Return of Organization Exempt From Income Tax

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

OMB No 1545-0047

Department of the Treasury
Internal Revenue Service

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

_		enue Service	► Go to www.irs.gov/Form990 for instructions and the la	test information.	Inspection
Α	For th	e Ž018 calen	dar year, or tax year beginning OCT 1, 2018 and ending	SEP 30, 20	19
В	Check (f applicab	C Name of	of organization		ntification number
	Addre	ess UTT.	LABEE TOWERS, INC.		
늗	chanç Name	,		- 63	-0811078
늗	lchane lnitial	·	pusiness as		
는	return Final		r and street (or P 0. box if mail is not delivered to street address)		
_	return termir		TALLAPOOSA STREET		<u>5-933-1020</u>
_	ated Amen	City or	town, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	1,002,920.
느	return	WILE Y	KANDER CITY, AL 35010	H(a) Is this a grou	·
L	Application pendi	F Name a	and address of principal officer WILSON GONCE	for subordina	ates? Yes X No
		SAME	AS C ABOVE	H(b) Are all subordina	ites included? Yes No
	Tax-ex	empt status	X 501(c)(3) 501(c) () ((Insert no.) 4947(a)(1) or	5271) / If "No," attac	ch a list (see instructions)
J	Websi	te: ► N/A	· · · · · · · · · · · · · · · · · · ·	H(c) Group exem	ption number 🕨
K	Form o	f organization:	X Corporation	ear of formation: 198	4 M State of legal domicile: AL
P	art I	Summary	/		-
	1	Briefly descri	be the organization's mission or most significant activities TO PROVI	DE LOW-INCO	ME HOUSING
Activities & Governance]	-			
ā	2	Check this bo	ox I if the organization discontinued its operations or disposed of n	nore than 25% of its ne	et assets
Š	3		oting members of the governing body (Part VI, line 1a)		3 4
ဗ	4		dependent voting members of the governing body (Part VI, line 1b)		4 4
త ഗ	1 '		of individuals employed in calendar year 2018 (Part V, line 2a)	-	5 0
ţ	5			ł	6 0
ڐۣ	-		of volunteers (estimate if necessary)		
Ą	1		d business revenue from Part VIII, column (C), line 12	-	
-	<u> </u>	Net unrelated	business taxable income from Form 990-T, line 38		
) e	1_			Prior Year	Current Year
	8		and grants (Part VIII, line 1h)	-	0. 0.
en (9	-	ice revenue (Part VIII, line 2g)	986,04	
Revenue	10	Investment in	come (Part VIII, column (A) lines 3, 4, and (d)	5,35	
_	11	Other revenu	e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) CEIVED		0. 0.
	12	Total revenue	add lines 8 through 11 (must equal Part VIII, column (A), line 12)	991,39	
	13	Grants and si	milar amounts paid (Part IX, column (A), lines 1-3) DEC 3 0 2019		00.
	14	Benefits paid	to or for members (Part IX, column (A), line 4)	<u> </u>	00.
S	15	Salaries, other	r compensation, employee benefits (Part IX, column (A) lines 5-10)		0.
nse	16a	Professional i	fundraising fees (Part IX, column (A), line 14e) UGDEN, UT		00.
Expenses	ь	Total fundrais	ing expenses (Part IX, column (D), line 25)		
ш	17	Other expens	es (Part IX, column (A), lines 11a-11d, 11f-24e)	985,88	6. 1,069,326.
	18	Total expense	es Add lines 13-17 (must equal Part IX, column (A), line 25)	985,88	6. 1,069,326.
	19	Revenue less	expenses Subtract line 18 from line 12	5,509	966,406.
or (Beginning of Current Ye	
ests	20	Total assets (Part X, line 16)	2,772,198	
Ass	21		s (Part X, line 26)	3,058,199	
Net Assets or Fund Balances	22		fund balances Subtract line 21 from line 20	-286,00	
P	art II	Signatur			
_			I declare that I have examined this return, including accompanying schedules and sta	tements, and to the hest of	of my knowledge and belief it is
			Declaration of preparer (other than officer) is based on all information of which prep		or my knowledge and belief, it is
HUE	, correc	Ji, and complete	Declaration of preparer (other trial officer) is based on all information of which prep	arci ilas ariy kilowicuge.	10-2019
		Signatur	e of officer	Date	0-801
Sig		3,100		24.0	
Her	re	DV20.01			
		 	print name and title	Date Check	PTIN
		Print/Type pre	·	l if	—)
Paid	d	JIM PEF	RY, CPA JIM PERRY, CPA	11/05/19 self-er	
Pre	parer	Firm's name	▶ BROWDER & ASSOCIATES, PC	Firm's EIN	<u> 63-0986156</u>
Use	Only	Firm's address	ONE INDEPENDENCE PLAZA, SUITE 322		
			HOMEWOOD, AL 35209	Phone no	205-803-2193
Ma	y the II	RS discuss th	s return with the preparer shown above? (see instructions)		X Yes No

LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2018)

	1 990 (2018) HILLABEE TOWERS, INC.	<u>63-08110</u>	78 Page 2
Pa	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?	[Yes X No
	If "Yes," describe these new services on Schedule O	<u> </u>	ITES LAJINO
_	·], []
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	L	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		
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to othe	rs, the total exper	nses, and
	revenue, if any, for each program service reported		
4a	(Code) (Expenses \$1, 008, 110 . including grants of \$) (Revenue)		02,920.)
	TO PROVIDE LOW-INCOME HOUSING (78 1BR UNITS) UNDER SECTI	ON 202 O	F_THE
	NATIONAL HOUSING ACT AS AMENDED AND REGULATED BY HUD.		
			
