EXTENDED TO APRIL 15, 2024

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

OMB No. 1545-0047

Department of the Treasury

Go to www.irs.gov/Form990 for instructions and the latest information. 2023 A For the 2022 calendar year, or tax year beginning JUN 1, 2022 and ending MAY C Name of organization D Employer identification number Check if applicable Address change THE TOWERS OF JACKSONVILLE, INC. Name 59-1392216 change Initial return Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Final return/ termin-ated PO BOX 56255 904-718-4757 36,585. City or town, state or province, country, and ZIP or foreign postal code **G** Gross receipts \$ Amended 32241 JACKSONVILLE, FL H(a) Is this a group return return
Application
pending F Name and address of principal officer: TOMMIE ALLEN Yes X No for subordinates? 1249 ALDERMAN ROAD EAST, JACKSONVILLE, FL 3 H(b) Are all subordinates included? Yes Tax-exempt status: X 501(c)(3) 501(c) ((insert no.) 4947(a)(1) or 527 If "No," attach a list. See instructions HTTPS://WWW.TOWERSOFJAX.COM. H(c) Group exemption number K Form of organization: X Corporation Other Year of formation: 1970 **M** State of legal domicile: **FL** Trust Association Part I Summary Briefly describe the organization's mission or most significant activities: A NOT-FOR-PROFIT CORPORATION Activities & Governance WHOSE PURPOSE IS TO PROVIDE RESIDENT WELFARE AND SERVICES TO ELDERLY 2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets. 15 3 Number of voting members of the governing body (Part VI, line 1a) Number of independent voting members of the governing body (Part VI, line 1b) 4 Total number of individuals employed in calendar year 2022 (Part V, line 2a) 0 5 Total number of volunteers (estimate if necessary) 6 7 a Total unrelated business revenue from Part VIII, column (C), line 12 **b** Net unrelated business taxable income from Form 990-T, Part I, line 11 0. 7h Prior Year **Current Year** Contributions and grants (Part VIII, line 1h) 36,585. 3,000. 8 Program service revenue (Part VIII, line 2g) 0. 0. 0. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 0. 0 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 11 3,000. 36,585 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 40,000. 0. 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) 0. 0. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 15 0. 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) 15,100. 13,607. Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 55,100. 13,607. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) -52,100. 22,978. Revenue less expenses. Subtract line 18 from line 12 **Beginning of Current Year End of Year** Ы 14,109,271. 14,744,409 Total assets (Part X, line 16) 12,472,359. 13,084,519 21 Total liabilities (Part X, line 26) 三年 636,912. 1,659,890 Net assets or fund balances. Subtract line 21 from line 20 Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Date Sign TOMMIE ALLEN TREASURER Here Type or print name and title Date PTIN Check Print/Type preparer's name Preparer's signature 02/23/24 P01216275 LORI GRAHAM Paid self-employed Firm's EIN 59-0602635 SMOAK, DAVIS & NIXON LLP Preparer Firm's name 5011 GATE PARKWAY BLDG 100 STE 300 Use Only Firm's address Phone no. 904-396-5831 JACKSONVILLE, FL 32256-0562 X Yes May the IRS discuss this return with the preparer shown above? See instructions No

Form **8868**

(Rev. January 2022)

Department of the Treasury Internal Revenue Service

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

► File a separate application for each return.

▶ Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-0047

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits. Automatic 6-Month Extension of Time. Only submit original (no copies needed). All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Type or Name of exempt organization or other filer, see instructions. Taxpayer identification number (TIN) print THE TOWERS OF JACKSONVILLE, INC. 59-1392216 File by the Number, street, and room or suite no. If a P.O. box, see instructions. filing your PO BOX 56255 return. See City, town or post office, state, and ZIP code. For a foreign address, see instructions. instructions JACKSONVILLE, FL 32241 Enter the Return Code for the return that this application is for (file a separate application for each return) **Application** Return **Application** Return Is For Is For Code Code Form 990 or Form 990-EZ 01 Form 1041-A 08 03 Form 4720 (individual) Form 4720 (other than individual) 09 Form 990-PF 04 Form 5227 10 Form 990-T (sec. 401(a) or 408(a) trust) Form 6069 05 11 Form 990-T (trust other than above) 06 Form 8870 12 Form 990-T (corporation) TOMMIE ALLEN The books are in the care of ► 1249 ALDERMAN ROAD EAST **JACKSONVILLE** Telephone No. ► (904)239-1874 Fax No. If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this If it is for part of the group, check this box 🕨 and attach a list with the names and TINs of all members the extension is for. APRIL 15 2024 I request an automatic 6-month extension of time until , to file the exempt organization return for the organization named above. The extension is for the organization's return for: calendar year , and ending MAY 31, ► X tax year beginning JUN 1, 2022 Initial return Final return If the tax year entered in line 1 is for less than 12 months, check reason: Change in accounting period If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less 0. any nonrefundable credits. See instructions If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit 3b Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions

223841 04-01-22

LHA

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

Form 8868 (Rev. 1-2022)

232002 12-13-22

12,653.

