TIN: 75-0800655 OMB No. 1545-0047

_{-orm}990

Return of Organization Exempt From Income Tax

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

2022

Department of the Treasury Internal Revenue Service Do not enter social security numbers on this form as it may be made public.
 Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

A Fo	r th	e 2022 c	alendar year, or tax year beginning 01-01-2022 ,and ending 12-31	-2022			
B Che	ck if a	applicable:	C Name of organization JULIETTE FOWLER COMMUNITIES INC		D Employer	dentifi	ication number
		change	JULIETTE FOWLER COMMUNITIES INC		75-08006	555	
		nange	Doing business as				
	ial re	rn/terminated	Doing business as				
		d return	Number and street (or P.O. box if mail is not delivered to street address) Room/suit	e	E Telephone	number	
		ion pending	1234 ABRAMS ROAD		(214) 82	7-0813	
			City or town, state or province, country, and ZIP or foreign postal code				
			DALLAS, TX 75214		G Gross rece	eipts \$ 10),288,693
			F Name and address of principal officer:	H(a) Is this	a group retu	ırn for	
			SCOTT MARTINEZ 1234 ABRAMS ROAD	subord	linates?		🗌 Yes 🗸 No
			DALLAS, TX 75214	H(b) Are all include		S	Yes No
I Tax	-exer	mpt status:	✓ 501(c)(3)		" attach a lis	t. See i	nstructions.
J W	ebsit	te: WW	/W.FOWLERCOMMUNITIES.ORG	H(c) Group	exemption n	umber	>
K Forn	n of o	rganization:	☑ Corporation ☐ Trust ☐ Association ☐ Other ▶	L Year of forma	tion: 1892	M State	of legal domicile: TX
Pa	rt I	_	mary				
			scribe the organization's mission or most significant activities: BASIC MISSION IS TO CARE FOR THOSE UNABLE TO CARE FOR THEMSELVI	ES. JFC WAS (CHARTERED 1	IN 1892	TO PROVIDE A
Φ		HOME FOR	R ELDERLY WIDOWS AND ORPHANED CHILDREN. SINCE THEN ITS PROGRAM				
ã		THE CHAIN	IGING NEEDS OF THE COMMUNITY.				
Ĕ							
Governance	•						
	2		s box ▶ of voting members of the governing body (Part VI, line 1a)			3	1 26
×8						4	26
Activities &	4		of independent voting members of the governing body (Part VI, line 1b)		•	<u> </u>	26
Ĕ	5		nber of individuals employed in calendar year 2021 (Part V, line 2a)		ı	5	196
Ă	6		nber of volunteers (estimate if necessary)		•	6	989
			elated business revenue from Part VIII, column (C), line 12			7a	0
	D	Net unrei	ated business taxable income from Form 990-T, Part I, line 11	1		7b	0
				Pric	or Year		Current Year
2			ions and grants (Part VIII, line 1h)		5,096,10	-	1,032,000
Revenue		_	service revenue (Part VIII, line 2g)		8,172,51	-	8,657,072
ã			ent income (Part VIII, column (A), lines 3, 4, and 7d)			0	82,896
	11	Other rev	renue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-135,50	_	450,000
			enue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)		13,133,11	18	10,221,968
	13	Grants ar	nd similar amounts paid (Part IX, column (A), lines 1–3)		292,72	24	400,000
	14	Benefits p	paid to or for members (Part IX, column (A), line 4)			0	0
88	15	Salaries,	other compensation, employee benefits (Part IX, column (A), lines 5–10)		4,882,38	32	5,341,662
SLK SLK	16a	Professio	nal fundraising fees (Part IX, column (A), line 11e)			0	34,155
Expenses	b	Total fundr	aising expenses (Part IX, column (D), line 25) •463,366				
Œ	17	Other exp	penses (Part IX, column (A), lines 11a-11d, 11f-24e)		6,596,43	36	5,735,896
	18	Total exp	enses. Add lines 13-17 (must equal Part IX, column (A), line 25)		11,771,54	12	11,511,713
_	19	Revenue	less expenses. Subtract line 18 from line 12		1,361,57	76	-1,289,745
, or				Beginning	of Current Ye	ar	End of Year
Net Assets or Fund Balances							
Ass			ets (Part X, line 16)		15,521,83	_	16,797,091
ind and			ilities (Part X, line 26)		923,12	_	994,761
Zű	22	Net asset	s or fund balances. Subtract line 21 from line 20	I	14.598.71	12	15.802.330

Par		gnature Block	venning different	un individire	anulasl- II	and -t-t	to and to the best of o
knowle		of perjury, I declare that I have e belief, it is true, correct, and comp					
ally Ki	lowiedge.					2023-11-15	
	Sig	gnature of officer				Date	
Sign	, 50	OTT MARTINEZ CFO					
Here		pe or print name and title					
	, , , , , , , , , , , , , , , , , , ,	Drint/Type propagate name	Dropprorie ci	anatura	Data		DTIN
		Print/Type preparer's name	Preparer's si	gnature	Date 2023-11-15	Check if	PTIN P00970069
Paid		_				self-employed	
Prep	arer	Firm's name CLIFTONLARSON	ALLEN LLP			Firm's EIN 🕨 4	1-0746749
Use	Only	Firm's address 5001 SPRING VAL	LEY ROAD SUITE 600	nw		Phone no. (972) 383-5700
						Filone no. (372) 303-3700
NA +I-	- IDC 4:	DALLAS, TX 7524					■ Vaa □ Na
		uss this return with the preparer	•	•			. Yes No
For Pa	aperwork	Reduction Act Notice, see the	separate instru	ctions.	Cat. N	lo. 11282Y	Form 990 (2021)
				D 2			
				Page 2			
Form 9	990 (2021)						Page 2
Part	III Sta	atement of Program Servi	ce Accomplish	ments			
	Che	eck if Schedule O contains a resp	onse or note to an	y line in this Part III			
1	Briefly des	scribe the organization's mission:					
JFC IN	C'S BASIC	MISSION IS TO CARE FOR THOS	E UNABLE TO CAF	RE FOR THEMSELVES	. JFC WAS CHART	TERED IN 1892	TO PROVIDE A HOME FOR
		S AND ORPHANED CHILDREN. S	INCE THEN ITS PR	ROGRAMS HAVE BEEI	N MODIFIED AND	EXPANDED TO	MEET THE CHANGING
NEEDS	OF THE C	COMMUNITY.					
2	Did the or	ganization undertake any significa	ant program servi	res during the year w	vhich were not lis	ted on	
		form 990 or 990-EZ?					🗆 Yes 🗸 No
	•		hadula O				
		escribe these new services on Scl		angos in how it sons			
	services?	ganization cease conducting, or n	nake signincant ci	langes in now it cont	iucis, any prograi	111	. Yes 🗸 No
							. Tes Mo
	,	escribe these changes on Schedu					
		he organization's program service 11(c)(3) and 501(c)(4) organization					
		and revenue, if any, for each pro			or grants and and	ocations to oth	ers, the total
4a	(Code:) (Expenses \$	8,667,053	including grants of \$	400,000	0) (Revenue \$	8,331,682)
		RE & REHAB/ASSISTED LIVING & INDE					
		LIVING SERVICES TO RESIDENTS UNA TS FOR THE ELDERLY. IN TOTAL, CAPA					IDES INDEPENDENT LIVING
						-	
4b	(Code:) (Expenses \$	0	including grants of \$	(0) (Revenue \$	325,390)
	,	, YOUTH & FAMILY SERVICES:THIS PRO					
	HOUSE, A	RESIDENTIAL HOME FOR YOUNG WOM	EN WHO HAVE AGED	OUT OF THE FOSTER C	ARE SYSTEM. THIS	STRENGTHS-BAS	SED PROGRAM WILL MENTOR UP
	PERMANEN	NG WOMEN FOR 12-24 MONTHS, INST ICY.	ILL LIFE SKILLS, AN	D PROVIDE HOUSING, F	IEALIHCARE, EDUCA	ATION, CAREER C	GUIDANCE, JOB TRAINING, AND
	-						
4c	(Code:) (Expenses \$		including grants of \$) (Revenue \$)
44	OH	agrams complete (Deep 19 11 C.)	dula O \				
4d	(Expense	ogram services (Describe in Sched	dule O.) cluding grants of §	:) (Revenue	¢	١
	(ryheiise	υψ IIII	ciaaniy yrancə Ul 4	,) (ive veriue	Ψ	J

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Par	t IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions.	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	3		No
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? <i>If "Yes," complete Schedule C, Part II</i>	4		No
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		No
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		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes,"</i> complete Schedule D, Part III	8		No
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		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	10		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X, as applicable.			
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.	11a	Yes	
	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		No
	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		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	Yes	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 1997.	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Yes	110
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	14b		No
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? <i>If</i> "Yes," complete Schedule F, Parts II and IV	15		No
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		No
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? <i>If "Yes," complete Schedule G, Part I.</i> See instructions	17	Yes	
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		No
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		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No

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	Yes	
		F	orm 99	0 (2021)
	Page 4			
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Pa	Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
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? <i>If "Yes," complete Schedule J </i>	23	Yes	
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		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		

24c

24d

25a

25h

26

27

28a

28b

28c

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31

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33

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35a

35b

36

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Yes

No

Nο

No

No

Nο

Nο

No

Nο

No

No

Nο

No

No

Nο

No

Did the organization maintain an escrow account other than a refunding escrow at any time during the year

Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . .

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

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

Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family

employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a

A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete

Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation

Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections

If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity

Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that

Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note.

Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related

is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 😼

A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV

Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule ${\it M}$.

Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete

within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 . . .

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I

instructions for applicable filing thresholds, conditions, and exceptions):

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Pa	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
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 27			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable . 1b 0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		
	(gambing) withings to prize withiers.		orm 99	0 (2021)
		·		• (====)
	Page 5			
_				
	990 (2021)			Page 5
	Statements Regarding Other IRS Filings and Tax Compliance (continued)			
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	Yes	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.			
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		No
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
	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		No
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).			
Ea	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			No
		5b		INO
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file			
	Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year			
_	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			
·	and the organization receive any runus, directly of mulicetry, to pay premiums on a personal benefit contract:	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as			
	required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	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 10a			
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.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		

b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand	1		
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in 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 excess parachute payment(s) during the year?	15		No
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16		No
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? If "Yes," complete Form 6069.	17		
		F	orm 99	0 (2021)
	Page 6			
Form	990 (2021)			Page 6
Pai	Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "N	o" resp	onse to	
	lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI			✓
Se	ction A. Governing Body and Management			ı
	5 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 26			
	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 in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 26	i		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? .	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did the organization have members or stockholders?	6		No
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?	7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	-
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ction B. Policies (This Section B requests information about policies not required by the Internal Revenu	e Code		ı
	Did the appropriation have level shorters have all the control of		Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		No
D	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If "Yes," describe on Schedule O how this was done</i>	12c	Yes	