			
		<u> </u>	
4b	(Code) (Expenses \$) (Revenue	e\$)
			
			
4c	(Code) (Expenses \$ including grants of \$) (Revenue	a \$)
			
			
4 14	Other pregram convece (Decaribe in Schedula O.)		
4d	Other program services (Describe in Schedule O)	`	
.	(Expenses		
<u>4e</u>	Total program service expenses ▶ 1,008,110.		000 (5515)
		Fc	orm 990 (2018)

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Form 990 (2018) HILLABEE TOWERS, INC.
Part IV Checklist of Required Schedules

	•		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1_	X	<u> </u>
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2_		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for		1	
_	public office? If "Yes," complete Schedule C, Part I	3_		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
-	during the tax year? If "Yes," complete Schedule C, Part II		 -	X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_	ĺ	
6	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	5	-	X
U	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	ĺ	x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	-		Α.
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	}	X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	<u> </u>		
•	Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			-
	amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?	l		
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X			_
	as applicable	1		
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		<u> X</u>
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	ļ		
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		<u> </u>
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		v	
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X	
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
T	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	444		Х
120	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	11f		
124	Schedule D. Parts XI and XII	12a	х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	12.0		
-	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	}		
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		<u> </u>
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		<u>X</u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			l
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u>X</u> _
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	1		
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		<u> </u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines		1	77
	1c and 8a? If "Yes," complete Schedule G, Part II	18	-	<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	ا ء۔ ا	1	v
	complete Schedule G, Part III	19		<u>X</u> _
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		<u> </u>
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	20b		
21	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
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Form 990 (2018) HILLABEE TOWERS, INC. Part IV Checklist of Required Schedules (continued)

	•		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	}		
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22_		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			-
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J .	23		X
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		1	1
	Schedule K If "No," go to line 25a	24a		<u>X</u> _
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	1		
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			٠,
00	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			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," 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	20		
21	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	<u> </u>	_	
	instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		<u>X</u> _
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		_X_
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		_X_
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		_X_
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		<u>X</u> _
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		<u>X</u> _
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		<u>X</u>
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		<u>X</u> _
р	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?			v
	If "Yes," complete Schedule R, Part V, line 2	36		<u> </u>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			v
00	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	37		<u>X</u>
38	· · · · · · · · · · · · · · · · · · ·	30	x	
Par	Note. All Form 990 filers are required to complete Schedule O t V Statements Regarding Other IRS Filings and Tax Compliance	38	Λ	
	Check if Schedule O contains a response or note to any line in this Part V			\Box
			Yes	No
12	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		ļ	
•	(gambling) winnings to prize winners?	1c		
32004	12-31-18		990 (2018)

Pa	rt V	Statements Regarding Other IRS Filings and Tax Compliance (continued)	1			
		•			Yes	No
2a	Enter	the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				_
	filed f	or the calendar year ending with or within the year covered by this return	2a 0	_	[[
b	If at le	east one is reported on line 2a, did the organization file all required federal employment tax retu	rns?	2b_		
	Note.	. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instruction	s)			
За	Did th	ne organization have unrelated business gross income of \$1,000 or more during the year?		За		X
b	If "Yes	s," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule	0	3b_		
4a	At any	y time during the calendar year, did the organization have an interest in, or a signature or other	authority over, a		1	}
٠	financ	cial account in a foreign country (such as a bank account, securities account, or other financial	account)?	4a		Х
b		s," enter the name of the foreign country				
	See in	nstructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	Accounts (FBAR)			_
5a	Was t	the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a_		<u> X</u>
b		ny taxable party notify the organization that it was or is a party to a prohibited tax shelter trans	action?	5b		X
С		s" to line 5a or 5b, did the organization file Form 8886-T?		_5c		
6a		the organization have annual gross receipts that are normally greater than \$100,000, and did t	he organization solicit			
	•	ontributions that were not tax deductible as charitable contributions?		6a_		X
b		s," did the organization include with every solicitation an express statement that such contribu	tions or gifts			
		not tax deductible?		6b	$\vdash \vdash \vdash$	
7	_	nizations that may receive deductible contributions under section 170(c).		-		-:
a		e organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and se	rvices provided to the payor?	7a		<u> X</u>
b		s," did the organization notify the donor of the value of the goods or services provided?		7b		
С		e organization sell, exchange, or otherwise dispose of tangible personal property for which it w	as required	_	i	v
		Form 8282?	-,	7c	15.	<u> </u>
		s," indicate the number of Forms 8282 filed during the year	7d	. 1	· - -	.
e		le organization receive any funds, directly or indirectly, to pay premiums on a personal benefit on e organization, during the year, pay premiums, directly or indirectly, on a personal benefit cont		7e 7f		
f		organization, during the year, pay premiums, directly of indirectly, on a personal benefit control organization received a contribution of qualified intellectual property, did the organization file F				
g h		organization received a contribution of qualified intellectual property, did the organization file to		7 <u>g</u> 7h		
8		soring organizations maintaining donor advised funds. Did a donor advised fund maintained				
Ü		soring organization have excess business holdings at any time during the year?	Toy tho	8	i -	
9	•	soring organizations maintaining donor advised funds.				
a	•	e sponsoring organization make any taxable distributions under section 4966?		9a		
b		e sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b		
10		on 501(c)(7) organizations. Enter				
а		on fees and capital contributions included on Part VIII, line 12	10a '		:	
b	Gross	receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section	on 501(c)(12) organizations. Enter		ĺ	i	l
а		income from members or shareholders	11a		.]	
b	Gross	income from other sources (Do not net amounts due or paid to other sources against		ĺ	,	
	amour	nts due or received from them)	11b			
12a	Section	on 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041?	12a]	
b	If "Yes	s," enter the amount of tax-exempt interest received or accrued during the year	12b	İ		;
13	Section	on 501(c)(29) qualified nonprofit health insurance issuers.				'
а	Is the	organization licensed to issue qualified health plans in more than one state?		13a		
		See the instructions for additional information the organization must report on Schedule O				
b	Enter t	the amount of reserves the organization is required to maintain by the states in which the	1 1			1
	_	zation is licensed to issue qualified health plans	13b			
		the amount of reserves on hand	13c			'
		e organization receive any payments for indoor tanning services during the tax year?	- 0	14a		<u> </u>
		s," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedul		14b	 	
15		organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune	ration or	45		v
		s parachute payment(s) during the year?		15		<u> </u>
16		s," see instructions and file Form 4720, Schedule N	it income?	16	-	. X_
16		organization an educational institution subject to the section 4968 excise tax on net investmer s," complete Form 4720, Schedule O	it income '	16_		- 21
	ii res	o, complete contracto, conedule o		Form	990 (20181
					1	· · - 1