including grants of \$

Total program service expenses

	·		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	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		X
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	١	v	
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X	Х
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	444		x
120	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If</i> "Yes," <i>complete Schedule D, Part X</i> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If</i> "Yes," <i>complete</i>	11f		
ıza		12a		x
h	Schedule D, Parts XI and XII Was the organization included in consolidated, independent audited financial statements for the tax year?	IZa		
D	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
	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		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other 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		X
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		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		Х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X

THE TOWERS OF JACKSONVILLE, INC. 59-1392216 Part IV Checklist of Required Schedules (continued) 2 2

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	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			x
00	Schedule L, Part I	25b		
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%	000		x
07	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		
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,	21		25
20	instructions for applicable filing thresholds, conditions, and exceptions):			
2	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
а		28a		x
h	"Yes," complete Schedule L, Part IV A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If	200		
·	"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			
-	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		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	-		
	Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	Х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Х	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		Х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
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	X	
Pai	t V Statements Regarding Other IRS Filings and Tax Compliance			_
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No

	check in concadic coortains a response of note to any line in this rait v					
					Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a	0			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b	0			1
С	c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming					
	(gambling) winnings to prize winners?			1c		1

Form 990 (2022) THE TOWERS OF JACKSONVILLE, INC.

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

	·		Yes	No		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					
	filed for the calendar year ending with or within the year covered by this return					
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b				
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		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)?	4a		X		
b	If "Yes," enter the name of the foreign country					
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).					
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X		
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X		
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c				
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			7,7		
	any contributions that were not tax deductible as charitable contributions?	6a		X		
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts					
_	were not tax deductible?	6b				
7	Organizations that may receive deductible contributions under section 170(c).	7-		Х		
	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				
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b				
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		х		
٨	If "Yes," indicate the number of Forms 8282 filed during the year	70		22		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X		
	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?					
•	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7g 7h				
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the					
	sponsoring organization have excess business holdings at any time during 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					
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.)					
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a				
	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.	40				
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.					
D	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					
_						
		14a		Х		
	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	ערי				
	excess parachute payment(s) during the year?	15		Х		
	If "Yes," see the instructions and file Form 4720, Schedule N.	-13				
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х		
	If "Yes," complete Form 4720, Schedule O.					
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities					
-	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17				
	If "Yes," complete Form 6069.					

232005 12-13-22

THE TOWERS OF JACKSONVILLE, INC. Form 990 (2022) 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 15 **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. 15 **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? Did the organization have members or stockholders? 6 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: Х a The governing body? 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 Schedule O 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? 10a 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 12c on Schedule O how this was done Did the organization have a written whistleblower policy? Х 13 13 Did the organization have a written document retention and destruction policy? 14 Х 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 Another's website Upon request 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

1249 ALDERMAN ROAD EAST, JACKSONVILLE.

statements available to the public during the tax year.

TOMMIE ALLEN - (904)239-1874

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

232006 12-13-22

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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

- 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.

(A)	(B)	(C)		(D)	(E)	(F)				
Name and title	Average	(do	not cl	Pos	ition	than d	nne	Reportable	Reportable	Estimated
	hours per	box,	unles	ss per	son is	s both	n an	compensation	compensation	amount of
	week		er an	u a u	recto	r/trus	lee)	from	from related	other
	(list any	irecto						the	organizations	compensation
	hours for related	ordi	tee			sated		organization (W-2/1099-MISC/	(W-2/1099-MISC/ 1099-NEC)	from the organization
	organizations	ruste	l trusi		ee,	ubeu		1099-NEC)	1099-NEO)	and related
	below	dual t	ntiona		nploy	st cor	_	1000 1120)		organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			g
(1) SUSAN HOWELL	8.00									
PRESIDENT		Х		Х				0.	0.	0.
(2) WILLIAM E. WARE	1.00									
VICE PRESIDENT		Х		Х				0.	0.	0.
(3) DENISE LEE	1.00									
SECRETARY		Х	1	X				0.	0.	0.
(4) KATHY BADGETT	1.00		,			,	1			
ASSISTANT SECRETARY		X		X				0.	0.	0.
(5) TOMMIE ALLEN	2.00									
TREASURER		Х		X				0.	0.	0.
(6) REV. SAM CHINN	1.00									
DIRECTOR		X						0.	0.	0.
(7) LOREN GALLOGLY	1.00									
DIRECTOR		X						0.	0.	0.
(8) JIM GANDY	2.00								_	_
DIRECTOR		Х						0.	0.	0.
(9) ROBERT KERMITZ	1.00									
DIRECTOR		Х						0.	0.	0.
(10) AMY LARKIN	1.00									
DIRECTOR		Х						0.	0.	0.
(11) JEP LARKIN	1.00								_	_
DIRECTOR		Х						0.	0.	0.
(12) JOHN A. MITCHELL III	2.00								_	_
DIRECTOR		Х						0.	0.	0.
(13) STEVE PRICE	1.00								_	_
DIRECTOR		Х						0.	0.	0.
(14) HEATHER SOLANKA	1.00								_	_
DIRECTOR		Х						0.	0.	0.
(15) W. DAN STALLARD	1.00								_	_
DIRECTOR		Х						0.	0.	0.
										000

