

EDWARD P. SCHMITZER, CPA, PA ROBERT T. LOVERICH, CPA, PA ROBERT D. ROSARIO, CPA, PA LAWRENCE S. KAPLAN, CPA, PA

August 1, 2022

The Towers of Jacksonville, Inc. PO Box 56255 Jacksonville, FL 32241

The Towers of Jacksonville, Inc.:

Enclosed is the organization's 2021 Exempt Organization return.

Specific filing instructions are as follows.

#### FORM 990 RETURN:

This return has been prepared for electronic filing. If you wish to have it transmitted electronically to the IRS, please sign, date, and return Form 8879-TE to our office. We will then submit the electronic return to the IRS. Do not mail a paper copy of the return to the IRS. Return Form 8879-TE to us by October 17, 2022.

A copy of the return is enclosed for your files. We suggest that you retain this copy indefinitely.



# Form 8879-TF

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

or calendar year 2021, or fiscal year beginning $$ JUN $$ 1 $$ , 2021, and ending $$ MAY $$ 31 $$ , 20
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Do not send to the IRS. Keep for your records.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

► Go to www.irs.gov/Form8879TE for the latest information.

EIN or SSN Name of filer THE TOWERS OF JACKSONVILLE, 59-1392216 SUSAN HOWELL Name and title of officer or person subject to tax PRESIDENT Type of Return and Return Information Part I Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I. Form 990 check here \_\_\_\_\_ b Total revenue, if any (Form 990, Part VIII, column (A), line 12) \_\_\_\_\_ 1b \_\_\_\_ 3,000. 1a b Total revenue, if any (Form 990-EZ, line 9) 2b \_\_\_\_\_ 2a Form 990-EZ check here ... > Form 1120-POL check here ▶ b Total tax (Form 1120-POL, line 22) 3a **b Tax based on investment income** (Form 990-PF, Part V, line 5) Form 990-PF check here ... > 4a 4b Form 8868 check here ...... b Balance due (Form 8868, line 3c) 5b 5a **b Total tax** (Form 990-T, Part III, line 4) Form 990-T check here ..... 6a 7a Form 4720 check here ..... b Total tax (Form 4720, Part III, line 1) 7b 8a Form 5227 check here ..... **b FMV of assets at end of tax year** (Form 5227, Item D) b Tax due (Form 5330, Part II, line 19) Form 5330 check here ..... 9a 9b **b** Amount of credit payment requested (Form 8038-CP, Part III, line 22) 10a Form 8038-CP check here 10b **Declaration and Signature Authorization of Officer or Person Subject to Tax** Under penalties of perjury, I declare that X I am an officer of the above entity or I I am a person subject to tax with respect to (name and that I have examined a copy of the 2021 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal. PIN: check one box only 92216 X lauthorize SMOAK, DAVIS & NIXON to enter my PIN Enter five numbers, but ERO firm name do not enter all zeros as my signature on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen. As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen. Signature of officer or person subject to tax Certification and Authentication Part III ERO's EFIN/PIN. Enter your six-digit electronic filing identification 59719092216 number (EFIN) followed by your five-digit self-selected PIN. I certify that the above numeric entry is my PIN, which is my signature on the 2021 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for

ERO's signature ▶ ROBERT T. LOVERICH Date ▶ 08/01/22

> **ERO Must Retain This Form - See Instructions** Do Not Submit This Form to the IRS Unless Requested To Do So

LHA For Privacy act and Paperwork Reduction Act Notice, see instructions.

Form **8879-TE** (2021)

Business Returns.

# **Return of Organization Exempt From Income Tax**

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

► Go to www.irs.gov/Form990 for instructions and the latest information. and ending MAY 31, 2022 Open to Public Inspection

A F	or the	2021 calendar year, or tax year beginning JU	N 1, 2021 and	ending M	AY 31, 2022	
<b>B</b> c	heck if pplicable	C Name of organization			D Employer identific	cation number
	Addres	THE TOWERS OF JACKSONVII	LLE, INC.			
	Name change	- · · ·	,,		59-13922	16
	_]return □Final	Number and street (or P.O. box if mail is not deliven PO BOX 56255	ered to street address)	Room/suite	E Telephone numbe 904-718-	
	✓return/ termin- ated		G Gross receipts \$	3,000.		
	Amend return		r or roroight postal code		H(a) Is this a group re	
	Application		N HOWELL		for subordinates	
	pendin	5328 HERONVIEW DRIVE, JAC		3225	H(b) Are all subordinates in	····· — —
	27-676		(insert no.) 4947(a)(1) (		1 ` ′	list. See instructions
		e: NTTPS: //WWW.TOWERSOFJAX		01 021	H(c) Group exemptio	
			ociation Other	I Vear		State of legal domicile: FL
	art I	Summary	outdon outlon p	L TOAT	or formation. ±3 / 0   N	n otate of legal dofficile. 2 2
	_	Briefly describe the organization's mission or most si	anificant activities: A NO	T-FOR-	PROFIT CORPO	ORATION
S	' ;	WHOSE PURPOSE IS TO PROVIDE	RESIDENT WELF	ARE AN	D SERVICES	TO ELDERLY
Jan		Check this box if the organization disconti				
/eri		Number of voting members of the governing body (P		sed of filore	3	16
é		Number of independent voting members of the gover-				16
જ		Fotal number of individuals employed in calendar yea			5	0
ties	ı	Fotal number of volunteers (estimate if necessary)			6	16
Activities & Governance	l .	Fotal unrelated business revenue from Part VIII, colui	(0) !!		_	0.
Ą	l	Net unrelated business taxable income from Form 99				0.
		vet unitelated business taxable income from 1 om 30	=		Prior Year	Current Year
	8 (	Contributions and grants (Part VIII, line 1h)	_		2,500.	3,000.
Revenue	l .	Program service revenue (Part VIII, line 2g)			0.	0.
Ver	ı	nvestment income (Part VIII, column (A), lines 3, 4, a	nd 7d)		0.	0.
Be	ı	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9			0.	0.
	l .	Fotal revenue - add lines 8 through 11 (must equal Pa			2,500.	3,000.
		Grants and similar amounts paid (Part IX, column (A),			0.	40,000.
	l	Benefits paid to or for members (Part IX, column (A),			0.	0.
	45 (	Salaries, other compensation, employee benefits (Pa			0.	0.
Expenses	16a l	Professional fundraising fees (Part IX, column (A), line			0.	0.
ben	b.	Fotal fundraising expenses (Part IX, column (D), line 2		0.		
Ĕ	17 (	Other expenses (Part IX, column (A), lines 11a-11d, 1		<del>7</del> –	11,535.	15,100.
		Fotal expenses. Add lines 13-17 (must equal Part IX,			11,535.	55,100.
		Revenue less expenses. Subtract line 18 from line 12			-9,035.	-52,100.
or es		<u>,                                      </u>		Be	ginning of Current Year	End of Year
Net Assets or Fund Balances	20	Fotal assets (Part X, line 16)			13,549,212.	14,109,271.
ASS J Ba	21				11,860,200.	12,472,359.
Net	22	Net assets or fund balances. Subtract line 21 from lir			1,689,012.	1,636,912.
Pa	rt II	Signature Block		•	-	
Und	er penal	ties of perjury, I declare that I have examined this return, in	cluding accompanying schedules	and stateme	nts, and to the best of my	knowledge and belief, it is
true,	correct	, and complete. Declaration of preparer (other than officer)	is based on all information of wh	nich preparer	has any knowledge.	
		<b>\</b>				
Sigi	n	Signature of officer			Date	
Her	- 1	SUSAN HOWELL, PRESIDENT				
		Type or print name and title				
		Print/Type preparer's name	Preparer's signature		Date Check	PTIN
Paid	ı þ	ROBERT T. LOVERICH		0	8/01/22 self-employ	P00218080
Prep	arer	Firm's name SMOAK, DAVIS & NIX				59-0602635
Use	Only	Firm's address 5011 GATE PARKWAY		00		
		JACKSONVILLE, FL	32256-0562		Phone no. 90	4-396-5831
140	tha ID	S discuss this return with the preparer shown above	O Coo instructions			X Ves No