13	Did the organization have a written whistle	blower policy?									13	Yes	
14	Did the organization have a written docum	ent retention a	nd dest	ructio	on p	olicy	/? .				14	Yes	
15	Did the process for determining compensations, comparability data, and contemporate the contemporate of th									dependent			
а	The organization's CEO, Executive Director	, or top manage	ement c	officia	ıl.						15a	Yes	
b	Other officers or key employees of the orga	anization .						•			15b	Yes	
	If "Yes" to line 15a or 15b, describe the pro	ocess on Sched	ule O. S	See ir	nstru	ıctio	ns.						
16a	Did the organization invest in, contribute a taxable entity during the year?	ssets to, or par	ticipate •	in a	-	t ve •	nture •	or s •	imilar arrangement	with a	16a		No
b	If "Yes," did the organization follow a writt- in joint venture arrangements under applic status with respect to such arrangements?	able federal tax	c law, a	nd ta	ike s	steps	s to sa	ifegi	uard the organization		16b		_
Se	ction C. Disclosure												
17	List the states with which a copy of this Fo	· ·											
18	Section 6104 requires an organization to m 501(c)(3)s only) available for public inspec	tion. Indicate h	iow you	mad	le th	iese	availa	ble.	Check all that app				
10	Own website Another's website				•	•			•	ef intonest			
19 20	Describe in Schedule O whether (and if so, policy, and financial statements available to State the name, address, and telephone no	o the public dur	ing the	tax	year	:							
	THE ORGANIZATION 1234 ABRAMS ROA							n yai	IIIZation's books and	i records.			
												Form 99	0 (2021)
				Page	2 7								
Form	990 (2021)												Page 7
Par	Compensation of Officers, D		stees,	Key	y Er	npl	oyee	s, I	Highest Compe	nsated Emp	oloye	es,	
	and Independent Contractor Check if Schedule O contains a resp		any lir	na in	thic	Pari	t \/II						
	ction A. Officers, Directors, Truste										•	<u> </u>	
	omplete this table for all persons required to			-					•		ae ora	anization	's tay
year.	implete this table for all persons required to	be listed. Rept	ore com	peris	acioi	1 101	the c	aici	idai yedi ending wi	cii oi wiciiii ci	ic org	amzacion	3 tux
	List all of the organization's current officers npensation. Enter -0- in columns (D), (E), a							or o	organizations), rega	ardless of amo	ount		
	ist all of the organization's current key em					-		efini	tion of "key employ	ree "			
	ist the organization's five current highest o								, , ,		ee)		
who r organ	received reportable compensation (box 5 of ization and any related organizations.	Form W-2, Forr	n 1099-	-MÌS	C, aı	nd/o	r box	1 of	Form 1099-NEC) o	of more than s	\$100,C		the
	ist all of the organization's former officers, portable compensation from the organization						sated	emp	ployees who receive	ed more than	\$100,	000	
	ist all of the organization's former director	•	_				есара	city	as a former directo	r or trustee o	f the		
organ	ization, more than \$10,000 of reportable co	ompensation fro	m the										
	he instructions for the order in which to list												
C	heck this box if neither the organization nor	any related or	ganizati	on co	omp	ensa	ated a	ny c	urrent officer, direc	tor, or trustee	<u>.</u>		
	(A)	(B)	D:L:-	((C		1		(D)	(E)	_	(F	
	Name and title	Average hours per	Position that				ınless	ore	Reportable compensation	Reportabl compensati		Estim amount	
		week (list any hours					office ustee		from the organization (W-	from relate organizatio		comper from	
		for related		a uii		•	_		2/1099-	(W-2/1099		organizat	
		organizations below dotted	Individual trustee or director	ns.	Officer	Key employee	喜	Former	MISC/1099- NEC)	MISC/1099 NEC)	9-	relat organiz	
		line)	dividual t	Institutional Trustee	ĕ	θm	est	ner	NLC)	NLC)		organiz	ations
			<u> </u>	on		용	8 8						
			22	==		yee	큟						
			99	rust		*	ens						
				99			Highest compensated employee						
/4: =	W PRO OVE	0.25					Ь						
(1) BE	N BROOKS	0.25	Х		х				0		0		0
CHAIR		0.25						L					
(2) AS	SHLEY MCCOOL	0.25								· · · · · · · · · · · · · · · · · · ·	T		_
	D MEMBER	0.25	Х						0		0		0
		0.25 0.25			\vdash	\vdash	 	-			-+		
	FF MUNDY		Х						0		0		0
BOARI	D MEMBER	0.25			1	1							

(4) JACK O NELSON JR							
	0.25	.,					
BOARD MEMBER	0.25	Х			0	U	0
(5) JILL NELSON	0.25						
BOARD MEMBER	0.25	Х			0	0	0
(6) MATT PARKER	0.25						
BOARD MEMBER	0.25	Х			0	0	0
(7) JIMMY PERCIVAL	0.25				_		
BOARD MEMBER	0.25	X			0	0	0
(8) MARK WASSENICH	0.25						_
BOARD MEMBER	0.25	Х			0	0	0
(9) REV ANDY MANGUM	0.25						
EX. OFFICIO	0.25	Х			0	0	0
(10) CLAIRE CATRINO - JLD REP	0.25						
EX. OFFICIO	0.25	Х			0	0	0
(11) CAROL MAXWELL	0.25						
BOARD MEMBER	0.25	Х			0	0	0
(12) REV DONALD MANWORREN	0.25						
BOARD MEMBER	0.25	Х			0	0	0
(13) KEN HUBBELL	0.25				_		
BOARD MEMBER	0.25	Х			0	0	0
(14) GRAY POWERS	0.25						
VICE CHAIR	0.25	Х	Х		0	0	0
(15) PETE BRATLIE	0.25						
TREASURER	0.25	Х	Х		0	0	0
(16) FAY BRIGHT	0.25						
SECRETARY	0.25	Х	Х		0	0	0
(47) MIKE DENTON	0.25						
(17) MIKE BENTON		Х			_	_	_

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Form 990 (2021)

Page 8 Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours	pers	an on on is	e bo botl	t che x, u n an	eck monders nless office ustee)	r	(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the	
	for related organizations below dotted line)	Individual trustae or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	2/1099- MISC/1099- NEC)	(W-2/1099- MISC/1099- NEC)	organization and related organizations	
(18) BARBARA BRADFIELD	0.25										
BOARD MEMBER	0.25	x						0	0	0	
(19) TOMMY COLE	0.25										
BOARD MEMBER	0.25	X						0	0	0	
(20) RICHARD DOOLEY	0.25	V						0	0	_	

BOARD MEMBER	0.25	····^					0	· ·	U
(21) LETA DURRETT	0.25								
BOARD MEMBER	0.25	X					0	0	0
(22) MICHELLE FEAVEL	0.25								
BOARD MEMBER	0.25	X					0	0	0
(23) SANDRA FOREMAN	0.25								
BOARD MEMBER	0.25	X					0	0	0
(24) ELIZABETH HERMANN	0.25								
BOARD MEMBER	0.25	×					0	0	0
(25) JERRY HOBSON	0.25								
BOARD MEMBER	0.25						0	0	0
(26) KENNETH KELLAM JR	0.25								
BOARD MEMBER	0.25	X					0	0	0
(27) ROLAND BANDY	0.25								
BOARD MEMBER (TERM END 6/22)	0.25	X					0	0	0
(28) ELIZABETH NICOLE GANN	34.00								
CEO	6.00			Х			311,475	0	39,139
(29) BILLIE COLLINS	34.00								
	6.00			Х			148,324	0	21,251
(30) ANN MCKINLEY	34.00								
CAO	6.00	••••		Х			130,478	0	19,359
(31) SCOTT MARTINEZ	34.00								
CFO	6.00			Х			153,662	0	4,746
(32) KEN CARPENTER	40.00								
DIRECTOR OF HEALTHCARE SERVICES	0.00					Х	119,388	0	18,232
(33) AMAMATA SUMAILA	40.00								
RN CHARGE NURSE	0.00					Х	102,115	0	5,088
(34) LORI RICE	40.00								
DIRECTOR OF CLINICAL SERVICES	0.00					Х	103,333	0	12,122
1b Sub-Total			•		•			<u> </u>	
c Total from continuation sheets to	Part VII, Section A				•	•			
d Total (add lines 1b and 1c)							1,068,775	0	119,937

			Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	5		No

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
CORNWELL JACKSON	FINANCIAL SERVICES	134,751
5865 WINDCREST DRIVE SUITE 100 PLANO, TX 75024		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 1

Form **990** (2021)

							rage :
		Revenue		Provide this Boot VIII			
Check if S	cneau	ie O contains a res	ponse or note to any	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
lerated campaigns	· .	. 1a					•
mbership dues . mbership dues . mtraising events . ated organizations . 947,617 rernment grants (con 75,000		1b					
idraising events		1c					
ated organizations 947,617	5	1d					
rernment grants (con 75,000	tributio	ns) 1e					
f All other contributions, g and similar amounts not above							
9,383 g Noncash contributions in lines 1a - 1f:\$	cluded	in 1g					
h Total. Add lines 1a-1	f.		1,032,000				
			Business Code				
2a RESIDENT REVENUE	≣		623000	7,770,321	7,770,321		
, OTHER SERVICE RE	VENUE		623000	760,138	760,138		
TECOVERY OF BAD	DEBT		623000	126,613	126,613		
n Ser							
f All other program	n servi	ce revenue.					
9 Total. Add lines	2a-2f	🕨	8,657,072				•
3 Investment incom similar amounts)			▶	149,621			149,62
4 Income from inves 5 Royalties		t or tax-exempt bor					
	Γ	(i) Real	(ii) Personal				
6a Gross rents	6a						
b Less: rental expenses	6b						
c Rental income or (loss)	6c						
d Net rental incom	ne or (▶				
7a Gross amount	1	(i) Securities	(ii) Other				
from sales of assets other than inventory	7a						
b Less: cost or other basis and sales expenses	7b		66,725				
1		Ī	1				1

c Gain or (loss) 7c	-66,725			
d Net gain or (loss)	• •	-66,725		-66,72
Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 8a b Less: direct expenses 8b				
c Net income or (loss) from fundraising even	ts			
c Net income or (loss) from fundraising even Gross income from gaming activities. See Part IV, line 19 9a b Less: direct expenses 9b c Net income or (loss) from gaming activities				
10aGross sales of inventory, less returns and allowances 10a				
b Less: cost of goods sold 10b				
c Net income or (loss) from sales of inventor	y • • >			
Miscellaneous Revenue	Business Code			
11aMANAGEMENT FEE INCOME	541610	450,000		450,00
_b				
d All other revenue	+			
e Total. Add lines 11a-11d		450,000		
12 Total revenue. See instructions		450,000		
== 10tal 1000lidel See Instructions 1	•	10,221,968	8,657,072	0 532,89
				Form 990 (202)

———— Page 10 —

Form 990 (2021) Page **10**

Р	art IX Statement of Functional Expenses		All all and a second all		(4)
	Section 501(c)(3) and 501(c)(4) organizations must d			ns must complete col	lumn (A).
	Check if Schedule O contains a response or note to an not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	400,000	400,000	<u> </u>	·
2	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				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	743,939		743,939	
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages	3,668,250	3,292,765	204,530	170,955
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	219,397	163,733	47,163	8,501
9	Other employee benefits	314,631	234,805	67,635	12,191
10	Payroll taxes	395,445	295,116	85,007	15,322
11	Fees for services (non-employees):				

Part X Balance Sheet				
rm 990 (2021)				Page 1
	Page 11 ————			
Check here I in following 50F 30-2 (A3C 330-720).			Foi	rm 990 (202:
educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720).				
6 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined				
5 Total functional expenses. Add lines 1 through 24e	11,511,713	8,667,053	2,381,294	463,36
e All other expenses	365,911	273,075	78,659	14,17
d OTHER EXPENSES	246,261	183,781	52,938	9,54
c FOOD & DIETARY	355,855	265,570	76,497	13,78
b THERAPY & MEDICAL SUPPL	390,960	291,769	84,043	15,14
a LEASE EXPENSE	584,520	436,220	125,652	22,64
4 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)	E94 E20	426 220	125 652	22.64
3 Insurance	341,905	255,160	73,498	13,24
2 Depreciation, depletion, and amortization	949,096	708,299	204,023	36,77
1 Payments to affiliates				
O Interest				
federal, state, or local public officials . 9 Conferences, conventions, and meetings				
7 Travel	+			
6 Occupancy	434,640	324,368	93,431	16,84
5 Royalties				
4 Information technology				
3 Office expenses	1,244,837	929,008	267,597	48,2
2 Advertising and promotion	10,040	7,493	2,158	38
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	435,851	325,271	93,693	16,88
f Investment management fees				
e Professional fundraising services. See Part IV, line 17	34,155			34,15
d Lobbying				
c Accounting	50,294	37,534	10,811	1,9
a Management	68,401	51,047	14,704	2,6

		(A) Beginning of year		(B) End of year
1	Cash-non-interest-bearing	2,801,231	1	772,07
2	Savings and temporary cash investments	77,232	2	(
3	Pledges and grants receivable, net		3	
4	Accounts receivable, net	2,312,995	4	2,396,692
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	
7	Notes and loans receivable, net		7	
8	Inventories for sale or use		8	
9	Prepaid expenses and deferred charges	69,418	9	172,366

