Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Department of the Treasury	▶ Do not
Internal Revenue Service	, . ▶ Go to

enter social security numbers on this form as it may be made public. o www.irs.gov/Form990 for instructions and the latest information. Open to Public Inspection

	A F	or the	e 2017 calendar year, or tax year beginning OCT 1, 2017 ar	nd ending	SEP 30, 2018				
	B C	heck if	C Name of organization		D Employer identifi	cation number			
		Addre chang Name chang			63-0	811078			
		Initial	Number and street (or P.O. box if mail is not delivered to street address)	Room/su					
		Fina! return	201 TALLADOOGA CODEED		1 '	933-1020			
		termin ated	City or town, state or province, country, and ZIP or foreign postal code		G Grass receipts \$ 991,395.				
		Amen	ded arrevances ormy at 25010		H(a) Is this a group return				
		Application	F Name and address of principal officer WILSON GONCE		for subordinates? Yes X No				
		pendi	SAME AS C ABOVE		2 H(b) Are all subordinates in	ncluded? Yes No			
	<u></u>	ax-ex	empt status X 501(c)(3) 501(c)()	<u>ۇرلىك</u> <u>1) or (1</u>	27/ If "No," attach a	list (see instructions)			
			te: N/A	ļ	H(c) Group exemptio				
1			organization: X Corporation Trust Association Other	L Ye	ar of formation: 1984 N	A State of legal domicile AL			
l	Pa		Summary						
	Governance	1	Briefly describe the organization's mission or most significant activities TO	PROVIL	DE LOW-INCOME	HOUSING			
	Ľ.	2	Check this box if the organization discontinued its operations or disp	posed of me	ore than 25% of its net as	sets			
	ŏ.	3	Number of voting members of the governing body (Part VI, line 1a)		3	4			
മ			Number of independent voting members of the governing body (Part VI, line 1b)	4	4			
2019	Activities &		Total number of individuals employed in calendar year 2017 (Part V, line 2a)		5	0			
	ivit		Total number of volunteers (estimate if necessary)		6	0			
0 1	Act		Total unrelated business revenue from Part VIII, column (C), line 12		7 <u>a</u>	0.			
	\dashv	b	Net unrelated business taxable income from Form 990-T, line 34		7b	0.			
APR		_	O 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	-	Prior Year 0 .	Current Year			
	e l		Contributions and grants (Part VIII, line 1h)	}	971,372.	986,042.			
Ш	Revenue		Program service revenue (Part VIII, line 2g)	<u> </u>	973.	5,353.			
SCANNED	ag		Investment income (Part VIII, column (A), lines 3, 4, and 7d) Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<u> </u>	<u> </u>	0.			
Z	İ		Total revenue - add lines 8 through 1 (must a real Will column (A, line 12	, h	972,345.	991,395.			
တ္တ	_		Grants and similar amounts paid (Pair IX column (A), lines 1-3)		0.	0.			
0,	ļ		Benefits paid to or for members (PartillX-column (A), kna 4hn10	ľ	0.	0.			
	s	15	Salaries, other compensation, employee benefits (Part IX, column (Applies 5-10)	o) [0.	0.			
	Expenses	16a	Benefits paid to or for members (Part IX, column (A), ine 4) 019 Salaries, other compensation, employee benefits (Part IX, column (A), ines 5-10 Professional fundraising fees (Part IX, column (A), line 14-e		0.	0.			
	ğ	b	Total fundraising expenses (Part IX, column O M 55)	0.					
	ŵ		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	-	866,034.	985,886.			
	ļ	18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	<u> </u>	866,034.	985,886.			
		19_	Revenue less expenses Subtract line 18 from line 12		106,311.	5,509.			
	Net Assets or Fund Balances			-	Beginning of Current Year	End of Year			
	Sset		Total assets (Part X, line 16)	-	1,095,681.	2,772,198.			
	뜋		Total liabilities (Part X, line 26)	-	1,387,191.	3,058,199.			
; 1		<u>22</u> rt	Net assets or fund balances Subtract line 21 from line 20 Signature Block		-291,510.	-286,001.			
I			lities of perjury, I declare that I have examined this return, including accompanying schedulers.	ulas and state	amonts, and to the best of m	v knowledge and helief it is			
			t, and complete. Declaration of preparal (other than officer) is based on all information of			y knowledge and belief, it is			
		COLLEC	Library Hone	willow propa					
	Sign	,	Signature of officer	 -	Date				
	Here		i when bonce						
			Type or print name and title						
•			Print/Type preparer's name Preparer's signature		Date Check	PTIN			
	Paid		JIM PERRY, CPA JIM PERRY, CPA	<u> </u>	12/12/18 self-employ	P00597110			
1	Prep	arer	Firm's name BROWDER & ASSOCIATES, PC		Fırm's EIN	63-0986156			
	Use (Only	Firm's address ONE INDEPENDENCE PLAZA, SUITE	322					
			HOMEWOOD, AL 35209		Phone no. 20	5-803-2193			
	May	the If	RS discuss this return with the preparer shown above? (see instructions)		·	X Yes No			