Par	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:  A NOT-FOR-PROFIT CORPORATION WHOSE PURPOSE IS TO PROVIDE RESIDENT
	WELFARE AND SERVICES TO ELDERLY OR HANDICAPPED FAMILIES OR PERSONS WHO
	RESIDE AT THE TOWERS OF JACKSONVILLE, AN RHF FACILITY.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
_	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
40	revenue, if any, for each program service reported.  (Code:) (Expenses \$54,339. including grants of \$40,000. ) (Revenue \$\$
4a	(Code:) (Expenses \$54,339. including grants of \$40,000.) (Revenue \$0.  THE TOWERS OF JACKSONVILLE, INC. PROVIDES MATERIALS AND VOLUNTEERS FOR
	RESIDENT ACTIVITIES AS WELL AS EVENTS SUCH AS ICE CREAM SOCIALS,
	HOLIDAY LUNCHEONS AND OTHER MISCELLANEOUS GROUP ACTIVITIES.
	TOTAL DONOLLOND IND OTHER HIDDELDINGS ON OUT HOTTVILLED.
4b	(Code:) (Expenses \$
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$
	/ (Literature ) / (Literature )
4d	Other program services (Describe on Schedule O.)
	(Expenses \$\frac{\text{including grants of \$}}{\text{Total program service expenses}}\) (Revenue \$\text{Nevenue \$}}
<u>4e</u>	Total program service expenses ► 54,339.

## Part IV | Checklist of Required Schedules

			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	X	
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	<u> </u>		
•	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,	Ť		
•	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? <i>If</i> "Yes," <i>complete</i>	<b>-</b>		<del></del>
0	, ,	8		x
0	Schedule D, Part III	-		
9				
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			x
	If "Yes," complete Schedule D, Part IV	9		<u> </u>
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			<b>.</b>
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a		<u> </u>
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
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		X
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	X	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
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		X
12a	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
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other 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 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 Part VIII, lines			
=	1c and 8a? If "Yes," complete Schedule G, Part II	18		x
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		x
20a	and the second s	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u></u>
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	
	Government on the transposition (1) in the transposition of the transpos			L

	1990 (2021) THE TOWERS OF JACKSONVILLE, INC. 59-1392	216	Р	age '
Pa	rt IV Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			x
00	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		
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	23		x
240	Schedule J  Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	23		
<b>24</b> a	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
		24a		x
h	Schedule K. If "No," go to line 25a	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	240		
Ū	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes." complete			
	Schedule L. Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		Х
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			l
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	l		٠,,
	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			<b>.</b>
00	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			x
24	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	34	Х	
25.0	Part V, line 1  Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X	
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	33a	22	
b	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		x
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	000		
00	If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	"		
٥.	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pai				•
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			

132004 12-09-21

Form **990** (2021)

(gambling) winnings to prize winners?

021) THE TOWERS OF JACKSONVILLE, INC.

Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V

			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			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	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)?	<u>4a</u>		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).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			7,7
_	any contributions that were not tax deductible as charitable contributions?	<u>6a</u>		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).	_		v
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a 		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	<b>-</b>		x
	to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year	7.		Х
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<u>7e</u> 7f		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		-25
g h	If the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C?	7 <u>9</u> 7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	, · · ·		
Ü	an analysis a supplication have a supple business had diverget any time of wing the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	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.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand			77
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			٠,
	excess parachute payment(s) during the year?	15		X
4.0	If "Yes," see the instructions and file Form 4720, Schedule N.			v
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
<b>_</b> -	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	<i>_</i> -		
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes." complete Form 6069.			

THE TOWERS OF JACKSONVILLE, INC. Form 990 (2021) Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 16 **1a** Enter the number of voting members of the governing body at the end of the tax year 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. 16 **b** Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other Х officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 Х of officers, directors, trustees, or key employees to a management company or other person? 3 X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 6 Did the organization have members or stockholders? 6 Х 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? Х 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? X 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? Х 8a Х **b** Each committee with authority to act on behalf of the governing body? 8b 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 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes Nο 10a Did the organization have local chapters, branches, or affiliates? 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? Х 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe on Schedule O the process, if any, used by the organization to review this Form 990. Х 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a Х b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done ..... 12c Х Did the organization have a written whistleblower policy? 13 13 Did the organization have a written document retention and destruction policy? Х 14 14 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? X The organization's CEO, Executive Director, or top management official 15a Х Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a Х taxable entity during the year? 16a 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? 16h Section C. Disclosure NONE List the states with which a copy of this Form 990 is required to be filed Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply X Own website Upon request Another's website Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

Form **990** (2021)

32216

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

FL

DENISE LEE - (904)612-5316 7609 TARA LANE, JACKSONVILLE

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

Check if Schedule O contains a response or note to any line in this Part VII

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See 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.
- 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.

