•	-	99	n I	·	CHANGE OF ACCOU	NTING PERIOD		1	OMB No. 1545-0047
•	Horr	n U U	U .	Return of	Organization Ex		come T	ax	2019
	(Re	. January	2020)'		27, or 4947(a)(1) of the Inter				
	Depa	intment of	the Treasury ue Service	► Do not en	er social security numbers of trs.gov/Form990 for Instruc	this form as it may be m	ade public.	1012	Open to Public Inspection
				year, or tax year begin		, 2019, and endi			, 2019
			applicable: C	year, or tax year begins	g 10/01	, 2010, 4112 01101	g 12/.		lentification number
			• •	KE WORTH TOWERS	S, INC.			59-11	49040
		Nam		UU LUCERNE AVEI				E Telephone r	niuper
		India	il return L.A.	KE WORTH, FL 33	3461			561 5	85-7591
		\vdash	return/lermunated					G C	יי ל אבט הסב
02		H	nded return Ication pending F	Name and address of principal	officer: ROBERT SPEA		H(a) Is this	G Gross receip a group return for	
(1)	_		SA	ME AS C ABOVE	KODEKI SPER	r, γ	H(b) Are all	subordinates Incl attach a list. (se	
11	1	Tax-ex		501(c)(3) 501(c) ()≺ (insert no.)	4947(a)(1) or \$27/] "140,	auacii a iist (se	e manacaons)
110	J	Webs	site: ► N/A			1		exemption numbe	er ►
17	K E			Corporation Trust	Association Other	L Year of forms	ation: 196	5 M State	of legal domicile: FL
	Pa	πι 1 Β	Summary	he organization's missi	on or most significant ac	tivities THE ORGA	TZZTTO	M OPERAT	ES AN APARTMENT
		Ē	BUILDING TH	HAT PROVIDES LO	W INCOME HOUSIN	G FOR THE ELL	ERLY	A OTDIVIT	D M MIMORIA
	910	_				+			
	Governance	2 5			discontinued its operat				
	ĝ				i discontinued its operat ning body (Part VI, line			of its net	assets.
NK	প্র	4 N	lumber of indepe	endent voting members	of the governing body (Part VI, line 1b)		}	
2-1	ا≝ٍ°				calendar year 2019 (Pa				
215	Activities				necessary) Part VIII, column (C), line				7a (
100 C	~				rom Form 990-T, line 39				7b (
2	\neg						P	rior Year	Current Year
1	<u>.</u>				1h)			50,000). 100
	Revenue				2g)), lines 3, 4, and 7d)			674	98
	윤				es 5, 6d, 8c, 9c, 10c, ar			483, 941	
					(must equal Part VIII, co			534,615	
70					X, column (A), lines 1-3		<u> </u>	1	
22					(, column (A), line 4)				
0	98	40 0		I	benefits (Part IX, colum olumn (A), line (IX)	DIN CORRES		377,065	5. 95,338
ΑΥ (0 6	enses	16a P	rojessionai juno	oraising lees (Part IX, c	umn (D), line 25)	OSC - 02			
$\Sigma_{\mathbf{Z}}$	젌	17 0	otal fundraising	expenses (Part IX, coll	umn (D), line 25) - nes 11a-11d, 11f-24 e)∧⊤		-	0.0 601	20.000
43 JA					equal Part IX, column (A		-	86,405 463,470	
20				penses. Subtract line 18		,, m.c 20,		71,145	
O	8 6				OGDE	N, UTAH	Beginnir	ng of Current Yo	
\sim \leq	Asooto Bafanc	20 T						657,533	
32 AN	~ 10		•	•				486,786	5. 419,273
~ 0	25				ne 21 from line 20			170,747	1. 149,681
400		řt II.	Signature B						
	count	lete. Decl	aration of pregarer	other than officer) is based on a	m, including accompanying sche ill information of which preparer	has any knowledge.	to the best of it	ly knowledge and	bener, it is true, correct, and
		. =	MI	m					
~~	Sig		Signature of				Da		
(")	He	re		SPEAR name and title			PROP.	ERTY MAN	AGER
8			Print/Type prepar		Preparer's signature	Date /	, , , , , , , , , , , , , , , , , , , 	Check i	PTIN
7,	Pai	'n		. SINNOTT, CPA	41 A	11/3	1/20	self-employed	P01233004
34083	Pre	parer	Firm's name	DIVINE, BLALC	CK, MARTIN & SE	LLARI, LLC			
(%)		e Only		► 580 VILLAGE E					59-1498723
~)				WEST PALM BEA				Phone no. 5	51-686-1110
	May	the IR	S discuss this re	eturn with the preparer	shown above? (see inst	ructions)	· · · · · · ·		X Yes No