Fai	Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,	anc	l Hiç	ghes	st C	ompensated Employee	s (continued)	—			
	(A)	(B)			_ (((D)	(E)			(F)	
	Name and title	Average	(do	not c	Pos heck			one	Reportable	Reportable		Es	stimate	ed
		hours per	box	, unle	ss per	rson i	is both	n an	compensation	compensation	n	ar	nount	of
		week		cer ar	ia a a	recto	T	iee)	from	from related			other	
		(list any	recto						the	organizations	- 1		pensa	
		hours for related	or di	9			ated		organization	(W-2/1099-MIS	·C/		om th	
		organizations	ustee	trust		e e	Suedi		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)		_	anizat d relat	
		below	ual tr	tional		ploye	t col	_	1099-NEO)				anizati	
		line)	Individual trustee or director	Institutional trustee	Officer	key employee	Highest compensated employee	Former				orga	ainzan	0113
				-			1 0							
											\dashv			
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			ł											
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									_					
						-		\longrightarrow						
1b	Subtotal								0.		0.			0.
С	Total from continuation sheets to Part VI	I. Section A		7					0.		0.			0.
d	Total (add lines 1b and 1c)								0.		0.			0.
2	Total number of individuals (including but n								eceived more than \$100.	000 of reportable				
_	compensation from the organization						,		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	occ or reportations				0
	componed for from the organization												Yes	No
3	Did the organization list any former officer,	director truste	ا مد	(6)/ 6	mnl	OVE	e or	hia	hest compensated emp	lovee on	ſ			
Ū	line 1a? If "Yes," complete Schedule J for si			•		•		_	· ·	•		3		Х
4	For any individual listed on line 1a, is the su											<u> </u>		
7												4		Х
E	and related organizations greater than \$150											4		21
5	Did any person listed on line 1a receive or a											_		Х
Soc	rendered to the organization? If "Yes," com tion B. Independent Contractors	plete Schedule	J f	or st	ıch <u>i</u>	oers	on				····· I	5		Λ
										100.000 (
1	Complete this table for your five highest con										ensat	ion fro	om	
	the organization. Report compensation for t	the calendar ye	ear e	endir	ng w	ith c	or wi	thin T		ear.				
	(A) Name and business	addross	3.77	\ NTT	7				(B) Description of s	onvices	C)) ompo	ز) nsatio	n
	Name and business	address	М	INC	<u> </u>			-	Description of s	lei vices		ompe	iisalio	''
								_						
_														
								T						
								J						
2	Total number of independent contractors (in	ncludina but na	ot lir	nited	d to	thos	se lis	ted	above) who received mo	ore than				
_	\$100,000 of compensation from the organization					(-	,					

Part VIII Statement of Revenue

		Check if Schedule O contains a response or	note to any line	e in this Part VIII			
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Siδ	1 a	Federated campaigns 1a					
ant		Membership dues 1b					
G S		Fundraising events 1c					
ifts ar A		Related organizations 1d	8,000.				
s, G	е	Government grants (contributions) 1e					
tion	f	All other contributions, gifts, grants, and					
ibu			28,585.				
Contributions, Gifts, Grants and Other Similar Amounts	_	Noncash contributions included in lines 1a-1f		26 505			
<u>ğ</u> ğ	h	Total. Add lines 1a-1f		36,585.			
_	0 0	 	Business Code				
ice	2 a b						
Ser	C						
Program Service Revenue	d						
ogra Re	е						
P	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 pro	ceeds				
	5	Royalties(i) Real	(ii) Personal				
	6 2	0	(ii) i cisonai				
		Less: rental expenses 6b					
		Rental income or (loss) 6c					
		Net rental income or (loss)					
	7 a	Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory 7a					
	b	Less: cost or other basis					
une		and sales expenses					
ther Revenue		Gain or (loss) 7c					
<u>ν</u> π		Net gain or (loss) Gross income from fundraising events (not					
Oth	o a	including \$ of					
		contributions reported on line 1c). See					
		Part IV, line 18					
	b	Less: direct expenses 8b					
		Net income or (loss) from fundraising events					
	9 a	Gross income from gaming activities. See					
		Part IV, line 19 9a					
		Less: direct expenses					
		Gross sales of inventory, less returns					
	.o u	and allowances 10a					
	b	Less: cost of goods sold 10b					
		Net income or (loss) from sales of inventory					
s		<u></u>	Business Code				
eon	11 a						
llan	b						
Miscellaneous Revenue	c C	All other revenue					
Ξ		All other revenue					
	12	Total revenue. See instructions		36,585.	0.	0.	0.
				,			5 OOO (0000)

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 (D) Do not include amounts reported on lines 6b. Total expenses Program service expenses Management and general expenses Fundraising 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations 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 954. 954. 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 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.) 9,030. 9,030. RESIDENT WELFARE REPAIRS 3,623. 3,623. С d All other expenses 13,607. 12,653. 954 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. Check here if following SOP 98-2 (ASC 958-720)