	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	17,770,102					
	ь		10a	7,418,758	9,649,712	10c		10	,351,344
	11	Investments—publicly traded securities .	100	7,410,700	0,040,712	11	 		,001,044
	12	Investments—other securities. See Part IV, line	11	-	611,250	12			618,852
	13	Investments—program-related. See Part IV, line			,	13	 		
	14	Intangible assets		⊢		14	 		
	15	Other assets. See Part IV, line 11		⊢	0	15	 	2	,485,760
	16	Total assets. Add lines 1 through 15 (must equ			15,521,838	16	 		,797,091
	17	Accounts payable and accrued expenses			919,707	17			993,174
	18	Grants payable			·	18			
	19	Deferred revenue				19			
	20	Tax-exempt bond liabilities				20	1		
(0	21	Escrow or custodial account liability. Complete F	art IV	of Schedule D		21	1		
Liabilities	22	Loans and other payables to any current or form employee, creator or founder, substantial contril or family member of any of these persons	ner offi outor,	icer, director, trustee, key or 35% controlled entity					
9		, , , ,		_		22	ļ		
	23	Secured mortgages and notes payable to unrela		· '		23	ļ		
	24	Unsecured notes and loans payable to unrelated		·	0.440	24	ļ		4.507
	25	Other liabilities (including federal income tax, pa and other liabilities not included on lines 17 - 24 Complete Part X of Schedule D		s to related third parties,	3,419	25			1,587
	26	Total liabilities. Add lines 17 through 25 .			923,126	26			994,761
es		Organizations that follow FASB ASC 958, ch	eck h	ere 🕨 🔽 and					
anc	27	complete lines 27, 28, 32, and 33. Net assets without donor restrictions			14,598,712	27		15	,802,330
Balances	28						 	- 10	,002,000
	20					28	 		
or Fund	29	Paid-in or capital surplus, or land, building or equipment fund							
	30								
Assets	31								
As	32	Total net assets or fund balances		[14,598,712	32	1	15	,802,330
Net	33	Total liabilities and net assets/fund balances .		[15,521,838	33	1	16	5,797,091
				— Page 12 ———				Form 99	0 (2021)
	n 990 art XI	(2021) Reconcilliation of Net Assets							Page 12
		Check if Schedule O contains a response or no	ote to	any line in this Part XI .					
1	Tota	al revenue (must equal Part VIII, column (A), line	12) .			1		10	,221,968
2	Tota	al expenses (must equal Part IX, column (A), line	25) .			2		11	,511,713
3	Rev	venue less expenses. Subtract line 2 from line 1				3		-1	,289,745
4	Net	assets or fund balances at beginning of year (mu	st equ	ial Part X, line 32, column ((A))	4	1	14	,598,712
5	Net	unrealized gains (losses) on investments				5	1		7,603
6	Don	nated services and use of facilities				6			
7	Inve	estment expenses				7			
8	Prio	or period adjustments				8		2	,485,760
9	Othe	er changes in net assets or fund balances (explain	n in So	chedule O)		9			0
10	Net	assets or fund balances at end of year. Combine	lines 3	through 9 (must equal Par	rt X, line 32, column (B))	10		15	,802,330
Pa	art XII	Financial Statements and Reporting	,						
		Check if Schedule O contains a response or r	ote to	any line in this Part XII .					✓
								Yes	No
1	If th	ounting method used to prepare the Form 990: the organization changed its method of accounting	from		Other her," explain on				

	Juliedule O.			Ī	1		
2a	Were the organiza	tion's financial statements compiled of	or reviewed by an independent accountant?		2a		No
		ox below to indicate whether the finar nsolidated basis, or both:	ncial statements for the year were compiled or review	ewed on a			
	Separate ba	Sis Consolidated basis	 Both consolidated and separate basis 				
b	Were the organiza	tion's financial statements audited by	an independent accountant?		2b	Yes	
	If 'Yes,' check a be consolidated basis		ncial statements for the year were audited on a sep	arate basis,			
	Separate ba	sis Consolidated basis	☐ Both consolidated and separate basis				
С			committee that assumes responsibility for oversigh ements and selection of an independent accountant		2c	Yes	
	If the organization	changed either its oversight process	or selection process during the tax year, explain in	Schedule O.			
3а	As a result of a fe Audit Act and OMI		quired to undergo an audit or audits as set forth in	the Single	3a		No
b			it or audits? If the organization did not undergo the e any steps taken to undergo such audits.	e required	2.		
	addit of addits, ex	plant wity in Schedule O and describe	e any steps taken to undergo such addits.		3b F	orm 99	0 (2021
	990 (2021) ditional Dat	a		R	eturr	to Fo	rm
			Software ID:				
		Soft	Software ID: ware Version:				
orn	າ 990, Special (Condition Description:	ware version.				
		<u>. </u>	cial Condition Description				
		960					
efil	e Public Visual	Render ObjectId: 202323	199349320212 - Submission: 2023-11-1	.5			00655 5-0047
Forr epartr	n 990) nent of the Treasury Revenue Service	Complete if the organizati 4947(a Atta	ty Status and Public Support ion is a section 501(c)(3) organization or a se ()(1) nonexempt charitable trust. or Form 990-EZ. rm990 for instructions and the latest informates.		Ор	202 en to P	ublic
	e of the organizate FOWLER COMMUN		Em	ployer identifi	cation	numb	er
OLILI				0800655			
			rganizations must complete this part.) See in r lines 1 through 12, check only one box.)	nstructions.			
1	_		of churches described in section 170(b)(1)(A)(i).			
2		scribed in section 170(b)(1)(A)(ii)		,			
3			nization described in section 170(b)(1)(A)(iii).				
4		esearch organization operated in conj	junction with a hospital described in section 170(l	o)(1)(A)(iii).	Enter t	he hosp	ital's
5	170(b)(1)	(A)(iv). (Complete Part II.)	ege or university owned or operated by a governm		ibed ir	sectio	n
6		, ,	nental unit described in section 170(b)(1)(A)(v).				.,
7	section 17	0(b)(1)(A)(vi). (Complete Part II.)	itial part of its support from a governmental unit or	rrom the gene	raı pub	uic desc	ribed in
8	A communi	ty trust described in section 170(b)	(1)(A)(vi). (Complete Part II.)				
9			n 170(b)(1)(A)(ix) operated in conjunction with a trions. Enter the name, city, and state of the collegi			r univer	sity or
10	from activit investment	ies related to its exempt functions—s	e than 331/3% of its support from contributions, me ubject to certain exceptions, and (2) no more than ble income (less section 511 tax) from businesses a art III.)	33 1/3% of its	suppor	t from g	ross
11	•		ely to test for public safety. See section 509(a)(4	·).			
12	more public	ly supported organizations described	ely for the benefit of, to perform the functions of, o in section 509(a)(1) or section 509(a)(2). See of supporting organization and complete lines 12e	section 509(

а	organization(s) the power to complete Part IV, Sections	regularly	appoint or					
b	Type II. A supporting organi management of the supportin must complete Part IV, Se	ng organiz	ation vest					
С	Type III functionally integ	rated. A	supportin					ited with, its
d	Type III non-functionally if functionally integrated. The of instructions). You must com	i ntegrate rganizatio	e d. A supp on general	orting organi ly must satis	zation operated fy a distribution	in connection wi requirement and	th its supported orgar	
e f	Check this box if the organiza integrated, or Type III non-fu	tion recei nctionally	ved a writ	ten determir d supporting	nation from the I organization.	RS that it is a Ty	. , ,	functionally
g	Provide the following information at						· · · · · · · · <u> </u>	
		ii) EIN	T .	Type of		anization listed	(v) Amount of	(vi) Amount of
	organization		(describ	nization ed on lines above (see		ing document?	monetary support (see instructions)	other support (see instructions)
				uctions))	Yes	No		
	_							
Tot	al Paperwork Reduction Act Notice,				Cat. No. 11285			A (Form 990) 2022
For	m 990 or 990-EZ.			—— Pa	ge 2 ————			
Sch	edule A (Form 990) 2022							Page 2
	art II Support Schedule for	Organi	zations	Described	in Sections 1	70/b)/1)/A)	(iv) and 170(h)(1	
Р	(Complete only if you c							
	If the organization faile							mry under rare III.
S	ection A. Public Support				, , ,	, , , , , , , , , , , , , , , , , , ,		
Ca	endar year	(a) 20	18	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	fiscal year beginning in) Gifts, grants, contributions, and	(-)		(-)	(3, 2020	(-,	(0)	(-)
_	membership fees received. (Do not							
	include any "unusual grant.")							
2	Tax revenues levied for the							
	organization'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							
	Total. Add lines 1 through 3 The portion of total contributions by							
5	each person (other than a							
	governmental unit or publicly							
	supported organization) included on							
	line 1 that exceeds 2% of the amount shown on line 11, column (f)							
6	Public support. Subtract line 5 from line 4.							
	ection B. Total Support							
	endar year fiscal year beginning in) Amounts from line 4	(a) 20	18	(b) 2019	(c) 2020	(d) 202	1 (e) 2022	(f) Total
8	Gross income from interest, dividends, payments received on							
	securities loans, rents, royalties and income from similar sources							
9	Net income from unrelated business activities, whether or not the							
10	business is regularly carried on Other income. Do not include gain o loss from the sale of capital assets	r						
11	(Explain in Part VI.) Total support. Add lines 7 through							
12	10 Gross receipts from related activities,	etc. (see	instructio	ns)			12	
	First 5 years. If the Form 990 is for	the organ	ization's f	irst, second,	third, fourth, or	fifth tax year as	a section 501(c)(3) o	rganization, check
	this box and stop here						▶□	

14 Public support percentage for 2022 (line 6, column (f) divided by line 11, column (f)). 14 15 15 16 15 16 15 16 15 16 15 16 15 16 15 16 16
16a 33 1/9% support test—2022. If the organization did not check the box on line 13, and line 14 is 33 1/9% or more, check this box and stop here. The organization qualifies as a publicly supported organization. 19b 33 1/9% support test—2021. If the organization dud not check a box on line 13 or 16a, and line 15 is 33 1/9% or more, check this box and stop here. The organization of the comparization under the state of the organization and the organization and and if the organization and organization meets the "facts-and-circumstances test—2022. If the organization dud not check a box on line 13, 16a, or 16b, and line 14 is 10% or meand if the organization circumstances test. State this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances test. Table (and the check a box on line 13, 16a, 16b, 16a, 17a, and line 15 is 10% more, and if the organization meets the "facts-and-circumstances test. Table (and the check a box on line 13, 16a, 16b, 17a, and line 15 is 10% more, and if the organization meets the "facts-and-circumstances test. Table (and the check a box on line 13, 16a, 16b, 17a, or 17b, check this box and stop here. Explain in Part VI how the organization of the organization of the organization of the organization of the organization fall to explain the organization of the organization fall is to explain the organization fall and to explain the organization fall to explain the organi
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the organization without charge Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year. c Add lines 7a and 7b. 8 Public support. (Subtract line 7c from line 6.) Section B. Total Support Calendar year (or fiscal year beginning in) 9 Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and
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Amounts included on lines 1, 2, and 3 received from disqualified persons b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year. c Add lines 7a and 7b. 8 Public support. (Subtract line 7c from line 6.) Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2018 (b) 2019 (c) 2020 (d) 2021 (e) 2022 (f) Tot Gross income from interest, dividends, payments received on securities loans, rents, royalties and
3 received from disqualified persons b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year. c Add lines 7a and 7b. 8 Public support. (Subtract line 7c from line 6.) Section B. Total Support Calendar year (or fiscal year beginning in) 9 Amounts from line 6. Gross income from interest, dividends, payments received on securities loans, rents, royalties and
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year. c Add lines 7a and 7b. 8 Public support. (Subtract line 7c from line 6.) Section B. Total Support Calendar year (or fiscal year beginning in) 9 Amounts from line 6. Gross income from interest, dividends, payments received on securities loans, rents, royalties and
received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year. c Add lines 7a and 7b 8 Public support. (Subtract line 7c from line 6.) Section B. Total Support Calendar year (or fiscal year beginning in) 9 Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and
persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year. c Add lines 7a and 7b 8 Public support. (Subtract line 7c from line 6.) Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2018 (b) 2019 (c) 2020 (d) 2021 (e) 2022 (f) Tot dividends, payments received on securities loans, rents, royalties and
\$5,000 or 1% of the amount on line 13 for the year. c Add lines 7a and 7b 8 Public support. (Subtract line 7c from line 6.) Section B. Total Support Calendar year (or fiscal year beginning in) 9 Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and
13 for the year. c Add lines 7a and 7b. 8 Public support. (Subtract line 7c from line 6.) Section B. Total Support Calendar year (or fiscal year beginning in) 9 Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and
c Add lines 7a and 7b 8 Public support. (Subtract line 7c from line 6.) Section B. Total Support Calendar year (or fiscal year beginning in) 9 Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and
from line 6.) Section B. Total Support Calendar year (or fiscal year beginning in) 9 Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and
Section B. Total Support Calendar year (or fiscal year beginning in) 9 Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and
Calendar year (or fiscal year beginning in) 9 Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and
(or fiscal year beginning in) 9 Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and
9 Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and
Gross income from interest, dividends, payments received on securities loans, rents, royalties and
dividends, payments received on securities loans, rents, royalties and
securities loans, rents, royalties and
income from similar sources
b Unrelated business taxable income (less section 511 taxes) from
businesses acquired after June 30,
1975.
c Add lines 10a and 10b.
11 Net income from unrelated business
activities not included on line 10b,
whether or not the business is
whether or not the business is regularly carried on.
whether or not the business is regularly carried on. 12 Other income. Do not include gain or
whether or not the business is regularly carried on. 12 Other income. Do not include gain or loss from the sale of capital assets
whether or not the business is regularly carried on. 12 Other income. Do not include gain or

