its three largest program services, organizations; optional for others.) as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title. During the fiscal year ended 8/31/23, Azimuth and Journey True North therapists met mental health needs by conducting over 2550 sessions. The sessions provide Christ centered direction, offering hope and opportunity for healing and growth in an environment that is built on Biblical principles. (Grants \$ 0) If this amount includes foreign grants, check here 28a 107,078 29 29a) If this amount includes foreign grants, check here . 30 30a 31 Other program services (describe in Schedule O) 0) If this amount includes foreign grants, check here 31a 107,078 List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated – see the instructions for Part IV) Check if the organization used Schedule O to respond to any question in this Part IV (c) Reportable (d) Health benefits, (b) Average compensation contributions to employee (e) Estimated amount of (Forms W-2/1099-MISC/ (a) Name and title hours per week benefit plans, and other compensation devoted to position 1099-NEC) deferred compensation (if not paid, enter -0-) Gregg Walsh 0.01 0 0 0 **President** 0 Scott Slocum 0.01 0 n Vice-President M J Merchant 0.01 0 0 0 Secretary **Drew Farrell** 0.01 0 0 0 Treasurer Scott Rancourt 25.00 0 0 0 **Executive Director**

Part V

	instructions for Part V.) Check if the organization used Schedule O to respond to any question in this	3 Part	۷.	
			Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33		~
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions	34		~
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business			
b	activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a 35b		~
c	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N			•
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions 37a 0	36		/
b	Did the organization file Form 1120-POL for this year?	37b		~
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee; or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? .	38a		~
	If "Yes," complete Schedule L, Part II, and enter the total amount involved			
39	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on line 9			
a b	Gross receipts, included on line 9, for public use of club facilities	-		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:	-		
	section 4911: <u>0</u> ; section 4912: <u>0</u> ; section 4955: <u>0</u>			
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958			
	excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		~
С	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed	400		
	on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		~
41	List the states with which a copy of this return is filed: VT		•	
42a		802-28		1
	Located at: 8 Essex Way Suite 101, Essex, VT 05452 ZIP + 4 At any time during the calendar year, did the organization have an interest in or a signature or other authority over	054		
b	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	Yes	No ✓
	If "Yes," enter the name of the foreign country:			
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
С	At any time during the calendar year, did the organization maintain an office outside the United States? . If "Yes," enter the name of the foreign country:	42c		'
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here and enter the amount of tax-exempt interest received or accrued during the tax year			
4.4	Did the constitution maintain and day of the latest the constitution of the constituti		Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		~
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		~
С	Did the organization receive any payments for indoor tanning services during the year?	44c		~
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an avalenation in Schodule C.			
45-	explanation in Schedule O	44d		
45a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		✓
D	meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-F7. See instructions	45h		

Other Information (Note the Schedule A and personal benefit contract statement requirements in the

