Form

Return of Organization Exempt From Income Tax

Department of the Treasury Internal Revenue Service

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

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

Open to Public Inspection ► Go to www irs gov/Form990 for instructions and the latest information

				ar, or tax year beginning		d ending			
	В	Check if applicable	C Name of org		HOUSING FOR	THE ELEDERLY		D Employe	r identification number
	$\bigcup I$	Address change		OF BRIST	OL, INC			1	
	$\Box$	Name change	Doing busin						611830
		nitial return	PO BO	d street (or P O box if mail is not defined by 58	ered to street address)		Room/suite	423-	926-6031
	_	Final return/		n state or province, country, and ZIP of	or foreign postal code			1	
		erminated	-	SON CITY	TN 37605-00	5.0		C C C C C C C C C C C C C C C C C C C	eipts\$ 80,413
		Amended return	<del></del>	address of principal officer	IN 37003-00		T	G Gross rec	elpis \$
	$\Box$	Application pending	i	LIP TORBETT			H(a) Is this a g	roup return for s	ubordinates? Yes X No
	ш '	-pp.ioc.ion ponding		OX 58		1	H(h) Are all su	bordinates incli	uded? Yes No
					mat 276	05-0058	7 1		(see instructions)
				SON CITY				,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
		Tax-exempt status		1(c)(3) 501(c) ( )	(insert no ) 494	7(a)(1) or \$27	<del></del>		_
			I/A				H(c) Group ex		
		Form of organization	X Corpor	ration Trust Association	Other -	<u> </u>	Year of formation	2009	M State of legal domicile TN
	<u> </u>		ımmary						
				organization's mission or mos	- <del>-</del>				
	e S	PROV	ISION C	OF ASSISTED LOW I	NCOME HOUSING	<b>}</b> .			
	Jan								
	Governance			1					
	é			If the organization disconting	•	disposed of more than	25% of its net as	1 1	_
	જ	3 Number	of voting me	embers of the governing body	/ (Part VI, line 1a)			3	7
	ies	4 Number	of independe	ent voting members of the go	overning body (Part V	l, line 1b)		4	0
	Activities &	5 Total nur	nber of indiv	ıduals employed ın calendar	year 2018 (Part V, Iir	ne 2a)		5	3
	Acı	6 Total nur	nber of volui	nteers (estimate if necessary	/)			6	0
				ness revenue from Part VIII,				7a	0
	_	b Net unre	lated busine	ss taxable income from Forn	n 990-T, line 38			7b	0
							Prior Ye		Current Year
	e l			ants (Part VIII, line 1h)				0,136	79,395
뜻	Revenue	_		enue (Part VIII, line 2g)				140	216
2019	Š			Part VIII, column (A), lines 3				149	216
				VIII, column (A), lines 5, 6d,			<u> </u>	882	802
•				lines 8 through 11 (must equ		A), line 12)	8	1,167	80,413
AUG				mounts paid (Part IX, column					0
¥				r members (Part IX, column				2 420	10 500
$\circ$	es	•		ensation, employee benefits	1	3,432	12,508		
NNED	Expenses	16a Professio	onal fundrais	sing fees (Part IX, column (A	), line 11e)	•			0,
Z	ğ			enses (Part IX, column (D),	·	0		- 460	116 601
Z	۳ ا	· ·	•	t IX, column (A), lines 11a-1				5,469	116,681
SCA				lines 13–17 (must equal Par				8,901	129,189
	. (0	19 Revenue	less expens	ses Subtract line 18 from lin	e 12 REC	EIVED		7,734	-48,776 End of Year
	Net Assets or Fund Balances	20 T-t-t	-4- (D-4 V	l-n- 46\			Beginning of Cu	6,200	1,563,473
	Bala	20 Total ass	•	•	BOO MAY	1 7 2019		3,641	1,869,690
	할	21 Total hab	-	•		2013		7,441	-306,217
				alances Subtract line 21 from	n line 201	<u> </u>		1,331	300,217
			gnature E		- L OGDE	<del>-N, UT                                     </del>			
	tru	der penaities of p	perjury, i deci: omplete: Decl	lare that I have examined this re laration of preparer (other than o	turn, includin <del>g accompa</del> officer) is based on all in	ormation of which prepar	ements, and to the t er has anv knowled	est of my kn de	owledge and belief, it is
		0, 0011001, 0110	71.1	7 1 24				5.	-13-19
	O:	<del>-</del>	ignature of office	John Williams				Date	() (/
	Sig	·· I .				DDEC	TORNE	Date	
	Her		PHILL			PRES	IDENT		
		<u>_</u>	ype or print nam		Preparer Signature	0 1	Date		X of PTIN
	Paid		e preparer's nam		rieparer signature	V 1h1/1	/	Check	<u> </u>
		arer Italian	H R KELLY		TTY TO	) C // C //	<del>                                     </del>	1/19 self-em	
		oarer Firm's na	me 🕨		LLY JR., M	ACC., CPA		Firm's EIN	47-0854356
,	use	Only		PO BOX 967	ECE	7.600			400 E40 EEEE
		Firm's ad		MILLIGAN COLL		7682		Phone no	423-542-5555
	May	the IRS discus	s this return	with the preparer shown ab	ove? (see instructions	i)			X Yes No

4d Other program services (Describe in Schedule O )

(Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses ▶ 119,883

DAA

Form 990 (2018)

ADO Page 3

_P	art 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,"			İ
	complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			ľ
	candidates for 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	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-197 If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			ĺ
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If		1	
	"Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or			.,
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			7.7
	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,			
	VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"	44.	x	
L	Complete Schedule D, Part VI	11a	<b>-</b> ^-	
D	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		х
	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more	110		
·	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
•	reported in Part X, line 16° If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f				
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Ì	X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
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		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	4.0		v
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	,,		x
10	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	J	X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	10		41
. 3	If "Yes," complete Schedule G, Part III	19	İ	x
202	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	-	X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			

domestic government on Part IX, column (A), line 19 If "Yes," complete Schedule I, Parts I and II