	rt III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission NONE
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
_	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No If "Yes," describe these changes on Schedule O
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported
4a	(Code) (Expenses \$ 910,492. including grants of \$) (Revenue \$ 991,395.
	TO PROVIDE LOW-INCOME HOUSING (78 1BR UNITS) UNDER SECTION 202 OF THE NATIONAL HOUSING ACT AS AMENDED AND REGULATED BY HUD.
	NATIONAL ROUSING ACT AS AMENDED AND REGULATED BY ROUS.
_	
4b	(Code) (Expenses \$ including grants of \$) (Revenue \$)
	•
4c	(Code) (Expenses \$ including grants of \$) (Revenue \$
 4d	Other program services (Describe in Schedule O)
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ▶ 910,492.
	Form 990 (2017

63-0811 Form 990 (2017) HILLABEE TOWERS, INC. Page 3 Part IV Checklist of Required Schedules Yes No 1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A Х 1 X 2 Is the organization required to complete Schedule B, Schedule of Contributors? 2 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I Х 3 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II Х 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 98-197 If "Yes," complete Schedule C, Part III Х 5 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 X 6 Did the organization receive or hold a conservation easement, including easements to preserve open space, \mathbf{X}_{-} the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 7 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D. Part III 8 Х 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? Х If "Yes," complete Schedule D, Part IV 9 10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent Х endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 10 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, 11a X b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total Х assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 11b c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total Х assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 11c d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 11d X e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11e f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X Х 11f 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete X Schedule D, Parts XI and XII 12a b Was the organization included in consolidated, independent audited financial statements for the tax year? Х If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 12b 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E Х 13 X 14a Did the organization maintain an office, employees, or agents outside of the United States? 14a **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 X or more? If "Yes," complete Schedule F, Parts I and IV 14b Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any 15 Х foreign organization? If "Yes," complete Schedule F, Parts II and IV 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to Х or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV 16 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, Х

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X

X

17

18

Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"

column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I

1c and 8a? If "Yes," complete Schedule G, Part II

complete Schedule G, Part III

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Part IV Checklist of Required Schedules (continued)

	, contract to the second secon		Γ	
202	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	200	Yes	No X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a 20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		
21	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	24		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	21		
22		200		х
00	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete	00		v
04-	Schedule J	23		X
24 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 complete			- v
	Schedule K. If "No", go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		├─
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	05-		v
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		<u>X</u>
Ь	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	ļ.,		ļ
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	051	'	\ .
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			ĺ
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"	00		
~~	complete Schedule L, Part II	_26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member	07		X
	of any of these persons? If "Yes," complete Schedule L, Part III	_27	<u> </u>	-
28	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)	00-		·
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		X
b		200	_	
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	200	,	x
00	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	28c 29		X
29	Did the organization receive more than \$25,000 in non-cash contributions in the rest complete schedule in Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	_29		_^_
30		20		x
	contributions? If "Yes," complete Schedule M	_30		
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		_x_
20	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	31_		
32	Schedule N, Part II	32		X
22	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	- 32 -		
33	sections 301 7701-2 and 301 7701-37 If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
34	Part V, line 1	34		X
25-	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	334		
D	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
26	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	330		
36	If "Yes," complete Schedule R, Part V, line 2	36		X
27	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	-30		_41
37	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
20	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
38	Note. All Form 990 filers are required to complete Schedule O	38	Х	
	1403077 mill odd mara ara regional to domprate demodale o			(2017)
			1	/

Form 990 (2017) 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 0 1a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 0 Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, 0 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 Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) X 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a b 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)? X 4a **b** If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b X c 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 X any contributions that were not tax deductible as charitable contributions? 6a b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts 6b Organizations that may receive deductible contributions under section 170(c). a 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? Х b If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 7c Х d If "Yes," indicate the number of Forms 8282 filed during the year e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f f If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h h 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 Sponsoring organizations maintaining donor advised funds. a 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 Section 501(c)(7) organizations. Enter 10 Initiation fees and capital contributions included on Part VIII, line 12 10a Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b Section 501(c)(12) organizations. Enter Gross income from members or shareholders 11a Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) 11b 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 12b Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? 13a Note. See the instructions for additional information the organization must report on Schedule O b Enter the amount of reserves the organization is required to maintain by the states in which the 13b organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c X 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a

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b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

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Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions

	Check if Schedule O contains a response or note to any line in this Part VI			X					
Sec	tion A. Governing Body and Management								
	,		Yes	No					
1a	Enter the number of voting members of the governing body at the end of the tax year 4								
	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 4								
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, or trustees, or key employees to a management company or other person?								
4	4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?								
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х					
6	Did the organization have members or stockholders?	6		<u>X</u> _					
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		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?	7b		<u>X</u>					
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:								
а	The governing body?	8a	_X_						
b	Each committee with authority to act on behalf of the governing body?	8b	X						
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	ļ							
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		<u>X</u>					
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)								
			Yes	No					
10a	Did the organization have local chapters, branches, or affiliates?	10a		<u> </u>					
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?	10b							
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	<u>11a</u>	X						
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			x					
12a	· · · · · · · · · · · · · · · · · · ·								
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b							
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	[ĺ						
	in Schedule O how this was done	12c							
13	Did the organization have a written whistleblower policy?	13		X					
14	Did the organization have a written document retention and destruction policy?	_14		<u>X</u>					
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?	45.		X.					
	The organization's CEO, Executive Director, or top management official	15a	-	X					
D	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)	15b							
16-	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	Ì							
ioa	taxable entity during the year?	16a		X					
L	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	<u>iva</u>							
ь	In joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's	J	}						
	exempt status with respect to such arrangements?	16b							
Sec	tion C. Disclosure	TOD							
17	List the states with which a copy of this Form 990 is required to be filed NONE								
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) a	vailab	——— le						
	for public inspection. Indicate how you made these available. Check all that apply		•						
	Own website Another's website X Upon request Other (explain in Schedule O)								
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	financ	cial						
	statements available to the public during the tax year								
20	State the name, address, and telephone number of the person who possesses the organization's books and records								
	SOUTHEASTERN PROPERTY MANAGEMENT - 205-933-1020								
	1103 RICHARD ARRINGTON, JR. BLVD. S., B'HAM, AL 35205								
22006	11.29.17	Form	990 (2017)					

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

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

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

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

List persons in the following order: individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

(A) Name and Title	(B) Average hours per week	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					one h an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) ALLEN BAKER	0.00	[_								-
BOARD MEMBER		_			_	<u> </u>	_	0.	0.	0
(2) WILSON GONCE	0.00									
PRSIDENT		<u> </u>				<u> </u>		0.	0.	0
(3) RAY KELLY	0.00									
VICE PRESIDENT					_	<u> </u>	_	0.	0.	0
(4) JAMES CULLINS	0.00				ĺ	ĺ	1			
SECRETARY				ļ <u> </u>				0.	0.	0
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Form 990 (2017)

Part VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees	, and	d Hi	ghe	st C	Compensated Employe	es (continued)				
(A)	(B)	(B) (C)			(D)	(E)			(F)				
Name and title	Average	(do		Posi		than (one	Reportable	Reportable		Es	timate	d
	hours per	box	, unte	ss pe	rson	is bott or/trus	h an	1	compensation			nount	of
•	week (list any	┈						from	from related			other	4
	hours for	Individual trustee or director				20		the organization	organization (W-2/1099-MIS		1 .	pensa om the	
	related	E	stee			nsate		(W-2/1099-MISC)	(***27103314110	,		anızat	
	organizations	喜	Institutional trustee) se	Highest compensated employee		(=			-	d relat	
	below	ng ng	tuttor	le.	Кеу етріоуее	lest c	Jec				orga	ınızatı	ons
	line)	힐	Instr	Officer	Key	표	Богтег						
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		\vdash				-	_	 					
1b Sub-total	I						<u> </u>	0.		0.		_	0.
c Total from continuation sheets to Part VI	I, Section A					j	>	0.		0.	_		0.
d Total (add lines 1b and 1c)							<u> </u>	0.		0.			0.
2 Total number of individuals (including but n	ot limited to th	ose	liste	d at	oove	e) wh	o re	eceived more than \$100	,000 of reportab	le			
compensation from the organization													0
										r		Yes	No
3 Did the organization list any former officer,		ıste	e, ke	y en	olqn	yee,	or l	highest compensated ei	mployee on			j	
line 1a? If "Yes," complete Schedule J for s								,		}	_3_		_ <u>X</u> _
4 For any individual listed on line 1a, is the su									the organization		-	}	
and related organizations greater than \$150										}	4		<u>_x</u>
5 Did any person listed on line 1a receive or a							elat	ed organization or indivi	dual for services	}	_	l	
rendered to the organization? If "Yes," com	plete Schedule	e <i>J f</i>	or su	ich j	oers	<u>on</u>					5	i	<u>X</u>
Section B. Independent Contractors		4						bet recovered as a set that a	£100 000 -f				
Complete this table for your five highest co the organization. Report compensation for										ipensa	auon fi	OIII	
(A)	trie caleridar y	eare	er iuii	ig w	<u>/ILIT (</u>	JI WI	<u> </u>	(B)	/eai		(C	<u> </u>	
Name and business	address	NC	ONE	7.			-	Description of s	ervices	C	omper		n
			<u> </u>				ヿ						
											_		
	 						I						
							\perp						
]				
							4						
										_			
2 Total number of independent contractors (ii		ot lir	nited	d to	_		ted	above) who received m	ore than				
\$100,000 of compensation from the organic	zation >				(200 (-	04-
											Form 9	250 (2	:017)