Form	n 990 (2019) LAKE WORTH 1		59-1149040	Page 2
Par		m Service Accomplishments		
		ains a response or note to any line in this Part III		<u>. L</u>
1	Briefly describe the organization			
	<u> </u>	RATES AN APARTMENT BUILDING THAT PROV	TIDES_LOW_INCOME_HOUSIN	G FOR
	THE ELDERLY			
2		significant program services during the year which were not list		
	Form 990 or 990-EZ?		Yes	X No
	If "Yes," describe these new service			
3	If "Yes," describe these changes or			X No
4	Describe the organization's prog Section 501(c)(3) and 501(c)(4) and revenue, if any, for each pro	ram service accomplishments for each of its three largest porganizations are required to report the amount of grants a	orogram services, as measured by end allocations to others, the total ex	xpenses kpenses,
4 a	a (Code) (Expenses) (Revenue \$)
	TO PROVIDE LOW INCOM	E HOUSING TO THE ELDERLY		
			. 	
			. _	
41	b (Code:) (Expenses	\$ including grants of \$) (Revenue \$)
				
				_
				-
				
4	c (Code:) (Expenses	\$ including grants of \$) (Revenue \$)
7	, (CAPELISES	T	, (
				- -
	d Other program con uses (December	on on Schodula ()		
4	d Other program services (Describ		(Revenue \$	`
	(Expenses \$		hizeachine A	<i>'</i> '
BA/	e Total program service expenses		Forn	n 990 (2019)
DAY	~	TEEA0102L 07/31/19	1 0111	

Page 3

Form 990 (2019) LAKE WORTH TOWERS, INC.

59-1149040

Part IV Checklist of Required Schedules Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Х 2 Х Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?.. Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates Х 3 Х 4 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 Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III 5 Х 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, Х 6 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If 'Yes,' complete Schedule D, Part II. 7 X Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' 8 Х complete Schedule D, Part III 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 Х Х 10 If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parls VI, VIII, VIII, IX, or X as applicable. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If 'Yes,' complete Schedule Х D, Part VI 11 a b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total Х 11 b Х X e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X. 11 e 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 Х 111 12a Х b Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and Х if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional 12b 13 Х 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E . . Х 14a 14a Did the organization maintain an office, employees, or agents outside of the United States? b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If 'Yes,' complete Schedule F, Parts I and IV. X 14b X 15 Х 16 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (Å), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions). 17 Х X 18 • • • • • • • 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.... Х 19 Х 20a 20a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return? ... 20b Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or Х domestic government on Part IX, column (A), line 17 If 'Yes,' complete Schedule I, Parts I and II

Par	t IV Checklist of Required Schedules (continued)			
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	Yes	No X
	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If 'Yes,' complete	23		х
24 a	a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and	24a		
ŀ	· · · · · · · · · · · · · · · · · · ·	24b		
	E. A. rev. even. b. = ever.	24c		
	d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
	a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25a		<u>X</u>
ŀ	b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990 EZ? If 'Yes,' complete Schedule L, Part I	25b		<u> x</u>
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If 'Yes,' complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If 'Yes,' complete Schedule L, Part III	27		X
	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions).			
ā	a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If 'Yes,' complete Schedule L, Part IV	28a		Х
I	b A family member of any individual described in line 28a? If 'Yes,' complete Schedule L, Part IV	28ь		X
	c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If Yes,' complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M	30		X
31		31		
	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II	32		Х
	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If 'Yes,' complete Schedule R, Part I	33		Х
	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Part II, III, or IV, and Part V, line 1	34		X
	a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
1	b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI	37		х
	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pā	rt V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V			П
	Oneon it Ochequie O contains a response of note to any line in this rait v	Ť	Yes	No
	a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 22	100	-	
	b Enter the number of Forms W-2G included in 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?	1 c	X	
BA	Δ TEEΑ0104L 07/31/19	Form	990	(2019)