Yes   No   Part   X, column (A), line 2? If "Yes," complete Schedule I, Parts I and III   22   X   X   23   Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a   24a   X    b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?   24b   24b   24b   24c   24	Pa	art IV Checklist of Required Schedules (continued)			
22 X 24 Del the organization spoot more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX. column (A), line 21 If "Yes," compilete Schedule I, Parta I and III 25 Del the organization averea that forms officers, directors, trustees, key employees, and implest compensation of the organization column and the programment of the organization column and the part III and the programment of the organization column and the part III and the part III and III				Yes	No
Part K., column (A.), line 2º Il "Yes", complete Schedule I, Parts I and III organization answer "Fest Deart IVI, Section A, Ine 3.4, or 5 should compensation of the organization answer "Fest Deart IVI, Section A, Ine 3.4, or 5 should compensation of the organization answer "Fest Deart IVI, Section III organization in the compensation of the organization answer in the set of the set day of the	22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
23 Dit the organization answer "Yes" to Part VII, Section A, Ines 3, 4, or 5 about compensation of the organization surrent and former officers, directors, fustates, key employees, and highest compensated employees? If "Yes," complete Schedule J.  24 Dit the organization awar at six exempt bond is usue with an outstanding principal amount of more than 3100,000 as of the lists day of the year, that was issued after December 31, 2002? If "Yes," answer lines 240 through 24 and complete Schedule K. If "No." post for the 25e D. Dit the organization invest any proceeds of fax-exempt bonds beyond a temporary period exception?  25 Did the organization maintain an exception to their than a refurding estrow at any time during the year?  26 Did the organization invest any proceeds of fax-exempt bonds beyond a temporary period exception?  27 Did the organization maintain an exception to bends outstanding at any time during the year?  28 Section SO((5)), SO((5)), and SO1((2)) organizations. Did the organization engage in an excess benefit transaction what a disqualified person using the year? If "Yes," complete Schedule L. Part I is the organization aware that it engaged in an excess benefit transaction with a disqualified person bit is the organization ware that the transaction has not been reported on any of the organizations prior Forms 950 e990-E27 if "Yes," "complete Schedule L. Part II"  28 Details that the transaction has not been reported on any of the organization prior Forms 950 e990-E27 if "Yes," "complete Schedule L. Part II"  29 Did the organization approximation provided is greated organization species benefit transaction with a disqualified persons? If "Yes," complete Schedule L. Part III"  29 Did the organization report any amount on Part X, Inc 5, 6, or 22 for receivables from or payables to any current or former officers, director, trustee, key employee? If "Yes," complete Schedule L. Part IV  29 Did be organization report and organization organization provided is greated organization provided is greated o		Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
organization's current and former officers, fursicless, key employees, and highest Compensated employees? If "Yes," complete Schedule J. 23 X. 24a Did the organization have a tax-exempt bond issue with an distanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No."go to line 25a Did the organization minest any proceeds of tex-exempt bonds beyond a temporary period exception." 24b Did the organization maintain an escrow account of the than a refunding section 30 try time during the year to defease any tax-exempt bonds of the than a refunding section 30 try time during the year to defease any tax-exempt bonds of the than a refunding section and the year? 24d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d Did to the organization and the process of the section 501(c(3), 501(c)(4), and 501(c)(24) organizations. Did the organization engage in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported of "Nos", organizations prior 1890 or 500-E27 If "Yes," complete Schedule L, Part I Did the organization promode 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 disqualited persons? If "Yes," complete Schedule L, Part II Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contribution 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 IV Did the organization organization for the organization with an outrent or former officer, director, trustee, or key employee?	23				
amployees? If "Yes," complete Schedule J  23		•			
s 100,000 as of the list day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			23		X
s 100,000 as of the list day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b	24a				
through 24d and complete Schedule K If "No." on to line 25a b. Did the organization mixes any proceeds of tax-exempt bonds beyond a temporary period exception?  Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any time-exempt bonds?  Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  25a Section 501c(3), 501c(3), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a designating berson during the year? If "Ves," complete Schedule I., Part I  5 is the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  25b Section 501c(3), 501c(3), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a designation and the transaction with a designation and the transaction with a designation of the complete schedule I., Part II  5 is the organization act as an act as a section of the organization promises of the complete Schedule I., Part II  5 is the organization provide a grant or other assistance to an officer, director, fusitee, key employees, or disqualified persons? If "Yes," complete Schedule I., Part III  26 is a section of the organization provide a grant or other assistance to an officer, director, fusitee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 39% controlled entity or family member of any of these persons? If "Yes," complete Schedule I., Part III  27 is a second of the organization provide a grant to ordiner assistance to an officer, director, fusitee, or key employee? If "Yes," complete Schedule I., Part III  28 is a second of the organization receive for the forector, fusitee, or key employee? If "Yes," complete Schedule I., Part III  28 is a second of the organization receive more than \$250 on the second organization organization receive contributions of art, historical treasures, or other smiles schedul		\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
b Did the organization invest any proceeds of flax-exempt bonds beyond a temporary period exception?  Did the organization maintain an excrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?  Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  Did the organization available person during the year? If "Yes," complete Schedule I., Part II transaction with a disqualified person out in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-E2?  If "Yes," complete Schedule I., Part II 25b X  Did the organization provide a grant or other assistance to an officer, director, trustees, key employees, or disqualited persons? If "Yes," complete Schedule I., Part II 27b Yes, "complete Schedule I., Part II 27c Yes, "Complete Schedule I., Part II 27c Yes, "complete Schedule I., Part II 27c Yes, "complete Schedule I., Part II 27c Yes, "Complete Schedule I., Part II 27c Yes, "complete Schedule I., Part II 27c Yes, "complete Schedule I., Part II 27c Yes, "complete Schedule I., Part II 27c Yes, "complete Schedule I., Part IV Y			24a		X
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any time and to defease any time and to defease any time and to defease any time during the year?  d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  24d	b		24b		
to defease any tax-exempt bonds?  24d  Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  24d  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? "Yes," complete Schedule L, Part I  Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Form's 990 or 990-E2?  If Yes," complete Schedule L, Part I  25b  X  26b  X  27c  28b  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  27c  28c  28c  29c  29c  29c  29c  29c  29	С				
25a Section 501(c)(3) 801(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 is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a pnor year, and that the transaction has not been reported on any of the organizations prior Forms 990 or 990-E2? if "Yes," complete Schedule L, Part I 25b Ut 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 25b Ut the organization provide a grant or other assistance to an officer, director, trustees, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled earlier or employee thereof, a grant selection committee member, or to a 35% controlled earlier or employee thereof, a grant selection committee member, or to a 35% controlled earlier or former officer, director, fursities, or officer of the following parties (see Schedule L, Part IV 27b 27b 27b 27b 27b 27b 27b 27b 27b 27b			24c		
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transaction with a disqualified person during the year /il "Yes," complete Schedule L, Part I  b is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organizations prior Forms 990 or 990-E27  if "Yes," complete Schedule L, Part I  Did the organization 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, bighest 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 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  28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV)  28 A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV  28 A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV  29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule L, Part IV  29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule III and the organization contributions? If "Yes," complete Schedule III and III a	25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-E27 if "Yes," complete Schedule L, Part I    25b			25a		X
## 17*es," complete Schedule L, Part I   25b   X   25b   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, injects complete Schedule L, Part II   26	b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
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, frustees, key employees, nighest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part III 27 Did the organization aparty to a business transaction with one of the following parties (see Schedule L, Part III 27 Part IV instructions for applicable filing thresholds, conditions, and exceptions)  a A current or former officer, director, frustee, or key employee? If "Yes," complete Schedule L, Part IV 28a X X Did the organization or officer, director, frustee, or key employee? If "Yes," complete Schedule L, Part IV 28a X X Did the organization or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28a X X Did the organization or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28b X X Did the organization receive more than \$25,000 in non-cash continuous of "Yes," complete Schedule L, Part IV 28c X X Did the organization receive more than \$25,000 in non-cash continuous? If "Yes," complete Schedule M 29 X X Did the organization receive more than \$25,000 in non-cash continuous? If "Yes," complete Schedule M 29 X X Did the organization in qualified to subject the schedule M 29 X X Did the organization in qualified to subject the schedule M 29 X X Did the organization in qualified to subject the schedule M 29 X X Did the organization in qualified to subject the schedule M 29 X X Did the organization in qualified to subject the schedule M 29 X X Did the organization in qualified to subject the schedule M 29 X X Did the organization in qualified to subject the schedule M 29 X X Did the organization in qualified to subject the schedule M 29 X X Did the organization in qualified to subject the schedule M 29 X X Did the organization one of the schedule M 29 X X Did the organization one of the schedule M 29 X X Did the organization organization receive any payment from o		year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?	1		
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was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV  28		Schedule L, Part IV	28b		<u> </u>
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35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?  b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2  36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2  37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI  38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O  Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V  Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V  Yes No  1a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable  b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable  c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?  1c	34				
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2  36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2  36 X  37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part V!  38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O  38 X  Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V  10 Yes No  11 Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable  12 Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?  12 To line 2 Schedule O contains a preportable payments to vendors and reportable gaming (gambling) winnings to prize winners?					
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Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2  36 X  37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI  38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O  Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V  Yes No  1a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	ь		l		
related organization? If "Yes," complete Schedule R, Part V, line 2  36 X  37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI  38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19° Note. All Form 990 filers are required to complete Schedule O  Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V  1a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			35b		
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI  38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O  38 X  Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V  Yes No  1a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?  1c	36				37
and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI  38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O  Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V  Yes No  1a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			36		<u> </u>
Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and  19? Note. All Form 990 filers are required to complete Schedule O  Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V  Yes No  1a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?  1c	37	· · · · · · · · · · · · · · · · · · ·			v
19? Note. All Form 990 filers are required to complete Schedule O  Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V  Yes No  1a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?  38 X  Yes No			37		
Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V  Yes No  1a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?  1c	38	- · · · · · · · · · · · · · · · · · · ·		v	
Check if Schedule O contains a response or note to any line in this Part V  Yes No  1a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?  1c			<u> </u>		
Yes No  1a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?  1c   Yes No  Yes No	Ęą	•			
Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable  b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable  c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?  1a 3  1b 0		Check it Schedule O contains a response of flote to any line in this Part v		Vac	<u> </u>
b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	4.	Enter the number reported in Roy 3 of Form 1096. Enter 0, if not applicable		162	140
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		· · · · · · · · · · · · · · · · · · ·	┥ │		
reportable gaming (gambling) winnings to prize winners?			┥		}
	С		1		لــــــ
		reportable garning (garnoling) withings to prize withers.		" 990	(2018)