Form 990 (2017) HILLABE
Part VIII Statement of Revenue

		Check if Schedule O cont	ains a response	or note to any lin				
		•			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
ts ts	1 a	Federated campaigns	1a				 -	012 011
ran	b		1b					
ă,G			10					
iifts ar A			1d					
s, G	e							
Sign	f		, I	·]
but		similar amounts not included abo	· I I					
94	g							
Contributions, Gifts, Grants and Other Simitar Amounts	_	Total. Add lines 1a-1f			·			
				Business Code	-	-		
ခ	2 a		L	531110	274,093.	274,093.		
ie vi	b			531110	9,531.	9,531.		
Program Service Revenue	c	LAUNDRY & VENDI	NG	531110	1,696.	1,696.		
ran lev	d	TENANT CHARGES		531110	<u>1,65</u> 9.	1,659.		
δ. P	e							
مَ	f	All other program service reve	enue	531110	699,063.	699,063.		
	_ 9	Total. Add lines 2a-2f			986,042.			
	3	Investment income (including	dividends, intere	est, and				
		other similar amounts)		▶	_5,353.	5,353.		
	4	Income from investment of tax	x-exempt bond p	proceeds 🕨		<u> </u>		
	5	Royalties		, >				
			(i) Real	(II) Personal				
	6 a				i			
	b	•						
	С	, ,	L	L				
	C	,		_ _			<u> </u>	
	7 a	Gross amount from sales of	(i) Securities_	(II) Other				
		assets other than inventory	ļ ———	 				
	b	Less cost or other basis						
		and sales expenses		-				
		Gain or (loss)						
	٥	• , ,		_				
une	8 a	Gross income from fundraising including \$	-		'			1
Other Reve		contributions reported on line	1c) See					
Ä.		Part IV, line 18	а		!			
the	b	Less direct expenses	b					
0	c	: Net income or (loss) from fund	draising events					
	9 a	Gross income from gaming ac	tivities See				ı	
		Part IV, line 19	а					
	b	Less direct expenses	b	L		-	÷	
	c	 Net income or (loss) from gam 	ing activities	<u> </u>				
	10 a	Gross sales of inventory, less	returns					
		and allowances	а	 				
	b	Less cost of goods sold	b		-		-	
	c	Net income or (loss) from sale		, ▶				
		Miscellaneous Revenu	e	Business Code		-		
	11 a							
	b	·						
	C							
	d							
		Total. Add lines 11a-11d		!	991,395.	991,395.	0.	0.
	12	Total revenue. See instructions.			,, <u>,,,,,</u> ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	<u> </u>		<u> </u>

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Sect	on 501(c)(3) and 501(c)(4) organizations must com			omplete column (A)								
	Check if Schedule O contains a response or note to any line in this Part IX Do not include amounts reported on lines 6b. (A) (B) (C) (D)											
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	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		_									
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											
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											
8	Pension plan accruals and contributions (include											
	section 401(k) and 403(b) employer contributions)											
9	Other employee benefits											
10	Payroll taxes											
11	Fees for services (non-employees)			10.061	•							
а	Management	263,393.	220,332.	43,061.								
b	Legal	100.		100.								
С	Accounting	7,700.		7,700.								
d	Lobbying											
е	Professional fundraising services See Part IV, line 17											
f	Investment management fees				· -							
g	Other (If line 11g amount exceeds 10% of line 25,											
	column (A) amount, list line 11g expenses on Sch 0.)	9,495.	9,495.									
12	Advertising and promotion	49,903.	49,903.									
13	Office expenses Information technology	49,703.	40,000.									
14	Royalties											
15 16	Occupancy											
17	Travel											
18	Payments of travel or entertainment expenses											
	for any federal, state, or local public officials											
19	Conferences, conventions, and meetings	3,428.		3,428.								
20	Interest	109,422.	109,422.									
21	Payments to affiliates											
22	Depreciation, depletion, and amortization	175,358.	175,358.									
23	Insurance	13,957.	13,957.									
24	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 0)											
	OPERATING & MAINTENANCE	183,814.	183,814.									
	UTILITIES	107,742.	107,742.									
	ACTIVITIES EXPENSE	40,469.	40,469.	10 010								
	MISC EXPENSES	12,842.		12,842.								
	All other expenses	8,263.	010 400	8,263.								
25_	Total functional expenses Add lines 1 through 24e	985,886.	910,492.	75,394.	0.							
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 following SOP 98-2 (ASC 958-720)											
	Check here if following SOP 98-2 (ASC 958-720)			<u></u>								

Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 28,130 1 51,077. Cash · non-interest-bearing Savings and temporary cash investments 2 2 3 3 Pledges and grants receivable, net 3.177. 2,508. 4 Accounts receivable, net Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L. 6 7 Notes and loans receivable, net inventories for sale or use 8 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or other 5,422,764 basis Complete Part VI of Schedule D 10a 2,098,637. 3,324,127 657,070. 10c 10b b Less accumulated depreciation 11 Investments - publicly traded securities 11 12 12 Investments - other securities See Part IV, line 11 13 Investments - program-related See Part IV, line 11 13 14 Intangible assets 14 407,304. 619,976. 15 Other assets See Part IV, line 11 15 1,095,681. 2,772,198. Total assets. Add lines 1 through 15 (must equal line 34) 16 16 38,911. 164,716. 17 Accounts payable and accrued expenses 17 18 18 Grants payable 19 19 Deferred revenue 20 Tax-exempt bond liabilities 20 Escrow or custodial account liability. Complete Part IV of Schedule D. 21 21 Loans and other payables to current and former officers, directors, trustees, Liabilities key employees, highest compensated employees, and disqualified persons 22 Complete Part II of Schedule L 1,325,764 2,871,215. Secured mortgages and notes payable to unrelated third parties 23 23 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of 22,516 22,268. 25 Schedule D 387.191 058,199. 26 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here > X and complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances -286,001. -291,510. 27 Unrestricted net assets 27 28 Temporarily restricted net assets 28 29 Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 30 31 Paid-in or capital surplus, or land, building, or equipment fund 31

> 2,772,198. Form 990 (2017)

-286,001.

32

33

-291,510

095,681

32

33

Retained earnings, endowment, accumulated income, or other funds

Total net assets or fund balances

Total liabilities and net assets/fund balances

Form	990 (2017) HILLABEE TOWERS, INC.	63-081	1078	Pag	e 12			
Pa	rt XI Reconciliation of Net Assets							
	Check if Schedule O contains a response or note to any line in this Part XI			[
1	Total revenue (must equal Part VIII, column (A), line 12)	1		.,39				
2	Total expenses (must equal Part IX, column (A), line 25)	2		, 88				
3	Revenue less expenses Subtract line 2 from line 1	3	<u>5</u> 291	5,50				
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))							
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 in Schedule O)	9			0.			
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,							
	column (B))	10	-286	, 00	<u>)1.</u>			
Pa	t XIII Financial Statements and Reporting							
	Check if Schedule O contains a response or note to any line in this Part XII		——————————————————————————————————————	ا	<u> </u>			
	,		<u> </u> `	Yes	No			
1	Accounting method used to prepare the Form 990 Cash Accrual Other							
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0	1	ł				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		<u>X</u> _			
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a						
	separate basis, consolidated basis, or both							
	Separate basis Consolidated basis Both consolidated and separate basis		-	-				
b	Were the organization's financial statements audited by an independent accountant?		2b		<u>X</u>			
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basıs,						
	consolidated basis, or both							
	Separate basis Consolidated basis Both consolidated and separate basis			ļ				
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audıt,	}	İ				
	review, or compilation of its financial statements and selection of an independent accountant?		2c					
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch			1				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit						
	Act and OMB Circular A-133?		3a		<u>X</u>			
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit						
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b					
			Form 9	1 90 (2	2017)			

732012 11-28-17

SCHEDULE A

Department of the Treasury,

Internal Revenue Service

(Form 990 or 990-EZ)