Part V	Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2 a E	nter the number of employees reported on Form W-3, Transmittal of Wage and Tax State- nents, filed for the calendar year ending with or within the year covered by this return . 2 a 4			
	at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2 b	Х	
	ote: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	7		
3 a D	id the organization have unrelated business gross income of \$1,000 or more during the year?	3 a		X
b If	'Yes,' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation on Schedule O	3 b		
4 a A'	t any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a nancial account in a foreign country (such as a bank account, securities account, or other financial account)?	4 a		Х
	'Yes,' enter the name of the foreign country►	-	•	
	ee instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
	/as the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5 a		X
	id any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?.	5 b		X
	'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	5 c		
S	oes the organization have annual gross receipts that are normally greater than \$100,000, and did the organization olicit any contributions that were not tax deductible as charitable contributions?	6 a		Х
	'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were of tax deductible?	6 b		
	rganizations that may receive deductible contributions under section 170(c).			
a D	old the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ervices provided to the payor?	7 a		X
	'Yes,' did the organization notify the donor of the value of the goods or services provided?	7 b		
c D	of the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file	7 c		Х
	'Yes,' indicate the number of Forms 8282 filed during the year			
e D	d the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7 e		X
f D	nd the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		X
	the organization received a contribution of qualified intellectual property, did the organization file Form 8899 s required?	7 g		
F	the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a orm 1098-C?	7 h		
	ponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring	Ş <u>.</u>	-	v
	rganization have excess business holdings at any time during the year?	8		Х
	ponsoring organizations maintaining donor advised funds.	0.5		
	old the sponsoring organization make any taxable distributions under section 4966?	9 a 9 b		
	section 501(c)(7) organizations. Enter	50		\vdash
	nitiation fees and capital contributions included on Part VIII, line 12	-		1
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b			
	ection 501(c)(12) organizations. Enter			ĺ
a G	Gross income from members or shareholders			
ьG	Gross income from other sources (Do not net amounts due or paid to other sources gainst amounts due or received from them.)			
	section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12 a		
	f 'Yes,' enter the amount of tax-exempt interest received or accrued during the year . 12b			
13 S	section 501(c)(29) qualified nonprofit health insurance issuers.	<u> </u>		
	s the organization licensed to issue qualified health plans in more than one state?	13a		<u> </u>
	lote: See the instructions for additional information the organization must report on Schedule O			-7, 200
W	Inter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
-	inter the amount of reserves on hand	145	├	X
	old the organization receive any payments for indoor tanning services during the tax year?	14a	+	├^
	f 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation on Schedule O	14b	 	
е	s 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		X
If	f 'Yes,' see instructions and file Form 4720, Schedule N.	12.	· ·	
	s the organization an educational institution subject to the section 4968 excise tax on net investment income?	16	<u> </u>	X
	f 'Yes,' complete Form 4720, Schedule O.		n gan	(2019)
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Page 6

Part VI Governance, Management, and Disclosure For each 'Yes' response to lines 2 through 7b between a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or change Schedule O. See instructions.	ow, a jes o	and i	for
Check if Schedule O contains a response or note to any line in this Part VI.		••	X
Section A. Governing Body and Management			
1 a Enter the number of voting members of the governing body at the end of the tax year .		Yes	No .
b Enter the number of voting members included on line 1a, above, who are independent 1b 7	1		
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		X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?	3		Х
4 Did the organization make any significant changes to its governing documents			
since the prior Form 990 was filed?	4		_X_
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
7 a 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?	7 a		X
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7 b		х
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following	<u>, </u>	Ŧ	
a The governing body?	8 a	Х	
b Each committee with authority to act on behalf of the governing body?	8ь		X
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses on Schedule O	9		Х
Section B. Policies (This Section B requests information about policies not required by the Internal Re	veni	ie Co	ode.)
		Yes	No
10 a Did the organization have local chapters, branches, or affiliates? .	10 a		X
b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10 Ь		
11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11 a	Х	
b Describe in Schedule O the process, if any, used by the organization to review this Form 990 SEE SCHEDULE O			ıt
12a Did the organization have a written conflict of interest policy? If 'No,' go to line 13	12 a		X
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12 b		
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this was done	12 c		
13 Did the organization have a written whistleblower policy?	13		X
14 Did the organization have a written document retention and destruction policy?	14		Х
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a The organization's CEO, Executive Director, or top management official.	15 a		X
b Other officers or key employees of the organization	15 b		X
If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions).		***	`
16 a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16 a		X
b If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16 b		
Section C. Disclosure			
17 List the states with which a copy of this Form 990 is required to be filed FL			-
Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 5 available for public inspection. Indicate how you made these available Check all that apply Own website Another's website X Upon request Other (explain on Schedule O)	01(c)(nly)
Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available public during the tax year. SEE SCHEDULE O	ible to		
20 State the name, address, and telephone number of the person who possesses the organization's books and records ► ROBERT SPEAR 1500 LUCERNE AVENUE LAKE WORTH FL 33461 561 585-7591			(2010)

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59-1149040

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

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

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

- 1 a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of 'key employee'
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See instructions for the order in which to list the persons above