Name and title	X Check this box if neither the organization	ation nor any related	orga	niza	tion	com	npen	sate		irector, or trustee.	
Note   Properties   Note   Properties   Note   Properties   Note   Properties   Note   Properties   Note	(A)				((	C)			(D)	l ' '	(F)
Week (list any)	Name and title				do not check more than one			one	1		
Companies   Comp							1 '	l '			
SUSAN HOWELL			_	T	Π		T	,			
SUSAN HOWELL		1 ' '	direct				_				•
SUSAN HOWELL			96 Or (	stee	_		ısatec	_	, ,	,	
SUSAN HOWELL			truste	al tru:		yee	ım per			10001120,	_
SUSAN HOWELL			idual	tution	l l	oldme	est co loyee	Je .			organizations
RESIDENT		line)	Indiv	Instii	Offic	Key	High	Form			
VICE PRESIDENT	(1) SUSAN HOWELL	8.00									
VICE PRESIDENT   3.00	PRESIDENT		X		X				0.	0.	0.
3.00   X	(2) WILLIAM E. WARE	1.00									
TREASURER	VICE PRESIDENT		X		X				0.	0.	0.
1.00	(3) NEE CEE LEE	3.00									
SECRETARY	TREASURER		X		X				0.	0.	0.
SATHY BADGETT	(4) MARGARET FURNAS	1.00					,				
ASSISTANT SECRETARY  (6) TOMMIE ALLEN  DIRECTOR  (7) REV. SAM CHINN  DIRECTOR  (8) LYNNE FERGUSON  DIRECTOR  (9) LOREN GALLOGLY  DIRECTOR  (10) JIM GANDY  DIRECTOR  (11) ROBERT KERMITZ  DIRECTOR  (12) AWY LARKIN  DIRECTOR  (13) JOHN A. MITCHELL III  DIRECTOR  (14) STEVE PRICE  DIRECTOR  (15) HEATHER SOLANKA  DIRECTOR  (16) W. DAN STALLARD  DIRECTOR  (17) REV. SAM CHINN  DO.  (18) U. O.  (19) LOO.  (10) JIM GO.  (10) JIM GO.  (11) JIM GO.  (12) AWY LARKIN  DIRECTOR  (13) JOHN A. MITCHELL III  DIRECTOR  (14) STEVE PRICE  DIRECTOR  (15) HEATHER SOLANKA  DIRECTOR  (16) W. DAN STALLARD  DIRECTOR  (17) REV. SAM CHINN  DO.  (18) O.  (19) C.  (10) O.  (10) O.  (11) O.  (12) AWY LARKIN  (14) STEVE PRICE  DIRECTOR  (15) HEATHER SOLANKA  DIRECTOR  (16) W. DAN STALLARD  DIRECTOR  (17) O.  (18) O.  (19) C.  (19) C.  (10) O.  (10) O.  (11) O.  (11) O.  (12) AWY D.  (12) AWY LARKIN  (13) JOHN A. MITCHELL III  (14) STEVE PRICE  (15) HEATHER SOLANKA  (16) W. DAN STALLARD  DIRECTOR  (17) O.  (18) O.  (19) O.  (19) O.  (19) O.  (19) O.  (19) O.  (10) O.  (10) O.  (11) O.  (11) O.  (12) AWY LARKIN  (14) STEVE PRICE  (15) HEATHER SOLANKA  (16) W. DAN STALLARD  (17) O.  (18) O.  (18) O.  (19) O.  (10) O.  (10) O.  (11) O.  (11) O.  (12) AWY LARKIN  (10) O.  (11) O.  (12) AWY LARKIN  (12) O.  (13) O.  (14) O.  (15) O.  (15) O.  (16) W. DAN STALLARD  (17) O.  (18) O.  (18) O.  (19) O.  (19) O.  (19) O.  (19) O.  (19) O.  (10) O.  (10) O.  (10) O.  (11) O.  (11) O.  (12) O.  (12) O.  (13) O.  (14) O.  (15) O.  (15) O.  (16) O.  (17) O.  (17) O.  (18) O.  (18) O.  (18) O.  (19) O.  (19) O.  (19) O.  (10) O.  (10) O.  (10) O.  (11) O.  (11) O.  (11) O.  (12) O.  (11) O.  (11) O.  (12) O.  (11) O.  (12) O.  (12) O.  (13) O.  (14) O.  (15) O.  (16) O.  (17) O.  (17) O.  (18)	SECRETARY		X	1.	X	)			0.	0.	0.
Column	(5) KATHY BADGETT	1.00									
DIRECTOR   X	ASSISTANT SECRETARY		_		X				0.	0.	0.
The content of the	(6) TOMMIE ALLEN	1.00									
DIRECTOR   X	DIRECTOR		X						0.	0.	0.
S	(7) REV. SAM CHINN	1.00				Ш					
DIRECTOR   X	DIRECTOR		X						0.	0.	0.
1.00   X   0.	(8) LYNNE FERGUSON	1.00									
DIRECTOR   X	DIRECTOR		X						0.	0.	0.
1.00   JIM GANDY	(9) LOREN GALLOGLY	1.00									
DIRECTOR   X	DIRECTOR		X	_					0.	0.	0.
1.00	(10) JIM GANDY	1.00									
DIRECTOR   X			X						0.	0.	0.
1.00	(11) ROBERT KERMITZ	1.00									
DIRECTOR   X	DIRECTOR		X						0.	0.	0.
Column	(12) AMY LARKIN	1.00									
DIRECTOR   X	DIRECTOR		_						0.	0.	0.
Column	(13) JOHN A. MITCHELL III	1.00									
DIRECTOR   X	DIRECTOR		X						0.	0.	0.
(15)   HEATHER SOLANKA	(14) STEVE PRICE	1.00									
DIRECTOR	DIRECTOR		Х						0.	0.	0.
1.00 X 0. 0. 0. 0. 0.	(15) HEATHER SOLANKA	1.00	1								
DIRECTOR X 0. 0. 0				$oxed{oxed}$					0.	0.	0.
	(16) W. DAN STALLARD	1.00									
	DIRECTOR		X	$oxed{igspace}$					0.	0.	0.
			4								

Form 990 (2021)

