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

**Return of Organization Exempt From Income Tax** 

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.
 ▶ Information about Form 990 and its instructions is at www.lrs.gov/form990.

2016

Open to Public Inspection

OMB No 1545-0047

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<u> </u>	For th	e 2016 c	alendar year, or tax year beginning		, and endi			<del></del>	<del></del>
B	Check if a	pplicable	C Name of organization MILLIGAN H	OUSING FO	R THE I	ELDERLY		D Employer id	entification number
	Address o	change	TOWN AND C	COUNTRY AP	ARTMEN	rs			
Ξ,	Nome obs	2000	Doing business as	-	_			57-07!	57442
닠'	Name cha	ange	Number and street (or P O box if mail is not delivered	ed to street address)			Room/suite	E Telephone nu	ımber
ال	Initial retu	m	PO BOX 58			l			
	Final retui		City or town, state or province, country, and ZIP or for	oreign postal code					
'`	terminated	a	JOHNSON CITY	TN 37605-	0058			G Gross receipts	250,786
_] /	Amended	retum	F Name and address of principal officer					<u> </u>	
٦,	Annlicatio	n pending	PHIL TORBETT				H(a) is this a gro	oup return for subo	rdınates? Yes X No
٠ '	<b>4.</b> p	poeg					1000		12 Yes No
			PO BOX 58				1 ''	ordinates included	· L L
			JOHNSON CITY	TN 3	<u>7605-(</u>	0058	Ir "No,"	" attach a list (see	instructions)
1	Tax-exer	mpt status	<b>X</b> 501(c)(3) 501(c) ( ) ◀	(insert no )	4947(a)(1) or	527	_		
J	Website	▶ N	/A				H(c) Group exe	mption number	•
		organization	X Corporation Trust Association	Other ►		1, \			State of legal domicile TN
	art I			Outer			ear or tormation =	<u> </u>	Otate of regal dofficile
			mmary				<del></del>		
	1	Briefly de	scribe the organization's mission or most	significant activi	ties				
ø	Ì	FEDE	RALLY ASSISTED LOW INCOME	HOUSING.					
Š									
ᅙ	ì								
FI.									
Governance	, ,	Check thi	s box   if the organization discontinue	ed its operations	s or dispose	ed of more than 25	5% of its net ass	sets	
Ğ	_		<u> </u>	•	- 0. u.op		`.		7
∞ .			of voting members of the governing body (	· · · · · · · · ·					7
ië			of independent voting members of the gove			b)			
.₹	5	Total nun	nber of individuals employed in calendar ye	ear 2016 (Part V	/, line 2a)				3
[5]	6	Total nun	nber of volunteers (estimate if necessary)					6	0
7	7a -	Total unre	elated business revenue from Part VIII, co	lumn (C), line 12	2			7a	0
3	i		ated business taxable income from Form 9	• • •	-			7b	0
7	<u> </u>	vet unier	ated business taxable income nom romi.	330-1, line 34			Prior Yea		Current Year
W.E.		Cantribut	ions and grants (Part VIII, line 1h)			ļ		4,027	248,809
Revenue : 1941 Ve Activities &	ì		ions and grants (Part VIII, line 1h)			<b>-</b>	23	=, UZ/	240,005
Ę.	9 1	Program	service revenue (Part VIII, line 2g)			ļ			
ęγ	10	Investme	nt income (Part VIII, column (A), lines 3, 4	, and 7d)		1		114	105
	11 (	Other rev	enue (Part VIII, column (A), lines 5, 6d, 8c	, 9c, 10c, and 1	1e)	Ĺ		5,307	1,872
ج			enue – add lines 8 through 11 (must equal			12)	24	9,448	250,786
Œĕ			nd similar amounts paid (Part IX, column (		<u> </u>				0
2	l					}			
2017sesuedx3	1		paid to or for members (Part IX, column (A	•		h		1 055	<del></del>
es	15	Salaries,	other compensation, employee benefits (F	Part IX, column (	(A), lines 5-	-10) ]		1,055	22,756
S	16a	Professio	inal fundraising fees (Part IX, column (A), I	ine 11e)		<u>!</u>			0
be	Ь.	Total fund	draising expenses (Part IX, column (D), lin	e 25) 🕨		0		}	
ш			penses (Part IX, column (A), lines 11a-11c			ſ	20	0,150	182,748
	í				no 25\	t		1,205	205,504
	1		enses Add lines 13–17 (must equal Part I			<u> </u>		8,243	
· is	19	Revenue	less expenses Subtract line 18 from line	12		ECEIVED			45,282
Vet Assets or und Balances					1		Beginning of Cu		End of Year
sset	20		ets (Part X, line 16)		1.5			3,675	521,793
AA	21	Total liab	ılıties (Part X, line 26)		3025 W	Y 12 2017		4,018	976,854
ᇍ	22	Net asset	s or fund balances Subtract line 21 from I	ine 20	)e	11 44 8011	<u>₹</u> -50	0,343	-455,061
P	art II	Sic	gnature Block		-		一氏		
			perjury, I declare that I have examined this retu		-	A STATE OF THE PARTY OF THE PAR	The State of the b	and of my know	uladaa aad balaat it ia
			perjury, i declare that I have examined this retu emplete. Declaration of preparer (other than off						neage and belief, it is
	16, COIT	T h	<del></del>		- Intrinatio	TO WINCH Preparer	Trasiany knowled	<del>-  </del>	<del>,</del>
		<b> </b>	White white				<del></del>	15-4	<del>-17</del>
Sig	ın	s	ignature of officer					Date	
Hei			PHIL TORBETT			PRESI	DENT		
	. •	F	ype or print name and title						
		<del></del>	<del>'''</del>	Bronnerd's average			1 par-		VI . I DTIN
0-:	4	1	e preparer's name	Preparer's signatur	0		Date	, -	K of PTIN
Paid		KENNET	H R KELLY JR	l			05/03	/17 self-employ	
Pre	parer	Firm's nai	me > Kenneth R. Kel	ly Jr.,	MACC.	, CPA	F	ımı's EIN ▶	47-0854356
Use	Only		PO Box 967						
		Firm's add	. William 0.11.	ge. TN	37682		1.	phono no d	123-542-5555
NA no	the IF		s this return with the preparer shown above			<del></del>	<u>1^</u>	hone no 4	X Yes No
ividy	, uic ir	くつ いしいしい	o uno return with the preparer Shown abov	e · (See mshuci	נפווטו				LALITES I IND