Form 990 (2022)
Part X | Balance Sheet

<u>Pai</u>	tΧ	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	15,448.	1	38,417
	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	
ts	7	Notes and loans receivable, net		7	
Assets	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 10b		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	14 002 002	14	14 705 000
	15	Other assets. See Part IV, line 11	14,093,823.	15	14,705,992
	16	Total assets. Add lines 1 through 15 (must equal line 33)	14,109,271.	16	14,744,409
	17	Accounts payable and accrued expenses		17	
	18	Grants payable	12,472,359.	18	12 001 510
	19	Deferred revenue	12,4/2,339.	19	13,084,519
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
ies	22	Loans and other payables to any current or former officer, director,	MI O		
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%		22	
Lial	00	controlled entity or family member of any of these persons Secured mortgages and notes payable to unrelated third parties		23	
	23 24			23 24	
	2 4 25	Other liabilities (including federal income tax, payables to related third		24	
	25	parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	12,472,359.	26	13,084,519
		Organizations that follow FASB ASC 958, check here			
es		and complete lines 27, 28, 32, and 33.			
anc	27	Net assets without donor restrictions	1,636,912.	27	1,659,890
Bal	28	Net assets with donor restrictions		28	
nd		Organizations that do not follow FASB ASC 958, check here			
Fu		and complete lines 29 through 33.			
s or	29	Capital stock or trust principal, or current funds		29	
set	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
As	31	Retained earnings, endowment, accumulated income, or other funds		31	
Net Assets or Fund Balances	32	Total net assets or fund balances	1,636,912.	32	1,659,890
_	33	Total liabilities and net assets/fund balances	14,109,271.	33	14,744,409

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			6,5		
2	Total expenses (must equal Part IX, column (A), line 25)	2		1	3,6	<u>07.</u>	
3	Revenue less expenses. Subtract line 2 from line 1	3			2,9		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1	,63	6,9	<u>12.</u>	
5	Net unrealized gains (losses) on investments	5					
6							
7	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	<u>,65</u>	9,8	<u>90.</u>	
Pa	rt XII Financial Statements and Reporting					_	
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>			oxdot	
					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 O.							
2a	7			2a		X	
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a	ļ				
	separate basis, consolidated basis, or both:		ļ				
	Separate basis Consolidated basis Both consolidated and separate basis		ļ				
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,	ļ				
	consolidated basis, or both:		ļ				
	Separate basis Consolidated basis Both consolidated and separate basis		ļ				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the		ļ				
	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 Sche	dule O	.				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the	7	ļ	_		77	
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?			3a		X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits? If the organization did not undergo the required audit or audits? If the organization did not undergo the required audit or audits? If the organization did not undergo the required audit or audits?						
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b	990	(0000)	
	Copy			ronn		<u>,</u> 2022)	

SCHEDULE A

(Form 990)

Total

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.

Attach to Form 990 or Form 990-EZ.

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

Open to Public Inspection

Inspection
Employer identification number

OMB No. 1545-0047

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.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 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))

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						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	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						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
_	Public support. Subtract line 5 from line 4.						
	ction B. Total Support		21.42.42	(1222	() 000 (()	<u> </u>
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
_	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				$A \cap C$		
	activities, whether or not the						
40	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
44	assets (Explain in Part VI.) Total support. Add lines 7 through 10						
	Gross receipts from related activities,	etc (see instruction	inel			12	
	First 5 years. If the Form 990 is for the			ourth or fifth tax v	vear as a section 5		
13	organization, check this box and sto	_		_			
Sec	ction C. Computation of Publi						
	Public support percentage for 2022 (I			olumn (f))		14	%
	Public support percentage from 2021			(//		15	%
16a	33 1/3% support test - 2022. If the	organization did no				ore, check this box	k and
	stop here. The organization qualifies	as a publicly suppo	orted organization				
b	33 1/3% support test - 2021. If the	organization did no	t check a box on li	ne 13 or 16a, and	line 15 is 33 1/3%	or more, check th	s box
	and stop here. The organization qual						
17a	10% -facts-and-circumstances test	- 2022. If the org	anization did not c	heck a box on line	e 13, 16a, or 16b, a	nd line 14 is 10%	or more,
	and if the organization meets the fact	s-and-circumstance	es test, check this	box and stop he	re. Explain in Part	VI how the organiz	ation
	meets the facts-and-circumstances te	-		• • •	•		
b	10% -facts-and-circumstances test	- 2021. 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	ne facts-and-circum	stances test, chec	ck this box and st	top here. Explain in	n Part VI how the	
	organization meets the facts-and-circ		-				
18	Private foundation. If the organization	on did not check a l	oox on line 13, 16a	a, 16b, 17a, or 17b	o, check this box ar		<u> </u>
						Schedule A	(Form 990) 2022