Form 99	90-EZ (20	022)							P	age 4
									Yes	No
46		ne organization engage, directly or ir								
	to ca	ndidates for public office? If "Yes," o	complete Schedule C	, Part I				. 46		~
Part	VI	Section 501(c)(3) Organizations	s Only					•		
		All section 501(c)(3) organization	s must answer que	stions 47-49b ar	nd 52,	and cor	nplete the	e tables f	or line	es
		50 and 51.								
		Check if the organization used Sch	hedule O to respond	to any question i	n this F	Part VI				. Г
		<u> </u>	· ·	, ,					Yes	No
47	Did tl	he organization engage in lobbying	activities or have a	section 501(h) elec	ction in	effect d	uring the	tax		
		If "Yes," complete Schedule C, Par						. 47		~
48	ls the	organization a school as described in	section 170(b)(1)(A)(i	i)? If "Yes " comple	te Sche	dule F				~
49a Did the organization make any transfers to an exempt non-charitable related organization?							~			
b		es," was the related organization a se		_				. 49b		Ť
50		olete this table for the organization's							oc an	d ko
50		oyees) who each received more than								
	Ompi	by each wife each received mere than	ι φτου,σου σι σσιπροι	(c) Reportable		d) Health I		5, 011101 1	10110.	
	(2)	Name and title of each employee	(b) Average	compensation			o employee	(e) Estimate	ed amou	unt of
	(a)	Name and title of each employee	hours per week devoted to position	(Forms W-2/1099-MIS		fit plans, a	ınd deferred	other con	npensat	ion
				1099-NEC)		compens	sation			
None										
-										
f	Total	number of other employees paid over	er \$100,000							
51		olete this table for the organization			ent con	tractors	who each	received	more	thai
	\$100	,000 of compensation from the organ	nization. If there is no	ne, enter "None."						
	(-)	Name and hysinass address of each independ	lant contractor	(h) Tuno of			(-)	Commonant		
	(a)	Name and business address of each independ	ient contractor	(b) Type of	service		(C)	Compensati	On	
None										
-										
				-						
				1						
	Total	number of other independent contra	actors each receiving	over \$100 000						
		•	_			iono m	ist stack			
52		the organization complete Schedu pleted Schedule A	ile A? Note: All Se	CHOT 50 (C)(3) OF	ganıza	ions m			. 🗆 1	No
				· · · · · ·	• •	· · ·				
		of perjury, I declare that I have examined this is domplete. Declaration of preparer (other than						iowieage and	bellet,	IT IS
	, जा	p. spa. s. (stror trial					J			
Sian		Signature of officer				Date				
Sign Here						Date				
пеге		Eunim Rancourt, Financial Administra	ator							
		Type or print name and title	Dramaus it = =t== t		Det-			DTIN		
Paid		Print/Type preparer's name	Preparer's signature		Date		Check	if PTIN		
Prep	arer				self-employed			yed		
Use	Only	Firm's name				Firm'	s EIN			
	15.6	Firm's address				Phor	ie no.			
May th	ne IRS	discuss this return with the preparer	r snown above? See i	nstructions				. Yes	: 	Nο

SCHEDULE A (Form 990)

Public Charity Status and Public Support

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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.

Open to Public Inspection

Name of the organization					Employer identification	number	
	AZIMUTH COUNSELING AND THERAPEUTIC SERVICES INC Journey True North Ministries 20-3545100						
Part I Reason for Public Cha						ons.	
The organization is not a private found		,		•	,		
1 A church, convention of church	•				U(b)(1)(A)(I).		
2 A school described in section3 A hospital or a cooperative ho			-	-	\/A\/;;;\		
4 A medical research organizati						(iii) Enter the	
hospital's name, city, and sta	te:						
5 An organization operated for section 170(b)(1)(A)(iv). (Com		college or university	owned o	r operate	ed by a government	al unit described in	
6 A federal, state, or local gover							
7 An organization that normally described in section 170(b)(1			port from	a gover	nmental unit or from	1 the general public	
8 A community trust described	in section 170(b))(1)(A)(vi) . (Complete l	Part II.)				
9 An agricultural research organ or university or a non-land-gra university:	ant college of agr	iculture (see instruction	ons). Ente	r the nan	ne, city, and state of	the college or	
10 An organization that normally receipts from activities related support from gross investmen acquired by the organization a	it income and un	related business taxal	ble incom	ie (iess se	ection 511 tax) from	fees, and gross 33 ¹ /3% of its businesses	
11		•		•	•		
12 An organization organized and	operated exclusi	ively for the benefit of,	to perfor	m the fun	ctions of, or to carry	out the purposes of	
one or more publicly supporte the box on lines 12a through 1							
Type I. A supporting organization supporting organization. Y	n(s) the power to	regularly appoint or e	lect a ma	jority of t			
b Type II. A supporting orga	the supporting o	organization vested in	the same				
organization(s). You must	-	•		onnootio	with and functions	ally intograted with	
its supported organization						ally integrated with,	
d Type III non-functionally		,		-		orted organization(s)	
that is not functionally inter requirement (see instruction	grated. The orga	nization generally mu	st satisfy	a distribu	ıtion requirement an		
e Check this box if the orgation functionally integrated, or	nization received Type III non-func	a written determination	on from th	ne IRS tha	at it is a Type I, Type ion.	∍ II, Type III	
f Enter the number of supported	organizations .						
g Provide the following information	n about the supp	orted organization(s).					
(i) Name of supported organization					other support (see		
			Yes	No			
(A)							
(B)							
(C)							
(D)							
(E)							
Total							