Form 990 (2016)

	MILLIGAN HOUSING		0757442	Page 2
	tatement of Program Serv	•	Dort III	
	neck if Schedule O contains tibe the organization's mission	a response or note to any line in this	Part III	
	LY ASSISTED LOW I	NCOME HOUSING.		
2 Did the orga	nization undertake any significant	program services during the year which were n	ot listed on the	
_	90 or 990-EZ?	program services during the year witten were n	of listed on the	Yes X No
	cribe these new services on Scheo			
3 Did the orga services?	nization cease conducting, or mak	e significant changes in how it conducts, any p	rogram	Yes X No
	cribe these changes on Schedule	0		
		ecomplishments for each of its three largest pro		=
	ection 501(c)(3) and 501(c)(4) org enses, and revenue, if any, for eac	anizations are required to report the amount of th program service reported	grants and allocations to others,	
4a (Code	) (Expenses \$ 1	86,748 including grants of \$	) (Revenue \$	
-		FAMILY HOUSING PROJECT	•	,
		D URBAN DEVELOPMENT UNI	ER	
SECTION	6 OF THE PEDERAL	HOUSING ACT OF 1937.		
4b (Code	) (Expenses \$	including grants of \$	) (Revenue \$	
`	, , ,			
4c (Code	) (Expenses \$	including grants of \$	) (Revenue \$	)
			•	
			•	
		·		
			•	
4d Other progra	am services (Describe in Schedule	0)		<del></del>
(Expenses			(Revenue \$	
4e Total progra	m service expenses ▶	186,748	_ <del>_</del>	Form <b>990</b> (2016)
				(2010)

Pa	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,"			
	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			
	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		<u>x</u>
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			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If	Ì		
	"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		<u>x</u>
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a		1	
	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			
	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,"			
	complete Schedule D, Part VI	11a	X	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		<u>x</u>
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		<u> </u>
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	<u> </u>
f				
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		<u> </u>
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	. 1	\	
	Schedule D, Parts XI and XII	12a	X	<u> </u>
D	Was the organization included in consolidated, independent audited financial statements for the tax year? If	40.		₩.
4.2	"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		$\frac{\hat{\mathbf{x}}}{\mathbf{x}}$
14a h	Did the organization maintain an office, employees, or agents outside of the United States?  Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,	14a		
D			İ	
	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		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	140		-
13	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	13		
. •	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	-0		
••	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			<del></del> -
. •	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		x
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	القار		<u> </u>
			,	r

If "Yes," complete Schedule G, Part III

Part IV ' Checklist of Required Schedules (continued)

			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		$\mathbf{x}_{-}$
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the	-		
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than		_	_
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	<u> </u>	X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior	Ţ <u></u>		
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		x
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or	1 '		
	disqualified persons? If "Yes," complete Schedule L, Part II	26	l	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	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	]	X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		x
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	_30_		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			_
	Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III,			
	or IV, and Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,	}		
	Part VI	37		X
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	