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.

800	Check if Schedule O contains a response or note to any line in this Part VI			X								
<u> </u>	tion À. Governing Body and Management		<u> </u>	Г								
4	Entay the mumber of veting members of the covering hady at the and of the toy year		Yes	No_								
ıa	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing	4										
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.											
h												
b	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												
Ū	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?											
6												
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	6_		X								
	more members of the governing body?	7a		х								
h	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or											
-	persons other than the governing body?	7b		х								
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:											
	The governing body?	8a	X									
	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											
_	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X								
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)	<u> </u>										
			Yes	No								
10a	Did the organization have local chapters, branches, or affiliates?	10a		X								
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,											
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b										
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X									
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990											
12a												
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		_X_								
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	[.	_									
	ın 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		_X_								
15	Did the process for determining compensation of the following persons include a review and approval by independent		Ì									
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		ł									
а	The organization's CEO, Executive Director, or top management official	15a		<u>x</u>								
b	Other officers or key employees of the organization	15b		<u>_X</u>								
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)	}										
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a											
	taxable entity during the year?	16a		<u>X</u>								
þ	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?	16b										
	tion C. Disclosure											
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 (1024 or 1024 A if applicable), 990, and 990 T (Section 501(c)(3)	s only)	avaıla	ble								
	for public inspection. Indicate how you made these available. Check all that apply											
	Own website											
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	tinan	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	r- :	990 (0040								
32006	12-31-18	rorm	33U (ZU18)								

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

hours per week (list any hours for related organizations organizations) The first and a director/trustee) (list any hours for related organizations) The first and a director/trustee) (w-2/1099-MISC) organizations organizations) The first and a director/trustee) (w-2/1099-MISC) organizations organizations)	(F) Estimated amount of other
hours per hours per week (list any hours for related organizations below line) (1) ALLEN BAKER BOARD MEMBER (2) WILSON GONCE PRSIDENT (do not check more than one box, unless person is both an officer and a director/trustee) (do not check more than one box, unless person is both an officer and a director/trustee) (do not check more than one box, unless person is both an officer and a director/trustee) (do not check more than one box, unless person is both an officer and a director/trustee) (do not check more than one box, unless person is both an officer and a director/trustee) (do not check more than one box, unless person is both an officer and a director/trustee) (do not check more than one box, unless person is both an officer and a director/trustee) (do not check more than one box, unless person is both an officer and a director/trustee) (more from the the organization (W-2/1099-MISC) (W-2/1099-MISC) organization (W-2/1099-MISC)	amount of
week (list any hours for related organizations below line) (1) ALLEN BAKER BOARD MEMBER (2) WILSON GONCE PRSIDENT week (list any hours for related organizations below line) 0 . 0 . 0 . 0 . 0 . 0 . 0 . 0 . 0 . 0	
(Itst any hours for related organizations below line) (1) ALLEN BAKER BOARD MEMBER (2) WILSON GONCE PRSIDENT (Ist any hours for related organizations below line) (O. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0.	otner
(1) ALLEN BAKER	
(1) ALLEN BAKER BOARD MEMBER (2) WILSON GONCE PRSIDENT 0.00 0.00 0.00	mpensation from the
(1) ALLEN BAKER	rganization
(1) ALLEN BAKER BOARD MEMBER (2) WILSON GONCE PRSIDENT 0.00 0.00 0.00	and related
(1) ALLEN BAKER BOARD MEMBER (2) WILSON GONCE PRSIDENT 0.00 0.00 0.00	ganizations
(1) ALLEN BAKER	
(2) WILSON GONCE	
PRSIDENT 0. 0.	0.
(3) RAY KELLY 0.00	0.
	_
VICE PRESIDENT 0. 0.	0.
(4) JAMES CULLINS 0.00	^
SECRETARY 0.	0.
	
 	
	
 	

Form 990 (2018)