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

				(C))					
(A) Name and title	(B) Average hours	IS	: both	(do not check more box, unless person han officer and a rector/trustee)			•	(D) Reportable compensation from the organization	(E) Reportable compensation from	(F) Estimated amount of other
	per week (list any hours for related organiza- tions below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-21099-MISC)	related organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) ROBERT SPEAR	50			·				07.150	0	
ADMINISTRATOR	0	 			X	<u> </u>		27,153.	0.	0.
(2) DR. LAURA CHIN-LENIN DIRECTOR	10	х						0.	0.	0.
(3) DENNIS MOORE	1_1_	Į				1	1			
PRESIDENT	0	Х		X	<u> </u>	<u> </u>		0.	0.	0.
(4) ROBERT C. SORGINI	11	1				ļ				
SECRETARY	0	Х		Χ			<u> </u>	0.	0.	0.
(5) ALTON D. LIN VICE PRESIDENT	$-\frac{1}{0}$	X		Х				0.	0.	0.
(6) BILL OTIS	1_								_	_
DIRECTOR	0	X	\square		<u> </u>	<u> </u>	<u> </u>	0.	0.	0.
								_	_	_
DIRECTOR	0	X			<u> </u>	<u> </u>	<u> </u>	0.	0.	0.
	$ \frac{1}{0} - \frac{1}{0}$	X						0.	0.	0.
(9) CHUCK RUSS	1	┢	\vdash		╁	-	 	<u> </u>		
DIRECTOR		X						0.	0.	0.
(10) BRIAN WILSON	1									
DIRECTOR		X			1			0.	0.	0.
(11) BRAD ZAHN	1	T								
DIRECTOR	0	X						0.	0.	0.
(12)										
(13)						-				
(14)		-				\vdash	T			
		L.,					1	L	<u> </u>	Farm 000 (2010)

				r c.	ı	
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						
Sec	ction B. Independent Contractors					
1	Complete this table for your five highest compensated independent contractors that receiv compensation from the organization. Report compensation for the calendar year ending with or w	red more than \$100,000 of rithin the organization's tax ye	ar			
	(A) Name and business address De	(C) Compensati				
			_			
2	Total number of independent contractors (including but not limited to those listed above) who recession,000 of compensation from the organization ▶ 0	eived more than	,	-		

Form 990 (2019)

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (B) Related or (A) Total revenue (C) (D) Unrelated Revenue excluded from tax exempt business under sections 512-514 function revenue revenue 1 a Federated campaigns... 1 a ons, Gifts, Grants Similar Amounts 1 b **b** Membership dues c Fundraising events. 1 c d Related organizations 1 d Contributions, (and Other Simil e Government grants (contributions) 1 e f All other contributions, gifts, grants, and similar amounts not included above . 1 f 100 g Noncash contributions included in 1 g lines 1a-1f . h Total. Add lines 1a-1f 100 **Business Code** Program Service Revenue f All other program service revenue g Total. Add lines 2a-2f Investment income (including dividends, interest, and other similar amounts).... 98 98 Income from investment of tax-exempt bond proceeds. Royalties 5 (i) Real (II) Personal 6 a Gross rents 6a 356,951 **b** Less rental expenses 6b 263,553 c Rental income or (loss) 6c 93,398 d Net rental income or (loss) 93,398 93,398 (i) Securities (ii) Other 7 a Gross amount from sales of assets 7 a other than inventory
b Less, cost or other basis and sales expenses 7b c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events Other Revenue (not including \$ of contributions reported on line 1c) See Part IV, line 18 8a 8ь b Less, direct expenses. c Net income or (loss) from fundraising events 9 a Gross income from gaming activities See Part IV, line 19 . 9b b Less direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances 10a 10Ь b Less: cost of goods sold c Net income or (loss) from sales of inventory (1) **Business Code** scellaneous 650 11a MISCELLANEOUS 650 Revenue b LAUNDRY INCOME 286 286 d All other revenue Σ e Total. Add lines 11a-11d ... 936 Total revenue. See instructions. 12 94,532 93,496 0 936

TEEA0109L 07/31/19

Form 990 (2019) LAKE WORTH TOWERS, INC.
Part IX Statement of Functional Expenses

Sec	tion 501(c)(3) and 501(c)(4) organizations must con			:	
	Check if Schedule O contains a				····
	not include amounts reported on lines 7b, 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				
2	Grants and other assistance to domestic individuals See Part IV, line 22			ι	
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.			71.56	
4	Benefits paid to or for members				•
5	Compensation of current officers, directors, trustees, and key employees	27,153.	27,153.	0.	0.
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).	0.	0.	0.	0.
7	Other salaries and wages	33,136.	33,136.		
8	Pension plan accruals and contributions (include section 401(k) and 403(b)				
	employer contributions)	8,468.	8,468.		·
9	Other employee benefits .	21,910.	21,910.		
10	Payroll taxes	4,671.	4,671.		
11	Fees for services (nonemployees):				
á	Management				
ŧ	Legal	1,548.	1,548.		
C	: Accounting				
(d Lobbying				
e	Professional fundraising services See Part IV, line 17			· -	
	Investment management fees		 		
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)				
	Advertising and promotion				
13	Office expenses	3,143.	3,143.		
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	160.	160.		
	Interest		100.		
21					
22					
23				 	
	Other expenses Itemize expenses not	J- 3-	6 1 mg		
	covered above (List miscellaneous expenses		•	, ,	
	on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)	, , , , , ,			,
a	ADMINISTRATIVE RENT FREE UNIT	7,140.	7,140.		
	GRANT WRITING	3,094.	3,094.		
(MISCELLANEOUS EXPENSES	2,551.	2,551.		
	TELEPHONE EXPENSE	2,162.	2,162.		
	All other expenses	462.	462.		
25	Total functional expenses Add lines 1 through 24e	115,598.	115,598.	0.	0.
		220,000.	113,330.	 	<u> </u>
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ☐ if following SOP 98-2 (ASC 958-720)				

TEEA0111L 07/31/19

568,954.