Pa	irt 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			Ц_
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	- 1	- (	
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable		l	
С	Did the organization comply with backup withholding rules for reportable payments to vendors and		- 1	
	reportable gaming (gambling) winnings to prize winners?	С		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 3		- 1	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	ь	$\mathbf{x}$	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	$\top$		
3a		a	1	X
		ь		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority	$\top$		
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
		a		x
h	If "Yes," enter the name of the foreign country ▶	_		
-	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts	-	l	
	(FBAR)	ł	1	
5a		a		x
b		b		$\frac{x}{x}$
C		c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	+		
va		a	1	X
h		⁴┼-		<u></u>
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	ь		
7	· • • • • • • • • • • • • • • • • • • •	╩┼-		
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>a</u>		
		b	<del></del> -{	
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was		1	
	_ '	C		
			-	
e		e f		
f			{	
g		9	$\dashv$	
h		<u>h</u>		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the		- 1	
•		3		
9	Sponsoring organizations maintaining donor advised funds.	[	- 1	
a	· · · · · · · · · · · · · · · · · · ·	a		
b		b		
10	Section 501(c)(7) organizations. Enter		]	
a	Initiation fees and capital contributions included on Part VIII, line 12		j	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	ĺ	- [	
11	Section 501(c)(12) organizations. Enter	ł	ł	
a	Gross income from members or shareholders	- 1	,	
p	Gross income from other sources (Do not net amounts due or paid to other sources		]	
	against amounts due or received from them )		- 1	
12a	· · · · · · · · · · · · · · · · · · ·	2a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	- 1	1	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	_+		
а		3a		
	Note. See the instructions for additional information the organization must report on Schedule O.	- [	1	
b	Enter the amount of reserves the organization is required to maintain by the states in which	1	1	
	the organization is licensed to issue qualified health plans	-	- 1	
	Enter the amount of reserves on hand			<del></del> _
		ta		<u>x</u>
<u>b</u>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	<u>ф</u>	200	
DAA		Form	990	(2016)

Part VI . Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Νo Yes Enter the number of voting members of the governing body at the end of the tax year 1a If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O 7 1b Enter the number of voting members included in line 1a, above, who are independent 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with X any other officer, director, trustee, or key employee? 2 3 Did the organization delegate control over management duties customarily performed by or under the direct X supervision of officers, directors, or trustees, or key employees to a management company or other person? 3 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 6 Did the organization have members or stockholders? 6 Did the organization have members, stockholders, or other persons who had the power to elect or appoint X one or more members of the governing body? 7a Are any governance decisions of the organization reserved to (or subject to approval by) members, X stockholders, or persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following 8 X a The governing body? 8a X Each committee with authority to act on behalf of the governing body? 8b b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at X the organization's mailing address? If "Yes," provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) No X 10a Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the activities of such chapters, 10b affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? X Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a Describe in Schedule O the process, if any, used by the organization to review this Form 990 b X 12a 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 X 12b b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," 12c X describe in Schedule O how this was done X 13 Did the organization have a written whistleblower policy? 13 Did the organization have a written document retention and destruction policy? 14 14 Did the process for determining compensation of the following persons include a review and approval by 15 independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official 15a 15b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement X with a taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure None List the states with which a copy of this Form 990 is required to be filed > 17 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) 18 available for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website X Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and 19 financial statements available to the public during the tax year 20 State the name, address, and telephone number of the person who possesses the organization's books and records. > M AND M PROPERTIES, INC PO BOX 58 JOHNSON CITY TN 37605-0058

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57-0757442

Page 7

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

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid
  - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

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

(A) Name and Title	(B) Average hours per week (list any	bo	x, unle	not check more than one culties person is both an er and a director/trustee)			an	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
(1) PHIL TORBETT	0.00								<u> </u>	
PRESIDENT	0.00		<u> </u>	X	<u>L</u>			0	0	0
(2) SAM GREER										
	0.00		ļ			i (		_	_	
DIRECTOR	0.00	<b> </b>	_	X	L.			0	0	0
(3) JOHN BULLINGTON		}		ļ		} }		)		li
	0.00	1								
SECRETARY/TREASURER	0.00	ļ	-	X	<u> </u>			0	0	0
(4) CAL WILSON	0.00	[	1		1	1 [		[		
2-2-2	0.00	l			ŀ	1 1		1	^	
DIRECTOR (5) FRANK JARRETT	0.00	├	<del> </del>	X	├	╁		0	0	0
(5) FRANK JARRETT	0.00	}		ŀ				,		
DINECTOR OF	0.00			x		] }		o	0	0
DIRECTOR (6) RICK YORK	0.00	├─	<del> </del>	_	-	<del>   </del>		<del>-</del>	<u>_</u>	0
(6) RICK TORK	0.00		ĺ		-	1			'	
DIRECTOR	0.00	1		x	İ	( {		o	0	0
(7) RON DEMPSEY	0.00	╁	-	-	<del> </del>	╂═╌╂		<u> </u>		
	0.00		ļ	1	ļ	1 1				
DIRECTOR	0.00		l	x	ļ	) )		o	0	0
(8)									<del>-</del>	<u>-</u>
, ,			ļ		}	, ,				
(9)		<del> </del>	-							
1					ł					
(10)										
(11)		-	-		-	$\vdash$				
		,	]	ļ						
• • •		i '	İ		l					