Form 990 (2018) HILLA	BEE TOWERS	<u>. I</u> !	<u>NC</u>	<u>: • _ </u>					63-08	<u>811</u>	<u>078</u>	Page	<u> 8</u>
Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)													
• (A) Name and title	title Average hours per week (B) (C) (D) (E) Reportable compensation officer and a director/trustee) from from related							n	Estii amo	mated unt of ther			
	(list any hours for related organizations below below hours for below hours for related organizations below hours for related organization hours for related organization (W-2/1099-MISC)								s	compe fror orgar and i	ensation in the nization related izations		
line) ling ke of ling ling ling ling ling ling ling ling											-	•	
						+	_						_
			-	-	-	+)					
		+	-		+	+					<u>. </u>		
			+	_		+			-				
		+	f	1		+							_
1b Sub-total c Total from continuation sheets to i	Part VII. Section A		<u> </u>			>	•	0.		0.).
d Total (add lines 1b and 1c)	<u> </u>					<u> </u>	<u> </u>	0.		0.			
2 Total number of individuals (including compensation from the organization		ose lis	stec	abo	ove) 	who	re	ceived more than \$100	,000 of reportable	e 		es No	0
3 Did the organization list any former of line 1a? If "Yes," complete Schedule	•	stee,	key	em	ploye	ee, o	or h	nighest compensated er	mployee on	ſ	3	X	
For any individual listed on line 1a, is and related organizations greater that	the sum of reportable								the organization		4	x	
5 Did any person listed on line 1a receirendered to the organization? If "Yes							ate	ed organization or indivi	dual for services		5	x	
Section B. Independent Contractors													
Complete this table for your five high the organization. Report compensation.										pensa	ation fro	m	
(,	A)	NOI			<u>.</u>			(B) Description of s		C	(C) ompens	ation	_
							-			_			_
				_			+						_
							+-				<u></u>		_
			_			_	+			_			_
2 Total number of independent contract \$100,000 of compensation from the		ot limi	ted	to th	nose	liste	_l_ ed :	above) who received m	ore than				_

Form **990** (2018)

\$100,000 of compensation from the organization

Pa	rt VI	II Statement of Reve	nue				00 0011	
		 Check if Schedule O con	ntains a response	or note to any li	ne in this Part VIII			
		,			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	1a					
	Ł	Membership dues	1b]			Į.
		: Fundraising events	1c			1		
Gift	c	Related organizations	1d]			
JS, I	e	Government grants (contribu	itions) 1e]			ļ
tion Sr. S	f	All other contributions, gifts, gra	nts, and					
를 갖		similar amounts not included abo	ove 1f	<u> </u>	_			1
ont d	g	Noncash contributions included in line	s 1a-1f \$		-			
<u>0</u> g	<u>h</u>	Total. Add lines 1a-1f		<u> </u>			<u> </u>	ļ
				Business Code		0.50 405		
Program Service Revenue	2 a		AL	531110	273,487.		<u> </u>	
ne v	b			531110	11,798.	11,798.		
re S	C		ING	531110	1,945.	1,945.		<u> </u>
Re	d	TENANT CHARGES		531110	1,855.	1,855.		
or	e			F21110	711 440	711,448.		
_ (f	. •	enue	531110	711,448.	/11,448.		
		Total. Add lines 2a-2f			1,000,533.			
	3	Investment income (including other similar amounts)	j alviaenas, inter	est, and	2,387.	2,387.		
1	4	Income from investment of ta	ay ayamat baad r	•	2,307.	2,307.	 	
	5	Royalties	ax-exempt bond p	Dioceeds				-
	3	Hoyanies	(ı) Real	(ii) Personal				
	6 a	Gross rents		(i) : 01001iai	1			
	b				1			
ł	c	5 4.1			1			
		Net rental income or (loss)		>	1 -		, ,	•
		Gross amount from sales of	(i) Securities	(II) Other				
		assets other than inventory]			
	b	Less cost or other basis						
Ì		and sales expenses			<u> </u>			,
	c	Gain or (loss)				_	•	
į	d	Net gain or (loss)						
او	8 a	Gross income from fundraising	ng events (not		,			ļ
enr		including \$						
Other Revenue		contributions reported on line	e 1c) See					
erl		Part IV, line 18	а					
5		Less direct expenses	b		·	,	-	
		Net income or (loss) from fun	_		 			
ļ	9 a	Gross income from gaming a						
ł		Part IV, line 19	а		-	}		
		Less: direct expenses	b				-	-
İ		Net income or (loss) from gan Gross sales of inventory, less						
	ю а	and allowances				,		
l	.	Less cost of goods sold	a b					
		Net income or (loss) from sale	_]	· - •	
ŀ		Miscellaneous Revenu		Business Code				
ŀ	11 a			Duaniesa Code	- •			
J	II a				 	 -		
ŀ	c							
		All other revenue						
	e	Total. Add lines 11a-11d						
	12	Total revenue. See instructions		> _	1,002,920.	1,002,920.	0.	0.

6251___1

Section 501(c)(3) and 501(c)(4) organizations must complete all columns All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX (A) (B) (D) Do not include amounts reported on lines 6b. Total expenses Program service Management and Fundraising 7b, 8b, 9b, and 10b of Part VIII. expenses expenses general expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits Payroll taxes 10 Fees for services (non-employees) 245,106. 285,193. 40,087 Management 186. 186. b Legal 7,800 7,800. c Accounting d Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees f Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O) 14,654. 14,654 12 Advertising and promotion 62,616. 62,616. 13 Office expenses Information technology 14 Royalties 15 Occupancy 16 17 Travel Payments of travel or entertainment expenses for any federal, state, or local public officials 3,472. 3,472 Conferences, conventions, and meetings 19 104,428. 104,428 20 Interest Payments to affiliates 21 262,157 262,157. Depreciation, depletion, and amortization 22 20,865. 20,865 23 Other expenses Itemize expenses not covered 24 above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) 144,895. 144,895 a OPERATING & MAINTENANCE 110,600. 110,600. **b** UTILITIES 42,789. c ACTIVITIES EXPENSE 42,789. 8,699. d MISC. TAXES, PERMITS, 8,699. 972. 972 e All other expenses 1,008,110. ,216. 1,069,326. Total functional expenses. Add lines 1 through 24e 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)