232022 12-09-22

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	clow, picase comp	ictor art ii.j				
Cale	endar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not	2,500.	2,500.	2,500.	3,000.	33,585.	
2	include any "unusual grants.") Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	2,500.	2,500.	2,500.	3,000.	33,363.	44,085.
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		0.508				
	Total. Add lines 1 through 5	2,500.	2,500.	2,500.	3,000.	33,585.	44,085.
	A Amounts included on lines 1, 2, and 3 received from disqualified persons						0.
k	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						0.
ď	Add lines 7a and 7b						0.
8 Se	Public support. (Subtract line 7c from line 6.)			CI	IFC		44,085.
Cale	endar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 6	2,500.	2,500.	2,500.	3,000.	33,585.	44,085.
	a Gross 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 acquired after June 30, 1975		50	DV			
,	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.)	2,500.	2,500.	2,500.	3,000.	33,585.	44,085.
14	First 5 years. If the Form 990 is for the	ne organization's fir	rst, second, third,	fourth, or fifth tax y	ear as a section 5	01(c)(3) organizatio	n,
_	check this box and stop here						
	ction C. Computation of Publi						100 00
	Public support percentage for 2022 (I	, (,,	•	column (f))		_	100.00 %
	Public support percentage from 2021					16	100.00 <u>%</u>
	ction D. Computation of Inves					47	00 %
	Investment income percentage for 20					17	.00 % .00 %
	Investment income percentage from			on line 14, and line		18 3 1/3% and line 17	
198	a 33 1/3% support tests - 2022. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization						
k	33 1/3% support tests - 2021. 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
00	line 18 is not more than 33 1/3%, che		•	· ·		-	
/11	ELIVATE TOURGANON, IT THE OTDANIZATIO	ль оно погспеск ат	OH III E 14 192	а от тмо спескто	is dux and see Ins	ITTREBUIES	1 1

Part IV Supporting Organizations

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

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")? |f "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?
- 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).
- 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		
За		
3b		
3с		
4a		
4b		
4c		
F -		
5a		
5b		
5c		
30		
6		
7		
8		
9a		
-		
9b		
0-		
9c		
10a		
IUa		
10b		
	n 990)	2022

232024 12-09-22

Par	t IV	Supporting Organizations (continued)			
		·		Yes	No
11	Has t	the organization accepted a gift or contribution from any of the following persons?			
а	A per	rson who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c b	pelow, the governing body of a supported organization?	11a		
b	A fan	nily member of a person described on line 11a above?	11b		
С	A 359	% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail	il in Part VI.	11c		
Sect	ion	B. Type I Supporting Organizations			
				Yes	No
1	Did th	he 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,			
		tors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
		tively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
		nization, 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		
		he organization operate for the benefit of any supported organization other than the supported			
		nization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	_	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
		rvised, or controlled the supporting organization.	2		
Sect	tion (C. Type II Supporting Organizations			
		<i>y</i>		Yes	No
1	Mora	a majority of the organization's directors or trustees during the tax year also a majority of the directors		103	140
		ustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
		anagement of the supporting organization was vested in the same persons that controlled or managed	1		
Sect	the si	upported organization(s). D. All Type III Supporting Organizations	- '		
000		D. All Type III Supporting Significations		V	NI.
_	D: Lu			Yes	No
		he organization provide to each of its supported organizations, by the last day of the fifth month of the			
		nization'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			
	-	nization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
		e any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
		nization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	_		
		rganization maintained a close and continuous working relationship with the supported organization(s).	2		
		eason of the relationship described on line 2, above, did the organization's supported organizations have a			
		ficant voice in the organization's investment policies and in directing the use of the organization's			
		me or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
C1		orted organizations played in this regard.	3		
Seci		E. Type III Functionally Integrated Supporting Organizations			
1	Chec	ck the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
а	Н	The organization satisfied the Activities Test. Complete line 2 below.			
b	Н	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С		The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see ins	truction		
2		rities Test. Answer lines 2a and 2b below.		Yes	No
а	Did s	substantially all of the organization's activities during the tax year directly further the exempt purposes of			
		supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those	e supported organizations and explain how these activities directly furthered their exempt purposes,			
	how t	the organization was responsive to those supported organizations, and how the organization determined			
	that t	these activities constituted substantially all of its activities.	2 a		
b	Did th	he activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one c	or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part	VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these	e activities but for the organization's involvement.	2b		
3	Parer	nt of Supported Organizations. Answer lines 3a and 3b below.			
а	Did th	he organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	truste	ees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b	Did th	he organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its	supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b		

Sche	dule A (Form 990) 2022 THE TOWERS OF JACKSONVII			59-1392216 Page 6
Pai 1	Type III Non-Functionally Integrated 509(a)(3) Supporting Check here if the organization satisfied the Integral Part Test as a qualifying			· Dout VII) Con instructions
'	All other Type III non-functionally integrated supporting organizations must		·	
Secti	on A - Adjusted Net Income	compict	(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		(-
	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		
Secti	on B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
	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):		5	
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		
Secti	on 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		

Schedule A (Form 990) 2022

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

5

6

4 Enter greater of line 2 or line 3.

instructions).

Income tax imposed in prior year

emergency temporary reduction (see instructions).