14	First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) or this box and stop here	_		
Se	ction C. Computation of Public Support Percentage			
15	Public support percentage for 2022 (line 8, column (f) divided by line 13, column (f))			
16	Public support percentage from 2021 Schedule A, Part III, line 15			
	ction D. Computation of Investment Income Percentage			
17	Investment income percentage for 2022 (line 10c, column (f) divided by line 13, column (f))			
18	Investment income percentage from 2021 Schedule A, Part III, line 17	no 17	ic not	
	more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization 33 1/3% support tests—2021. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions	l /3% ar l	nd line	18 is
	Schedule A			2022
	Page 4 ————			
Sched	dule A (Form 990) 2022		P	age 4
Par	t IV Supporting Organizations		-	<u> </u>
	(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, of Part I, complete Sections A and E box 12b, of Part I, complete Sections A and C. If you checked box 12c, of Part I, complete Sections A, D, and E. If yo 12d, of Part I, complete Sections A and D, and complete Part V.)			
Se	ction A. All Supporting Organizations			
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).			
За	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	3a		
	determination.	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support			
E	to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes. Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b	4c		
5a	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			
b	amendment to the organizing document). Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the	5a		
D	organization's organizing document?	5b		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .			
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial	6		
8	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,"	7		
0-	complete Part I of Schedule L (Form 990). Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as	8		
9a	was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .	9a		

b	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .			
c	Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets	9b		
	in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.			
		10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).	10b		
	Schedule A		990)	2022
	Schedule A	(10111	. ,,,,	2022
	Page F			
	Page 5 ———————————————————————————————————			
	edule A (Form 990) 2022		F	Page 5
Pa	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the			
_	governing body of a supported organization?	11a		
b	A family member of a person described on 11a above?	11b		
c	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to 11a, 11b, or 11c, provide detail in Part	11c		
_	VI.			
S	ection B. Type I Supporting Organizations		\	
			Yes	No
1	Did the officers, directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or			
	remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.			
	applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that			
	operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting			
	organization.	2		
_	ection C. Type II Supporting Organizations			
	ection C. Type II Supporting Organizations		Yes	No
	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of			
1	each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the			
	supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
S	ection D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing			
	documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the			
	organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in line 2 above, did the organization's supported organizations have a significant			
	voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.	3		
		<u> </u>		
	ection E. Type III Functionally-Integrated Supporting Organizations	ons\:		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruction of the control	UNS):		
	The organization satisfied the Activities Test. Complete line 2 below.			
	The organization is the parent of each of its supported organizations. Complete line 3 below.			
	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see	instruc	ctions)	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the			
	supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted			

	substantially all of its activities.			2a				
b	Did the activities described on line 2a, above constitute activities that, but for the org of the organization's supported organization(s) would have been engaged in? If "Yes,"			e				
	the organization's position that its supported organization(s) would have engaged in t							
	organization's involvement.			2b				
3	Parent of Supported Organizations. Answer lines 3a and 3b below.							
а	Did the organization have the power to regularly appoint or elect a majority of the off	icers. d	lirectors, or trustees of each	of 3a				
_	the supported organizations? If "Yes" or "No", provide details in Part VI.							
b	b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its							
	supported organizations? If "Yes," describe in Part VI. the role played by the organizations	ation ir	this regard.	3b				
			Schedule	A (Form 990) 2022				
	Page 6							
Schoo	lulo A (Form 000) 2022			D				
	lule A (Form 990) 2022			Page 6				
Par	t V Type III Non-Functionally Integrated 509(a)(3) Supporting O	rganı	zations					
1	Check here if the organization satisfied the Integral Part Test as a qualifying truinstructions. All other Type III non-functionally integrated supporting organizations.							
	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)				
1	Net short-term capital gain	1						
	Recoveries of prior-year distributions	2						
	Other gross income (see instructions)	3						
		4						
4	Add lines 1 through 3							
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	6						
	production of income (see instructions)							
7	Other expenses (see instructions)	7						
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8						
	Section B - Minimum Asset Amount	•	(A) Prior Year	(B) Current Year				
				(optional)				
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short							
	tax year or assets held for part of year):	1						
а	Average monthly value of securities	1a						
b	Average monthly cash balances	1b						
С	Fair market value of other non-exempt-use assets	1c						
d	Total (add lines 1a, 1b, and 1c)	1d						
е	Discount claimed for blockage or other factors							
	(explain in detail in Part VI):							
2	Acquisition indebtedness applicable to non-exempt use assets	2						
3	Subtract line 2 from line 1d	3						
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see	_						
	instructions).	4						
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5						
6	Multiply line 5 by 0.035	6						
7	Recoveries of prior-year distributions	7						
8	Minimum Asset Amount (add line 7 to line 6)	8						
	Section C - Distributable Amount			Current Year				
	Adjusted net income for prior year (from Section A, line 8, Column A)	1						
	Enter 85% of line 1	2						
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3						
4	Enter greater of line 2 or line 3	4						
5	Income tax imposed in prior year	5						
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6						
7	Check here if the current year is the organization's first as a non-functionally-in instructions)	ntegrat	ed Type III supporting organi	zation (see				
	mod deciona)		Cal- a dula	A (Form 000) 2022				

Schedule A (Form 990) 2022 Page **7**

P	art V Type III Non-Functionally Integrated	509(a)(3) Supporting	Organization	s (co	ntinued)) rage 7	
Se	ection D - Distributions					Current Year	_
1	Amounts paid to supported organizations to accomplish	exempt nurnoses		1			
							_
2 in	Amounts paid to perform activity that directly furthers e	exempt purposes of supported	organizations,	2			
	excess of income from activity						_
3	Administrative expenses paid to accomplish exempt pur	poses of supported organizati	ons	3			
4	Amounts paid to acquire exempt-use assets			4			
5	Qualified set-aside amounts (prior IRS approval required	d - provide details in Part VI))	5			
6	Other distributions (describe in Part VI). See instruction	ns		6			
7	Total annual distributions. Add lines 1 through 6.			7			
8	Distributions to attentive supported organizations to wh details in Part VI). See instructions	ich the organization is respon	sive (<i>provide</i>	8			
9	Distributable amount for 2022 from Section C, line 6			9			
10	Line 8 amount divided by Line 9 amount			10			
	Section E - Distribution Allocations	(i)	(ii))		(iii)	_
	(see instructions)	Excess Distributions	Underdistr Pre-20		ns	Distributable Amount for 2022	
1	Distributable amount for 2022 from Section C, line 6					7	
	Underdistributions, if any, for years prior to 2022						
_	(reasonable cause required <i>explain in Part VI</i>). See instructions.						
	Excess distributions carryover, if any, to 2022:						
	From 2017						
	From 2018						
	From 2019						
	From 2020						
	Total of lines 3a through e						
	Applied to underdistributions of prior years	<u> </u>					
	Applied to 2022 distributable amount					_	
	Carryover from 2017 not applied (see						
<u> </u>	instructions) Remainder. Subtract lines 3g, 3h, and 3i from line 3f.						
_	Distributions for 2022 from Section D, line 7:						
•	\$						
a	Applied to underdistributions of prior years						
b	Applied to 2022 distributable amount						
C	Remainder. Subtract lines 4a and 4b from line 4.						
5	Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI . See instructions.						
6	Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI . See instructions.						
7	Excess distributions carryover to 2023. Add lines 3j and 4c.						
	Breakdown of line 7:						
	Excess from 2018						
	Excess from 2019						
	Excess from 2020						

Schedule A (Form 990) (2022)

e Excess from 2022.

Part IV, Section	es 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and on D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Seces 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any addit	ction B, line 1e; Part V
	Facts And Circumstances Test	
Return Referenc	re Explanation	
	P. C. C. C.	Schedule A (Form 990) 2022
Additional Data		Return to Form
	Software ID: Software Version:	
efile Public Visual Rend		TIN: 75-0800655
Schedule B	Schedule of Contributors	OMB No. 1545-0047
(Form 990) Department of the Treasury Internal Revenue Service	► Attach to Form 990, 990-EZ, or 990-PF. ► Go to <u>www.irs.gov/Form990</u> for the latest information.	2022
Name of the organization JULIETTE FOWLER COMMU	NITIES INC	ployer identification number
Organization type (chec	<u> </u>	
Filers of:	Section:	
Form 990 or 990-EZ	501(c)() (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a private foundation	
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	
	501(c)(3) taxable private foundation	
	n is covered by the General Rule or a Special Rule . (c)(7), (8), or (10) organization can check boxes for both the General Rule and a Spe	ecial Rule. See instructions.
General Rule	(e)(e), (e), e. (.e) e.gaa.e e e e e e e	
For an organizat money or other contributions.	tion filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions to property) from any one contributor. Complete Parts I and II. See instructions for dete	totaling \$5,000 or more (in rmining a contributor's total
Special Rules		
under sections 50	on described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 ¹ /3% supp (9(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2	line 13, 16a, or 16b, and that

990, Part	VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I a	ind II.	
during the	ganization described in section 501(c)(7), (8), or (10) filing e year, total contributions of more than \$1,000 exclusively for or for the prevention of cruelty to children or animals. Con	or religious, charitable, scientific, lite	rom any one contributor, erary, or educational
during the If this box purpose. I religious,	ganization described in section 501(c)(7), (8), or (10) filing e year, contributions exclusively for religious, charitable, etc. is checked, enter here the total contributions that were reconstituted any of the parts unless the General Rule a charitable, etc., contributions totaling \$5,000 or more during anization that isn't covered by the General Rule and/or the	c., purposes, but no such contribution ceived during the year for an exclust pplies to this organization because githe year.	ons totaled more than \$1,000. ively religious, charitable, etc., it received nonexclusively
990-EZ, or 990-P	F), but it must answer "No" on Part IV, line 2, of its Form 9 OPF, Part I, line 2, to certify that it doesn't meet the filing re	90; or check the box on line H of its	Form 990-EZ
For Paperwork Red for Form 990, 990-E	uction Act Notice, see the Instructions Z, or 990-PF.	Cat. No. 30613X	Schedule B (Form 990) (2022)
	Page 2		
Schedule B (Forn	n 990) (2022)	Page	2
Name of organizat JULIETTE FOWLER	ion COMMUNITIES INC		Employer identification number 75-0800655
Part I Contributors	Contributors (see instructions). Use duplicate copies of Part I if	additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
RESTRICTED		\$ RESTRICTED	Person Payroll Noncash
(a)	(b)	(c)	(Complete Part II for noncash contributions.)
No.	Name, address, and ZIP + 4	Total contributions \$	Type of contribution Person Payroll Noncash
(a)	(b)	(c)	(Complete Part II for noncash contributions.) (d)
No.	Name, address, and ZIP + 4	Total contributions \$\$	Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(C)	(d)

-		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person
-		•	Payroll
		<u> </u>	Noncash
			(Complete Part II for noncash contributions.)
•			Schedule B (Form 990) (2022)