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

• (A) Name and title		(B) Average hours per week (list any	(C) Position (do not check more than or box, unless person is both a officer and a director/truster					an	(D)  Reportable compensation from the	(E) Reportable compensation from related organizations		(F) Estimated amount of other compensatio	ก
		hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	,	from the organization and related organizations	
_													-
1b c d	Sub-total  Total from continuation sheet  Total (add lines 1b and 1c)	ets to Part VII, \$	Secti	on A	\ 			<b>&gt; &gt; &gt;</b>					
2	Total number of individuals (in reportable compensation from				thos	e lıs	ted a	bove	e) who received more than	\$100,000 of			
3	Did the organization list any for employee on line 1a? If "Yes," For any individual listed on line organization and related organization	complete Schede 12 chede 12 ch	<i>dule</i> of re	J for porta	<i>suci</i> able	h ind	dividu ipens	<i>ial</i> atio	n and other compensation	from the		3 Ye	X X
5	individual Did any person listed on line 1 for services rendered to the or	a receive or acc	rue d	comp	ens	atıor	n fror	n an	y unrelated organization or			5	x
Sect 1	ion B. Independent Contracto Complete this table for your fix		ensa	ted i	nder		lent o		actors that received more	than \$100 000 of	<del></del>		
	compensation from the organi	zation Report co (A) business address	ompe	ensa	tion	for t	he ca	lend	<u>lar year ending with or with</u>	nin the organization's tax ye (B) tion of services	ear	(C Compe	nsation
												<del></del>	
	·												
2 DAA	Total number of independent of received more than \$100,000	contractors (inclu of compensation	uding fron	but n the	not org	limite anız	ed to ation	thos	se listed above) who	0		Form 9	90 (2016)

		(2016) MILLIGAN H		ING F	OR THE	ELDERLY	57-0757442		Page <b>9</b>
۲a	rt VI	II Statement of Rev Check if Schedule	enue O cor	ntains a i	response o	or note to any line	in this Part VIII		
		Chook ii Conocuio				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
nts.	1a	Federated campaigns	1a						
and Other Similar Amounts	þ	Membership dues	1b	<b></b>					
Αğ	С	Fundraising events	1c	ļ <u>.</u>					
<u>a</u>	d	Related organizations	1d	ļ					
žΕ	е	Government grants (contributions)	1e	ļ	141,896		,		
2 10	f	All other contributions, gifts, grants,							
THE SE		and similar amounts not included above	1f	l	106,913		٠ ا		
92	_	Noncash contributions included in lines 1	a-1f	\$		248 900			
	h	Total, Add lines 1a-1f			Sun Cada	248,809			
້ ພູ	20				Busn Code	-			
Š	2a								·
Program Service Revenue	b							<del></del>	
Š	d				<b></b>				
SE	u _								
<u>a</u>	f	All other program service rev	enue						
윤		Total. Add lines 2a–2f	0		<b>•</b>				
$\dashv$		Investment income (including	divide	nds, intere	est,				
		and other similar amounts)			▶	105			105
Ì	4	Income from investment of ta	x-exen	npt bond p	roceeds 🕨				
	5	Royalties		<u> </u>					
-		(ı) Real		(u) F	Personal		,	•	
	6a	Gross rents						*	
ı	b	Less rental exps							
- 1	С	Rental inc or (loss)		<u> </u>					
	_d	Net rental income or (loss)							
	7a	Gross amount from (i) Securities sales of assets	s	(n)	Other .				
		other than inventory		1					Ì
	b	Less cost or other					,		
		basis & sales exps		ļ		i	}	i	1
	C	Gain or (loss)		<u> </u>					
		Net gain or (loss)							<del>-  </del>
e	8a	Gross income from fundraising ev	rents	ł					
ent		(not including \$							ļ
Other Revenue		of contributions reported on line 1	•		'				
ē		See Part IV, line 18	6		<del></del>				
5		Less direct expenses	t						
		Net income or (loss) from fur		ig events		<del> </del>			
	ъa	Gross income from gaming activities See Part IV, line 19	ies a	,					1
	h	Less direct expenses	t			1	ł		
		Net income or (loss) from ga				1	1		
		Gross sales of inventory, les							
	'04	returns and allowances		3					
	h	Less cost of goods sold		<u>,                                    </u>		1		1	1
		Net income or (loss) from sa	-		<b></b>	1			
	<u> </u>	Miscellaneous Revenue			Busn, Code				
	11a	TENANT SERVICES				1,872	! <u></u>		1,872
	ь								<b></b>
	ء ا							1	1 .