Par		Check if Schedule O contains a response or note to any line in this Part X			
		Check if Schedule O Contains a response of note to any line in this Part A	(A)	_	(B)
			Beginning of year		End of year
	1	Cash · non-interest-bearing	<u>51,077.</u>	1	152,966
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	2,508.	4	3,810
1	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees. Complete			
Ì		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		_	
<u> </u>		employees' beneficiary organizations (see instr) Complete Part II of Sch L	_	6	
	7	Notes and loans receivable, net		7	
ί	8	Inventories for sale or use		8	
ł	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment cost or other			
1		basis Complete Part VI of Schedule D 10a 5,568,213.			
	b	Less accumulated depreciation 10b 3,586,284.	2,098,637.	10c	1,981,929
- {	11	Investments - publicly traded securities		11	
	12	Investments - other securities See Part IV, line 11		12	
	13	Investments - program-related See Part IV, line 11		13	
-]	14	Intangible assets		14	
	15	Other assets See Part IV, line 11	619,976.	15	402,285
- }	16	Total assets. Add lines 1 through 15 (must equal line 34)	2,772,198.	16	2,540,990
7	17	Accounts payable and accrued expenses	164,716.	17	43,044
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
- 1	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
- 1	22	Loans and other payables to current and former officers, directors, trustees,			
<u> </u>		key employees, highest compensated employees, and disqualified persons			
		Complete Part II of Schedule L	-	22	- -
;	23	Secured mortgages and notes payable to unrelated third parties	2,871,215.	23	2,828,022
	24	Unsecured notes and loans payable to unrelated third parties		24	2/020/022
- 1	25	Other liabilities (including federal income tax, payables to related third			
1	20	parties, and other liabilities not included on lines 17-24) Complete Part X of			
- 1		Schedule D	22,268.	25	22,331
ı	26	Total liabilities. Add lines 17 through 25	3,058,199.		2,893,397
十		Organizations that follow SFAS 117 (ASC 958), check here ► X and			
,		complete lines 27 through 29, and lines 33 and 34.			
3	27	Unrestricted net assets	-286,001.	27	352,407
	28	Temporarily restricted net assets		28	332,231
	29	Permanently restricted net assets		29	
		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	
	31 32	Retained earnings, endowment, accumulated income, or other funds		32	
	32 33	Total net assets or fund balances	-286,001.	33	-352,407
	34	Total liabilities and net assets/fund balances	2,772,198.	34	2,540,990
		Total naplities and not assets june balances			Form 990 (2018

or audits, explain why in Schedule O and describe any steps taken to undergo such audits

Form 990 (2018)

SCHEDULE A

Department of the Treasury

Internal Revente 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

Open to Public Inspection

Name of the organization

Employer identification number

		HILL	ABEE TOWER	RS, INC.				6	3-0811078				
Pai	<u>t I</u>	Reason for Public	Charity Status	All organizations must c	omplete thi	ıs part) S	ee instructions	S					
The c	organ	ization is not a private found	dation because it is	(For lines 1 through 12,	check only	one box)							
1 [A church, convention of ch	iurches, or associati	on of churches describe	d in sectio	n 170(b)(1)(A)(ı).		Kt				
2		A school described in sect	U										
3		A hospital or a cooperative											
4		A medical research organiz	(iii). Enter	the hospital's name,									
		city, and state											
5		An organization operated for	or the benefit of a co	ollege or university owne	d or operat	ed by a g	overnmental u	nıt descrit	ped in				
		section 170(b)(1)(A)(iv). (C	Complete Part II)										
6 [A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).											
7 [X	An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in											
		section 170(b)(1)(A)(vi). (C	omplete Part II)					-					
8 [A community trust describe		(1)(A)(vi). (Complete Par	tII)								
9 [An agricultural research org				ed in conju	unction with a	land-grant	college				
		or university or a non-land-g											
		university		•				_					
10		An organization that norma	Illy receives (1) more	than 33 1/3% of its suj	port from o	contributi	ons, members	hip fees, a	and gross receipts from				
		activities related to its exen	-						= :				
		income and unrelated busin	ness taxable income	(less section 511 tax) fr	om busines	sses acqu	ured by the org	anization	after June 30, 1975				
		See section 509(a)(2). (Cor		,			·						
11 [An organization organized a	•	sively to test for public sa	afety See s	section 50	09(a)(4).						
12 [An organization organized a	and operated exclus	sively for the benefit of, t	o perform tl	he functio	ons of, or to ca	rry out the	purposes of one or				
		more publicly supported or	ganizations describe	ed in section 509(a)(1)	r section 5	509(a)(2)	See section 5	09(a)(3). (Check the box in				
		lines 12a through 12d that	describes the type o	of supporting organization	n and com	plete lines	s 12e, 12f, and	l 12g					
а		Type I. A supporting orga	anization operated, s	supervised, or controlled	by its supp	ported org	ganization(s), t	ypically by	giving				
		the supported organization	on(s) the power to re	gularly appoint or elect	a majority o	of the dire	ctors or truste	es of the s	supporting				
		organization You must o	omplete Part IV, Se	ections A and B.									
b		Type II. A supporting org	anization supervised	d or controlled in connec	tion with its	s support	ed organizatio	n(s), by ha	iving				
		control or management o	f the supporting org	anization vested in the s	ame perso	ns that co	ontrol or mana	ge the sup	ported				
		organization(s) You mus	t complete Part IV,	Sections A and C.									
С		Type III functionally inte	grated. A supportin	g organization operated	ın connect	ion with, a	and functional	ly integrate	ed with,				
		its supported organization	n(s) (see instructions	s) You must complete	Part IV, Se	ctions A,	D, and E.						
d		Type III non-functionally	integrated. A supp	orting organization ope	rated in cor	nection v	vith its suppor	ted organi	zation(s)				
		that is not functionally int	egrated The organiz	zation generally must sa	tisfy a distri	ibution re	quirement and	an attent	iveness				
		requirement (see instructi	ions) You must cor	mplete Part IV, Sections	s A and D,	and Part	V.						
е		Check this box if the orga	anization received a	written determination fro	m the IRS	that it is a	Type I, Type	II, Type III					
		functionally integrated, or	Type III non-functio	nally integrated support	ing organiz	ation							
f	Ente	r the number of supported o	organizations										
g	Prov	ide the following information	about the supporte	ed organization(s)									
	(1) Name of supported	(II) EIN	(III) Type of organization (described on lines 1-10	(iv) is the organ in your governin	nization listed ig document?	(v) Amount of		(vi) Amount of other				
		organization		above (see instructions))	Yes	No	support (see in	structions)	support (see instructions)				
					1								
					<u> </u>								
			!										
					<u> </u>								
							!						
otal		i		I	1								