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Par	t VII   Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,	anc	l Hiç	ghes	t C	ompensated Employee	s (continued)				
	(A)	(B)			•	C)			(D)	(E)			(F)	
	Name and title	Average	Position (do not check more than on					one	Reportable	Reportable		l	stimate	
		hours per	nours per box, unless person is both an officer and a director/trustee)					n an	compensation	compensation		ar	nount	of
		(list any			u a u	l	1711 43		from	from related			other	
		hours for	lirecto				L		the organization	organization (W-2/1099-MIS		ı	pensator	
		related	e or 0	stee			satec		(W-2/1099-MISC/	1099-NEC)	30/	l	anizati	
		organizations	Individual trustee or director	Institutional trustee		yee	mper		1099-NEC)	1000 1120)		. ~	d relate	
		below	idual	ution	er	Key employee	est co	ь	,			ı	anizatio	
		line)	Indiv	Instit	Officer	Key e	Highest compensated employee	Former						
			ł											
					н									
		_												
				١_										
1b	Subtotal								0.		0.			0.
	Total from continuation sheets to Part VI	I, Section A		7					0.		0.			0.
d	Total (add lines 1b and 1c)						<b>J</b> .,		0.		0.			0.
2	Total number of individuals (including but r	not limited to th	ose	liste	d ab	ove	) wh	o re	eceived more than \$100,	000 of reportable	•			
	compensation from the organization													0
													Yes	No
3	Did the organization list any former officer	, director, truste	ee, k	кеу е	mpl	oye	e, or	hig	hest compensated emp	loyee on				
	line 1a? If "Yes," complete Schedule J for s	such individual				<b></b>	.,					3		<u> </u>
4	For any individual listed on line 1a, is the su													
	and related organizations greater than \$150						_					4		X
5	Did any person listed on line 1a receive or a					- "				dual for services				37
Coo	rendered to the organization? If "Yes," contion B. Independent Contractors	nplete Schedule	Jf	or su	ıch <u>ı</u>	oers	on .					5		X
	•	mpoposts = ! :!	los -	nd -	<b>3+</b> ~ •	n-t	20t-	رم باء م	not ropping the set the set	100 000 of	20000	tion f		
1	Complete this table for your five highest co the organization. Report compensation for	•	•							•	berisa	LIOII II	וווכ	
		trie caleridar ye	ai e	nun	ig w	itire	ועע וכ	<u> </u>		ear.		(0	٠,	
(A) (B)  Name and business address NONE Description of services									C		nsatio	n		
2	Total number of independent contractors (i		ot lir	nited	to t	thos (		ted	above) who received me	ore tnan				
	\$100,000 of compensation from the organi	zation 📂					,					Form	990 (2	2024
												LOHI	(ž	_U∠ I)

132008 12-09-21

Pa	rt VII	Statement of Revenue				
		Check if Schedule O contains a response or note to			(0)	
			( <b>A</b> )  Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	( <b>D)</b> Revenue excluded from tax under sections 512 - 514
S S	1 a	Federated campaigns 1a				300110110 0 12 0 1 1
Contributions, Gifts, Grants and Other Similar Amounts	h	Membership dues 1b				
ည် ဋ	c					
řfs, r A	q	Related organizations 1d				
nia G	e	Government grants (contributions)				
Siz	f					
her ju	·		000.			
텵	g					
Son	h	Total. Add lines 1a-1f	▶ 3,000.			
		Busines				
ø	2 a					
Program Service Revenue	b					
Ser	C					
an S	d					
Beg	е					
Pro	f	All other program service revenue				
	g	Total. Add lines 2a-2f	▶			
	3	Investment income (including dividends, interest, and				
		other similar amounts)	} ( )   ( )			
	4	Income from investment of tax-exempt bond proceeds				
	5	Royalties	▶			
		(i) Real (ii) Per	sonal			
	6 a	Gross rents 6a				
	b	Less: rental expenses 6b		1100		
	С	Rental income or (loss) 6c				
	d	Net rental income or (loss)				
	7 a	Gross amount from sales of (i) Securities (ii) O	ther			
		assets other than inventory <b>7a</b>				
	b	Less: cost or other basis				
e		and sales expenses7b				
Revenue	С	Gain or (loss)7c	AAL			
Be	d	Net gain or (loss)				
þer	8 a	Gross income from fundraising events (not	Y P Y			
₽		including \$ of				
		contributions reported on line 1c). See				
		Part IV, line 188a				
		Less: direct expenses8b				
		Net income or (loss) from fundraising events	▶			
	9 a	Gross income from gaming activities. See				
		Part IV, line 19 9a				
		Less: direct expenses 9b				
		Net income or (loss) from gaming activities	▶			
	10 a	Gross sales of inventory, less returns				
		and allowances 10a				
		Less: cost of goods sold 10b				
-+	С	Net income or (loss) from sales of inventory	Codo			
S		Busines	s code			
Miscellaneous Revenue	11 a					
llan	b					
Sce	C					
Ξ̈́	d	All other revenue				
		Total Add lines 11a-11d	3 000.	0.	0.	0.

#### Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX (C) Management and general expenses (D) Do not include amounts reported on lines 6b. Program service expenses Total expenses Fundraising 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations 40,000. 40,000. and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 ....... Benefits paid to or for members ..... Compensation of current officers, directors, trustees, and key employees ..... Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages 7 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 9 10 Payroll taxes Fees for services (nonemployees): Management а Legal 761. 761 Accounting Lobbying ..... Professional fundraising services. See Part IV, line 17 Investment management fees ...... Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O. Advertising and promotion 12 744 744. Office expenses 13 Information technology 14 Royalties 15 16 Occupancy 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 19 20 Payments to affiliates \_\_\_\_\_ 21 22 Depreciation, depletion, and amortization ..... 23 Other expenses. Itemize expenses not covered 24 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.) 13,504. 13,504. RESIDENT WELFARE MISC. EXPENSES 91. 91. С d All other expenses 55,100. 54,339. 761. 0. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. if following SOP 98-2 (ASC 958-720)

Form 990 (2021)