Page 3

Schedule B (Form 990) (2022) Page 3 Name of organization **Employer identification number** JULIETTE FOWLER COMMUNITIES INC 75-0800655 Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed. (a) (c) (d) No. from FMV (or estimate) Date received Description of noncash property given Part I (See instructions) (a) (c) (b) (d) No. from FMV (or estimate) Description of noncash property given Date received Part I (See instructions) (a) No. from (c) FMV (or estimate) (b) (d) Description of noncash property given Date received Part I (See instructions) (a) No. from (c) (b) (d) FMV (or estimate) Description of noncash property given Date received Part I (See instructions) (a) No. from (c) FMV (or estimate) (d) Description of noncash property given Date received Part I (See instructions) (a) No. from (c) (d) FMV (or estimate) Description of noncash property given Date received Part I (See instructions)

	rganization	MMUNITIES INC			Employer ide	ntification number
JOLIETTE F		MMUNITIES INC			75-0800655	
Part III	than \$1,0 organizat year. (Ent	ely religious, charitable, etc., or 100 for the year from any one of tions completing Part III, enter ter this information once. See cate copies of Part III if additional	contributor. Comp the total of excluinstructions.) ►	lete columns (a) throug sively religious, charita \$	h (e) and the following	ng line entry. For
(a) No. from Part I		(b) Purpose of gift		(c) Use of gift	(d) Descr	iption of how gift is held
-			:		_	
		Transferee's name, address, a		e) Transfer of gift Relation	onship of transferor t	to transferee
(a) No. from Part I		(b) Purpose of gift	_	(c) Use of gift	(d) Descr	iption of how gift is held
-						
		Transferee's name, address, a		e) Transfer of gift Relatio	onship of transferor t	to transferee
(a) No. from Part I		(b) Purpose of gift		(c) Use of gift	(d) Descr	iption of how gift is held
-			·		_	
	7	Transferee's name, address, a		e) Transfer of gift Relatio	onship of transferor t	to transferee
(a)			<u> </u>			
No. from Part I		(b) Purpose of gift		(c) Use of gift	(d) Descr	iption of how gift is held
-		Transferee's name, address, a		e) Transfer of gift Relation	onship of transferor t	to transferee
			<u>-</u>		Sc	hedule B (Form 990) (2022)
Additi	ional Da	ata				Return to Form
			Software Ve	are ID: ersion:		
efile Pu	blic Visua	al Render ObjectId: 20	232319934932	0212 - Submission: 2	2023-11-15	TIN: 75-0800655
SCHED				ancial Stateme		OMB No. 1545-0047
(Form 990))			answered "Yes," on Fo		2022
Department of		Part IV, line 6, 7,	8, 9, 10, 11a, 11. Attach to	b, 11c, 11d, 11e, 11f, 1 Form 990.	2a, or 12b.	Open to Public
Name of	ue Service f the organ		<u>v/Form990</u> for in	structions and the lates		Inspection entification number

Pa	Organizations Maintaining Donor Advis Complete if the organization answered "Yes			Accounts.
	complete if the organization answered Tes	(a) Donor advised f		(b) Funds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisor organization's property, subject to the organization's exc			
6	Did the organization inform all grantees, donors, and dor charitable purposes and not for the benefit of the donor private benefit?	or donor advisor, or for any c	ther purpose conf	
Pa	Conservation Easements. Complete if the organization answered "Yes	s" on Form 990. Part IV. li	ne 7.	
1	Purpose(s) of conservation easements held by the organ			
	Preservation of land for public use (e.g., recreation	or education) Pres	ervation of an hist	corically important land area
	Protection of natural habitat	Pres	ervation of a certi	fied historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a c	gualified concentration contrib	ution in the form	of a conservation
2	easement on the last day of the tax year.	qualified conservation contrib	adon in the form	Held at the End of the Year
а	Total number of conservation easements		2	a
b	Total acreage restricted by conservation easements		2	b
c	Number of conservation easements on a certified historic	structure included in (a)	2	С
d	Number of conservation easements included in (c) acquir structure listed in the National Register . $\ . \ .$	red after 7/25/06, and not on	a historic 2 0	d
3	Number of conservation easements modified, transferred tax year	d, released, extinguished, or	terminated by the	organization during the
4	Number of states where property subject to conservation	n easement is located 🕨		
5	Does the organization have a written policy regarding the and enforcement of the conservation easements it holds		tion, handling of v	iolations, Yes No
6	Staff and volunteer hours devoted to monitoring, inspect	ing, handling of violations, a	nd enforcing cons	ervation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, l \$	handling of violations, and en	forcing conservat	on easements during the year
8	Does each conservation easement reported on line $2(d)$ and section $170(h)(4)(B)(ii)$?			h)(4)(B)(i) Yes No
9	In Part XIII, describe how the organization reports consebalance sheet, and include, if applicable, the text of the the organization's accounting for conservation easement	footnote to the organization's		
Par	Organizations Maintaining Collections of Complete if the organization answered "Yes			Similar Assets.
1a	If the organization elected, as permitted under FASB ASC historical treasures, or other similar assets held for publi Part XIII, the text of the footnote to its financial stateme	C 958, not to report in its rev c exhibition, education, or re	enue statement a search in furthera	
b	If the organization elected, as permitted under FASB ASG historical treasures, or other similar assets held for publi following amounts relating to these items:			
(i) Revenue included on Form 990, Part VIII, line 1			🕨 \$
-) Assets included in Form 990, Part X			
2	If the organization received or held works of art, historic	al treasures, or other similar	assets for financia	
а	following amounts required to be reported under FASB A Revenue included on Form 990, Part VIII, line 1	-		▶\$
	Assets included in Form 990, Part X			
b For I	aperwork Reduction Act Notice, see the Instruction			283D Schedule D (Form 990) 2021
. 01 1	aper work reduction Act Hotice, see the Instruction	3 IUI I UIIII 33U.	Cat. NO. 32	2000 Schedule D (Folili 990) 2021
		——— Page 2 ————		

Par	t III Organizations Maintaining Coi	lections of Art,	пізсог	ісаі і геа	isures, o	r Other	Similar Asset	S (continuea)
3	Using the organization's acquisition, accession items (check all that apply):	n, and other records		any of the	following	that are a	significant use o	f its collection
а	Public exhibition		d	Loa	an or exch	ange prog	rams	
b	Scholarly research		е	Oth	ner <u></u>			
c	Preservation for future generations							
4	Provide a description of the organization's col Part XIII.	lections and explain	how th	ey further	the organi	zation's e	kempt purpose ir	1
5	During the year, did the organization solicit or assets to be sold to raise funds rather than to							Yes No
Pai	Escrow and Custodial Arrange Complete if the organization answ line 21.		rm 990), Part IV,	line 9, o	r reporte	d an amount o	
1a	Is the organization an agent, trustee, custodi included on Form 990, Part X?							Yes No
b	If "Yes," explain the arrangement in Part XIII	and complete the f	ollowinc	ı table:			Amou	ınt
c	Beginning balance	•	_			1c		
d	Additions during the year					1d		
е	Distributions during the year					1e		
f	Ending balance					1f		
2a	Did the organization include an amount on Fo	rm 990, Part X, line	21, for	escrow or	custodial	account lia	ability?	Yes No
b	If "Yes," explain the arrangement in Part XIII						•	
Pa	rt V Endowment Funds.				•			
	Complete if the organization ansv				line 10.			-
	Post to a Constitution	(a) Current year	(b)	Prior year	(c) Two	years back	(d) Three years be	ack (e) Four years back
	Beginning of year balance							
	Contributions							
	Net investment earnings, gains, and losses							
	Grants or scholarships							
	Other expenditures for facilities and programs							
	Administrative expenses							
g	End of year balance							
2 a	Provide the estimated percentage of the curre Board designated or quasi-endowment	ent year end balanc	e (line 1	.g, column	(a)) held a	as:		
b	Permanent endowment							
С	Term endowment							
	The percentages on lines 2a, 2b, and 2c shou	ld equal 100%.						
3а	Are there endowment funds not in the posses organization by:	sion of the organiza	ition tha	at are held	and admir	nistered fo	r the	Yes No
	(i) Unrelated organizations							3a(i)
_	(ii) Related organizations							3a(ii)
ь 4	If "Yes" on 3a(ii), are the related organization Describe in Part XIII the intended uses of the	· ·						3b
			willelic	Tulius.				
Pai	t VI Land, Buildings, and Equipment Complete if the organization answ		rm 990). Part IV.	line 11a	. See For	m 990. Part X.	line 10.
	Description of property (a) Cost or oth (investment)	ner basis (b) Cos		r basis (othe			depreciation	(d) Book value
1a	Land	+		609,6	36			609,636
	Buildings							
	Leasehold improvements			13,322,9	37		6,112,720	7,210,217
	Equipment			2,257,7	06		1,131,066	1,126,640
	Other			1,579,8			174,972	1,404,851
	II. Add lines 1a through 1e. (Column (d) must e	equal Form 990, Par	t X, colu	umn (B), li	ne 10(c).)		>	10,351,344

10,351,344 Schedule D (Form 990) 2021

Part VII	Investments - Other Securities. Complete if the organization answered "Yes" on Form 990,	Part IV	line 11h See Fo	rm 990 F	Part X line 12
	(a) Description of security or category (including name of security)	(b) Book value	Cos	(c) Metho	d of valuation: -year market value
(2) Closely	al derivatives				
(A)					
(B)					
(C)					
(D)					
(E)					
(F)					
(G)					
(H)					
Total. (Colum	nn (b) must equal Form 990, Part X, col. (B) line 12.)	>			
Part VIII	Investments - Program Related. Complete if the organization answered 'Yes' on Form 990,	Part IV	line 11c See Fo	ırm 990 l	Part Y line 13
	(a) Description of investment	Tare IV,	(b) Book value	(0	Method of valuation: r end-of-year market value
(1)				Cost o	i enu-or-year market value
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
Total. (Colum	nn (b) must equal Form 990, Part X, col.(B) line 13.)				
Part IX	Other Assets. Complete if the organization answered 'Yes' on Form 990, I	Part IV I	line 11d See For	m 990 Par	t X line 15
(1) DUE TO	(a) Description		1141 000 1011	11 3307 Tul	(b) Book value
(1)	RELATED PARTY				2,485,760
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					

Total	. (Column (b) must equal Form 990, Part X, col.(B) line 15.)			*	2,485,760
	rt X Other Liabilities.			· · · · · · · · · · · · · · · · · · ·	, ,
	Complete if the organization answered 'Yes' on Form 990, Part	IV, lir	ne 11e or 11f.See Fo		
1.	(a) Description of liability			(b) Book value
	ederal income taxes				
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
Total	(Column (b) must equal Form 990, Part X, col.(B) line 25.)				1,587
	bility for uncertain tax positions. In Part XIII, provide the text of the footnote to	the o	rganization's financial s	tatements that	·
	Page 4 —				
	dule D (Form 990) 2021				Page 4
Par	t XI Reconciliation of Revenue per Audited Financial Statem Complete if the organization answered 'Yes' on Form 990, Par			Return.	
1	Total revenue, gains, and other support per audited financial statements .			1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains (losses) on investments	2a	I		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d	<u> </u>		2e	
3	Subtract line 2e from line 1			3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b .	4a			
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b			4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	
Par	Reconciliation of Expenses per Audited Financial Staten Complete if the organization answered 'Yes' on Form 990, Par			r Return.	
1	Total expenses and losses per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	
3	Subtract line 2e from line 1			3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b	•		4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18	.) .		5	

(9)