Schedule A (Form 990 or 990-EZ) 2018 HILLABEE TOWERS, INC. 63-0811078 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)

Se	ction A. Public Support			7		-	
Cale	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not				ı		
	include any "unusual grants ")	845,108.	953,514.	971,372.	986,042.	1,000,533.	4,756,569,
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				1	,	
	furnished by a governmental unit to					1	
	the organization without charge			0.54 0.50	000		
	Total. Add lines 1 through 3	845,108.	953,514.	971,372.	986,042.	1,000,533,	4,756,569.
5	The portion of total contributions				i	ì	
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included					1	
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
_	column (f)	<u> </u>					
	Public support. Subtract line 5 from line 4 ction B. Total Support	l					4 756 569.
	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	Amounts from line 4	845,108.	953,514.	971,372.	986,042.	1,000,533,	4,756,569.
-	Gross income from interest,	043,100.	<u> </u>	312,312.	J00,042.	1,000,333,	4,750,505.
0	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	1,400.	1,103.	973.	5,353.	2,387.	11,216.
9	Net income from unrelated business	27200	2/2000				
•	activities, whether or not the						
	business is regularly carried on			[[
10	Other income Do not include gain						
-	or loss from the sale of capital						
	assets (Explain in Part VI)						
11	Total support. Add lines 7 through 10						4,767,785,
12	Gross receipts from related activities,	etc (see instruction	ons)			12	
13	First five years. If the Form 990 is for	the organization's	first, second, thir	d, fourth, or fifth ta	ix year as a section	n 501(c)(3)	
	organization, check this box and stop	here	-				_
Sec	ction C. Computation of Publ	ic Support Per	rcentage			 -	
14	Public support percentage for 2018 (I	ıne 6, column (f) dı	vided by line 11, c	olumn (f))	·	14	99.76 %
	Public support percentage from 2017					15	99.78 %
16a	33 1/3% support test - 2018. If the c				14 is 33 1/3% or m	nore, check this bo	
	stop here. The organization qualifies		•				▶ [X]
b	33 1/3% support test - 2017. If the c				line 15 is 33 1/3%	or more, check th	is box
4-	and stop here. The organization quali	•	• •		10 100 or 16b o	and line 14 in 100/	Dr. mara
17a	10% -facts-and-circumstances test						
	and if the organization meets the "fac					t vi now the organ	Lation
L	meets the "facts-and-circumstances" 10% -facts-and-circumstances test					7a and line 15 is:	₽ □ □ 10% or
D	more, and if the organization meets the						
	organization meets the "facts-and-circ						▶□
10	Private foundation. If the organization		-				
10	Filvate Iounidation. It the organizatio	in Glo Hot Check at	<u> </u>	a, 100, 110, 01 110		dule A (Form 990	

Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II If the organization fails to

qualify under the tests listed be	elow, please com	plete Part II)				/
Section A. Public Support						
Calendar yeàr (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and						
membership fees received (Do not			1		}	
include any "ບໍ່ຄຸບsual grants ")		1		1.		
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						ý l
3 Gross receipts from activities that					//	
are not an unrelated trade or bus- iness under section 513						
4 Tax revenues levied for the organ-	- 			//		
ization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities	$\overline{}$	 	 -	1//	 -	
furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons		\		 	<u> </u>	<u> </u>
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b			12			
8 Public support. (Subtract line 7c from line 6)			7			
Section B. Total Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9 Amounts from line 6				1		
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on					-	
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
13 Total support (Add lines 9, 10c, 11, and 12)				<u> </u>	2501(-)(2)	
14 First five years. If the Form 990 is for check this box and stop here	the organization	's first, second, th	ird, fourth, or fifth	tax year as a section	on 501(c)(3) organi	zation,
Section C. Computátion of Public	c Support Pe	ercentage				
15 Public support percentage for 2018 (lin			, column (f))		15	%
16 Public support percentage from 2017					16	%
Section D. Computation of Inves	tment Incom	<u>ne Percentage</u>	<u> </u>			
17 Investment income percentage for 201	18 (line 10c, colu	mn (f), divided by	line 13, column (f)))	17	<u>%</u>
18 Investment income percentage from 2					18	%
19a 33 1/3% support tests - 2018. If the c						17 is not
more than 33 1/3%, check this box an						\ ▶□
b 33 1/3% support tests - 2017. If the o						and \
line 18 is not more than 33 1/3%, chec						
20 Private foundation. If the organization						<u> </u>
832023 10-11-18						0 or 990-EZ) 2018

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)

		_	_		
Caatian	A A II	Supporting	Oran.	sizationa	
Section	M. AII	Supporting	Oluai	IIZALIUNS	

- 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) purposes
- 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 (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)
- 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
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-	<u>3c</u>		
	4a		
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	5b_		
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+	_8		
-	<u>9a</u>		
	9b		
	_ 	_	
	9c	_	
	10a	-	- ~
	-		
\perp	10b	30-EZ)	