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2018 **(b)** 2019 (c) 2020 (d) 2021 **(e)** 2022 (f) Total Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . 48,063 53,819 102,809 47,365 50,037 302,093 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities 3 furnished by a governmental unit to the organization without charge **Total.** Add lines 1 through 3 . . . 4 48.063 53,819 47,365 102,809 50.037 302,093 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) **Public support.** Subtract line 5 from line 4 302.093 Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2018 **(b)** 2019 (c) 2020 (d) 2021 (e) 2022 (f) Total 7 Amounts from line 4 47,365 50,037 48,063 53,819 102,809 302,093 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources 9 Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) **Total support.** Add lines 7 through 10 11 302,093 Gross receipts from related activities, etc. (see instructions) 12 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) 13 Section C. Computation of Public Support Percentage Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f)) 14 100 % 15 Public support percentage from 2021 Schedule A, Part II, line 14 331/3% support test - 2022. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check this ~ 331/3% support test - 2021. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3% or more, check 17a 10%-facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported 10%-facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

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Schedule A (Form 990) 2022 Page **3**

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

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

Secti	on A. Public Support					,	
Calen	dar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid to or expended on its behalf						
_	'						
5	The value of services or facilities furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						
7a	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.)						
	on B. Total Support		1	I	1		
	dar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents, royalties, and income from similar sources.						
	•						
b	Unrelated business taxable income (less section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business						
••	activities not included on line 10b, whether						
	or not the business is regularly carried on						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)						
14	First 5 years. If the Form 990 is for the	-			-		
0 1:	organization, check this box and stop he						
	on C. Computation of Public Suppor			10 1 (f)		45	0/
15 16	Public support percentage for 2022 (line a Public support percentage from 2021 Scl		-				<u>%</u> %
16 Secti	on D. Computation of Investment In					16	70
17	Investment income percentage for 2022 (ov line 13 colu	ımn (f\)	17	%
18	Investment income percentage for 2022 (-			
19a	33 ¹ / ₃ % support tests—2022. If the organ						
·Ju	17 is not more than 331/3%, check this box						
b	331/3% support tests—2021. If the organiz	_	-	-		=	_
~	line 18 is not more than 331/3%, check this						
20	Private foundation. If the organization di	_	_	•	· · · · · · · · · · · · · · · · · · ·		

Schedule A (Form 990) 2022 Page 4

Supporting Organizations Part IV

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

Se

Secti	on A. All Supporting Organizations			
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
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).	2		
3а	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.	3a		
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.	3b		
С	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.	3c		
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.	4a		
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.	4b		
С	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.	4c		
5а	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).	5a		
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?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5с		
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? <i>If "Yes," provide detail in Part VI.</i>			
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	6		
	with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7		
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).	8		
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 .	9a		
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 .	9b		
С	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.	9с		
10a	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.	10a		

b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to

determine whether the organization had excess business holdings.)

10b

Schedule A (Form 990) 2022 Page 5 Part IV **Supporting Organizations** (continued) Yes No Has the organization accepted a gift or contribution from any of the following persons? a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization? 11a **b** A family member of a person described on line 11a above? 11b c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI. 11c Section 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 Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. 1 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization. 2 Section C. Type II Supporting Organizations Yes No Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s). 1 Section 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 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s). 2 By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard. 3 Section E. Type III Functionally Integrated Supporting Organizations Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). The organization satisfied the Activities Test. *Complete line 2 below.* The organization is the parent of each of its supported organizations. *Complete line 3 below.* С The organization supported a governmental entity. Describe in **Part VI** how you supported a governmental entity (see instructions). 2 Activities Test. Answer lines 2a and 2b below. Yes No Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities. 2a b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement. 2b Parent of Supported Organizations. Answer lines 3a and 3b below. a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI. 3a

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 **Part VI** the role played by the organization in this regard.