Supplemental Information

	Reference			Explanation	
PART X, LINE 2:		INCOME TAXES STATE CODES, #1125 ISSUED ORGANIZATIO FOUNDATION TO REVIEW AN NOT AWARE O ORGANIZATIO	AND IS EXEMPT FROM FÉI TO THE GENERAL ASSEME N HAS BEEN CLASSIFIED A UNDER SECTION 509(A). T ID EXAMINATION BY FEDER F ANY ACTIVITIES THAT W	3) OF THE INTERNAL REVE DERAL INCOME TAXES UND BLY OF THE CHRISTIAN CH IS AN ORGANIZATION THA HE ORGANIZATION'S INCO RAL AND STATE AUTHORITI OULD JEOPARDIZE ITS TAX IS THAT ARE SUBJECT TO T	ENUE CODE AND APPLICABL DER THE IRS GROUP RULING IURCH IN JULY 1951. THE T IS NOT A PRIVATE DME TAX RETURNS ARE SUB. IES. THE ORGANIZATION IS K-EXEMPT STATUS. THE IAX ON UNRELATED BUSINE
				Schedu	le D (Form 990) 2021
Additional Data					Return to Form
		Softwar Software Ver			
efile Public Visual Re	ender ObjectId: 2	2023231993493	320212 - Submission	: 2023-11-15	TIN: 75-0800655
SCHEDULE G (Form 990)	Supp	lemental In	formation Rega	arding	OMB No. 1545-0047
(1 01111 000)	Fur	ndraising of	r Gaming Activi s" on Form 990, Part IV, lines	ties 17, 18, or 19, or if the	2022
Department of the Treasury Internal Revenue Service	organi	zation entered more t Attach to Fo	han \$15,000 on Form 990-EZ, rm 990 or Form 990-EZ. or instructions and the latest i	line 6a.	Open to Public Inspection
Name of the organization JULIETTE FOWLER COMMU		·····sigev/10sse 1	or motifications and the facest		entification number
, , , , , , , , , , , , , , , , , , , ,				75-0800655	
	- '	-	on answered "Yes" on F s part.	Form 990, Part IV, line	17.
Form 990-E	Z filers are not require	d to complete thi			17.
Form 990-E	Z filers are not require	d to complete thi	s part.	k all that apply.	17.
Form 990-E	Z filers are not require	d to complete thi	s part. e following activities. Check	k all that apply. n-government grants	17.
Form 990-E Indicate whether the Mail solicitations	Z filers are not require organization raised funds	d to complete thi	s part. e following activities. Checl e Solicitation of no	k all that apply. n-government grants vernment grants	17.
Form 990-E Indicate whether the Mail solicitations Internet and emails	Z filers are not required organization raised funds ail solicitations	d to complete thi	s part. e following activities. Check e Solicitation of not f Solicitation of gov	k all that apply. n-government grants vernment grants	17.
Form 990-E2 Indicate whether the Mail solicitations Internet and ema Phone solicitation In-person solicita Did the organization	Z filers are not require organization raised funds ail solicitations ations have a written or oral agr	d to complete thing through any of the eement with any in	s part. e following activities. Check e Solicitation of not f Solicitation of gov	k all that apply. n-government grants vernment grants ng events n, directors, trustees	17. es No
Form 990-E2 Indicate whether the Mail solicitations Internet and emails Phone solicitation In-person solicitation In-person solicitation In-person solicitation In Figure 1 is the 10 h	Z filers are not require organization raised funds all solicitations ations have a written or oral agreed in Form 990, Part VII)	through any of the ement with any in or entity in connecentities (fundraiser	s part. e following activities. Check e Solicitation of not f Solicitation of gov g Special fundraisin dividual (including officers	k all that apply. n-government grants vernment grants ng events n, directors, trustees draising services?	es No
Form 990-E2 Indicate whether the Mail solicitations Internet and emails Phone solicitation In-person solicitation In-person solicitation In person solicitation In per	Z filers are not require or organization raised funds all solicitations as ations have a written or oral agreed in Form 990, Part VII) highest paid individuals or at least \$5,000 by the organical of (ii) Activity	reement with any in or entities (fundraiser anization. (iii) Did fundraiser have custody or control of contributions?	s part. e following activities. Check e Solicitation of nor f Solicitation of gov g Special fundraising dividual (including officers action with professional fundraising)	k all that apply. n-government grants vernment grants ng events n, directors, trustees draising services?	es No
Form 990-E. Indicate whether the Mail solicitations Internet and ema Phone solicitation In-person solicita In-person sol	Z filers are not require or organization raised funds all solicitations as ations have a written or oral agreed in Form 990, Part VII) highest paid individuals or at least \$5,000 by the organical of (ii) Activity	reement with any in or entity in connecentization. (iii) Did fundraiser have custody or control of	s part. e following activities. Check e Solicitation of not f Solicitation of gov g Special fundraisin dividual (including officers action with professional functions) pursuant to agreements (iv) Gross receipts	k all that apply. n-government grants vernment grants ng events n, directors, trustees draising services? vunder which the fundrais (v) Amount paid to (or retained by) fundraiser listed in	es No er is (vi) Amount paid to (or retained by)
Form 990-E. Indicate whether the Mail solicitations Internet and ema Phone solicitation In-person solicita In-person sol	Z filers are not require c organization raised funds ail solicitations as ations have a written or oral agr ted in Form 990, Part VII) highest paid individuals or at least \$5,000 by the orga of (ii) Activity PROFESSIONAL FUNDRAISING	reement with any in or entities (fundraiser anization. (iii) Did fundraiser have custody or control of contributions?	s part. e following activities. Check e Solicitation of not f Solicitation of gov g Special fundraisin dividual (including officers action with professional functions) pursuant to agreements (iv) Gross receipts	k all that apply. n-government grants vernment grants ng events n, directors, trustees draising services? vunder which the fundrais (v) Amount paid to (or retained by) fundraiser listed in	es No er is (vi) Amount paid to (or retained by)
Form 990-E2 Indicate whether the Mail solicitations Internet and ema Phone solicitation In-person	Z filers are not require or organization raised funds all solicitations as ations have a written or oral agreed in Form 990, Part VII) highest paid individuals or at least \$5,000 by the organization of (ii) Activity PROFESSIONAL FUNDRAISING	reement with any in or entity in connecentization. (iii) Did fundraiser have custody or control of contributions? Yes No	s part. e following activities. Check e Solicitation of nor f Solicitation of gov g Special fundraisin dividual (including officers action with professional functions) pursuant to agreements (iv) Gross receipts from activity	k all that apply. n-government grants vernment grants ng events d, directors, trustees draising services? vernment grants ve	es No er is (vi) Amount paid to (or retained by) organization
Form 990-E2 Indicate whether the Mail solicitations Internet and ema Phone solicitation In-person	Z filers are not require c organization raised funds ail solicitations as ations have a written or oral agreed in Form 990, Part VII) highest paid individuals or at least \$5,000 by the organical solicitations (ii) Activity PROFESSIONAL FUNDRAISING	reement with any in or entity in connecentization. (iii) Did fundraiser have custody or control of contributions? Yes No	s part. e following activities. Check e Solicitation of nor f Solicitation of gov g Special fundraisin dividual (including officers action with professional functions) pursuant to agreements (iv) Gross receipts from activity	k all that apply. n-government grants vernment grants ng events d, directors, trustees draising services? vernment grants ve	es No er is (vi) Amount paid to (or retained by) organization 492,300

Tota	1			.▶	697,615	34,155	663,460
	ist all states in which the or icensing.	rganization is regist	ered or licer	nsed to s	olicit contributions or has	been notified it is exempt	from registration or
===			=======				
For P	aperwork Reduction Act Noti	ice, see the Instructi	ons for Form	990 or 9	990-EZ. Cat. No.	o. 50083H S	chedule G (Form 990) 2022
				— г	Page 2 ————		
	than \$15,000 of		t contribut			rm 990, Part IV, line 18 m 990-EZ, lines 1 and 6	
	gross receipts gr	reater than \$5,00	(a)Event	#1	(b) Event #2	(c)Other events	(d) Total events
		-	(event ty	pe)	(event type)	(total number)	(add col. (a) through col. (c))
ıne							
Reven							
ď							
	1 Gross receipts						
	2 Less: Contributions .						
	3 Gross income (line 1 mi line 2)	inus • • •					
	4 Cash prizes						
se	5 Noncash prizes .						
ens(6 Rent/facility costs .						
χĎ	7 Food and beverages						
Direct Expenses	8 Entertainment .						
Dire	9 Other direct expenses	[
	10 Direct expense summar	ry. Add lines 4 throu	ıgh 9 in colu	ımn (d)			
	11 Net income summary. S	Subtract line 10 fror	n line 3, col	umn (d)			
Par	t III Gaming. Compl	ete if the organiz			es" on Form 990, Part	IV, line 19, or reported	more than \$15,000
116210	on Form 990-EZ	, iifie ba.				1	

е		1	(b) Pull tabs/Instant	1	(d) Total gaming (add col.
Revenue		(a) Bingo	bingo/progressive bingo	(c) Other gamin	(a) through col.(c))
Re	1 Gross revenue				
Ses	2 Cash prizes				
Expenses	3 Noncash prizes				
Direct	4 Rent/facility costs				
ā	5 Other direct expenses				
		Yes %	☐ Yes %	☐ Yes_	%
	6 Volunteer labor	□ No	□ No	□ No	
	7 Direct expense summary. Add lines 2 t	hrough 5 in column (d)			•
	8 Net gaming income summary. Subtrac	t line 7 from line 1, colum	nn (d)		>
9	Enter the state(s) in which the organizati	ion conducts gaming activ	vities:		
a b	Is the organization licensed to conduct go	aming activities in each o	f these states?		
10a	Were any of the organization's gaming lid	censes revoked, suspende	ed or terminated during the	e tax year?	
b	If "Yes," explain:				
					1
				Schedul	e G (Form 990) 2022
		P	age 3		
Sche	dule G (Form 990) 2022	Р	age 3 ——————		Page 3
Sche	dule G (Form 990) 2022 Does the organization conduct gaming ac				
		ctivities with nonmembers or trustee of a trust or a	5?		· · Yes No
11	Does the organization conduct gaming action and the organization a grantor, beneficiary	ctivities with nonmembers or trustee of a trust or a 	5?		
11 12	Does the organization conduct gaming ac Is the organization a grantor, beneficiary formed to administer charitable gaming?	ctivities with nonmembers or trustee of a trust or a cy conducted in:	member of a partnership	or other entity 	· · Yes No
11 12 13	Does the organization conduct gaming activities the organization a grantor, beneficiary formed to administer charitable gaming? Indicate the percentage of gaming activities.	ctivities with nonmembers or trustee of a trust or a cy conducted in: 	s?	or other entity	· · Yes No
11 12 13 a b	Does the organization conduct gaming activity is the organization a grantor, beneficiary formed to administer charitable gaming? Indicate the percentage of gaming activity The organization's facility	ctivities with nonmembers or trustee of a trust or a	member of a partnership	or other entity	Yes No Yes No 13a % 13b %
11 12 13 a b	Does the organization conduct gaming activity formed to administer charitable gaming? Indicate the percentage of gaming activity The organization's facility	ctivities with nonmembers or trustee of a trust or a	member of a partnership	or other entity	Yes No Yes No 13a % 13b %
11 12 13 a b	Does the organization conduct gaming activity is the organization a grantor, beneficiary formed to administer charitable gaming? Indicate the percentage of gaming activity The organization's facility	ctivities with nonmembers or trustee of a trust or a cy conducted in:	s? member of a partnership 	or other entity events books and rec	Yes No Yes No Yes No 13a % ords:
11 12 13 a	Does the organization conduct gaming activity is the organization a grantor, beneficiary formed to administer charitable gaming? Indicate the percentage of gaming activity in the organization's facility of the organization's facility of the person Name of the person Name of the organization have a contract with the organization have a contract with the organization of the person of the organization have a contract with the organization of the person of the organization have a contract with the organization of the organiz	ctivities with nonmembers or trustee of a trust or a	member of a partnership	or other entity	Yes No Yes No Yes No 13a % ords:
11 12 13 a b 14	Does the organization conduct gaming activity formed to administer charitable gaming? Indicate the percentage of gaming activity. The organization's facility. An outside facility. Enter the name and address of the personal Name. Address. Does the organization have a contract wirevenue?	ctivities with nonmembers or trustee of a trust or a	member of a partnership in the organization receives anization \bigs \$	or other entity	Yes No Yes No Yes No 13a % ords:
11 12 13 a b 14	Does the organization conduct gaming and Is the organization a grantor, beneficiary formed to administer charitable gaming? Indicate the percentage of gaming activity. The organization's facility. An outside facility. Enter the name and address of the person Name. Address. Does the organization have a contract wirevenue?	ctivities with nonmembers or trustee of a trust or a	member of a partnership in the organization receives anization \bigs \$	or other entity	Yes No Yes No Yes No 13a % ords:
11 12 13 a b 14	Does the organization conduct gaming and Is the organization a grantor, beneficiary formed to administer charitable gaming? Indicate the percentage of gaming activity. The organization's facility. An outside facility. Enter the name and address of the person Name. Address. Does the organization have a contract wirevenue? If "Yes," enter the amount of gaming revamount of gaming revenue retained by the If "Yes," enter name and address of the terms.	ctivities with nonmembers or trustee of a trust or a	member of a partnership in the organization receives anization \bigs \$	or other entity	Yes No Yes No Yes No 13a % 13b % ords:
11 12 13 a b 14	Does the organization conduct gaming and Is the organization a grantor, beneficiary formed to administer charitable gaming? Indicate the percentage of gaming activit. The organization's facility	ctivities with nonmembers or trustee of a trust or a	member of a partnership	events books and rec	Yes No Yes No Yes No 13a % 13b % ords:
11 12 13 a b 14	Does the organization conduct gaming and Is the organization a grantor, beneficiary formed to administer charitable gaming? Indicate the percentage of gaming activit. The organization's facility	ctivities with nonmembers or trustee of a trust or a	member of a partnership	events books and rec	Yes No Yes No Yes No 13a % 13b % ords:
11 12 13 a b 14	Does the organization conduct gaming and Is the organization a grantor, beneficiary formed to administer charitable gaming? Indicate the percentage of gaming activity. The organization's facility. An outside facility. Enter the name and address of the person Name. Address. Does the organization have a contract wirevenue?	ctivities with nonmembers or trustee of a trust or a	member of a partnership	events books and recess gaming and the	Yes No Yes No Yes No 13a % 13b % ords:
11 12 13 a b 14	Does the organization conduct gaming and Is the organization a grantor, beneficiary formed to administer charitable gaming? Indicate the percentage of gaming activity. The organization's facility. An outside facility. Enter the name and address of the person Name. Address. Does the organization have a contract wirevenue?	ctivities with nonmembers or trustee of a trust or a	member of a partnership	events books and recess gaming and the	Yes No Yes No Yes No 13a % 13b % ords:

	Gaming manager compensation	n r \$		
	Description of services provide	d 🕨		·
	Director/officer	Employee	Independent contractor	
17	Mandatory distributions:			
а			distributions from the gaming proceeds to	· Yes No
b			outed to other exempt organizations or spent	
	in the organization's own exen	npt activities during the tax year 🕨	* \$	
Par	• •	•	itions required by Part I, line 2b, columns (iii) plicable. Also provide any additional informati	() / /
	Return Reference		Explanation	
		•	Schedule G	(Form 990) 2022
Ac	dditional Data			Return to Form

Software ID: Software Version:

TIN: 75-0800655

Schedule I (Form 990)

Note: To capture the full content of this document, please select landscape mode (11" imes 8.5") when printing.

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

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

Open to Public

OMB No. 1545-0047

Department of the

Freasury Internal Revenue Service		► Go to <u>ww</u>	w.irs.gov/Form990 for	the latest information	on.		Inspection
Name of the organization JULIETTE FOWLER COM	IMUNITIES INC						lentification number
	Information on Gran	ts and Assistance				75-080065	5
1 Does the organiza	ation maintain records to s	ubstantiate the amount of t				e, and	
	eria used to award the grar IV the organization's proced						✓ Yes ☐ No
Part II Grants an	d Other Assistance to De	omestic Organizations a	nd Domestic Governme		rganization answered "Yes"	on Form 990, Part I	V, line 21, for any recipient
that receiv	ved more than \$5,000. Part ress of (b) EIN	(c) IRC section	(d) Amount of cash	(e) Amount of non-	(f) Method of valuation	(g) Description	of (h) Purpose of grant
organization or governmen		(if applicable)	grant	cash assistance	(book, FMV, appraisal, other)	noncash assista	
(1) JULIETTE FOWLER FOUNDATION 1234 ABRAMS ROAD DALLAS, TX 75214	71-0908909	501(C)(3)	400,000	C			GENERAL PROGRAM SUPPORT
,	er of section 501(c)(3) and	government organizations	listed in the line 1 table .				1
3 Enter total number	er of other organizations lis	sted in the line 1 table					
For Paperwork Reduction	n Act Notice, see the Instruc	tions for Form 990.		Cat. No. 50055	5P		Schedule I (Form 990) 2022
		Page	2				
Schedule I (Form 990) 2	2022						Page 2
Part III Grants an	nd Other Assistance to De n be duplicated if additiona		plete if the organization a	answered "Yes" on Form	m 990, Part IV, line 22.		rage z
(a) Type of grant		(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (FMV, appraisal, other		iption of noncash assistance
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
	lemental Information		on required in Part I, lir	ne 2; Part III, colum	in (b); and any other ac	Iditional information	on.
Return Reference PART I, LINE 2:	Explanation ALL GRANTS	ARE GIVEN TO A RELATED	OPGANIZATION AND APP	MONITORED BY THE	SHADE BOADD MEMBEDS I	WITH THE BELATED (OPGANZIAITON
17111 1, 11111 2.	PALE GIVINIS	AND GIVEN TO A NEB WEB	OKG/WIZ/WIOW/WD/WKE	THOMITORED DT THE	STARE BOARD FIELDERS		chedule I (Form 990) 2022
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Schedule J		Compensation	Information	-	OMB No. 1545-0047		
(Form 990)		fficers, Directors, Truste	es, Key Employees, and	l Highest	0000		
	Complete if the	Compensated E organization answered	"Yes" on Form 990, Par	t IV, line 23.	2022		
Department of the Treasury nternal Revenue Service	► Go to <u>www.irs</u>	Attach to Fos.gov/Form990 for instru		nformation.	Open to Public Inspection		
Name of the organizat				Employer ident	ification number		

75-0800655 **Questions Regarding Compensation** Part I Yes No Check the appropiate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. First-class or charter travel Housing allowance or residence for personal use Travel for companions Payments for business use of personal residence Tax idemnification and gross-up payments Health or social club dues or initiation fees

	Discretionary spending account Pers	onal se	ervices (e.g., maid	, chauffeur, chef)					
b	If any of the boxes on Line 1a are checked, did the organization follow	v a wr	itten policy regardi	ing payment or					
2	reimbursement or provision of all of the expenses described above? I Did the organization require substantiation prior to reimbursing or all		•	•	<u> </u>	b			
	directors, trustees, officers, including the CEO/Executive Director, reg				-	2			
3	Indicate which, if any, of the following the filing organization used to organization's CEO/Executive Director. Check all that apply. Do not chused by a related organization to establish compensation of the CEO/	eck ar	ny boxes for metho	ods					
	☐ Independent compensation consultant ✓ Com	pensa	nployment contract tion survey or stud y the board or con	ly	ttee				
4	During the year, did any person listed on Form 990, Part VII, Section related organization:								
а	Receive a severance payment or change-of-control payment?					la No			
b c	Participate in, or receive payment from, a supplemental nonqualified Participate in, or receive payment from, an equity-based compensation If "Yes" to any of lines 4a-c, list the persons and provide the applicab	n arra	ngement?			lb No lc No			
5	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations mus For persons listed on Form 990, Part VII, Section A, line 1a, did the o compensation contingent on the revenues of:			e any					
	The organization?					No No			
ь 6	If "Yes," on line 5a or 5b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the o				.	5b No			
_	compensation contingent on the net earnings of:					ia No			
	The organization?					ib No			
7	If "Yes," on line 6a or 6b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the o payments not described in lines 5 and 6? If "Yes," describe in Part III	rganiz	ation provide any i	nonfixed 		7 No			
8	Were any amounts reported on Form 990, Part VII, paid or accured p subject to the initial contract exception described in Regulations secti in Part III.	on 53.	4958-4(a)(3)? If "	Yes," describe					
9	If "Yes" on line 8, did the organization also follow the rebuttable presented in the second of the s				s section				
For F	53.4958-6(c)? . Paperwork Reduction Act Notice, see the Instructions for Form 9					9 990) 2022			
					-	-			
	Page	e 2 -							
	dule J (Form 990) 2022								Page 2
For e	rt II Officers, Directors, Trustees, Key Employees, and each individual whose compensation must be reported on Schedule J, re	port c	ompensation from						
	uctions, on row (ii). Do not list any individuals that are not listed on For a. The sum of columns (B)(i)-(iii) for each listed individual must equal t			990, Part VII, Sec	tion A, line 1a,	applicable column	(D) and (E) amour	nts for that indi	vidual.
	(A) Name and Title			of W-2, 1099-MIS and/or 1099-NEC		(C) Retireme and other	nt (D) Nontaxable benefits	(E) Total of columns	(F) Compensation i
			(i) Base compensation	(ii) Bonus &	(iii) Other reportable	deferred compensatio	n	(B)(i)-(D)	column (B) reported as
			compensation	incentive compensation	compensatio	ı			deferred on price Form 990
1ELIZ CEO	ZABETH NICOLE GANN	(i)	260,000						
				51,475	0	34,141	4,998	350,614	0
		(ii)		51,475 0	0	34,141	4,998	350,614	
2 BILL	LIE COLLINS	(ii)							0
	IE COLLINS		0 147,924	0 400	0	0 16,257	0 4,994	0 169,575	0
C00	JIE COLLINS DIT MARTINEZ	(i)	0 147,924	0 400 0 200	0	0 16,257 0 4,675	0 4,994 0 71	0 169,575 0 158,408	0 0
3SCO		(i) (ii)	0 147,924 0 153,462	0 400	0 0	0 16,257	0 4,994	0 169,575 0 158,408	0 0 0
3SCO		(i) (ii)	0 147,924 0 0 153,462	0 400 0 200	0	0 16,257 0 4,675	0 4,994 0 71	0 169,575 0 158,408	0 0 0
3SCO		(i) (ii)	0 147,924 0 0 153,462	0 400 0 200	0	0 16,257 0 4,675	0 4,994 0 71	0 169,575 0 158,408	0 0 0
3SCO		(i) (ii)	0 147,924 0 0 153,462	0 400 0 200	0	0 16,257 0 4,675	0 4,994 0 71	0 169,575 0 158,408	0 0 0
3SCO		(i) (ii)	0 147,924 0 0 153,462	0 400 0 200	0	0 16,257 0 4,675	0 4,994 0 71	0 169,575 0 158,408	0 0 0
3SCO		(i) (ii)	0 147,924 0 0 153,462	0 400 0 200	0	0 16,257 0 4,675	0 4,994 0 71	0 169,575 0 158,408	0 0 0
3SCO		(i) (ii)	0 147,924 0 0 153,462	0 400 0 200	0	0 16,257 0 4,675	0 4,994 0 71	0 169,575 0 158,408	0 0 0
3SCO		(i) (ii)	0 147,924 0 0 153,462	0 400 0 200	0	0 16,257 0 4,675	0 4,994 0 71	0 169,575 0 158,408	0 0 0
3SCO		(i) (ii)	0 147,924 0 0 153,462	0 400 0 200	0	0 16,257 0 4,675	0 4,994 0 71	0 169,575 0 158,408	0 0 0
3SCO		(i) (ii)	0 147,924 0 0 153,462	0 400 0 200	0	0 16,257 0 4,675	0 4,994 0 71	0 169,575 0 158,408	0 0 0
3SCO		(i) (ii)	0 147,924 0 0 153,462	0 400 0 200	0	0 16,257 0 4,675	0 4,994 0 71	0 169,575 0 158,408	0 0 0
3SCO		(i) (ii)	0 147,924 0 0 153,462	0 400 0 200	0	0 16,257 0 4,675	0 4,994 0 71	0 169,575 0 158,408	0 0 0
3SCO		(i) (ii)	0 147,924 0 0 153,462	0 400 0 200	0	0 16,257 0 4,675	0 4,994 0 71	0 169,575 0 158,408	0 0 0
3SCO		(i) (ii)	0 147,924 0 0 153,462	0 400 0 200	0	0 16,257 0 4,675	0 4,994 0 71	0 169,575 0 158,408	0 0 0