Part A Dalance Sheet			
Check if Schedule O contains a response or note to any line in this Part X			
	<b>(A)</b> Beginning of year		<b>(B)</b> End of year
1 Cash - non-interest-bearing	67,549.	1	15,448.
2 Savings and temporary cash investments		2	
3 Pledges and grants receivable, net		3	
4 Accounts receivable, net		4	
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		5	
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)		6	
g 7 Notes and loans receivable, net		7	
8 Inventories for sale or use		8	
9 Prepaid expenses and deferred charges		9	
10a Land, buildings, and equipment: cost or other			
basis. Complete Part VI of Schedule D 10a			
b Less: accumulated depreciation		10c	
11 Investments - publicly traded securities		11	
12 Investments - other securities. See Part IV, line 11		12	
13 Investments - program-related. See Part IV, line 11		13	
14 Intangible assets	12 121 552	14	44 000 000
15 Other assets. See Part IV, line 11	13,481,663.	15	14,093,823.
16 Total assets. Add lines 1 through 15 (must equal line 33)	13,549,212.	16	14,109,271.
17 Accounts payable and accrued expenses		17	
18 Grants payable	11 060 000	18	10 400 200
19 Deferred revenue	11,860,200.	19	12,472,359.
20 Tax-exempt bond liabilities	1110	20	
21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Loans and other payables to any current or former officer, director,	UIU		
trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	<b>O</b>		
controlled entity or family member of any of these persons		22	
Secured mortgages and notes payable to unrelated third parties		23	
24 Unsecured notes and loans payable to unrelated third parties	#	24	
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	11,860,200.	25	12,472,359.
26 Total liabilities. Add lines 17 through 25	11,000,200.	26	14,4/4,339.
Organizations that follow FASB ASC 958, check here			
and complete lines 27, 28, 32, and 33.  27 Net assets without donor restrictions	1,689,012.	27	1,636,912.
27 Net assets without donor restrictions	1,000,012.	28	1,030,312.
28 Net assets with donor restrictions		20	
Organizations that do not follow FASB ASC 958, check here			
and complete lines 29 through 33.		20	
29 Capital stock or trust principal, or current funds		29	
30 Paid-in or capital surplus, or land, building, or equipment fund		30	
netained earnings, endowment, accumulated income, or other funds	1 689 012		1,636,912.
			14,109,271.
32 Total ne	d earnings, endowment, accumulated income, or other funds t assets or fund balances bilities and net assets/fund balances	t assets or fund balances 1,689,012.	t assets or fund balances 1,689,012. 32

Form	1990 (2021) THE TOWERS OF JACKSONVILLE, INC.	23-1	.39 <u>44</u> 10	Pag	ge ∣∠
Pa	rt XI Reconciliation of Net Assets				
	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			00.
2	Total expenses (must equal Part IX, column (A), line 25)	2			00.
3	Revenue less expenses. Subtract line 2 from line 1	3			00.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,689	0,0	<u>12.</u>
5	Net unrealized gains (losses) on investments	5			
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			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	1,636	5,9	<u>12.</u>
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				Ш
				Yes	No
1	Accounting method used to prepare the Form 990: X Cash Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.			
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 compiled 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		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	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 oversight of the				
	review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain on Scho				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit			
	Act and OMB Circular A-133?		3a		X
h	If "Ves," did the organization undergo the required audit or audits? If the organization did not undergo the required	tibus be	1 1		

or audits, explain why on Schedule O and describe any steps taken to undergo such audits Form 990 (2021)

#### **SCHEDULE A**

(Form 990)

Department of the Treasury Internal Revenue Service

# **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public Inspection

**Employer identification number** Name of the organization THE TOWERS OF JACKSONVILLE, 59-1392216 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 X An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions)) Total

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

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

Sec	ction A. Public Support	7.1	•	,			
	ndar year (or fiscal year beginning in)	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Gifts, grants, contributions, and	(-7	()	(-, : -	(-,	(-)	(4)
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
	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)						
6	Public support. Subtract line 5 from line 4.						
Sed	ction B. Total Support			7111			
Cale	ndar year (or fiscal year beginning in)	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7	Amounts from line 4			• •			
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.)				7		
11	<b>Total support.</b> Add lines 7 through 10						
12	Gross receipts from related activities, e	tc. (see instructio	ns)			12	
	First 5 years. If the Form 990 is for the			ourth, or fifth tax y	year as a section 5	01(c)(3)	
	organization, check this box and <b>stop</b>	here			•••••		<b>&gt;</b>
Sec	ction C. Computation of Public						
14	Public support percentage for 2021 (lin	e 6, column (f), d	vided by line 11, c	olumn (f))		14	%
15	Public support percentage from 2020 S	Schedule A, Part	I, line 14			15	%
16a	33 1/3% support test - 2021. If the or	ganization did no	t check the box or	line 13, and line 1	14 is 33 1/3% or m	ore, check this box	k and
	stop here. The organization qualifies as	s a publicly suppo	orted organization				▶□
b	33 1/3% support test - 2020. If the or						
	and stop here. The organization qualifi	es as a publicly s	upported organiza	ition			▶□
17a	10% -facts-and-circumstances test -	<b>2021.</b> If the org	anization did not c	heck a box on line	e 13, 16a, or 16b, a	and line 14 is 10% o	or more,
	and if the organization meets the facts-	and-circumstance	es test, check this	box and stop he	re. Explain in Part	VI how the organiz	ation
	meets the facts-and-circumstances test	t. The organizatio	n qualifies as a pu	blicly supported o	rganization		▶□
b	10% -facts-and-circumstances test -	<b>2020.</b> If the org	anization did not c	heck a box on line	e 13, 16a, 16b, or 1	7a, and line 15 is	10% or
	more, and if the organization meets the	facts-and-circum	stances test, chec	ck this box and st	<b>top here.</b> Explain i	n Part VI how the	
	organization meets the facts-and-circur	nstances test. Th	e organization qua	alifies as a publicly	supported organiz	ation	<b>&gt;</b>
18	Private foundation. If the organization	did not check a l	oox on line 13, 16a	a, 16b, 17a, or 17b	o, check this box a	nd see instructions	· <b>&gt;</b>
						Calcadula A	