Pa	art V· Statements Regarding Other IRS Filings and Tax Compliance (continued)								
			Yes	No					
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	٠,		-					
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 3								
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х						
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			3 6 7-					
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X					
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		<u> </u>					
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,								
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X					
þ	If "Yes," enter the name of the foreign country ▶	•	ĺ	١.					
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)	<u> </u>							
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х					
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X					
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c							
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the								
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X					
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or								
	gifts were not tax deductible?	6b							
7	Organizations that may receive deductible contributions under section 170(c).								
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	, , <u> </u>							
	and services provided to the payor?	7a		<u> </u>					
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		<u> </u>					
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was								
	required to file Form 8282?	7c		<u> </u>					
d	If "Yes," indicate the number of Forms 8282 filed during the year	خث	**						
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		<u> </u>					
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		<u> </u>					
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		<u> </u>					
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		<u> </u>					
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the								
	sponsoring organization have excess business holdings at any time during the year?	8		<u> </u>					
9	Sponsoring organizations maintaining donor advised funds.								
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a							
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b							
10	Section 501(c)(7) organizations. Enter	*,	; .	٠,					
а	Initiation fees and capital contributions included on Part VIII, line 12	`	**	ĺ					
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		•	١.					
11	Section 501(c)(12) organizations. Enter		,	1					
a	Gross income from members or shareholders		,						
b	Gross income from other sources (Do not net amounts due or paid to other sources			4					
	against amounts due or received from them )  11b	42-							
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  If "Yes," enter the amount of tax-exempt interest received or accrued during the year  12b	12a							
	• • • • • • • • • • • • • • • • • • • •	٠,							
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	13a		<u> </u>					
a	Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O	ısa		4					
h		٠, ٦		i					
b									
_	the organization is licensed to issue qualified health plans  Enter the amount of reserves on hand  13b	,*		•					
C 14a		14a	-	X					
	4a Did the organization receive any payments for indoor tanning services during the tax year?  b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O								
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	14b							
	excess parachute payment(s) during the year?	15		x					
	If "Yes," see instructions and file Form 4720, Schedule N	<del>,</del>							
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X					
. 0	If "Yes," complete Form 4720, Schedule O	-10		<u></u>					
	n 103, complete i onn 4720, conceduc o								