3b

Schedule A (Form 990) 2022

	Tune III New Functionally Integrated 500(a)(2) Supporting Ora		-ations	rage C
Part				
1	Check here if the organization satisfied the Integral Part Test as a qualifying			
Sect	instructions. All other Type III non-functionally integrated supporting organion A—Adjusted Net Income	IIZal	(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		(Optional)
_ <u>.</u>	Recoveries of prior-year distributions	2		
_ _ _	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
<u>.</u>	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion 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 Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion 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 (see instructions)	ally i	ntegrated Type III suppor	rting organization

Schedule A (Form 990) 2022 Page 7

Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Part V Section D-Distributions **Current Year** Amounts paid to supported organizations to accomplish exempt purposes 1 2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity 2 3 Administrative expenses paid to accomplish exempt purposes of supported organizations 4 Amounts paid to acquire exempt-use assets 4 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI) 5 5 Other distributions (describe in Part VI). See instructions. 6 6 7 Total annual distributions. Add lines 1 through 6. 7 Distributions to attentive supported organizations to which the organization is responsive 8 (provide details in Part VI). See instructions. 8 Distributable amount for 2022 from Section C, line 6 9 9 10 10 Line 8 amount divided by line 9 amount (ii) (iii) Section E—Distribution Allocations (see instructions) **Underdistributions Distributable Excess Distributions** Pre-2022 Amount for 2022 Distributable amount for 2022 from Section C, line 6 2 Underdistributions, if any, for years prior to 2022 (reasonable cause required - explain in Part VI). See instructions. Excess distributions carryover, if any, to 2022 a From 2017 From 2018 **c** From 2019 **d** From 2020 **e** From 2021 Total of lines 3a through 3e Applied to underdistributions of prior years Applied to 2022 distributable amount Carryover from 2017 not applied (see instructions) j Remainder. Subtract lines 3g, 3h, and 3i from line 3f. Distributions for 2022 from Section D, line 7: Applied to underdistributions of prior years Applied to 2022 distributable amount Remainder. Subtract lines 4a and 4b from line 4. Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result 5 greater than zero, explain in Part VI. See instructions. Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. Excess distributions carryover to 2023. Add lines 3j and 4c. Breakdown of line 7: Excess from 2018 . . . Excess from 2019 . . . Excess from 2020 . . . Excess from 2021 . . . Excess from 2022 . . .

Schedule A (Form 990) 2022 Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part Part VI 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 0 (Form 990)

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

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

Open to Public Inspection

Employer identification number

AZIMUTH COUNSELING AND THERAPEUTIC SERVICES INC Journey True North Ministries	20-3545100
Form 990-EZ, Part IV - Linda Pignataro, who had served as a Treasurer, resigned from the Board of Director	ors in September 2022. Drew
Farrell serves as a Treasurer from last fiscal-year 2022.	

Schedule O, Statement 1

AZIMUTH COUNSELING AND THERAPEUTIC SERVICES INC

Form: **Form 990-EZ (2022)** EIN: **20-3545100**

Page: 1

Part I, Line 16

Other Expenses Structured Explanation

Description	Amount
Insurance	4,815
Legal fees	20
Supplies	2,049
Telecommunications	2,691
Travel	665
Depreciation	461
Bank fees	5,185
Advertising	3,541
Total:	19,427

Schedule O, Statement 2

AZIMUTH COUNSELING AND THERAPEUTIC SERVICES INC

Form: Form 990-EZ (2022) EIN: 20-3545100

Page: 2 Part III

Primary Exempt Purpose

Primary Exempt Purpose

Azimuth and Journey True North provides Christ centered direction, offering hope and opportunity for healing and growth in an environment that is built on Biblical principles.