Schedule A (Form 990) 2021

### 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.)

Se	ction A. Public Support	olow, piedoc comp	ioto i art ii.j				_
Cale	endar year (or fiscal year beginning in)	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not	15 500	2 500	2 500	2 500	2 000	26 000
2	include any "unusual grants.")  Gross receipts from admissions, merchandise sold or services per-	15,500.	2,500.	2,500.	2,500.	3,000.	26,000.
	formed, 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 organ- ization'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	15,500.	2,500.	2,500.	2,500.	3,000.	26,000.
78	A Amounts included on lines 1, 2, and 3 received from disqualified persons		<u> </u>				0.
t	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	•	5				0.
(	Add lines 7a and 7b						0.
	Public support. (Subtract line 7c from line 6.) ction B. Total Support	le		101	Irc		26,000.
Cale	ndar year (or fiscal year beginning in) ►	(a) 2017	<b>(b)</b> 2018	<b>(c)</b> 2019	(d) 2020	<b>(e)</b> 2021	(f) Total
9	Amounts from line 6	15,500.	2,500.	2,500.	2,500.	3,000.	26,000.
10a	dross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
k	Unrelated business taxable income (less section 511 taxes) from businesses			n/			
	acquired after June 30, 1975						
(	Add lines 10a and 10b						
	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.)	15,500.	2,500.	2,500.	2,500.	3,000.	26,000.
14	First 5 years. If the Form 990 is for the	e organization's fir	rst, second, third,	ourth, or fifth tax y	ear as a section 50	01(c)(3) organizatio	n,
	check this box and stop here						<b>&gt;</b>
	ction C. Computation of Publi					<del>.</del>	100 00
	Public support percentage for 2021 (li	, ,,,		.,,			$\frac{100.00}{100}$ %
	Public support percentage from 2020 ction D. Computation of Inves					16	100.00 %
	•			20 12 column (f)		47	.00 %
	Investment income percentage for 20 Investment income percentage from 2					17	.00 % %
	a 33 1/3% support tests - 2021. If the	•		on line 14 and line			
130	more than 33 1/3%, check this box ar						► V
k	33 1/3% support tests - 2020. If the	organization did n	ot check a box on	line 14 or line 19a	, and line 16 is mo	re than 33 1/3%, a	nd
20	line 18 is not more than 33 1/3%, checomore foundation. If the organization		•			-	

## 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 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.
- 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.
- c 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.
- 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.
  - **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.)

		Yes	No
	1		
	2		
	3a		
	01:		
	3b		
	3с		
	4a		
	4b		
	4c		
	5a		
	5b		
	5c		
	6		
	6		
	7		
	8		
	0		
	9a		
	9b		
	90		
	9с		
	10a		
	iva		
	10b		
عادد	A (Form	n aan)	2021

Par	t IV	Supporting Organizations (continued)			
				Yes	No
11	Has th	ne organization accepted a gift or contribution from any of the following persons?			
а	A pers	son who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c be	elow, the governing body of a supported organization?	11a		
b	A fami	ily member of a person described on line 11a above?	11b		
С	A 35%	6 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		
Sect	ion E	3. Type I Supporting Organizations			
				Yes	No
1	Did th	e governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
		supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
		ors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
		ively operated, supervised, or controlled the organization's activities. If the organization had more than one supported ization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
		orted organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
		e organization operate for the benefit of any supported organization other than the supported			
	organi	ization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part V	how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	super	vised, or controlled the supporting organization.	2		
Sect	ion C	C. Type II Supporting Organizations			
				Yes	No
1	Were	a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trus	stees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or mai	nagement of the supporting organization was vested in the same persons that controlled or managed			
	the su	apported organization(s).	1		
Sect	ion D	D. All Type III Supporting Organizations			
				Yes	No
1	Did th	e organization provide to each of its supported organizations, by the last day of the fifth month of the			
		ization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
		(ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
		ization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
		any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organi	ization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
		ganization maintained a close and continuous working relationship with the supported organization(s).	2		
		ason of the relationship described on line 2, above, did the organization's supported organizations have a			
		cant voice in the organization's investment policies and in directing the use of the organization's			
		ne or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
Sact	suppo	orted organizations played in this regard.  E. Type III Functionally Integrated Supporting Organizations	3		
		the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).	•		
a b		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.			
C		The organization is the parent of each of its supported organizations. Complete line 3 below.  The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instance).		اء	
		ties Test. <b>Answer lines 2a and 2b below.</b>	struction	Yes	No
		ubstantially all of the organization's activities during the tax year directly further the exempt purposes of		163	140
		ipported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
		supported organization(s) to which the organization was responsive. In Test, thermin art vincentity			
		the organization was responsive to those supported organizations, and how the organization determined			
		nese activities constituted substantially all of its activities.	2a		
		e activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
		r more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
		If the reasons for the organization's position that its supported organization(s) would have engaged in			
		activities but for the organization's involvement.	2b		
		t of Supported Organizations. <b>Answer lines 3a and 3b below.</b>			
		e organization have the power to regularly appoint or elect a majority of the officers, directors, or			
		es of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
		e 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.

Sche	dule A (Form 990) 2021 THE TOWERS OF JACKSONVII	LΕ,	INC.	59-1392216 Page 6
Pai	t V Type III Non-Functionally Integrated 509(a)(3) Supporting	Orga	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	trust or	n Nov. 20, 1970 ( <i>explair</i>	n in Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must of	complet	e Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
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	7	
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		

Schedule A (Form 990) 2021

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see

5

6

Income tax imposed in prior year

instructions).

emergency temporary reduction (see instructions).

Distributable Amount. Subtract line 5 from line 4, unless subject to

10	Line 8 amount divided by line 9 amount		10	
Section E - Distribution Allocations (see instructions)		(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2021 (reason-			
	able cause required - explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2021			
а	From 2016			
b	From 2017			
С	From 2018		1	
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: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2021 distributable amount			
c	Remainder. Subtract lines 4a and 4b from line 4.	ODI		
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:			
a	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 D** (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047 Inspection