Form 990 (2018) MILLIGAN HOUSING FOR THE ELEDERLY 26-1611830 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  $\mathbf{X}$ Check if Schedule O contains a response or note to any line in this Part VI

<u>Sec</u>	tion A. Governing Body and Management				V	N.
4-	Enter the number of veting members of the governing heady at the end of the tay year	1a	l <b>7</b>	Γ	Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year if there are material differences in voting rights among members of the governing body, or	ı d		1		
	if the governing body delegated broad authority to an executive committee or similar					
	committee, explain in Schedule O					
ь	Enter the number of voting members included in line 1a, above, who are independent	1b	7			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			1		
-	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			<b>-</b>		
•	supervision of officers, directors, or trustees, or key employees to a management company or other person?			3	x	
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed	2		4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	•		5		x
6	Did the organization become aware during the year of a significant diversion of the organization's assets?			6		X
7a	Did the organization have members of stockholders, or other persons who had the power to elect or appoint					
'a	one or more members of the governing body?			7a		$\mathbf{x}$
<b>L</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members,			'a		
b				7b		x
8	stockholders, or persons other than the governing body?  Did the organization contemporaneously document the meetings held or written actions undertaken during the ye	ar hy ti	he following		<del></del>	
	The governing body?	ai by ti	ne ronowing	8a	X	<i>-</i>
a				8b	X	
ь 9	Each committee with authority to act on behalf of the governing body?			80		
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
500	tion B. Policies (This Section B requests information about policies not required by the Inte	rnal	Revenue (		)	42
Jec	tion b. I oncies (This Section b requests information about policies not required by the mid	mai	revenue e	ouc ,	Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10a	103	X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			1.00	·	
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?			10b		
11a		the fo	rm?	11a	х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990	1 1110 10		1		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	X	<i>)</i>
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris	e to co	nflicts?	12b	X	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	e 10 CO	illiots.	120		
С	describe in Schedule O how this was done			12c	x	
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			13		
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					
` a	The organization's CEO, Executive Director, or top management official			15a		X
b	Other officers or key employees of the organization			15b		X
b	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			100		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement					į
IVa	with a taxable entity during the year?			16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			100		
D	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the					ļ
	organization's exempt status with respect to such arrangements?			16b		
202	tion C. Disclosure			100		
	List the states with which a copy of this Form 990 is required to be filed NONE					
17 10	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Se	ction 5	(01/c)			
18	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply	CHOIL S	,o ((c)			
	Own website Another's website Upon request Other (explain in Schedule O)					
10	<del></del>	et nal	cv and			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interesting the text years.	at pull	cy, and			

financial statements available to the public during the tax year

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

M AND M PROPERTIES, INC

JOHNSON CITY

PO BOX 58

TN 37605-0058 423-926-6031

DAA

Form 990 (2018) MILLIGAN HOUSING FOR THE ELEDERLY 26-1611830

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Form 990 (2018)

## Part VIII 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

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

- 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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee (D) (F) (A) Name and Title Average Reportable Reportable Estimated Position (do not check more than one compensation compensation from amount of hours pe week box, unless person is both an from related other officer and a director/trustee) the organizations compensation (list any (W-2/1099-MISC) hours for organization from the related ndıvıdual trustee (W-2/1099-MISC) organization (ey employee lighest compensated mployee stitutional trustee and related organizations below dotted organizations line) (1) PHILLIP TORBETT 0.00 0 0.00 X 0 0 PRESIDENT (2) JOHN A BULLINGTON 0.00 SECRETARY 0.00 X 0 0 (3) SAM GREER 0.00 X 0 0 0 0.00 BOARD MEMBER (4) CAL WILSON 0.00 0.00 X 0 0 0 BOARD MEMBER (5) FRANK JARRETT 0.00 0 0 X 0 0.00 BOARD MEMBER (6) RICK YORK 0.00 X 0 0 0.00 0 BOARD MEMBER (7) RON DEMPSEY 0.00 X 0 0 BOARD MEMBER 0.00 (8)(9) (10)(11)

l Pa	rt VII   Section A. Officers	, Directors, Tru	stee	s, K	ey E	mpl	oyee	s, a	nd Highest Compensated	Employees (continued)	
	, (A) Name and title	(B) Average hours per week (list any hours for	bo off	x, unte icer a	Pos check ess pe nd a d	rson i	than ones that the state of the	an ee)	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the
		related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)		organization and related organizations
`											
1b c d	Sub-total  Total from continuation sheet  Total (add lines 1b and 1c)	ets to Part VII, S	Secti	on A	١.			<b>&gt; &gt; &gt;</b>			
2	Total number of individuals (in reportable compensation from				thos	e lis	ted a	bov	e) who received more than	\$100,000 of	Yes No
3 4	Did the organization list any fo employee on line 1a? If "Yes," For any individual listed on line organization and related organ	complete Schede 1a, is the sum	<i>dule</i> . of re	<i>J for</i> porta	<i>suci</i> able	h <i>ind</i> com	<i>lividu</i> pens	<i>al</i> atio	n and other compensation	from the	3 X
5	individual  Did any person listed on line 1 for services rendered to the or	a receive or acc ganization? <i>If</i> "Y	rue c	omp	ens	ation	fron	n an	y unrelated organization or		4 X 5 X
Section 1	ion B. Independent Contracto Complete this table for your five compensation from the organization from the org	e highest compe zation Report co							dar year ending with or with	iin the organization's tax ye	
<del>.</del>	Name and	(A) business address							Descrip	(B) tion of services	(C) Compensation
							_		·····		
	Total number of independent of	contractors (inclu	ıdıng	but	not l	ımıte	ed to	thos	se listed above) who		
	received more than \$100,000 c	of compensation	fron	n the	org	anız	ation	<u> </u>		0	5 990 (2018