657,533.

33

33

Total liabilities and net assets/fund balances

	1990 (2019) LAKE WORTH TOWERS, INC.	<u>59-1</u>	1149040		Pag	ge 12
Pà	t·XI´· Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					. 🔲
1	Total revenue (must equal Part VIII, column (A), line 12)		1		94,5	32.
2	Total expenses (must equal Part IX, column (A), line 25)		2	1:	15,5	98.
3	Revenue less expenses Subtract line 2 from line 1	-	3		21,0	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	[4		70,7	
5	Net unrealized gains (losses) on investments	. [5			
6	Donated services and use of facilities	[6			
7	Investment expenses		7			
8	Prior period adjustments		8			
9	Other changes in net assets or fund balances (explain on Schedule O)	. [9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,	Ī				
	column (B))		10	14	19,6	<u>81.</u>
Pai	t XII ^(*) Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII.					П
-					Yes	No.
1	Accounting method used to prepare the Form 990 Cash X Accrual Other				103	
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.			,]	
2 :	a Were the organization's financial statements compiled or reviewed by an independent accountant?			2 a		X
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reseparate basis, consolidated basis, or both	eviewe	d on a			
	Separate basis Consolidated basis Both consolidated and separate basis				- 1	
ı	Were the organization's financial statements audited by an independent accountant? .			2 b	Х	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a sbasis, consolidated basis, or both:	separa	te			
	X Separate basis Consolidated basis Both consolidated and separate basis					
•	of If Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the review, or compilation of its financial statements and selection of an independent accountant?.	audit,		2 c	х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O	1			.1	
3 :	a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si Audit Act and OMB Circular A-133?	ngle		3 a	х	
ı	olf 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the require	ed aud	it			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			ЗЫ	X	
BAA	TEEA0112L 01/21/20			Form	990 (2019)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

➤ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047 2019

Open to Public Inspection

Name of the organization Employer Identification number LAKE WORTH TOWERS, INC 59-1149040 Part | Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is (For lines 1 through 12, check only one box) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ)) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii) Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 5 6 A federal, state, or local government or governmental unit described in section 170(bX1)(AXv). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(v). (Complete Part II) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) 8 9 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or An organization that normally receives: (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 10 11 An organization organized and operated exclusively to test for public safety See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g 12 Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. b Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization f Enter the number of supported organizations. g Provide the following information about the supported organization(s). (i) Name of supported organization (iii) Type of organization (described on lines 1-10 above (see instructions)) (ii) EIN (iv) is the organization listed (v) Amount of monetary (vi) Amount of other support (see instructions) support (see instructions) in your governing document? Yes No (A) (B) (C) (D) (E) Total

Page 2 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III If the organization fails to qualify under the tests listed below, please complete Part III) Section A. Public Support Calendar year (or fiscal year (e) 2019 (f) Total (a) 2015 (b) 2016 (c) 2017 (d) 2018 beginning in) > Gifts, grants, contributions, and membership fees received (Do not include any 'unusual grants.') Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . 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 each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) Public support. Subtract line 5 Section B. Total Support Calendar year (or fiscal year beginning in) ► (c) 2017 (a) 2015 (b) 2016 (d) 2018 (e) 2019 (f) Total 7 Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Net income from unrelated business activities, whether or not the business is regularly carried on. .. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI). Total support. Add lines 7 through 10 Gross receipts from related activities, etc. (see instructions). First five years, If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)). 14 % 15 Public support percentage from 2018 Schedule A, Part II, line 14 15 % 16a 33-1/3% support test—2019. If the organization did not check the box on line 13, and line 14 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization b 33-1/3% support test -2018. If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10%-facts-and-circumstances test—2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part VI how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization. b 10%-facts-and-circumstances test—2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part VI how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization. Frivate foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

BAA

Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II)