1,872 250,786

1,977

d All other revenue

e Total. Add lines 11a-11d

12 Total revenue. See instructions.

DAA

Form 990 (2016)

## Form 990 (2016) MILLIGAN HOUSING FOR THE ELDERLY

 Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX (A) Total expenses (B) Program service expenses (C) Management and general expenses (D) Do not include amounts reported on lines 6b, Fundraisino 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 21,100 21,100 7 Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 1,656 1,656 10 Payroll taxes Fees for services (non-employees) 17,833 17,833 Management 2,600 2,600 b Legal 1,620 1,620 c Accounting d Lobbying Professional fundraising services See Part IV, line 17 Investment management fees g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) 553 553 12 Advertising and promotion 11,683 11,683 13 Office expenses Information technology 14 15 Royalties 77,361 77,361 16 Occupancy 17 Travel Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 19 55,772 55,772 20 21 Payments to affiliates 2,135 2,135 22 Depreciation, depletion, and amortization 12,268 12,268 23 Insurance 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) 923 923 MANAGEMENT CONSULTING b C d e All other expenses 18,756 205,504 186,748 Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here following SOP 98-2 (ASC 958-720)

Form 990 (2016)

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 7,646 Cash-non-interest bearing 1 303,117 338,300 Savings and temporary cash investments Pledges and grants receivable, net 3 3 662 4 Accounts receivable, net Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L 5 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 7 Notes and loans receivable, net 8 Inventories for sale or use 8,775 11,242 Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or 1,128,099 other basis Complete Part VI of Schedule D 10a 96,709 1,033,526 94,573 10b 10c b Less accumulated depreciation 11 Investments—publicly traded securities 11 12 12 Investments—other securities See Part IV, line 11 13 13 Investments—program-related See Part IV, line 11 14 Intangible assets 14 76,766 76,766 15 Other assets See Part IV, line 11 15 521,793 493,675 16 16 Total assets. Add lines 1 through 15 (must equal line 34) 12,611 10,924 17 17 Accounts payable and accrued expenses 18 18 Grants payable 19 19 Deferred revenue 20 20 Tax-exempt bond liabilities Escrow or custodial account liability Complete Part IV of Schedule D 21 21 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L 22 969,912 954,396 23 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X <u>11,4</u>95 11,534 25 of Schedule D 994,018 976,854 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. -500,343 -455,061 27 27 Unrestricted net assets 28 28 Temporarily restricted net assets 29 Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here ▶ complete lines 30 through 34. 30 30 Capital stock or trust principal, or current funds 31 Paid-in or capital surplus, or land, building, or equipment fund 31 32 Retained earnings, endowment, accumulated income, or other funds 32 -500,343 -455,061 33 33 Total net assets or fund balances 521,793 493,675 Total liabilities and net assets/fund balances

ora	1 990 (2016) MILLIGAN HOUSING FOR THE ELDERLY 57-0757442			F	age 12
Pa	rt XI · Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				$\Box$
1	Total revenue (must equal Part VIII, column (A), line 12)	1			<u>,786</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2		<u> 205</u>	<u>,504</u>
3	Revenue less expenses Subtract line 2 from line 1	3		45	,282
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		500	,343
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	_	455	,061
Pa	irt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	s 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		<u>`</u> `	```	<u> </u>
	Schedule O		[ f ],		1
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2	a l	X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or		<del>-</del>	1	1
	reviewed on a separate basis, consolidated basis, or both		ł	Ì	1
	Separate basis Consolidated basis Both consolidated and separate basis		'		1
h	Were the organization's financial statements audited by an independent accountant?		2	<u>.  </u>	` <b>x</b>
U	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a		<del>,                                    </del>	<del>'</del>	+
	separate basis, consolidated basis, or both			1	
	Separate basis, Consolidated basis				*
_	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight			-	
C			2	ا	}
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?			<del>-  -</del>	+
	If the organization changed either its oversight process or selection process during the tax year, explain in		1.5		'
٠.	Schedule O		·		
зa	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?		3	<u>a                                    </u>	+
D	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the		_		İ
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3		
				Form 3	90 (2016)

**SCHEDULE A** (Form 990 or 990-EZ) **Public Charity Status and Public Support** 

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

Attach to Form 990 or Form 990-EZ.

Open to Public Inspection ▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

MILLIGAN HOUSING FOR THE ELDERLY TOWN AND COUNTRY APARTMENTS

Employer identification number 57-0757442

Part I Reason for Public Charity Status (All organizations must complete this part ) See instructions. The organization is not a private foundation because it is (For lines 1 through 12, check only one box) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ) ) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 X 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II ) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land grant college of agriculture (see instructions). Enter the name, city, and state of the college or 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) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 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 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. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III, functionally integrated, or Type III non-functionally integrated supporting organization Enter the number of supported organizations Provide the following information about the supported organization(s) (iv) is the organization (ii) EIN (i) Name of supported (iii) Type of organization (v) Amount of monetary (vi) Amount of organization (described on lines 1-10 listed in your governing support (see other support (see above (see instructions)) document? instructions) instructions) Yes (A) (B) (C) (D) (E)