<u> </u> Pa	ırt V	Stater Check	nent of Reve		itains a	response o	or note to any line	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
nts its	1a	Federated car	mpaigns	1a						
Program Service Revenue Contributions, Giffs, Grants and Other Similar Amounts	ь	Membership o	· -	1b						
A.G.	c	Fundraising e	vents	1c					,	
at a	d	Related organ		1d					•	
S,E	е	Government grants		1e		14,222				
To S	f	All other contribution	ns, gifts, grants,							
the the		and similar amounts	s not included above	1f		65,173				
d it	g	Noncash contributio	ns included in lines 1a-	-1f	\$					
<u>36</u>	h	Total. Add line	es 1a-1f			•	79,395			-
ne						Busn Code				
ven	2a						·-, -			
8	b									
Ž.	С									
Ser	d									, <u>.</u>
аш	е									
.go	f	All other progr	am service reve	nue						
<u>-</u>	g	Total. Add line	es 2a-2f			•				
	3	Investment inc	come (including	dıvıdeı	nds, intere	est,				
		and other simi	ılar amounts)			▶	216			216
	4	Income from I	nvestment of tax	-exem	pt bond p	roceeds 🕨 📙				
	5	Royalties	r	-		<b>&gt;</b>				
			(ı) Real		(11)	Personal				
	6a	Gross rents								
	b	Less rental exps								
	С	Rental inc or (loss)								
	d 7a	Net rental inco	( ) ( )			<b>&gt;</b>				
	, a	sales of assets	(i) Securities		(11	) Other				
		other than inventory								
	b	Less cost or other								
		basis & sales exps								ļ
		Gain or (loss)							<del></del>	<u></u>
		Net gain or (lo				<b>•</b>				
ne	8a		om fundraising eve	nts						j
en.		(not including \$								
Re			reported on line 1c)							
er	_	See Part IV, line		a						
Other Revenue		Less direct ex	•	b					<del></del>	
			(loss) from fund	1	events	<b>&gt;</b>	_			1
	9а		om gaming activitie			İ				l
		See Part IV, line		a						1
		Less direct ex		b				<del></del>		J
			(loss) from gam	iing ac	tivities	<b>•</b>				<del></del>
	iva		f inventory, less	_						
		returns and all		a						
		Less cost of g		b			·····			
	<u>C</u>		(loss) from sale cellaneous Revenue	S OI III	ventory	Busn Code	<del> </del>			
	11-						802	<del> </del>		802
	11a	TENANT SE	AVICES.				, 802	<u> </u>		002
	b					<del>                                     </del>				
	q	All other rever	NIA.							
	d	All other reven					802			ı
	e 42		s ria-riu See instruction	10			80.413	0	0	1.018

	Check if Schedule O contains a response	onse or note to any line in the	his Part IX		
	not include amounts reported on lines 6b, Bb, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals See Part IV, line 22				•
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	ındıvıduals 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	11,578	11,578		<del> ·</del>
8	Pension plan accruals and contributions (include	İ			
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	930	930		
11	Fees for services (non-employees)	0 501		0 501	
а	Management	8,521	2 640	8,521	<del></del>
b	<u> </u>	3,648	3,648		
C	Accounting				
	Lobbying				
e	, , , , , , , , , , , , , , , , , , ,				
f	Investment management fees				
9					
	(A) amount, list line 11g expenses on Schedule O )				
12	~ '	2,225	2,225		
13	Office expenses	2,223	2,225		<del></del>
14	Information technology			-	<del></del>
15	Royalties	30,257	30,257		-
16 17	Occupancy	30,231	30,237		, <u>,</u>
18	Payments of travel or entertainment expenses				
10	for any federal, state, or local public officials	İ			
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				. , .,
22	Depreciation, depletion, and amortization	66,678	66,678		·-
23	Insurance	4,567	4,567		
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 O)	′	,		
а	MANAGMENT CONSULTANTS	785		785	
b	Ţ				
С					
d	Ţ				
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	129,189	119,883	9,306	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 SOR 98-2 (ASC 958-720)				

Form 990 (2018)

Part X. **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X (B) (A) Beginning of year End of year 14,363 13,932 1 Cash-non-interest bearing 81,514 88,909 2 2 Savings and temporary cash investments Pledges and grants receivable, net 3 4 Accounts receivable, net Loans and other receivables from current and former officers, directors. trustees, key employees, and highest compensated employees 5 Complete Part II of Schedule L 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 6 organizations (see instructions) Complete Part II of Schedule L Notes and loans receivable, net 7 Inventories for sale or use 8 3,600 3,600 Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or 2,047,751 10a other basis Complete Part VI of Schedule D 1,510,446 1,449,893 10b 597,858 10c b Less accumulated depreciation 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 6,708 6,708 15 15 Other assets See Part IV, line 11 1,616,200 1,563,473 16 · Total assets. Add lines 1 through 15 (must equal line 34) 16 4,225 10,451 17 17 Accounts payable and accrued expenses 18 18 Grants payable 19 19 Deferred revenue 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability Complete Part IV of Schedule D 21 22 Loans and other payables to current and former officers, directors, iabilities trustees, 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 23 24 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 1,869,416 1,859,239 of Schedule D 25 1,873,641 1,869,690 26 Total liabilities. Add lines 17 through 25 26 Organizations that follow SFAS 117 (ASC 958), check here Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. 27 Unrestricted net assets 27 28 Temporarily restricted net assets 28 29 Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here ▶ complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 30 31 31 Paid-in or capital surplus, or land, building, or equipment fund -306,217 -257,441 32 Retained earnings, endowment, accumulated income, or other funds 32 -257,441 -306,217 33 Total net assets or fund balances 33 1,616,200 1,563,473 Total liabilities and net assets/fund balances

Form **990** (2018)

orn	990 (2018) MILLIGAN HOUSING FOR THE ELEDERLY 26-1611830		Page <b>12</b>
Pa	rt XII 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	80,413
2	Total expenses (must equal Part IX, column (A), line 25)	2	129,189
3	Revenue less expenses Subtract line 2 from line 1	3	-48,776
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	-257,441
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	
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line		
	33, column (B))	10	-306,217
Pa	rt XIII Financial Statements and Reporting	•	
	Check if Schedule O contains a response or note to any line in this Part XII		
			Yes No
1	Accounting method used to prepare the Form 990 Cash X Accrual Other		• • •
	If the organization changed its method of accounting from a prior year or checked "Other," explain in		`   ` -  _ 1
	Schedule O		2 P
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or		
	reviewed 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 X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a		, ,
	separate basis, consolidated basis, or both		
	Separate basis Consolidated basis Both consolidated and separate basis		
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight		
•	of the audit, 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		1.4 -11
	Schedule O		
3а	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in		
	the Single Audit Act and OMB Circular A-133?		3a
ь	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the		
_	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b