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Pa	art IV Supporting Organizations (continued)			
	•		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described 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		
	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		\vdash
	ction B. Type I Supporting Organizations	, , , , ,		
	- Type i capper and cigamizations		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to		163	140
•	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the	Ì		
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or	1		l
	controlled the organization's activities. If the organization had more than one supported organization,	ł	1	
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported		ď	
_	organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1_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		<u> </u>
Sec	ction 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)		<u> </u>	L
Sec	ction 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	l		
	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			1
	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	ction 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 yea(see instruct	ions).		
а		-		
b	The organization is the parent of each of its supported organizations. Complete line 3 below			
c		e instructions	;)	
2	Activities Test Answer (a) and (b) below.		Yes	No
а				
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			l
	those supported organizations and explain how these activities directly furthered their exempt purposes,			ĺ
	how the organization was responsive to those supported organizations, and how the organization determined			ļ
	that these activities constituted substantially all of its activities	2a		1
h	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
U	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			
		2b	•	'
•	activities but for the organization's involvement		-	
3	Parent of Supported Organizations Answer (a) and (b) below.			
а			-	
_	trustees of each of the supported organizations? <i>Provide details in</i> Part VI.	_3a		
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	<u>3</u> b		

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Schedule A (Form 990 or 990-EZ) 2018

<u>Sche</u>	edule A (Form 990 or 990-EZ) 2018 HILLABEE TOWERS, INC.			63-0811078 Page 6
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	ng Orga	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	ng trust or	Nov 20, 1970 (explain in	Part VI) See instructions. A
	other Type III non-functionally integrated supporting organizations must continue to the state of the state o	omplete S	ections A through E	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		•
3	Other gross income (see instructions)	3		
_4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or	1 1		
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year)			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI)			,
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 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		
Sect	on 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		

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

Schedule A (Form 990 or 990-EZ) 2018

Pa	rt V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations (continued)	
Sect	ion D - Distributions			Current Year
_1	Amounts paid to supported organizations to accomplish exe	<u> </u>		
2	Amounts paid to perform activity that directly furthers exemp			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpos	es of supported organization	<u> </u>	
4	Amounts paid to acquire exempt-use assets			
_5	Qualified set-aside amounts (prior IRS approval required)		_	
6	Other distributions (describe in Part VI) See instructions			
7	Total annual distributions. Add lines 1 through 6			
8	Distributions to attentive supported organizations to which the	he organization is responsive	•	
	(provide details in Part VI) See instructions		_ .	
9	Distributable amount for 2018 from Section C, line 6			
<u>10</u>	Line 8 amount divided by line 9 amount			
		(i)	(ii)	(iii)
Sect	ion E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2018	Distributable Amount for 2018
1	Distributable amount for 2018 from Section C, line 6		·	
2	Underdistributions, if any, for years prior to 2018 (reason-			[
	able cause required- explain in Part VI) See instructions			
3	Excess distributions carryover, if any, to 2018			
a	From 2013			
b	From 2014			
С	From 2015			
d	From 2016	<u> </u>		·
е	From 2017			
f_	Total of lines 3a through e			
	Applied to underdistributions of prior years			
<u>h</u>	Applied to 2018 distributable amount			
	Carryover from 2013 not applied (see instructions)			
	Remainder Subtract lines 3g, 3h, and 3i from 3f			<u>'</u>
4	Distributions for 2018 from Section D,			Į.
	line 7 \$			
a	Applied to underdistributions of prior years			
	Applied to 2018 distributable amount			
c	Remainder Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2018, if			i ;
	any Subtract lines 3g and 4a from line 2 For result greater			
	than zero, explain in Part VI. See instructions			
6	Remaining underdistributions for 2018 Subtract lines 3h			
	and 4b from line 1 For result greater than zero, explain in			
	Part VI See instructions			
7	Excess distributions carryover to 2019. Add lines 3j			
	and 4c			
_8	Breakdown of line 7			
	Excess from 2014			<u> </u>
	Excess from 2015			<u>'</u>
	Excess from 2016			
	Excess from 2017			<u> </u>
е	Excess from 2018			

Schedule A (Form 990 or 990-EZ) 2018

chedule A	<u>Form 990 or 990-E</u>	Z) 2018 HILL	ABEE TOW	VERS, INC	<u>•</u>		63-0811078 Pa
	Part IV, Section A, line 1, Part IV, Sec Section D, lines 5,	lines 1, 2, 3b, 3c tion D, lines 2 and	, 4b, 4c, 5a, 6, 9 d 3, Part IV, Sec	9a, 9b, 9c, 11a, 1 ction E, lines 1c, 2	ed by Part II, line 10, F 1b, and 11c, Part IV, S la, 2b, 3a, and 3b, Pa Also complete this pa	Section B, lines 1 rt V, line 1, Part V,	and 2, Part IV, Section C, Section B, line 1e, Part V,
	(See instructions)						
							
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28 10-11-18	3					Schedule	A (Form 990 or 990-EZ)

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** HILLABEE TOWERS, INC. 63-0811078 Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6 (a) Donor advised funds (b) Funds and other accounts 1 Total number at end of year 2 Aggregate value of contributions to (during year) Aggregate value of grants from (during year) 4 Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II | Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last Held at the End of the Tax Year day of the tax year a Total number of conservation easements 2a Total acreage restricted by conservation easements 2b c Number of conservation easements on a certified historic structure included in (a) 2c d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of No violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 6 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 7 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide

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

a Revenue included on Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items.