Sec	ion A. Public Support	······································	•	<u> </u>		····			
Calend	ar year (or fiscal year beginning in) >	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total		
1	Gifts, grants, contributions, and membership fees received. (Do not include any unusual grants.)								
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's				50,000.		50,000.		
3	tax-exempt purpose Gross receipts from activities that are not an unrelated trade	1,278,368.	1,312,781.	1,342,684.	1,411,932.	357,987.	5,703,752.		
4	or business under section 513. Tax revenues levied for the organization's benefit and		-				0.		
_	either paid to or expended on its behalf						0.		
5	The value of services or facilities furnished by a governmental unit to the organization without charge					:	0.		
	Total. Add lines 1 through 5	1,278,368.	1,312,781.	1,342,684.	1,461,932.	357,987.	5,753,752.		
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons	0.	0.	0.	0.	0.	0.		
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	0.	0.	0.	0.	0.	0.		
	Add lines 7a and 7b	0.	0.	0.	0.	0.	0.		
	Public support. (Subtract line 7c from line 6)	,		,	, , , -		5,753,752.		
	ion B. Total Support								
	lar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total		
	Amounts from line 6	1,278,368.	1,312,781.	1,342,684.	1,461,932.	357,987.	5,753,752.		
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.	142.	69.	99.	674.	98.	1,082.		
	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						0.		
	Add lines 10a and 10b	142.	69.	99.	674.	98.	1,082.		
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.				•		0.		
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI)						0.		
	Total support. (Add lines 9, 10c, 11, and 12)		1,312,850.			358,085.	5,754,834.		
	First five years. If the Form 990 organization, check this box and	stop here		nd, third, fourth, c	or fifth tax year as	a section 501(c)((3) ▶		
	ion C. Computation of Pu								
	Public support percentage for 20	-	• • • • • • • • • • • • • • • • • • • •	•)	15	99.98 %		
	Public support percentage from		· · · · · · · · · · · · · · · · · · ·			16	99.98 %		
Sec	tion D. Computation of Inv				 				
17	Investment income percentage f				umn (f))	17	0.02 %		
			I A D. I III I	. 17		18	1 n <u>n 2 %</u>		
18	a 33-1/3% support tests—2019. If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17								
19a	33-1/3% support tests-2019. If is not more than 33-1/3%, check	the organization d t this box and sto	lid not check the p here. The orgar	box on line 14, ar nization qualifies a	as a publicly supp	than 33-1/3%, ar orted organization	nd line 17		
19a b	33-1/3% support tests-2019. If	the organization do this box and stop the organization do b, check this box a	lid not check the p here. The orgar lid not check a bo and stop here. Th	box on line 14, ar nization qualifies a ox on line 14 or lir ie organization qu	as a publicly supp ne 19a, and line 10 valifies as a public	than 33-1/3%, ar orted organization 6 is more than 33 ly supported orga	nd line 17 n ► X -1/3%, and inization ►		

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

Sec	tion A. All Supporting Organizations			
		(v s.	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	<u>.</u> 1	,	
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If 'Yes,' explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		-
За	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If 'Yes,' answer (b) and (c) below.	3a	store sure .	-
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If 'Yes,' describe in Part VI when and how the organization made the determination	 3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If 'Yes,' explain in Part VI what controls the organization put in place to ensure such use	3c		
4a	Was any supported organization not organized in the United States ('foreign supported organization')? If 'Yes' and if you checked 12a or 12b in Part I, answer (b) and (c) 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	_	
c	c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If 'Yes,' explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c		<u> </u>
5a	a Did the organization add, substitute, or remove any supported organizations during the tax year? If 'Yes,' answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		-
t	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b	_	
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.	- 6		_
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ)	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ)	8 E		
98	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		
ŧ	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If 'Yes,' provide detail in Part VI	9b	2.1.2.	
C	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If 'Yes,' provide detail in Part VI	9c		<u> </u>
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)? If 'Yes,' answer 10b below.	10a	1 5 g/k	
ŀ	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		' i

	dule A (Form 990 or 990-EZ) 2019 LAKE WORTH TOWERS, INC. 59-114904 t IV Supporting Organizations (continued)	0	Р	age 5
1 ai	try outporting organizations (continuous)		Yes	No
	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 in (b) and (c) below, the governing body of a supported organization?	11a	-	•
b	A family member of a person described in (a) above?	11b		
c	A 35% controlled entity of a person described in (a) or (b) above? If 'Yes' to a, b, or c, provide detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the 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.	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		, ,
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If 'No,' describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1		 i
Sec	tion 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 (2), 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	- •	
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
ì	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	instrud	tions)	
2	Activities Test Answer (a) and (b) below.		Yes	No
i	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		-
1	b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If 'Yes,' explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.	" ")	,,	* / 1/4
_	a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.	3a	7	
I	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 organization in this regard.	3b	3.0	', - '
BA/	A TEEAGOSI 07/07/19 Schedule A (Form 9)	30 or 9	90-F7	2019