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

2017

Open to Public Inspection

Name of the organization

HILLABEE TOWERS, INC. Employer identification number 63-0811078

Pa	rt I	Reason for Public	Charity Status (All organizations must co	omplete th	is part) S	ee instructions.	
⊓he	organ	zation is not a private found	lation because it is	(For lines 1 through 12, o	check only	one box)		
1		A church, convention of ch	urches, or association	on of churches describe	d in sectio	n 170(b)(1)(A)(i).	7/
2		A school described in sect					· · · /)	P
3	一	A hospital or a cooperative					ii).	
4	一	A medical research organiz					•	the hospital's name
•		city, and state	anor oporates in se					and mospitar o marrie,
5		An organization operated for	or the benefit of a co	dlege or university owner	d or opera	ted by a d	overnmental unit describ	ned in
J		section 170(b)(1)(A)(iv). (C		moge of aniversity owner	o or opera	.co by a g	overmiental and desemb)OG 111
_	\Box			montal unit described in	costion 1	70(6)(4)(6)	Ma.A	
6	\mathbf{x}	A federal, state, or local gov An organization that norma	_				• •	authin desamberd in
′	لبها			initial part of its support	nom a gov	ennientai	runit or nom the general	public described in
_	$\overline{}$	section 170(b)(1)(A)(vi). (C	•	(4)(4)(4)() (Complete Dor	+ II \			
8	片	A community trust describe	- •	• • • • • • •				
9	ш	An agricultural research org		• • • • •		-		_
		or university or a non-land-g	grant college of agric	ulture (see instructions)	Enter the	name, city	y, and state of the colleg	e or
		university						
10	L	An organization that norma	-				•	-
		activities related to its exen		•				-
		income and unrelated busin		(less section 511 tax) fr	om busine	sses acqu	lired by the organization	after June 30, 1975
	$\overline{}$	See section 509(a)(2). (Cor	•					
11	片	An organization organized a	•	•	•			
12	لا	An organization organized a	-	=			· · · · · · · · · · · · · · · · · · ·	· ·
		more publicly supported or	=					Sheck the box in
_		lines 12a through 12d that of Type I. A supporting orga	• •				=	, alluna
а		the supported organization						
		organization You must o			a majority	or the dire		apporting
h		Type II. A supporting org	•		tion with it	e sunnort	ed organization(s), by ha	WIDO
D	<u> </u>	control or management o						
		organization(s) You mus			arrio perse	ons that of	ontroi or manage the sup	ported
_		Type III functionally inte	•		in connec	tion with:	and functionally integrate	ed with
·	٠	its supported organization						od with,
٨		Type III non-functionally	• • •					zation(s)
u	L	that is not functionally int	-					
		requirement (see instruction	-	= =				
_		Check this box if the orga						
Ū	-	functionally integrated, or					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
f	Ente	r the number of supported o	• •	,	3 · 3			
		ide the following information		ed organization(s)				<u> </u>
) Name of supported	(II) EIN	(III) Type of organization	(iv) is the orga in your govern	inization listed ing document?	(v) Amount of monetary	(vi) Amount of other
		organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see instructions)	support (see instructions)
						-		
ota								
_								

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

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
	include any "unusual grants ")	860,241.	845,108.	953,514.	971,372.	986,042.	4,616,277,
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf				_		
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	860,241.	845,108.	953,514.	971,372.	986,042.	4,616,277.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)	ŀ)			
6	Public support. Subtract line 5 from line 4						4 616 277
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7	Amounts from line 4	860,241.	845,108.	953,514.	971,372.	986,042.	4,616,277,
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,	}					
	and income from similar sources	1,245.	1,400.	1,103.	973.	5,353.	10,074.
9	Net income from unrelated business						<u> </u>
	activities, whether or not the						
	business is regularly carried on					Ì	
10	Other income Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI)					1	
11	Total support. Add lines 7 through 10						4,626,351.
	Gross receipts from related activities,	etc (see instruction	ons)			12	
	First five years. If the Form 990 is for			d, fourth, or fifth ta	ıx year as a sectio	n 501(c)(3)	
-	organization, check this box and stor			<u> </u>			
Sec	ction C. Computation of Publ	ic Support Pe	rcentage				·
14	Public support percentage for 2017 (line 6, column (f) di	vided by line 11, c	olumn (f))		14	99.78 %
15	Public support percentage from 2016	Schedule A, Part	II, line 14			15	<u>99.87 %</u>
16a	33 1/3% support test - 2017. If the o	organization did no	t check the box o	n line 13, and line	14 is 33 1/3% or m	nore, check this box	
	stop here. The organization qualifies						$\triangleright x$
b	33 1/3% support test - 2016. If the o	organization did no	t check a box on I	ine 13 or 16a, and	line 15 is 33 1/3%	or more, check thi	s box
	and stop here. The organization qual	ifies as a publicly s	supported organiza	ation			
17a	10% -facts-and-circumstances tes						
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"						▶ □
b	10% -facts-and-circumstances tes	t - 2016. If the org	anization did not c	check a box on line	: 13, 16a, 16b, or 1	7a, and line 15 is 1	0% or
	more, and if the organization meets th						
	organization meets the "facts-and-circ						▶□
18	Private foundation. If the organization						
						dule A (Form 990	

Schedule A (Form 990 or 990-EZ) 2017

line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

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 Jf 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)

Section A	Y. All	Supporting	Organizations
-----------	--------	------------	----------------------

- 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
- Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2)
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes." explain in Part VI what controls the organization put in place to ensure such use
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)
- 5a 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).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 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 contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- 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)
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined 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.
- 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.
- 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 10b below
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)

	Yes	No
	-	-
1		
2	-	-
3a	_	
3b		
3c		
4a		<u> </u>
4b	-	
7.5		,
10	-	-
4c		
_5a		· .
5 <u>b</u>		,
_5c		
6	~ •	- - •
		,
7		
8	· 	· -
9a		- '
9b	,	
9c		
30		
10a		
10b		