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Schedule D (Form 990) 2018

	rt III Organizations Maintaining C	E TOWERS,		l Tro	asures or O	har S				8 Page 2
3	Using the organization's acquisition, accession (check all that apply)	on, and other records	s, check any o	or the r	rollowing that are	a signiti	cant us	se or its	collection	n items
_	Public exhibition			rovoh	ando programa					
a		a	Other	exci	nange programs					
b	Scholarly research	е	Other_							
C	Preservation for future generations	llastions and surface	. l	ما الله من ما د					VIII	
4	Provide a description of the organization's co							e in Pai	T AIII	
5	During the year, did the organization solicit of		•			ıııar ass	ets		٦٧	
Pai	to be sold to raise funds rather than to be ma						- 000	Down IV	Yes	No
T al	reported an amount on Form 990, Par		te ii the organi	izatioi	i answered fes	on For	п 990,	Pan IV,	line 9, or	
						not mali				
ıa	Is the organization an agent, trustee, custodis on Form 990, Part X?	an or other intermedi	ary for contrib	utions	s or other assets r	iot incit	laea		¬ _V	[] N-
L	·	and assemble the fall	lavvoa tabla					L	_ Yes	L No
b	If "Yes," explain the arrangement in Part XIII a	and complete the foil	lowing table			Г				
_	Decimalization to be a second					 	-		Amount	
C	Beginning balance					 	1c			
a	Additions during the year					-	1d			
e	Distributions during the year					-	1e			
1	Ending balance					L	1f			
2a	Did the organization include an amount on Fo					-		Ц.	_ Yes	⊢ No
_	If "Yes," explain the arrangement in Part XIII									
Pa	t V Endowment Funds. Complete if								1	
		(a) Current year	(b) Prior yea	ar	(c) Two years back	(a) i	nree yea	ars back	(e) Four	years back
1a	Beginning of year balance				·····					
þ	Contributions,				······································				ļ <u>.</u>	
С	Net investment earnings, gains, and losses				•••••	-			ļ <u> </u>	
d	Grants or scholarships								ļ	
е	Other expenditures for facilities								1	
	and programs , ,				·····				ļ	_
f	Administrative expenses									_
g	End of year balance								<u> </u>	
2	Provide the estimated percentage of the curre	ent year end balance	e (line 1g, colui	mn (a)) held as					
а	Board designated or quasi-endowment		_%							
b	Permanent endowment >	%								
С	Temporarily restricted endowment ▶	%								
	The percentages on lines 2a, 2b, and 2c shou	uld equal 100%								
За	Are there endowment funds not in the posses	ssion of the organiza	tion that are h	eld an	nd administered fo	r the or	ganıza	tion	_	
	by									Yes No
	(i) unrelated organizations								3a(i)	
	(ii) related organizations								3a(II)	
b	If "Yes" on line 3a(ii), are the related organizat	tions listed as require	ed on Schedul	e R?					3b	
4	Describe in Part XIII the intended uses of the								<u> </u>	
_	t VI Land, Buildings, and Equipm									
	Complete if the organization answered		, Part IV, line 1	1a Se	ee Form 990, Part	X, line	10			
	Description of property	(a) Cost or ot				Accum			(d) Book	value
	о остория от резервен,	basis (investm		asıs (d		deprecia			()	
	Land	40,0						\neg	4(0,000.
	Buildings	5,528,2			3	,586	. 28	4.		1,929.
0	Leasehold improvements	3,320,2				, , , , ,	<u>, </u>	- +-	<u> </u>	<u>- 1 - 2 - 7 •</u>
ن بہ	Equipment									
a	Other									
	Add lines 1a through 1e (Column (d) must ed	nual Form 990 Part >	C column (B)	ine 10	Oc.)				1.98	1,929.

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Schedule D (Form 990) 2018

(a) Description	(b) book value
(1) TENANT SECURITY DEPOSITS	22,560.
(2) REPLACEMENT RESERVE	265,407.
(3) ESCROW DEPOSITS	71,954.
(4) RESIDUAL RECEIPTS RESERVE	8,491.
(5) OTHER RESERVES	33,873.
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	<u> 402,285.</u>
Dest Y Other Liebilities	

| Part X | Other Liabilities.

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 SECURITY DEPOSITS	22,331.
(3)	
(4)	
(5)	
(6)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	▶ 22,331.

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 FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2018

Part XI Reconciliation of Revenue per Audited Financia			0811078 Page 4
· ·		ie per Keturr	1.
Complete if the organization answered "Yes" on Form 990, Part			1 002 020
1 Total revenue, gains, and other support per audited financial statement	IS .	1	1,002,920.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12 a Net unrealized gains (losses) on investments	ا مو ا		
a Net unrealized gains (losses) on investments b Donated services and use of facilities	2a		
c Recoveries of prior year grants	2b 2c		
d Other (Describe in Part XIII)	2d		
e Add lines 2a through 2d	20 1	2e	n
3 Subtract line 2e from line 1		3	1,002,920.
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	<u></u>	4c	0.
5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, lin	ne 12)	5	1,002,920.
Part XII Reconciliation of Expenses per Audited Financia	al Statements With Expens		
Complete if the organization answered "Yes" on Form 990, Part	IV, line 12a		
Total expenses and losses per audited financial statements		1	1,069,326.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25			
a Donated services and use of facilities	2a		
b Prior year adjustments	2b		
c Other losses	2c		
d Other (Describe in Part XIII)	_2d		
e Add lines 2a through 2d		2e	0.
3 Subtract line 2e from line 1		3	1,069,326.
4 Amounts included on Form 990, Part IX, line 25, but not on line 1	1 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	0.
5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, I Part XIII Supplemental Information.	ine 18)	5	1,069,326.
	and 4 Dort IV Inner 1h and 0h De	and V. Jones A. Dont	V line O. Doub VI
Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a ines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to prov		art v, line 4, Part	A, line 2, Part Al,
mes 20 and 4b, and Fart XII, lines 20 and 4b. Also complete this part to prov	ide any additional information		
			 _
			
			·····
		Cabad	lule D (Form 990) 2018

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	· · · · · · · · · · · · · · · · · · ·
·	

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

Schedule O (Form 990 or 990-EZ) (2018)