Sche	dule A' (Form 990 or 990-EZ) 2019 LAKE WORTH TOWERS, INC.			49040	Page 6
Par	t V. Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	niza	tions		
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust instructions. All other Type III non-functionally integrated supporting organization	t on N	ov 20, 1970 (explain in st complete Sections A	Part VI). Se through E.	e
Sec	tion A — Adjusted Net Income		(A) Prior Year		ent Year onal)
1	Net short-term capital gain	1			
2	Recoveries of prior-year distributions	2			
3	Other gross income (see instructions)	3			<u> </u>
4	Add lines 1 through 3	4			
5	Depreciation and depletion	5			
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6			
7	Other expenses (see instructions)	7			
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8			
Sec	tion B — Minimum Asset Amount		(A) Prior Year		ent Year onal)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)		-		
а	Average monthly value of securities	1a			
b	Average monthly cash balances	1b			
C	Fair market value of other non-exempt-use assets	1c			
d	Total (add lines 1a, 1b, and 1c)	1d			
e	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 1-1/2% 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 035	6			
7	Recoveries of prior-year distributions	7			
8	Minimum Asset Amount (add line 7 to line 6)	8			
Sec	tion C — Distributable Amount			Curre	nt Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1			
2	Enter 85% of line 1.	2	•		
3	Mınımum 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 inte (see instructions)	egrate	d Type III supporting or	ganization	
BAA			Schedule A (F	orm 990 or 9	990-EZ) 2019

TEEA0406L 07/03/19

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b Excess from 2016 c Excess from 2017

d Excess from 2018 e Excess from 2019

Schedule A (Form 990 or 990-EZ) 2019

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Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

· SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No 1545-0047

Open to Public Inspection

Name	of the organization			Employer identification number				
	LAKE WORTH TOWERS, INC.			59-1149040				
Par				counts.				
		(a) Donor advised funds	(b) F	unds and other accounts				
1	Total number at end of year							
2	Aggregate value of contributions to (during year)		_					
3	Aggregate value of grants from (during year)							
4	Aggregate value at end of year							
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Yes No							
6	6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Yes No							
Pai	til Conservation Easements. Complete if the organization ans	wered 'Yes' on Form 990, Par	t IV, line 7.					
1	Purpose(s) of conservation easements held b		= :					
	Preservation of land for public use (for exam	ple, recreation or education)		orically important land area				
	Protection of natural habitat		Preservation of a cert	ified historic structure				
	Preservation of open space							
2	Complete lines 2a through 2d if the organization last day of the tax year	held a qualified conservation contribution	n in the form of a consei	rvation easement on the				
	last day of the tax you.			Held at the End of the Tax Year				
	a Total number of conservation easements		2a					
!	Total acreage restricted by conservation ease	ments	2 b					
	Number of conservation easements on a cert	ified historic structure included in (a)	2c					
(Number of conservation easements included structure listed in the National Register.	in (c) acquired after 7/25/06, and not	on a historic 2 d					
3	Number of conservation easements modified, tra tax year ►	nsferred, released, extinguished, or term	ninated by the organizati	on during the				
4	Number of states where property subject to cons	ervation easement is located >						
5	5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?							
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year							
7	Amount of expenses incurred in monitoring, insp ►\$	ecting, handling of violations, and enforce	cing conservation easem	nents during the year				
8	Does each conservation easement reported cand section 170(h)(4)(B)(ii)?		nents of section 170(h))(4)(B)(ı) Yes No				
9	In Part XIII, describe how the organization re include, if applicable, the text of the footnote conservation easements.	to the organization's financial statem	nents that describes the	e organization's accounting for				
Pa	Complete if the organization ans	ections of Art, Historical Treas swered 'Yes' on Form 990, Par	sures, or Other Si t IV, line 8.	milar Assets.				
1	a If the organization elected, as permitted unde historical treasures, or other similar assets hi Part XIII the text of the footnote to its financi	eld for public exhibition, education, or	r research in furtherani	d balance sheet works of art, ce of public service, provide in				
	b If the organization elected, as permitted under historical treasures, or other similar assets held following amounts relating to these items	for public exhibition, education, or resea	enue statement and barch in furtherance of pub	olic service, provide the				
	(i) Revenue included on Form 990, Part VIII			* \$				
	(ii) Assets included in Form 990, Part X			►\$				
	If the organization received or held works of art, amounts required to be reported under FASE	ASC 958 relating to these items:	ets for financial gain, pr					
	a Revenue included on Form 990. Part VIII. line	וב		. ►\$				

b Assets included in Form 990, Part X..