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

Par	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nizations _{(continu}	ıed)	<u> </u>
Secti	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exer	npt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp				
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	s of supported organizations	3	3	
4	Amounts paid to acquire exempt-use assets			4	
_5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which th	e organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2022 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2022	ns	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2022				
a	From 2017				
b	From 2018				
c	From 2019				
d	From 2020				
e	From 2021				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2022 distributable amount		1160		
i_	Carryover from 2017 not applied (see instructions)				
<u>j_</u>	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2022 from Section D,				
	line 7: \$				
<u>a</u>	Applied to underdistributions of prior years				
	Applied to 2022 distributable amount		_		
c	Remainder. Subtract lines 4a and 4b from line 4.	$\Delta \Delta L$			
5	Remaining underdistributions for years prior to 2022, if		7		
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2022. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2023. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
	Excess from 2018				
	Excess from 2019				
	Excess from 2020				
	Excess from 2021				
<u>e</u>	Excess from 2022				hadula A (Farra 000) 0000

Schedule A (Form 990) 2022

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

Par	t I Organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, lin.		er Similar Funds	or Accour	its. Complete if the
	organization answered Tes Sitt Offi 556,1 art iv, inf	(a) Donor ac	lvised funds	(b) Fur	nds and other accounts
1	Total number at end of year	. ,		, ,	
2	Aggregate value of contributions to (during year)				
3	Aggregate value of grants from (during year)				
4	Aggregate value at end of year				
5	Did the organization inform all donors and donor advisors in v	writing that the asset	s held in donor advis	sed funds	
	are the organization's property, subject to the organization's	-			Yes No
6	Did the organization inform all grantees, donors, and donor a				
	for charitable purposes and not for the benefit of the donor or	r donor advisor, or fo	or any other purpose	conferring	
	impermissible private benefit?				Yes No
Par	t II Conservation Easements. Complete if the org	ganization answered	"Yes" on Form 990,	Part IV, line 7	
1	Purpose(s) of conservation easements held by the organization	on (check all that app	oly).		
	Preservation of land for public use (for example, recreated	tion or education)	Preservation of	of a historically	important land area
	Protection of natural habitat		Preservation of	of a certified hi	storic structure
	Preservation of open space				
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation cor	tribution in the form	of a conserva	
	day of the tax year.				Held at the End of the Tax Year
а	Total number of conservation easements			2a	
b					
С	Number of conservation easements on a certified historic stru			2c	
d	Number of conservation easements included in (c) acquired a				
	historic structure listed in the National Register				
3	Number of conservation easements modified, transferred, rele	eased, extinguished,	or terminated by the	e organization	during the tax
	year		JULI		
4	Number of states where property subject to conservation eas				
5	Does the organization have a written policy regarding the per		pection, handling of		
_	violations, and enforcement of the conservation easements it				Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violation	s, and enforcing con	servation ease	ements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, an	d onforcing consony	ation opcomon	ts during the year
•	Amount of expenses incurred in monitoring, inspecting, mand	iiiig or violations, arr	a critorolling conserve	ation casemen	to during the year
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirer	nents of section 170	(h)(4)(B)(i)	
	and section 170(h)(4)(B)(ii)?				Yes No
9	In Part XIII, describe how the organization reports conservation				d
	balance sheet, and include, if applicable, the text of the footn				
	organization's accounting for conservation easements.	· ·			
Par	t III Organizations Maintaining Collections of	Art, Historical	Treasures, or O	ther Simila	r Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.			
1a	If the organization elected, as permitted under FASB ASC 956	8, not to report in its	revenue statement	and balance sl	heet works
	of art, historical treasures, or other similar assets held for pub	olic exhibition, educa	tion, or research in f	urtherance of	public
	service, provide in Part XIII the text of the footnote to its finan	ncial statements that	describes these iter	ns.	
b	If the organization elected, as permitted under FASB ASC 956	8, to report in its rev	enue statement and	balance sheet	works of
	art, historical treasures, or other similar assets held for public	exhibition, educatio	n, or research in furt	herance of pu	blic service,
	provide the following amounts relating to these items:				
	(i) Revenue included on Form 990, Part VIII, line 1				\$
	(ii) Assets included in Form 990, Part X				\$
2	If the organization received or held works of art, historical treat				
	the following amounts required to be reported under FASB A				
а	Revenue included on Form 990, Part VIII, line 1				\$
b	Assets included in Form 990, Part X				\$