Name of the organization

THE TOWERS OF JACKSONVILLE, INC. **Employer identification number** 59-1392216

organization answered "Yes" on Form 990, Part IV, line 6.  (a) Donor advised funds (b) Funds and other street of the donor advised funds (b) Funds and other street organization answered "Yes" on Form 990, Part IV, line 6.  (a) Donor advised funds (b) Funds and other street organization funds and other street organization funds and other street organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?  Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring	her accounts
Aggregate value of contributions to (during year)  Aggregate value of grants from (during year)  Aggregate value at end of year  Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?  Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring	
Aggregate value at end of year  Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?  Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring	
4 Aggregate value at end of year  5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?  6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring	
<ul> <li>Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?</li> <li>Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring</li> </ul>	
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 funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring	
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring	
for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring	Yes No
impermissible private benefit?	Yes No
Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.	
1 Purpose(s) of conservation easements held by the organization (check all that apply).	
Preservation of land for public use (for example, recreation or education)	land area
Protection of natural habitat Preservation of a certified historic structure.	cture
Preservation of open space	
2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easen	nent on the last
day of the tax year.	e End of the Tax Year
a Total number of conservation easements 2a	
b Total acreage restricted by conservation easements 2b	
c Number of conservation easements on a certified historic structure included in (a) 2c	
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure	
listed in the National Register2d	
3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the	e tax
year ▶	
4 Number of states where property subject to conservation easement is located	
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of	
violations, and enforcement of the conservation easements it holds?	Yes No
6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the staff and volunteer hours devoted to monitoring.	ring the year
- ( ODV	
7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during t	he year
▶\$	
8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i)	
and section 170(h)(4)(B)(ii)?	_ Yes
9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and	
balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the	
organization's accounting for conservation easements.  Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets	
Complete if the organization answered "Yes" on Form 990, Part IV, line 8.	<b>).</b>
1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works	<b>;</b>
of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public	
service, provide in Part XIII the text of the footnote to its financial statements that describes these items.	
b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of	•
art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service	∌,
provide the following amounts relating to these items:	
(i) Revenue included on Form 990, Part VIII, line 1	
(i) Revenue included on Form 990, Part VIII, line 1  (ii) Assets included in Form 990, Part X  \$	
(i) Revenue included on Form 990, Part VIII, line 1  (ii) Assets included in Form 990, Part X  If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide	
(i) Revenue included on Form 990, Part VIII, line 1  (ii) Assets included in Form 990, Part X  2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:	
(i) Revenue included on Form 990, Part VIII, line 1  (ii) Assets included in Form 990, Part X  If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide	

132051 10-28-21

# 4 Describe in Part XIII the intended uses of the organization's endowment funds Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value		
1a Land						
<b>b</b> Buildings						
c Leasehold improvements						
d Equipment						
e Other						
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)						

Schedule D (Form 990) 2021

Part \	/II Investments - Other Securities.			
	Complete if the organization answered "Yes"	on Form 990, Part IV, line		
<b>(a)</b> Des	cription of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	-of-year market value
(1) Fina	ncial derivatives			
(2) Clos	ely held equity interests			
(3) Othe	er			
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
Dart \	ol. (b) must equal Form 990, Part X, col. (B) line 12.)			
rait	Complete if the organization answered "Yes"	on Form 990 Part IV line	11c See Form 990 Part Y line 13	
	(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	-of-vear market value
(4)	(a) Description of investment	(b) Book value	(c) Wethod of Valuation. Cost of end	-or-year market value
(1)				
(2) (3)				
(4)				
( <del>4)</del> (5)		1116		
(6)				
(7)		UU	HU	
(8)				
(9)				
	ol. (b) must equal Form 990, Part X, col. (B) line 13.)	_		
Part I				
	Complete if the organization answered "Yes"	on Form 990, Part IV, line	11d. See Form 990, Part X, line 15.	
	(a)	Description		(b) Book value
(1)	INTEREST RECEIVABLE		0 011 0	4,355,559.
(2)	NOTE RECEIVABLE			9,738,264.
(3)				
(4)				
(5)		OK		
(6)				
(7)			/ <b>V</b>	
(8)				
(9)				
Total.	Column (b) must equal Form 990, Part X, col. (B) line	e 15.)	<b>&gt;</b>	14,093,823.
Part >				
	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
	Federal income taxes			
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				

Schedule D (Form 990) 2021

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

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ...

Par	t XI	Reconciliation of Revenue per Audited Financia	l Statements With Revenue per l	Return.	
		Complete if the organization answered "Yes" on Form 990, Par	t IV, line 12a.		
1	Total	revenue, gains, and other support per audited financial statemer	ts	1	
2	Amou	nts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net u	nrealized gains (losses) on investments	2a		
b		ed services and use of facilities			
С		veries of prior year grants			
d		(Describe in Part XIII.)	1 4 1		
е	Add li	nes <b>2a</b> through <b>2d</b>		. 2e	
3	Subtr	act line 2e from line 1		. 3	
4		nts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Invest	ment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other	(Describe in Part XIII.)	4b		
С	Add li	nes <b>4a</b> and <b>4b</b>		. 4c	
5		revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. I	ne 12.)	. 5	
Par	t XII	Reconciliation of Expenses per Audited Financi		r Return.	
		Complete if the organization answered "Yes" on Form 990, Par	t IV, line 12a.		
1	Total	expenses and losses per audited financial statements		. 1	
2		nts included on line 1 but not on Form 990, Part IX, line 25:	1 1		
а	Dona	ed services and use of facilities	2a		
b	Prior	/ear adjustments			
С		losses	2c		
d	Other	(Describe in Part XIII.)	2d		
е		nes <b>2a</b> through <b>2d</b>	, ,	. 2e	
3		act line <b>2e</b> from line <b>1</b>		. 3	
4		nts included on Form 990, Part IX, line 25, but not on line 1:	1 1		
а		ment expenses not included on Form 990, Part VIII, line 7b			
b		(Describe in Part XIII.)			
_		nes 4a and 4b		. <u>4c</u>	
5 Dar	lotal	expenses. Add lines 3 and 4c. (This must equal Form 990, Part I Supplemental Information.	line 18.)	5	
		descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1	and A. David IV. Jim and A. and Oh. David V. Jim	a 4. Dark V. lina O.	Dort VI
		descriptions required for Part II, lines 3, 5, and 9, Part III, lines 18  4b; and Part XII, lines 2d and 4b. Also complete this part to pro		le 4, Part X, Iline 2,	Part XI,
111168	Zu anc	4b, and Part All, lines 2d and 4b. Also complete this part to pro	vide arry additional information.		
			-		

Schedule D (Form 990) 2021

#### SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service **Grants and Other Assistance to Organizations, Governments, and Individuals in the United States** 

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.