Sec	tion C - Distributable Amount		Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	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-function	nally integrated Type III s	upporting organization (see

Schedule A (Form 990 or 990-EZ) 2017

instructions)

Schedule A (Form 990 or 990-EZ) 2017

a Excess from 2013
b Excess from 2014
c Excess from 2015
d Excess from 2016
e Excess from 2017

Schedule A	(Form 990 or 990-EZ) 20	17 HILLABEE	TOWERS, IN	<u> 1C</u>	<u>63-0811078</u>	Page t
Part VI	line 1. Part IV. Section	D. lines 2 and 3: Part	iv, Section E. lines in	c, 2a, 2b, 3a, and 3b, Part	ort II, line 17a or 17b, Part III, line 12, ection B, lines 1 and 2, Part IV, Section V, line 1, Part V, Section B, line 1e, Part for any additional information	С
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·*.						
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				-		
						
						

SCHEDULE D

(Form 990)

Department of the Treasury

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

Nam	e of the organization HILLABEE TOWERS, I	NC	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Employer identification number 63-0811078	
Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the					
			3 UI A	coditis. Complete ii the	
	organization answered "Yes" on Form 990, Part IV, IIr	(a) Donor advised funds) Funds and other accounts	
	Tatal words and after a	(a) bonor advised failes	- 12	syl 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	· ·	sed fund		
	are the organization's property, subject to the organization's	-		L Yes	
6	Did the organization inform all grantees, donors, and donor a	-		•	
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose	conferr		
_	impermissible private benefit?			Yes No	
Pai			Part IV,	line 7	
1	Purpose(s) of conservation easements held by the organizat				
	Preservation of land for public use (e.g., recreation or e	education) Preservation of a his	torically	important land area	
	Protection of natural habitat	Preservation of a cer	tified his	storic structure	
	Preservation of open space				
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form	of a co	nservation easement on the last	
	day of the tax year		ļ	Held at the End of the Tax Year	
а	Total number of conservation easements			2a	
b	Total acreage restricted by conservation easements		L	2b	
С	Number of conservation easements on a certified historic str	ructure included in (a)	Ĺ	2c	
d	Number of conservation easements included in (c) acquired	after 7/25/06, and not on a historic struct	ture		
	listed in the National Register		Į	2d	
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by th	e organi	zation during the tax	
	year >				
4	Number of states where property subject to conservation ea	sement is located >			
5	Does the organization have a written policy regarding the pe	riodic monitoring, inspection, handling of			
	violations, and enforcement of the conservation easements i			Yes No	
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing con	servatio	n easements during the year	
	>				
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conserva	ation eas	sements during the year	
	▶ \$				
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 170)(h)(4)(B))(ı)	
	and section 170(h)(4)(B)(ii)?			Yes No	
9	In Part XIII, describe how the organization reports conservati	ion easements in its revenue and expense	e statem	nent, and balance sheet, and	
	include, if applicable, the text of the footnote to the organiza				
	conservation easements		_	_	
Pai	t III Organizations Maintaining Collections o	f Art, Historical Treasures, or C	ther S	Similar Assets.	
	Complete if the organization answered "Yes" on Form	n 990, Part IV, line 8			
1a	If the organization elected, as permitted under SFAS 116 (AS	SC 958), not to report in its revenue state	ment an	d balance sheet works of art,	
	historical treasures, or other similar assets held for public ext				
	the text of the footnote to its financial statements that descri				
b	If the organization elected, as permitted under SFAS 116 (AS		it and ba	alance sheet works of art, historical	
-	treasures, or other similar assets held for public exhibition, e				
	relating to these items	·			
	(i) Revenue included on Form 990, Part VIII, line 1			> \$	
	(ii) Assets included in Form 990, Part X			► \$ ► \$	
2	If the organization received or held works of art, historical tre	asures, or other similar assets for financia	al gain. r		
-	the following amounts required to be reported under SFAS 1		۹ ر	-	
а	Revenue included on Form 990, Part VIII, line 1			> \$	
	Assets included in Form 990, Part X			► \$ ► \$	