232051 09-01-22

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

Schedule D (Form 990) 2022

Par	LIII	Organizations Maintaining C	ollections of Art,	, mistoricai i re	easures, or	Other 3	Similar	Assets	(contin	ued)	
3	Using	the organization's acquisition, accessi	on, and other records	, check any of the	following that r	make sigr	nificant u	se of its			
	collec	tion items (check all that apply):									
а		Public exhibition	d	Loan or exc	change progran	n					
b		Scholarly research	е	Other							
С		Preservation for future generations									
4	Provid	de a description of the organization's co	ollections and explain	how they further th	ne organization	ı's exemp	t purpos	e in Part	XIII.		
5	During	g the year, did the organization solicit o	r receive donations of	art, historical trea	sures, or other	similar as	ssets				
	to be	sold to raise funds rather than to be ma							Yes		No
Par	t IV	Escrow and Custodial Arrang	gements. Complet	te if the organization	on answered "Y	es" on F	orm 990,	Part IV, I	ine 9, or		
		reported an amount on Form 990, Par	t X, line 21.								
1a	Is the	organization an agent, trustee, custodi	an or other intermedia	ary for contribution	s or other asse	ets not inc	cluded				
	on Fo	rm 990, Part X?						\square	Yes		No
b	If "Yes	s," explain the arrangement in Part XIII	and complete the follo	owing table:							
									Amount		
С	Begin	ning balance					1c				
		ons during the year					1d				
		outions during the year					1e				
f		g balance					1f				
2a	Did th	e organization include an amount on Fe	orm 990, Part X, line 2	21, for escrow or co	ustodial accou	nt liability	?	\square	Yes		No
b	If "Yes	s," explain the arrangement in Part XIII.									
Par	t V	Endowment Funds. Complete i	f the organization ans	wered "Yes" on Fo	rm 990, Part I	V, line 10.					
			(a) Current year	(b) Prior year	(c) Two years	back (d	I) Three ye	ears back	(e) Four	years	back
1a	Begin	ning of year balance									
b	Contr	ibutions									
С	Net in	vestment earnings, gains, and losses									
d	Grant	s or scholarships									
е	Other	expenditures for facilities									
	and p	rograms									
f	Admir	nistrative expenses									
g	End o	f year balance			Ц						
2	Provid	de the estimated percentage of the curr	ent year end balance	(line 1g, column (a	i)) held as:						
а	Board	I designated or quasi-endowment		_%							
b	Perma	anent endowment	%								
С	Term	endowment	%								
	The p	ercentages on lines 2a, 2b, and 2c sho	uld equal 100%.	701							
3а	Are th	ere endowment funds not in the posse	ssion of the organizat	ion that are held a	nd administere	d for the			_		
	organ	ization by:			Y					Yes	No
		nrelated organizations							3a(i)		
	(ii) R	elated organizations							3a(ii)		
b		s" on line 3a(ii), are the related organiza							3b		
4		ibe in Part XIII the intended uses of the		ment funds.							
Par	τνι	Land, Buildings, and Equipm		D . W. II. 44 . 6		D 13/1	40				
		Complete if the organization answere	I								
		Description of property	(a) Cost or other basis (investment)	, ,	t or other (other)	. ,	cumulated eciation	d	(d) Book	valu	e
1a	Land										
		ngs									
С	Lease	hold improvements									
d	Equip	ment									
Γotal	. Add I	ines 1a through 1e. (Column (d) must e	qual Form 990, Part X	. column (B), line 1	Oc.)						0.

Schedule D (Form 990) 2022

	(Form 990) 2022 THE TOWERS Investments - Other Securities.	OF JACKSONVIL		-1392216 Page 3
	Complete if the organization answered "Yes"	on Form 990, Part IV, line	11b. See Form 990, Part X, line 12.	
(a) Descript	tion of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	d-of-year market value
(1) Financia	al derivatives			
(2) Closely	held equity interests			
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
Total. (Col. (b	n) must equal Form 990, Part X, col. (B) line 12.) Investments - Program Related.			
Part VIII	Complete if the organization answered "Yes"	on Form 000 Dort IV line	11a Saa Farm 000 Dart V lina 12	
	(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	d of year market value
	(a) Description of investment	(b) BOOK VAILE	(c) Method of Valuation. Cost of end	1-01-year market value
(1)				
(2)				
(3)				
(5)				
(6)				
(7)		UU		
(8)				
(9)				
	o) must equal Form 990, Part X, col. (B) line 13.)			
Part IX	Other Assets.			
	Complete if the organization answered "Yes"	on Form 990, Part IV, line	11d. See Form 990, Part X, line 15.	
	(a)	Description		(b) Book value
	TEREST RECEIVABLE			4,967,718.
(2) NO	TE RECEIVABLE			9,738,264.
(3) OT	HER			10.
(4)				
(5)				
(6)				
<u>(7)</u>			<u> </u>	
(8)				
(9)				14 505 000
Total. (Colui	mn (b) must equal Form 990, Part X, col. (B) line Other Liabilities.	e 15.)		14,705,992.
Part X		an Farma 000 Boot IV line	11 11 Coo Form 000 Book V line 05	
	Complete if the organization answered "Yes" (a) Description of liability	on Form 990, Part IV, line	The or Thi. See Form 990, Part X, line 25	(b) Book value
<u>1.</u>				(b) Book value
	eral income taxes			
(2)				
(0)				İ
(3)				
(3) (4) (5)				

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

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

Schedule D (Form 990) 2022

(7) (8) (9)