Form **990** (2018)

)

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

## **SCHEDULE A** (Form 990.or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

# **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. MILLIGAN HOUSING FOR THE ELEDERLY

Employer identification number

Open to Public Inspection

OF BRISTOL, INC 26-1611830 Reason for Public Charity Status (All organizations must complete this part ) See instructions

		, ,,,,,,		Gining (vin Giguinzanevie										
The	orga	nization is not	a private foundation because	se it is (For lines 1 through 12,	check onl	y one box	:)							
1		A church, co	nvention of churches, or ass	sociation of churches described	ın sectio	n 170(b)(ʻ	1)(A)(i).	$\mathcal{F}$						
2	П	A school des	scribed in section 170(b)(1)	(A)(ii). (Attach Schedule E (Forr	n 990 or 9	990-EZ))								
3	П	A hospital or	a cooperative hospital servi	ice organization described in se	ction 170	(b)(1)(A)(	iii).							
4	П	A medical re	search organization operate	d in conjunction with a hospital	described	ın sectio	on 170(b)(1)(A)(iii). Enter the h	iospital's name,						
		city, and stat	= -	•				•						
5		•		of a college or university owned	or operat	ed by a g	overnmental unit described in							
		_	(b)(1)(A)(iv). (Complete Part	=	•									
6				jovernmental unit described in s	ection 1	70(b)(1)(A	s)(v).							
7	X	An organizat	•	substantial part of its support fr										
8				170(b)(1)(A)(vi). (Complete Par	t II )									
9	П	•		scribed in section 170(b)(1)(A)(	•	ed in con	unction with a land-grant colle	ge						
		or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or												
	university													
10		An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)												
11	$\Box$			exclusively to test for public safe	•									
12	П	•	•	•	•			ses						
	_	An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g												
	a Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving													
	the supported organization (s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B.													
	b	Type II.	A supporting organization su	pervised or controlled in conne	ction with	its suppo	rted organization(s), by having							
		control o	r management of the suppor	rting organization vested in the s	same per	sons that	control or manage the support	ed						
		organizat	tion(s) You must complete	Part IV, Sections A and C.										
	С			supporting organization operated				nth,						
			-	structions) You must complete										
	d		• -	d. A supporting organization ope										
			•	e organization generally must sa	•		-	ess						
	_		•	must complete Part IV, Section ceived a written determination fro										
	е			n-functionally integrated suppor			s a Type I, Type II, Type III							
	f		mber of supported organizati	• •										
	g		• • •	ne supported organization(s)										
<b>(</b> 1)	Name	e of supported anization	(n) EIN	(ili) Type of organization (described on lines 1–10	listed in yo	organization ur governing	(v) Amount of monetary support (see	(vi) Amount of other support (see						
				above (see instructions))		ment?	instructions)	instructions)						
					Yes	No								
(A)														
(B)														
					ļ <u>.</u>									
(C)			,											
(D)		······································												
(E)														
		_	10.00	the state of the s	. 6-2 .									
ota			4	The second second	• 2,	**************************************								

Schedule A (Form 990 or 990-EZ) 2018 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	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	79,462	80,318	79,837	80,136	79,395	399,148
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	79,462	80,318	79,837	80,136	79,395	399,148
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)		-				
6	Public support. Subtract line 5 from line 4		***	,			399,148
	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7	Amounts from line 4	79,462	80,318	79,837	80,136	79,395	399,148
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	621	313	368	149	216	1,667
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10 11	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)  Total support. Add lines 7 through 10	4,526	1,411	1,284	882	802	8,90 <u>5</u> 409,720
12	Gross receipts from related activities, etc	(eee instructions)		*	I	12	403,720
13	First five years. If the Form 990 is for the	•	t. second, third, for	urth, or fifth tax vea	ar as a section 501		
	organization, check this box and stop her			•		,	▶ □
Sec	tion C. Computation of Public Su		tage				
14	Public support percentage for 2018 (line 6	, column (f) divided	by line 11, colum	n (f))		14	97.42%
15	Public support percentage from 2017 Scho	edule A, Part II, line	e 14			15	96.94%
	33 1/3% support test—2018. If the organ box and stop here. The organization quali 33 1/3% support test—2017. If the organ	fies as a publicly s	upported organiza	tion			<b>▶ X</b>
b	this box and stop here. The organization				3 13 33 173 70 OF THE	ore, eneck	▶ □
17a	10%-facts-and-circumstances test—201	•			a, or 16b, and line	14 is	
	10% or more, and if the organization meet	-					
	Part VI how the organization meets the "fa organization	cts-and-circumsta	nces" test. The org	ganization qualifies	as a publicly supp	orted	▶ □
b	10%-facts-and-circumstances test—201 15 is 10% or more, and if the organization	=					
	Explain in Part VI how the organization me						
19	supported organization  Private foundation. If the organization did	I not chack a how	on line 13 16a 16	h 17a or 17h oho	ick this how and so	۵	▶ □
18	instructions	THOU CHECK & DOX (			ON THIS DOX AND SE		<b>•</b> [