OMB No. 1545-0047

Open to Public Inspection

Schedule I (Form 990) 2021

Name of the organization							
THE TOWERS OF JACKSONVILLE, INC.					59-1392216		
Part I General Information on Grants a	nd Assistance						
<b>1</b> Does the organization maintain records		-			-		
criteria used to award the grants or assi	stance?						X Yes  No
2 Describe in Part IV the organization's pr							
Part II Grants and Other Assistance to recipient that received more than						es" on Form 990, Part	IV, line 21, for any
Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
BAPTIST TOWERS FOUNDATION, INC. PO BOX 56098			UL				
JACKSONVILLE, FL 32241	59-3657249	501(C)3	40,000.	0.			CHARITABLE PURPOSE
	D	isc	HC	S	ure	3	
		C	0				
<ul> <li>2 Enter total number of section 501(c)(3) a</li> <li>3 Enter total number of other organization</li> </ul>	-						<b>1.</b>

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

<b>Part III</b> Grants and Other Assistance to Domestic Individuals Part III can be duplicated if additional space is needed.	. Complete if the	e organization answ	ered "Yes" on Form 9	90, Part IV, line 22.	
(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 noncash assistance
		III			
		UL	///		
	SC		151	ire	
Part IV Supplemental Information. Provide the information req	quired in Part I, lin	e 2; Part III, column	n (b); and any other ad	ditional information.	
			M		
			$\mathcal{U}$		

### **SCHEDULE O** (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.

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

OMB No. 1545-0047 Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Employer identification number 59-1392216

THE TOWERS OF JACKSONVILLE, INC.	59-1392216					
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISS:	ION:					
OR HANDICAPPED FAMILIES OR PERSONS WHO RESIDE AT THE TOWERS	S OF					
JACKSONVILLE, AN RHF FACILITY.	JACKSONVILLE, AN RHF FACILITY.					
FORM 990, PART VI, SECTION A, LINE 2:						
DIRECTOR, REV. SAM CHIN AND DIRECTOR, ROBERT KERMITZ HAVE A	A FAMILY					
RELATIONSHIP.						
FORM 990, PART VI, SECTION B, LINE 11B:						
THE BOARD OF DIRECTORS REVIEWS THE REPORT OF THE AUDIT COM	MITTEE AND FORM					
990 AT A BOARD OF DIRECTORS MEETING.						
FORM 990, PART VI, SECTION C, LINE 19:						
THE ORGANIZATION'S FINANCIAL STATEMENTS, TAX RETURNS, AND	GOVERNING					
DOCUMENTS ARE AVAILABLE TO THE PUBLIC AT THE ORGANIZATION	'S WEBSITE OR					
UPON REQUEST.						

#### SCHEDULE R (Form 990)

#### **Related Organizations and Unrelated Partnerships**

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

► Attach to Form 990.

Department of the Treasury Internal Revenue Service

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

Name of the organization

OMB No. 1545-0047

Open to Public Inspection

**Employer identification number** 

Schedule R (Form 990) 2021

59-1392216 THE TOWERS OF JACKSONVILLE, INC. Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33. Part I (f) (a) (c) (d) (e) Name, address, and EIN (if applicable) Primary activity Legal domicile (state or Total income End-of-year assets Direct controlling of disregarded entity entity foreign country) Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year. (a) (b) (d) (c) (e) (g) Section 512(b)(13) Name, address, and EIN Legal domicile (state or **Exempt Code** Public charity Direct controlling Primary activity controlled of related organization section status (if section entity entity? foreign country) 501(c)(3)) Yes No BAPTIST TOWERS FOUNDATION, INC. - 59-3657249 THE TOWERS OF PO BOX 56098 JACKSONVILLE JACKSONVILLE, FL 32241 SUPPORTING 501(C)(3) LINE 12A, I Х

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

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

	<u> </u>	I	I	1			1			1	_
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(I	h)	(i)	(j)	(k)
Name, address, and EIN	Primary activity	Legal domicile	Direct controlling	Predominant income	Share of total	Share of	Disprop	ortionate	Code V-UBI	General o	Percentage
of related organization		(state or	entity	(related, unrelated,	income	end-of-year	alloca	ations?	amount in box 20 of Schedule	managing partner?	ownership
		foreign country)		(related, unrelated, excluded from tax under sections 512-514)		assets	Yes	No	K-1 (Form 1065)	Ves No	1
-		oouning)					103	110	(	103140	
		_			_						
-											
								<u> </u>		-	
-											
									· ·		

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i	)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Type of entity (C corp, S corp, or trust)	Share of total income	Share of end-of-year assets	Percentage ownership	Sect 512(b contro enti	o)(13) olled ty?
		country)		0. 1.0.0.9		400010		Yes	No
			n						
	U	U	Py						

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

Yes No

Part V Transac	tions With Related Organization	<ol> <li>Complete if the organization ans</li> </ol>	swered "Yes" on Form 990, I	2art IV, line 34, 35b, or 36.
----------------	---------------------------------	--	-----------------------------	-------------------------------

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		X				
	Gift, grant, or capital contribution to related organization(s)							
С	Gift, grant, or capital contribution from related organization(s)	1c	Х					
	Loans or loan guarantees to or for related organization(s)	1d		Х				
е	Loans or loan guarantees by related organization(s)	1e		Х				
f	Dividends from related organization(s)	1f		_X_				
	Sale of assets to related organization(s)	1g		X				
h	Purchase of assets from related organization(s)	1h		X				
i	Exchange of assets with related organization(s)	1i		X				
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		X				
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		X				
-1	Performance of services or membership or fundraising solicitations for related organization(s)	11		X				
m	m Performance of services or membership or fundraising solicitations by related organization(s)							
n	n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)							
o Sharing of paid employees with related organization(s)								
	INCOLOCIEC							
	p Reimbursement paid to related organization(s) for expenses							
q	Reimbursement paid by related organization(s) for expenses	1q		X				
r	r Other transfer of cash or property to related organization(s)							
s	Other transfer of cash or property from related organization(s)	1s		X				
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.							
	(a) Name of related organization  (b) Transaction type (a-s)  (c) Amount involved Method of determining amount involved type (a-s)	olved						
1)	UUUY							
2)								
3)								
4)								
5)								
<b>C</b> \								
6)	Schedule F	(Form	2001	2021				

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a)	(b)	(c)	(d)	(e) Are all	(f)	(g)	(h)	(i)	(j)	(k)
Name, address, and EIN	Primary activity	Legal domicile	Predominant income (related, unrelated, excluded from tax under sections 512-514)	partners sec. 501(c)(3) orgs.?	Share of	Share of	Dispropor- tionate	amount in hov 20	General or	Percentage
of entity		(state or foreign	excluded from tax under	orgs.?	total	end-of-year	allocations	of Schedule K-1	partner?	ownership
		country)	sections 512-514)	Yes No	income	assets	Yes No	(Form 1065)	Yes No	
					ı					
		<del> </del>		-			++		+	
			5							
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				M .						
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