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Schedule D (Form 990) 2017

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

		E TOWERS,		wiss Tu		Oth			11078	
										
3	Using the organization's acquisition, accessi	on, and other record	is, check	any of the	following tha	it are a sigr	nificant	use of its	collection i	tems
	(check all that apply)									
а	Public exhibition	d			hange progra	ams				
b	Scholarly research	е		ther						
С	Preservation for future generations			6 41 - 41				_		
4	Provide a description of the organization's co	•		-	-	•		ose in Pan	XIII	
5	During the year, did the organization solicit o		•			er similar a	ssets		٦.,	г.
Do	to be sold to raise funds rather than to be market IV Escrow and Custodial Arran								Yes	No_
Pai	reported an amount on Form 990, Par		ete if the c	organizatioi 	n answered	"Yes" on Fe	orm 990	J, Part IV,	line 9, or	
1a	Is the organization an agent, trustee, custode	ian or other intermed	diary for co	ontribution	s or other as	sets not in	cluded		_	
	on Form 990, Part X?								Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing ta	ble						
									Amount	
С	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 Fe	orm 990, Part X, line	21, for es	crow or cu	istodial acco	unt liability	?		Yes	No No
<u>b</u>	If "Yes," explain the arrangement in Part XIII									
Par	t V Endowment Funds. Complete	f the organization an	swered "\	Yes" on Fo	rm 990, Part	IV, line 10				
		(a) Current year	(b) Pro	or year	(c) Two year	rs back (d	Three y	ears back	(e) Four ye	ars back_
1a	Beginning of year balance									
b	Contributions									
С	Net investment earnings, gains, and losses									
d	Grants or scholarships									
е	Other expenditures for facilities			}		}		i		
	and programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the curr	rent year end balanc	e (line 1g,	column (a)) held as					
а	Board designated or quasi-endowment		_%							
b	Permanent endowment	%								
С	Temporarily restricted endowment >	%								
	The percentages on lines 2a, 2b, and 2c sho									
3a	Are there endowment funds not in the posse	ession of the organization	ation that	are held ar	nd administe	red for the	organiz	zation	_	
	pà.								Y	es No
	(i) unrelated organizations								3a(ı)	
	(ii) related organizations								3a(II)	
þ	If "Yes" on line 3a(ii), are the related organiza	itions listed as requi	red on Scl	hedule R?					_3b	
4_	Describe in Part XIII the intended uses of the		wment fu	nds						
Pai	t VI Land, Buildings, and Equipm									
	Complete if the organization answere	d "Yes" on Form 990), Part IV,						··	
	Description of property	(a) Cost or o	I .	(b) Cost		(c) Acci		T I	(d) Book v	alue
		basis (investr		basis (other)	depre	ciation			
1a	Land		000.					0.5		,000.
b	Buildings	5,382,	764.			3,32	<u>4,1</u>	27.	<u>2,058</u>	<u>,637.</u>
С	Leasehold improvements	<u> </u>			- 				_	
d	Equipment									
	Other									
<u>Total</u>	l. Add lines 1a through 1e (Column (d) must e	qual Form 990, Part	X, column	(B), line 1	0c)				<u>2,098</u>	<u>,637.</u>

Schedule D (Form 990) 2017

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organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2017

	edule D (Form 990) 2017 HILLABEE TOWERS, INC.			311078 Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Sta	atements With Rever	nue per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, III	ne 12a		
1	Total revenue, gains, and other support per audited financial statements		1	991,395.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	1 1		
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	<u>2b</u>		
C	Recoveries of prior year grants	2c		
d	,	_2d		0
e	Add lines 2a through 2d Subtract line 2e from line 1		2e	991,395.
3	Amounts included on Form 990, Part VIII, line 12, but not on line 1		3	991,393.
4 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	0.
_ 5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	991,395.
	rt XII Reconciliation of Expenses per Audited Financial St	atements With Expe		
	Complete if the organization answered "Yes" on Form 990, Part IV, III		·	
i	Total expenses and losses per audited financial statements		1	985,886.
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		
С	Other losses	2c		
d	Other (Describe in Part XIII)	_2d		
е	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1		3	985,886.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1	1 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
þ	Other (Describe in Part XIII)	_4b		0
_C	Add lines 4a and 4b	0.1	4c	985,886.
5 Da	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 rt XIII Supplemental Information.	<u>, </u>	5	905,000.
	ide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and	4. Dort IV Imag 1b and 2b	Dort V. Ima 4. Dart V	line C. Dort VI
	2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide a		rant v, iiile 4, rant A,	iiile 2, Fait Ai,
111163	20 and 40, and 7 art An, miles 20 and 40 Also complete this part to provide a	ny additional information	•	
				_
				
	(
				
		•		
				
73205	4 10-09-17		Schedul	e D (Form 990) 2017
	7 10-00 11			,

SCHEDULE O

Department of the Treasury Internal Revenue Service

(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.

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

OMB No 1545-0047

Open to Public Inspection

Name of the organization HILLABEE TOWERS, INC.	Employer identification number $63-0811078$.
FORM 990, PART VI, SECTION B, LINE 11B:	
THE GOVERNING BODY REVIEWS THE TAX RETURN PRIOR TO FILING.	
FORM 990, PART VI, SECTION C, LINE 19:	
BY PUBLIC REQUEST	
•	