Sche	dule A (Form 990 or 990-EZ) 2018 MII	LLIGAN HOU	USING FOR	THE ELED	ERLY 26	5-1611830	Page 3
L Pa	art III Support Schedule for O						
	(Complete only if you che	cked the box o	n line 10 of Pa	rt I or if the org	anization failed	I to qualify undei	· Part II
500	If the organization fails to	quality under to	ne tests listed t	below, please c	ompiete Part i	1.)	$\overline{}$
	etion A. Public Support 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	(a) 2014	(b) 2013	(6) 2010	(u) 2017	(e) 2010	(i) Total
1	fees received (Do not include any "unusual grants ")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6)			16. 15.			
	tion B. Total Support						
Caler	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015/	(c) 2016	(d) 2017	(e) 2018	(f) Total
9	Amounts from line 6			<u> </u>			
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						
С	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)						
14	First five years. If the Form 990 is for the organization, check this box and stop/her.		t, second, third, fo	urth, or fifth tax ye	ar as a section 50	1(c)(3)	▶ □
Sec	tion C. Computation of Public Su		tage				
15	Public support percentage for 2018 (line 8			mn (f))		15	%
16	Public support percentage from 2017 Scho	edule A, Part III, III	ne 15			16	%
Sec	tion D. Computation of Investme				<del> </del>		
17	Investment income percentage for 2018 (I			3, column (f))		17	<u>%</u>
18	Investment income percentage from 2017			- 44 mad bu - 45		18 <u>18 </u>	<u>%</u>
19a	33 1/3% support tests—2018. If the orga 17 is not more than 33 1/3%, check this be	ox and <b>stop here</b> .	The organization	qualifies as a publi	cly supported orga	anization	▶ □
b	33 1/3% support tests—2017. If the orga line 18 is not more than 33 1/3%, check the						▶ 🔲

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

20

Schedule A (Form 990 or 990-EZ) 2018

L 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)

Section A. All Supporting Organi	izations
----------------------------------	----------

- Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2)
- Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer
- 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
- 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
- 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
- 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
- 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)
- 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?
- 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)
- 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.
- 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.
- 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
  - 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_	<del></del>				
<b>!</b>					
2					
	<b> </b>				
3a_		1			
3b					
3c					
	<u> </u>				
-					
4b					
-	;				
4c	-				
	,				
		1			
5 <u>a</u>					
,					
5b					
5c					
	" .				
6					
1					
7	<u> </u>	1			
7_					
8					
9a_					
9b		<del></del>			
9c_		<del></del> 1			
		1			
10a					
10b					
Form 990 or 990-EZ) 2018					

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

Schedule A (Form 990 or 990-EZ) 2018 MILLIGAN HOUSING FOR THE	FLEDER	CTI 50-1011	Page 6
Part V.   Type III Non-Functionally Integrated 509(a)(3) Supporting O	rganizat	ions	
, 1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on	Nov 20, 1	970 (explain in Part VI) S	ee
instructions. All other Type III non-functionally integrated supporting organizations r	must comp	lete Sections A through E	
Section 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		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
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		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other		' .	7
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		
Section C - Distributable Amount		g	Current Year
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	<b>v</b>	
7 Check here if the current year is the organization's first as a non-functionally integrate		supporting organization (s	ee
Instructions)	, p =	. , , ,	

Schedule A (Form 990 or 990-EZ) 2018 MILLIGAN HOUSING FOR THE ELEDERLY 26-1611830 Page 7  Part V   Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)				
		Supporting Organiza	uons (continued)	0
Sect	ion D - Distributions			Current Year
1_	Amounts paid to supported organizations to accomplish exempt purported organizations are accomplished by the support of the su	ses		
2	Amounts paid to perform activity that directly furthers exempt purposes	s of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purposes of support	orted organizations	<del></del>	
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			
	Total annual distributions. Add lines 1 through 6		<del></del>	
8	Distributions to attentive supported organizations to which the organizations	ation is responsive		
	(provide details in Part VI) See instructions			
9_	Distributable amount for 2018 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistrıbutions Pre-2018	(iii) Distributable Amount for 2018
1_	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018			
	(reasonable cause required-explain in Part VI) See			
	instructions			
3	Excess distributions carryover, if any, to 2018	1		
	From 2013			
	From 2014	^		
	From 2015		<del></del>	
	From 2016	-		£
	From 2017			
	Total of lines 3a through e			
	Applied to underdistributions of prior years		<del></del>	
	Applied to 2018 distributable amount			
	Carryover from 2013 not applied (see instructions)			
	Remainder Subtract lines 3g, 3h, and 3i from 3f			
4	Distributions for 2018 from			
	Section D, line 7 \$			
	Applied to underdistributions of prior years			
	Applied to 2018 distributable amount			
	Remainder Subtract lines 4a and 4b from 4	<b></b>		
5	Remaining underdistributions for years prior to 2018, if			,
	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  Except distributions correspond to 2019, Add lines 3			
7	Excess distributions carryover to 2019. Add lines 3j			
8	and 4c			
	Breakdown of line 7			
	Excess from 2014			
	Excess from 2015			
	Excess from 2016 Excess from 2017			
	Excess from 2018	,		