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III If the organization fails to qualify under the tests listed below, please complete Part III)

Sec	tion A. Public Support					<u> </u>	
Cale	ndar year (or fiscal year beginning in)	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	237,909	237,725	240,926	244,027	248,809	1,209,396
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	237,909	237,725	240,926	244,027	248,809	1,209,396
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						1,209,396
_	tion B. Total Support	<del>,</del>		· · · · · · · · · · · · · · · · · · ·			
Cale	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7	Amounts from line 4	237,909	237,725	_240,926	244,027	248,809	1,209,396
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	171	189	207	114	105	786
9	Net income from unrelated business activities, whether or not the business is regularly carried on	:					
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)		894	1,372	5,307	1,872	9,445
11	Total support. Add lines 7 through 10			·		<u> </u>	1,219,627
12	Gross receipts from related activities, etc	,				12	
13	First five years. If the Form 990 is for the	-	, second, third, for	urth, or fifth tax yea	ir as a section 501	(c)(3)	
<del></del>	organization, check this box and stop her						<b>•</b>
	tion C. Computation of Public Su						
14	Public support percentage for 2016 (line 6	• • •	•	ın (f))		14	99.16%
15	Public support percentage from 2015 Scho				- 41004	15	99,29%
162	33 1/3% support test—2016. If the organ				3 1/3% or more, c	neck this	▶ 👽
<b>h</b>	box and stop here. The organization quali		.,		E		► X
b	33 1/3% support test—2015. If the organ this box and stop here. The organization of				5 IS 33 1/3% OF MI	ore, cneck	▶ □
17a	10%-facts-and-circumstances test—201	•	,		a or 16b and line	14 10	
174	10% or more, and if the organization meet						
	Part VI how the organization meets the "fa						
	organization	icis-and-circumstar	ices test the oig	janization qualines	as a publicly supp	ortea	▶ □
ь	10%-facts-and-circumstances test—201	15 If the organization	on did not check a	hoy on line 13, 16	a 16h or 17a an	d line	
•	15 is 10% or more, and if the organization	-					
	Explain in Part VI how the organization me				-		
	supported organization	,515 the 1866-8110-	on our notations to	o. The organizatio	л чишто аз а ри	onory .	▶ □
18	Private foundation. If the organization did	d not check a box of	on line 13. 16a. 16	b. 17a, or 17b. che	ck this box and se	e	· L
	instructions		,,			-	▶ □

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support	quality artaon t		<u> </u>	omplete r until	···	
	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's 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						
	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
C	Add lines 7a and 7b	<del></del>	<del> </del>		1 1000	439	
8	Public support. (Subtract line 7c from line 6)						
Sec	tion B. Total Support		l		7 4	<u> </u>	
	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9	Amounts from line 6						
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,		-			T	
	and 12)	L	<u> </u>	Th			<del> </del>
14	First five years. If the Form 990 is for the organization, check this box and stop here	_	it, second, third, for	uπn, or fiπh tax yea	ar as a section 501	(C)(3)	<b>⊾</b> □
500	tion C. Computation of Public Su		tage				
15	Public support percentage for 2016 (line 8			nn (fl)		15	
16	Public support percentage from 2015 Scho	• •	•	III (1 <i>))</i>		16	
	tion D. Computation of Investme					1 10 1	
17	Investment income percentage for 2016 (I			column (ft)	· <del>-</del>	17	%
18	Investment income percentage from 2015		•	, 50.0 (///		18	
19a	33 1/3% support tests—2016. If the orga			e 14, and line 15 is	more than 33 1/3		
	17 is not more than 33 1/3%, check this bo						▶□
b	33 1/3% support tests—2015. If the orga		-		· · ·		,
	line 18 is not more than 33 1/3%, check th	is box and stop h	ere. The organizat	ion qualifies as a p	oublicly supported	organization	. ▶∐
20	Private foundation. If the organization did	f not check a box	on line 14, 19a, or	19b, check this bo	x and see instruct	ions	▶ 🗌

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	g Organizations
------------	-----	------------	-----------------

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain
- 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) and (c) below
- 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
- 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 (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.)

art v.	<u> </u>	<del></del>
	Yes	No
1		
-		
2_		
3a		
3.	-	
3b		
3с		
4a		<del></del> _
4b		
ĺ		
4c	- 1	
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		,
	<u> </u>	
5a		
5b		
5c		
6		<u> </u>
7		
8		
9a		
1 30	<b></b>	
9b		
		}
9c	<del>                                     </del>	<del>                                     </del>
	1	
10a		<u> </u>
10ь		
(Form 9	0 or 990	-EZ) 2016

DAA

activities but for the organization's involvement

Parent of Supported Organizations Answer (a) and (b) below.

trustees of each of the supported organizations? Provide details in Part VI.