► s

Schedule D (Form 990) 2019 LAKE	WORTH TO	WERS,	INC.		59-1149		Page 2	
Part III Organizations Maintai	ning Collec	ctions	of Art, Histo	rical Treasures, or	Other Similar Asse	ets (contir	าued)	
3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):								
a Public exhibition	a Public exhibition d Loan or exchange program							
b Scholarly research	b Scholarly research e Other							
c Preservation for future gener								
4 Provide a description of the organiz Part XIII								
5 During the year, did the organiza to be sold to raise funds rather th	tion solicit or i	receive	donations of art	, historical treasures, o	r other similar assets	Yes	□No	
Part IV Escrow and Custodia								
line 9, or reported an	amount on	Form	990, Part X,	line 21.		, .		
1.0 1.0 1.0 1.0 1.0 1.0 1.0 1.0 1.0 1.0				for postributions or other	er accate not included	-		
1 a Is the organization an agent, trus on Form 990, Part X?	itee, custodiar	n or oth	er intermediary	ior contributions of othe	assets not included	Yes	∏No	
b If 'Yes,' explain the arrangement	ın Part XIII a	nd comp	olete the following	ng table	·	_	<u></u>	
, ,		•				Amount	-	
c Beginning balance					1 c			
d Additions during the year					1 d			
e Distributions during the year					1 e			
f Ending balance					1 f			
2 a Did the organization include an a	mount on For	m 990.	Part X. line 21.	for escrow or custodial	account liability?	Yes	No	
b If 'Yes,' explain the arrangement					_		H	
5 ii 105, explain the arrangement	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,							
Part V Endowment Funds. C	omplete if	the ord	nanization an	swered 'Yes' on Fo	orm 990. Part IV. lin	e 10.		
	(a) Current		(b) Prior year			(e) Four y	rears back	
1 a Beginning of year balance.	<u> </u>		(4, 44, 44, 44, 44, 44, 44, 44, 44, 44,					
b Contributions								
			-			 		
c Net investment earnings, gains, and losses								
d Grants or scholarships						1		
e Other expenditures for facilities								
and programs								
f Administrative expenses.	_							
g End of year balance .								
2 Provide the estimated percentag	e of the curre	nt year	end balance (lin	ne 1g, column (a)) held	as			
a Board designated or quasi-endowm	ient ►		8					
b Permanent endowment ►	%							
c Term endowment ►	ુ							
The percentages on lines 2a, 2b, a	nd 2c should e	qual 100)%					
				ere held and administrator	l for the			
3 a Are there endowment funds not in to organization by	ne possession	or the o	rganizadon diada	are neio ano aoministeret	1 TOF THE	Yes	s No	
(i) Unrelated organizations						3a(i)		
(ii) Related organizations						. 3a(II)		
b If 'Yes' on line 3a(ii), are the rela	ated organizat	tions list	ted as required i	on Schedule R?		3b	-	
4 Describe in Part XIII the intender					.,, .,	L		
Part VI Land, Buildings, and			ation 3 chaomin	one rando.				
Complete if the organ			'Yes' on For	m 990 Part IV line	11a See Form 99	0 Part X	line 10	
<u> </u>				·				
Description of property			t or other basis ivestment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book	(value	
1 a Land		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		194,880.	12	11	94,880.	
b Buildings				2,094,973.	2,094,973.		0.	
c Leasehold improvements.	• •			338,041.	224,721.	1.	13,320.	
d Equipment		 		6,801.	3,467.		3,334	
e Other	• • •						2,293.	
Total. Add lines 1a through 1e (Colum	· (d)	gual Fai	rm 000 Bast V	23, 513.	21,220.	· · · · ·		
BAA	in (u) musi et	yuai F0i	III 990, FAIL A,	Column (D), line TOC).	Sched	ule D (Form	<u>13,827.</u>	
DAA					Julieu	mic D (LOIIII	22012	

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Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability (b) Book value

(1) Federal income taxes

(2) TENANT DEPOSITS 100, 729.

(3)

(4)

(5)

(6)

(7)

(8)

(9)

(10)

(11)

Total. (Column (b) must equal Form 990, Part X, column (B) line 25) 100, 729.

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

Schedule D (Form 990) 2019 LAKE WORTH TOWERS, INC.	59-1149040	Page 4				
Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per	Return. N/A					
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.						
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.	25 X"	-				
a Net unrealized gains (losses) on investments						
b Donated services and use of facilities						
c Recoveries of prior year grants						
d Other (Describe in Part XIII.)						
e Add lines 2a through 2d	. 2e					
3 Subtract line 2e from line 1	3					
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1						
a Investment expenses not included on Form 990, Part VIII, line 7b 4a						
b Other (Describe in Part XIII) 4b						
c Add lines 4a and 4b	4c					
5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5					
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses p	er Return. N/A					
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.						
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						
a Donated services and use of facilities 2 a						
b Prior year adjustments 2 b						
c Other losses 2 c						
d Other (Describe in Part XIII) 2 d						
e Add lines 2a through 2d	2 e					
3 Subtract line 2e from line 1	3					
4 Amounts included on Form 990, Part IX, line 25, but not on line 1						
a Investment expenses not included on Form 990, Part VIII, line 7b 4a						
b Other (Describe in Part XIII)						
c Add lines 4a and 4b						
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5					
Part XIII Supplemental Information.						

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2; Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

► Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

LAKE WORTH TOWERS, INC

Employer identification number

59-1149040

FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS

THE PRESIDENT AND THE TREASURER REVIEW THE FORM 990 AS WELL AS THE REVIEWED FINANCIAL STATEMENT.

FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE
THE DOCUMENTS ARE AVAILABLE DURING BUSINESS HOURS AT THE ADMINISTRATIVE OFFICE OF

THE ORGANIZATION.