Pai	rt XI	Reconciliation of Revenue per Audited Financia	I Statements With Revenue per	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	nts	1	
2	Amou	ints included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net u	nrealized gains (losses) on investments	2a		
b		ted services and use of facilities			
С		veries of prior year grants			
d		(Describe in Part XIII.)	1 1		
е	Add I	ines 2a through 2d		. 2e	
3	Subtr	act line 2e from line 1		. 3	
4		ints included on Form 990, Part VIII, line 12, but not on line 1:			
а	Inves	tment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other	(Describe in Part XIII.)	4b		
С	Add I	ines 4a and 4b		. 4c	
5		revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. I	ine 12.)	5	
Pa	rt XII	Reconciliation of Expenses per Audited Financi		r Return.	
		Complete if the organization answered "Yes" on Form 990, Par	t IV, line 12a.		
1				1	
2		ints included on line 1 but not on Form 990, Part IX, line 25:	1 1		
а		ted services and use of facilities			
b	Prior	year adjustments	2b		
С		losses			
d	Other	(Describe in Part XIII.)	2d		
е		ines 2a through 2d			
3		act line 2e from line 1		. 3	
4		ints included on Form 990, Part IX, line 25, but not on line 1:	1 1		
а		tment expenses not included on Form 990, Part VIII, line 7b			
b		(Describe in Part XIII.)			
_		ines 4a and 4b			
5 Pa	rt XIII	expenses. Add lines 3 and 4c. (This must equal Form 990, Part I. Supplemental Information.	line 18.)	5	
			and 4. Dort IV lines 1h and 0h. Dort V lin	a 4: Dort V line 0:	Dort VI
		descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1, 4 4b; and Part XII, lines 2d and 4b. Also complete this part to pro		ie 4, Part A, iirie 2,	Part XI,
111163	Zu and	a 4b, and Fart All, lines 2d and 4b. Also complete this part to pro	vide any additional information.		
			-		

Schedule D (Form 990) 2022

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

2022
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

THE TOWERS OF JACKSONVILLE, INC.

Employer identification number 59-1392216

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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.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information. **Employer identification number** Name of the organization 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

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		1
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	on Form 900 Part IV line 24	es" on Form 990, Part IV, line 34, because it had one or more

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity	Section 5 contr enti	olled
DIRECT MOVED CONTINUES IN THE CONTINUES OF THE CONTINUES				501(c)(3))	THE MOLIEDS OF	Yes	No
PO BOX 56098		n n U			THE TOWERS OF JACKSONVILLE,		
JACKSONVILLE, FL 32241	SUPPORTING	FLORIDA	501(C)(3)	LINE 12A, I	INC.	X	

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

Schedule R (Form 990) 2022

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. Part III

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

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) Name, address, and EIN of related organization	(b) Primary activity	Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership		tion b)(13) rolled tity?
			nı	7				Yes	No
			M						

	Part V	Transactions With Related Organizations.	Complete if the organization answered	"Yes" on Form 990, Part IV, line 34, 35b, or 36.
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Not	e: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.	$\overline{}$	Yes	<u>No</u>			
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	ceipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity						
b	Gift, grant, or capital contribution to related organization(s)	1b		X			
С		1c	Х				
		1d		X			
е	Loans or loan guarantees by related organization(s)	1e		Х			
f	Dividends from related organization(s)	1f		Х			
		1g		Х			
		1h		Х			
i	a Receipt of (ii) interest, (ii) annuties, (iii) royalties, or (iv) reit from a controlled entity 5 (iii) interest, (iii) annuties, (iii) royalties, or (iv) reit from a controlled entity 5 (iii) fight, grant, or capital contribution to related organization(s) 15 (iii) controlled organization(s) 16 (iii) de Loans or loan guarantees to or for related organization(s) 16 (iii) de Loans or loan guarantees to or for related organization(s) 16 (iii) de Loans or loan guarantees by related organization(s) 16 (iii) de Loans or loan guarantees by related organization(s) 17 (iii) g Sale of assets from related organization(s) 19 (iii) provides of assets from related organization(s) 19 (iiii) provides of assets from related organization(s) 19 (iiii) provides of assets with related organization(s) 11 (iiii) provides of assets with related organization(s) 11 (iiii) provides of assets with related organization(s) 11 (iiii) provides of assets or reinfect organization(s) 11 (iiii) provides or reinfect organization or related organization(s) 11 (iiiii) provides or reinfect organization organization(s) 11 (iiiiii) provides or reinfect organization(s) 11 (iiiiii) provides or reinfect organization(s) 11 (iiiiiii) provides organization(s) 11 (iiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii						
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			
During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts IHV? Tax Receipt of (f) Interest, (fi) armulties, (iii) royalites, or (ky) rent from a controlled entity Tax							
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m		X			
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		X			
		10		X			
р	Reimbursement paid to related organization(s) for expenses	1 p		X			
		1q		X			
r	Other transfer of cash or property to related organization(s)	1r		X			
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.						
		olved					
(1)							
(2)							
(3)							
(4)							
`''							
(5)							

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 partners sec 501(c)(3) orgs.?	(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	Share of	Share of	Dispropor tionate	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	General or	Percentage
of entity		(state or foreign	excluded from tax under			end-of-year	allocations	of Schedule K-1	partner?	ownership
		country)	sections 512-514)	Yes No	income	assets	Yes N	(Form 1065)	Yes No	
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Schedule R (Form 990) 2022

232165 09-14-22 Schedule R (Form 990) 2022