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or

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

2b

3a

Schedule A (Form 990 or 990-EZ) 2016 MILLIGAN HOUSING FOR THE EL	DERI	LY 57-0757	442 Page 6
Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org			
Check here if the organization satisfied the Integral Part Test as a qualifying trust on No instructions. All other Type III non-functionally integrated supporting organizations mu	ov 20, 1	970 (explain in Part VI) S	
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			
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)			
Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other	.,		
factors (explain in detail in Part VI)			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount,			
see instructions)	4	·	
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by 035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		<u> </u>
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1_		
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		

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

instructions)

Income tax imposed in prior year

emergency temporary reduction (see instructions)

6 Distributable Amount. Subtract line 5 from line 4, unless subject to

Schedule A (Form 990 or 990-EZ) 2016

Schedu	ele A (Form 990 or 990-EZ) 2016 MILLIGAN HOUSING			7442 Page 7
_Par	t V Type III Non-Functionally Integrated 509(a)(3)	Supporting Organizat	tions (continued)	
_Sect	ion D - Distributions	·		Current Year
1_	Amounts paid to supported organizations to accomplish exempt purpo	oses		
2	2 Amounts paid to perform activity that directly furthers exempt purposes of supported			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purposes of supported organizations			
4	4 Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	6 Other distributions (describe in Part VI) See instructions			
8	Distributions to attentive supported organizations to which the organizations	ation is responsive		
	(provide details in Part VI) See instructions			
9	Distributable amount for 2016 from Section C, line 6			
<u> 10</u>	Line 8 amount divided by Line 9 amount			
		(i)	(ii)	(iii)
	Section E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions	Distributable
		<del>                                     </del>	Pre-2016	Amount for 2016
_1_	Distributable amount for 2016 from Section C, line 6			<del></del>
_	Underdistributions, if any, for years prior to 2016 (reasonable cause required-explain in Part VI) See			]
2	Instructions	,		
3	Excess distributions carryover, if any, to 2016		<del></del>	
<u>_</u> a			<del> </del>	
b	i i		,	
c	From 2013	,	, ×, ·	
	From 2014	,	,	
е	From 2015			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2016 distributable amount		*	
i	Carryover from 2011 not applied (see instructions)			
	Remainder Subtract lines 3g, 3h, and 3i from 3f			
4	Distributions for 2016 from			
	Section D, line 7 \$			
a	Applied to underdistributions of prior years		···	
b	Applied to 2016 distributable amount			
c	Remainder Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2016, 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 2016 Subtract lines 3h			ļ
	and 4b from line 1 For result greater than zero, explain in			
	Part VI See instructions	<del> </del> -		
7	Excess distributions carryover to 2017. Add lines 3j			
	and 4c	<del>                                 </del>		
8	Breakdown of line 7	<del> </del>	<del></del>	<del> </del>
a		<del> </del>		<del></del>
	Excess from 2013	<del> </del>		
	Excess from 2014	-		
	Excess from 2015			

Schedule A (Form 990 or 990-EZ) 2016

Schedule A (Form 990 or 990-EZ) 2016 MILLIGAN HOUSING FOR THE ELDERLY

57-0757442

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

\$

7,573

## 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.

OMB No 1545-0047

▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

	of the organization ILLIGAN HOUSING FOR THE ELDERLY		Employer identification number
	OWN AND COUNTRY APARTMENTS		57-0757442
	art I Organizations Maintaining Donor Advised Fu	nds or Other Similar Funds or A	
	Complete if the organization answered "Yes" on I		
		(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 tha	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	rt II Conservation Easements.		
	Complete if the organization answered "Yes" on I	Form 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the organization (check	all that apply)	
	Preservation of land for public use (e.g., recreation or education)	Preservation of a historically impo	
	Protection of natural habitat	Preservation of a certified historic	c structure
	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	
	easement on the last day of the tax year		Held at the End of the Tax Year
а	Total number of conservation easements		
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic structure incl	• •	2c
d	Number of conservation easements included in (c) acquired after 8/17/	06, and not on a	
	historic structure listed in the National Register		
3	Number of conservation easements modified, transferred, released, ex	tinguished, or terminated by the organizat	tion during the
	tax year ▶		
4	Number of states where property subject to conservation easement is I		
5	Does the organization have a written policy regarding the periodic mon	itoring, inspection, handling of	
_	violations, and enforcement of the conservation easements it holds?		∐ Yes ∐ No
6	Staff and volunteer hours devoted to monitoring, inspecting, handling o	of violations, and enforcing conservation e	asements during the year
-	Assumb of automatic increased in manufacture in a state of such	lations and anti-rains assessible assessible	aanta dumaa tha waxa
7	Amount of expenses incurred in monitoring, inspecting, handling of viol	lations, and emorcing conservation easen	nents during the year
8	Does each conservation easement reported on line 2(d) above satisfy	the requirements of section 170(h)(4)(R)(i	`
U	and section 170(h)(4)(B)(ii)?	the requirements of section 17 o(1)(4)(b)(i	, ☐ Yes ☐ No
9	In Part XIII, describe how the organization reports conservation easem	ents in its revenue and expense statemer	
•	balance sheet, and include, if applicable, the text of the footnote to the	•	
	organization's accounting for conservation easements		
Pa	ort III Organizations Maintaining Collections of Art,	Historical Treasures, or Other S	Similar Assets.
	Complete if the organization answered "Yes" on I	Form 990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (ASC 958), n	ot to report in its revenue statement and b	palance sheet
	works of art, historical treasures, or other similar assets held for public	exhibition, education, or research in furthe	erance of
	public service, provide, in Part XIII, the text of the footnote to its financial	al statements that describes these items	
þ	If the organization elected, as permitted under SFAS 116 (ASC 958), to	o report in its revenue statement and bala	nce sheet
	works of art, historical treasures, or other similar assets held for public	exhibition, education, or research in furthe	erance of
	public service, provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		<b>▶</b> \$ .
	(ii) Assets included in Form 990, Part X		<b>▶</b> \$
2	If the organization received or held works of art, historical treasures, or	• ,,	ovide the
	following amounts required to be reported under SFAS 116 (ASC 958)	relating to these items:	
	Revenue included on Form 990, Part VIII, line 1		<b>&gt;</b> \$
b	Assets included in Form 990, Part X		▶ _\$