								<u> </u>
							Schedule J (F	orm 990) 2022
			Page 3 ———					
Schedule J (Form 990) 2022								Page 3
Part III Supplemental Information								
Provide the information, explanation, or descriptions re-	quired for Part I, lines 1a,	1b, 3, 4a, 4b, 4c,	5a, 5b, 6a, 6b, 7,	and 8, and for Par	t II. Also complete	e this part for any	additional info	ormation.
Return Reference			E	xplanation				
							Schedule J (F	orm 990) 2022
Additional Data							Ret	turn to Form

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TIN: 75-0800655 OMB No. 1545-0047

SCHEDULE 0 (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

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

Open to Public Inspection

Name of the organization JULIETTE FOWLER COMMUNITIES INC **Employer identification number**

75-0800655

	75-0600655
Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 1A	THE EXECUTIVE COMMITTEE SHALL HAVE AND EXERCISE THE AUTHORITY OF THE BOARD OF DIRECTORS IN THE MANAGEMENT OF THE CORPORATION.
FORM 990, PART VI, SECTION B, LINE 11B	THE 990 IS GIVEN TO THE BOARD PRIOR TO FILING.
FORM 990, PART VI, SECTION B, LINE 12C	BOARD MEMBERS SIGN A CONFLICT OF INTEREST STATEMENT ANNUALLY AND IF A CONFLICT ARISES, THE BOARD MEMBER IS ASKED TO ABSTAIN FROM VOTING UNTIL RESOLVED.
FORM 990, PART VI, SECTION B, LINE 15	THE COMPENSATION FOR THE PRESIDENT IS SET EACH FALL FOR THE NEXT CALENDAR YEAR BY THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS AS PART OF THE PRESIDENT'S ANNUAL PERFORMANCE REVIEW. THE COMMITTE REVIEWS THE COMPENSATION OF THE CHIEF EXECUTIVE OFFICER, CHIEF OPERATING OFFICER/CHIEF FINANCIAL OFFICER, AND SEVERAL OTHER KEY EMPLOYEES. THE PRESIDENT PROVIDES THE COMMITTEE WITH SALARY SURVEYS COMPILED EACH YEAR BY LEADING AGE TEXAS, AND EVERY OTHER YEAR BY THE CHIEF EXECUTIVE OFFICER OF MULTI-SITE ORGANIZATIONS (CEMO) AND HOSPITAL HEALTHCARE COMPENSATION SERVICE (HHCS). THE LEADING AGE TEXAS SURVEY CONTAINS INFORMATION FROM OTHER ORGANIZATIONS THAT SERVE THE ELDERLY ALL AROUND THE STATES, AND THE CEMO AND HHSC CONTAINS INFORMATION FROM A VARIETY OF SIMILAR ORGANIZATIONS NATION WIDE. AFTER REVIEW, THE EXECUTIVE COMMITTEE SETS THE SALARY FOR THE PRESIDENT, AND THE PRESIDENT FOLLOWS INSTRUCTIONS FROM THE COMMITTEE IN SETTING THE SALARIES FOR THE CHIEF OPERATING OFFICER/CHIEF FINANCIAL OFFICER, AND OTHER KEY EMPLOYEES.
FORM 990, PART VI, SECTION C, LINE 18	THE FORM 990 IS AVAILABLE FOR REVIEW AND UPON REQUEST AT THE JFC ADMINISTRATIVE OFFICES.
FORM 990, PART VI, SECTION C, LINE 19	ALL GOVERNING DOCUMENTS ARE MADE AVAILABLE TO THE PUBLIC UPON REQUEST.
FORM 990, PART XII, LINE 2C:	NEITHER THE AUDIT OVERSIGHT PROCESS OR AUDITOR SELECTION PROCESS HAVE CHANGED FROM THE PRIOR YEAR.

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

Cat. No. 51056K

Schedule O (Form 990) 2021

Additional Data

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TIN: 75-0800655 OMB No. 1545-0047

(Form 990)

Department of the Treasury Internal Revenue Service

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.

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

Open to Public . Inspection

Name of the organization
JULIETTE FOWLER COMMUNITIES INC

Employer identification number

75-0800655

Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33. Part I

(a)
Name, address, and EIN (if applicable) of disregarded entity

Primary activity

(c) Legal domicile (state or foreign country)

End-of-year assets

				1							I				
Part II Identification of Related Tax-Ex	remnt Organization	ne Complete i	f the ora:	anization and	swered '	'Yes" or	n Form 99	Λ Part I\	/ line 1	34 he	rause it ha	d one	orn	nore	
related tax-exempt organizations of		-				165 01		U, Fait 1		J+ DE(T				
(a) Name, address, and EIN of related organizat	ion	(b) Primary a		Legal domic or foreign	ile (state	Exemp	(d) t Code section	n Public	(e) charity s ion 501(status c)(3))		(f) contro entity	lling	Sec	g) ction 2(b)
					**			,	,	,,,,		,		(1 cont	13) trolled
															tity?
(1)JULIETTE FOWLER FOUNDATION 1234 ABRAMS RD		MANAGE INVEST MADE W/ FUNDS	DONATED	TX	(501(C)	(3)	LINE 1			JULIETTE FO COMMUNITIE				No
DALLAS, TX 75214 71-0908909		FOR THE BENEFI ENTITIES	T OF JF												
(2)JULIETTE FOWLER PROPERTIES INC 1234 ABRAMS RD		PROVIDING HOU		TX	(501(C)	(2)	N/A			JULIETTE FO			_	No
DALLAS, TX 75214		ELDERI AND HAI	VDICALI ED								COMMONTAL	-5 1140			
05-0539109 (3)FOWLER CHRISTIAN APARTMENTS II INC		PROVIDING HOU		TX	(501(C)	(3)	LINE 10	1		JULIETTE FO			+	No
105 JULIETTE FOWLER ST		CARE TO THOSE	IN NEED								COMMUNITIE	S INC			
DALLAS, TX 75214 81-0597920 (4)FOWLER CHRISTIAN APARTMENTS III INC		PROVIDING HOU	CINC 9.	TX	,	501(C)	(2)	LINE 10	1		JULIETTE FO	WLED		\dashv	No
105 JULIETTE FOWLER ST		CARE TO THOSE		12		301(C)	(3)	LINE 10	'		COMMUNITIE				INO
DALLAS, TX 75214 45-5194302															
(5)FOWLER CHRISTIAN APARTMENTS INC 105 JULIETTE FOWLER ST		PROVIDING HOU CARE TO THOSE		ТХ	(501(C)	(3)	LINE 10	1		JULIETTE FO COMMUNITIE				No
DALLAS, TX 75214 75-1609256															
						1								_	-
For Paperwork Reduction Act Notice, see the Ir	structions for Form 9	990.		Cat. N	o. 50135	Y					Schedule	R (Fo	orm 99	90) 202	21
	Page	e 2 ———													
Schedule R (Form 990) 2021														Page	2
Part III Identification of Related Organ					rganizat	ion ans	wered "Ye	s" on For	m 990	, Part	IV, line 34	, bec	ause	it had	
one or more related organizations (a)	treated as a partners	(b)	(c)	(d)	(e	:)	(f)	(g)		h)	(i)	т.	(j)	(k)	
Name, address, and EIN of related organization		Primary activity	Legal D domicile	Pirect controlling entity	Predon income(ninant related,	Share of total income	Share of end-of-yea	Disprop		e Code V-UBI amount in	Gen	eral or naging	Percent owners	tage
			(state or foreign		unrela excluded under s	from tax		assets			box 20 of Schedule K- (Form 1065	1	tner?		
			country)		512-					1	- (101111 2005)	_	1	ŀ	
(1) JULIETTE FOWLER SENIOR AFFORDABLE HOUSING LP		PROVIDE		ULIETTE			-35	2,285	Yes	No No		Yes		0.010	0 %
1234 ABRAMS ROAD		AFFORDABLE HOUSING	Δ	OWLER SENIOR FFORDABLE IOUSING GP											
DALLAS, TX 75214 85-2936530			į į	LC											
												-	\vdash		
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														L	
Part IV Identification of Related Organ							zation ans	wered "Y	es" on	Form	990, Part 1	I IV, lir	ne 34		
because it had one or more related	organizations treate	ed as a corpora	ation or to	(d)		ear.	(f)		(g)	1	(h)			(i)	
Name, address, and EIN of related organization	Primary activity	Legal domici	le	Direct contro entity		oe of entit C corp, S	y Share of	ne	are of end of-year	d-	Percentage ownership	:	Section	512(b)(1 olled entity	ι3) y?
		(state or fo				corp, or trust)			assets			╀	Yes	N	0
				1						_		+		+-	

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		rage 3												_
Schedule R (Form 990) 2021	!		h		d IIV II	F (200 P+	T) / 1! 2.4	254	- 26			Pa	age 3
Note. Complete line 1 if any entity is listed in				on answ	erea "Yes"	on Form 9	990, Part	1v, line 34,	, 35D, OI	r 36.			Yes	No
During the tax year, did the organization engage				ne or more	e related org	ganizations	listed in Pa	arts II-IV?					.03	
a Receipt of (i) interest, (ii) annuities, (iii) roya	alties, or (iv) rent	from a con	trolled entity .									1a		No
b Gift, grant, or capital contribution to related o												1b 1c	Yes	—
c Gift, grant, or capital contribution from relatedd Loans or loan guarantees to or for related org											•	1d	res	No
Loans or loan guarantees by related organizat	7.7										•	1e		No
f Dividends from related organization(s)									•			1f		No
g Sale of assets to related organization(s)h Purchase of assets from related organization(s)									•			1g 1h		No
i Exchange of assets with related organization(s	•				 							1i		No
j Lease of facilities, equipment, or other assets												1j		No
k Lease of facilities, equipment, or other assets	=											1k 1l	Yes	
 Performance of services or membership or fun m Performance of services or membership or fun 	=		=									1m	163	No
n Sharing of facilities, equipment, mailing lists, o	=		=									1n	Yes	+
• Sharing of paid employees with related organ	ization(s)											10	Yes	
p Reimbursement paid to related organization(sq Reimbursement paid by related organization(s											•	1p 1q	Yes	No
q Rembalsement paid by related organization(s	i) for expenses i						•				•			+
r Other transfer of cash or property to related o	rganization(s) .											1r		No
s Other transfer of cash or property from related												1s		No
2 If the answer to any of the above is "Yes," see	the instructions for (a)	or informat	ion on who mu	st comple	te this line,	including co	overed rela	ationships ar (c)	nd transa	ction threshol	ds. (d)			
Name of rela	ated organization					Transacti type (a-		Amount involv	red	Method of de	etermining	amount i	nvolve	t
(1)JULIETTE FOWLER FOUNDATION						L		450,000	CAS	SH				
(2)JULIETTE FOWLER FOUNDATION						В		947,617	CAS	SH				
(3)JULIETTE FOWLER FOUNDATION						С		400,000	CAS	SH				
										6.1		<u> </u>	200)	2024
		D 4								Scn	edule R	(Form s	990).	2021
		Page 4 -												
Schedule R (Form 990) 2021													Pa	age 4
Part VI Unrelated Organizations Taxa	ble as a Partno	ership. Co	omplete if the	e organiz	ation answ	vered "Yes	" on Forn	n 990, Part	IV, line	37.				-90 -
Provide the following information for each entity taxe	ed as a partnership	through w	vhich the organ	ization co							ssets or	gross re	venue) that
was not a related organization. See instructions rega (a)	(b)	(c)	(d)	iersnips.	(e)	(f)	(g)	(1	1)	(i)	Τ (j)		(k)
Name, address, and EIN of entity	Primary activity	Legal domicile	Predominant income		ll partners ection	Share of total	Share of end-of-yea	Disprop	rtionate	Code V-UBI amount in	Gene	eral or aging		centage nership
		(state or foreign	(related, unrelated,		1(c)(3) nizations?	income	assets			box 20 of Schedule	part	tner?		
		country)	excluded from tax under			7				K-1 (Form 1065)			Ī	
			sections 512- 514)	Yes	No			Yes	No		Yes	No		
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Schedule R (Form 990) 2021		Page 5 —								Sch	edule R	(Form 9	90) 2021
Part VII Supplemental Information	on												Page 5
Provide additional information for		ons on Sche	dule R. See in	structions									
Return Reference					Ex	cplanation	1						
											Schedu	le R (Forr	m 990) 2021
Additional Data											R	eturn t	o Form

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