Schedule A (Form 990 or 990-EZ) 2018

· BRIRIDGE

Schedule A (Form 990 or 990-EZ) 2018 MILLIGAN HOUSING FOR THE ELEDERLY

26-1611830

Page 8

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

PART II, LINE 10 - OTHER INCOME DETAIL

OTHER INCOME

Ŝ

8,103

### **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

	of the organization		Employer identification number			
	ILLIGAN HOUSING FOR THE ELEDERLY		0.6.1.61.1.000			
	F BRISTOL, INC		26-1611830			
Pa	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)					
3	Aggregate value of grants from (during year)					
4	Aggregate value at end of year					
5	Did the organization inform all donors and donor advisors in writing that	t the assets held in donor advised				
	funds are the organization's property, subject to the organization's excl	usive legal control?	Yes No			
6	Did the organization inform all grantees, donors, and donor advisors in	writing that grant funds can be used				
	only for charitable purposes and not for the benefit of the donor or dono	or advisor, or for any other purpose				
	conferring impermissible private benefit?		Yes No			
Pa	art II Conservation Easements.  Complete if the organization answered "Yes" on F	Form 990, Part IV, line 7				
1	Purpose(s) of conservation easements held by the organization (check	<del></del>				
	Preservation of land for public use (e.g., recreation or education)	Preservation of a historically imp	ortant land area			
	Protection of natural habitat	Preservation of a certified historic				
	Preservation of open space					
2	Complete lines 2a through 2d if the organization held a qualified conse	rvation contribution in the form of a conse	ervation			
	easement on the last day of the tax year	,	Held at the End of the Tax Year			
а	Total number of conservation easements		2a			
	Total acreage restricted by conservation easements		2b			
C	Number of conservation easements on a certified historic structure incl	uded in (a)	2c			
d	Number of conservation easements included in (c) acquired after 7/25/	, ,				
	historic structure listed in the National Register		2d			
3	Number of conservation easements modified, transferred, released, ex	tinguished, or terminated by the organiza				
•	tax year ▶					
4	Number of states where property subject to conservation easement is I	ocated ►				
5	Does the organization have a written policy regarding the periodic moni					
•	violations, and enforcement of the conservation easements it holds?	normig, mopositori, namamig or	☐ Yes ☐ No			
6	Staff and volunteer hours devoted to monitoring, inspecting, handling or	f violations, and enforcing conservation e				
Ū		. troidino, and onto ong concortation o	accine to mig the year			
7	Amount of expenses incurred in monitoring, inspecting, handling of viol	ations, and enforcing conservation easen	nents during the year			
	<b>▶</b> \$		3 ,			
8	Does each conservation easement reported on line 2(d) above satisfy t	he requirements of section 170(h)(4)(B)(i	)			
	and section 170(h)(4)(B)(ii)?		Yes No			
9	In Part XIII, describe how the organization reports conservation easeme	ents in its revenue and expense statemer	nt, and			
	balance sheet, and include, if applicable, the text of the footnote to the	organization's financial statements that d	escribes the			
	organization's accounting for conservation easements	·				
Pa	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), no	ot to report in its revenue statement and t	palance sheet			
	works of art, historical treasures, or other similar assets held for public	· ·				
	public service, provide, in Part XIII, the text of the footnote to its financial	al statements that describes these items				
b	If the organization elected, as permitted under SFAS 116 (ASC 958), to	report in its revenue statement and bala	nce sheet			
	works of art, historical treasures, or other similar assets held for public	·				
	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		<b>▶</b> \$			
2	If the organization received or held works of art, historical treasures, or	other similar assets for financial gain, pro	ovide the			
-	following amounts required to be reported under SFAS 116 (ASC 958)					
а	Revenue included on Form 990, Part VIII, line 1	•	<b>▶</b> \$			
	Assets included in Form 990, Part X		<b>&gt;</b> \$			

1,129,936

c Leasehold improvements

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10c)

d Equipment e Other

Part VII	Investments—Other Securities. Complete if the organization answered "Yes" o	n Form 990 Part IV line	e 11b See Form 990. Part X. line 12
	(a) Description of security or category	(b) Book value	(c) Method of valuation
	(including name of security)	(=, ===================================	Cost or end-of-year market value
(1) Financial d	lern/atives		
	ld equity interests	·	
(3) Other	id equity interests		
(A)			
(B)			
(C)			
(D)		-	
(E)			
(F)			
(G)			
(H)			
	(b) must equal Form 990, Part X, col (B) line 12 ) ▶		,
Part VIII	Investments—Program Related.		
	Complete if the organization answered "Yes" o		
	(a) Description of investment	(b) Book value	(c) Method of valuation
			Cost or end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column	(b) must equal Form 990, Part X, col (B) line 13 ) ▶		* 1
Part IX	Other Assets.		
	Complete if the organization answered "Yes" or	n Form 990, Part IV, line	e 11d See Form 990, Part X, line 15
	(a) Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
	(b) must equal Form 990, Part X, col (B) line 15)		<b>&gt;</b>
Part X	Other Liabilities.		
	Complete if the organization answered "Yes" of	n Form 990, Part IV, line	e 11e or 11f. See Form 990, Part X,
	line 25		
1.	(a) Description of liability	(b) Book value	
(1) Federal II	ncome taxes		
(2) HUD C	APITAL ADVANCE	1,853,603	* · · · · · ·
	T SECURITY DEPOSIT LIABILITY	5,636	<b>'</b> .
(4)			
(5)			•
(6)			•
(7)			
(8)	<del></del>		of the second se
(9)		<del> </del>	
	(b) must equal Form 990, Part X, col (B) line 25 ) ▶	1,859,239	
	uncertain tax positions. In Part XIII, provide the text of the fo		nancial 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

<u>ic</u> he	edule D (Form 990) 2018 MILLIGAN HOUSING FOR THE ELE	DERLY	26-1611830		Page <b>4</b>
Pa	art XI Reconciliation of Revenue per Audited Financial Statement	ents With	Revenue per Retui	rn.	
	Complete if the organization answered "Yes" on Form 990, F				
1	Total revenue, gains, and other support per audited financial statements			1	80,413
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
а	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2b			
С	Recoveries of prior year grants	2c		Ì	
d	Other (Describe in Part XIII )	2d			
е	Add lines 2a through 2d		2	e l	
3	Subtract line 2e from line 1		;	3	80,413
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII )	4b		i	
С	Add lines 4a and 4b		4	c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)			5	80,413
Pa	art XII Reconciliation of Expenses per Audited Financial Staten	nents With	n Expenses per Ret	turn	1.
	Complete if the organization answered "Yes" on Form 990, F	Part IV, line	: 12a		
1	Total expenses and losses per audited financial statements		<u> </u>	1	129,189
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
а	Donated services and use of facilities	2a		İ	
b	Prior year adjustments	2b		]	
C	Other losses	2c		İ	
d	Other (Describe in Part XIII )	2d			
е	Add lines 2a through 2d		2	e e	
3	Subtract line 2e from line 1		<u>_3</u>	3	129,189
4	Amounts included on Form 990, Part IX, line 25, but not on line 1	-			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII )	4b			
С	Add lines 4a and 4b		4	c	

Part XIII | Supplemental Information.

5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line

2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information

129,189

26-1611830

Page 5

Part XIII | Supplemental Information (continued)

BRIRIDGE

SCHEDULE O

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ. ► Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

MILLIGAN HOUSING FOR THE ELEDERLY OF BRISTOL, INC

Employer identification number

26-1611830

FORM 990, PART VI, LINE 3 - MANAGEMENT DELEGATED M & M PROPERTIES, INC.

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990 ALL FINANCIAL DOCUMENTS, INCLUDING THE ANNUAL TAX COMPLIANCE REPORTS, ARE REVIEWED DURING THE BOARD MEETINGS.

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY SUBJECT TO HUD REQUIREMENTS

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION DOCUMENTS ARE AVAILABLE UPON REQUEST AND ARE MAINTAINED BY THE MANAGING AGENT.