84,700 84,700 1a Land **b** Buildings c Leasehold improvements d Equipment

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

Schedule D (Form 990) 2016

84,700

Part VII	<ul> <li>Investments—Other Securities.</li> <li>Complete if the organization answered "Yes" or</li> </ul>	Form 990 Part IV lin	e 11b See Form 990 Par	rt X line 12
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of val	uation
(1) Financial	derivatives			
(2) Closely-h	eld equity interests			
(3) Other				
(A)				
(B)				
(C)				
		<del> </del>	<del> </del>	
(D)				
(E)		<del></del>	<del></del>	<del> </del>
(F)		<del></del>		
(G)				
(H)				
Part VIII	nn (b) must equal Form 990, Part X, col (B) line 12 ) ► Investments—Program Related.			
	Complete if the organization answered "Yes" on	Form 990, Part IV, Iin	e 11c See Form 990, Par	t X, line 13
	(a) Description of investment	(b) Book value	(c) Method of val Cost or end-of-year m	uation
(1)		<del>                                     </del>		
(2)				
(3)	<del></del>	<del>                                     </del>		
		<del></del>	<del></del>	<del></del>
(4)	<del></del>	<del> </del>		
(5)	<del></del>	<del></del>	<del> </del>	
(6)		<del></del>	<del></del>	
(7)	<del></del>	<del>                                     </del>		<del></del> _
(8)		<u> </u>		
(9)		<u> </u>		
Total. (Colum	nn (b) must equal Form 990, Part X, col. (B) line 13.) ▶			
Part IX	Other Assets.			
	Complete if the organization answered "Yes" on	Form 990, Part IV, line	<u>e 11d. See Form 990, Par</u>	t X, line 15
	(a) Description			(b) Book value
(1)	DEFERRED FINANCING COS	TS		76,766
(2)				
(3)				<del></del>
(4)				
(5)				
	<del></del>		<del></del>	<del></del>
(6)				<del></del>
(7)	<del></del>			
_(8)				
(9)				76 76
	nn (b) must equal Form 990, Part X, col (B) line 15)		<u> </u>	76,766
Part X	Other Liabilities.  Complete if the organization answered "Yes" on	Form 990, Part IV, lin	e 11e or 11f See Form 99	90, Part X,
	line 25			
1	(a) Description of liability	(b) Book value		
(1) Federa	I income taxes			
(2) TENA	NT SECURITY DEPOSITS HELD IN TRU	7,194		
	ORARY OPERATING LOAN	4,340		
(4)				
(5)				
	<del></del>	<del> </del>		
(6)		<del> </del>	<b>,</b>	
		<del></del>		
		<del> </del>		
_(9)		<del>                                     </del>		
	nn (b) must equal Form 990, Part X, col. (B) line 25 ) ▶	11,534	<u> </u>	
•	r uncertain tax positions. In Part XIII, provide the text of the foo			
organization's	liability for uncertain tax positions under FIN 48 (ASC 740) C	heck here if the text of the f	ootnote has been provided in Pa	art XIII

Part XIII Supplemental Information.

c Add lines 4a and 4b

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

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

4c

5

205,504

Schedule D (Form 990) 2016 MILLIGAN HOUSING FOR THE ELDERLY

Part XIII • Supplemental Information (continued)

57-0757442

Page 5

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.

2016

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Name of the organization

MILLIGAN HOUSING FOR THE ELDERLY

Employer identification number

TOWN AND COUNTRY APARTMENTS 57-0757442

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 AND COMPLETION OF ANNUAL INDEPENDANT AUDIT.

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation Documents are available upon request and are maintained by the managing agent.