Form **990-PF**

Return of Private Foundation or Section 4947(a)(1) Trust Treated as Private Foundation

OMB No 1545 0052

Department of the Treasury Internal Revenue Service ► Do not enter social security numbers on this form as it may be made public.

► Go to www.irs.gov/Form900PF for instructions and the latest information

2017

Int	ernal R	evenue Service	Go to www.irs.go	ov/Form990PF for instruct	tions and the latest infor	mation Ope	en to Public Inspection
Fo	r cal	endar year 2017 or	tax year beginning	7/01 , 2017	, and ending 6/3	0 , 2018	
	TT 17/	THOUG DEGRAT	ONG THE	-	A	Employer identification nur	nber
		STONE DECISION			_	93-0979700	
3	VI EN	M, OR 97302	S., SUITE 100		В	Telephone number (see inst 503-428-5233	ructions)
J	VDDI	1, OK 57302			_		
					С	If exemption application is	pending, check here
G	Che	ck all that apply	Initial return	Initial return of a forr	mer public charity	1 Foreign organizations, chec	ok hara ► □
			Final return	Amended return	.		
			Address change	Name change	-11	2 Foreign organizations meet	ing the 85% test, check
H	Che	ck type of organiza	tion X Section 50	1(c)(3) exempt private t	foundation	here and attach computation)n
			1) nonexempt charitable	trust Other taxable	private foundation E	If private foundation status	
ī		market value of all asse		counting method C	ash X Accrual	under section 507(b)(1)(A)	, check here.
		n Part II, column (c), line	· · · L	Other (specify)	F	If the foundation is in a 60	-month termination
_	▶ \$, column (d) must be or	n cash basis)	under section 507(b)(1)(B)	, check here.
P	art I			(a) Revenue and	(b) Net investment	(c) Adjusted net	(d) Disbursements
		columns (b) (c)	e total of amounts in , and (d) may not neces-	expenses per books	income	income	for charitable
		sarily equal the	amounts in column (a)				purposes (cash basis only)
_		(see instructions	<u> </u>				(,
			ants, etc , received (attach schedule)				<u> </u>
		Z Check ► X if the	foundation is not required to attach Sch. B				
		3 Interest on savings and	d temporary cash investments	605.	605.	605.	-
		4 Dividends and interest	from securities				· · · · · · · · · · · · · · · · · · ·
		5 a Gross rents					
		b Net rental income or (loss).	·				
	Ŗ	6 a Net gain or (loss) from b Gross sates price	sale of assets not on line 10				
	E V	assets on line 6a					
(ENU	7 Capital gain net ii 8 Net short-term ca	ncome (from Part IV, line 2)		F BECEL	VFD	
<u> </u>	Ü	9 Income modificati	. •		1100	79	
<u> </u>	Ε	10 a Gross sales less returns and	1	 -	18		
೧೯		allowances			8 APR 08	Fore IOI	
>		b Less Cost of goods sold			8	₩.	
-,		C Gross profit or (loss) (attach schedule)	 	OCDEN	TOT	
5		11 Other income (att	ach schedule)		OGULI		
			SEE STATEMENT 1	5,824,477.		5,824,477.	
OCANNED 		12 Total Add lines		5,825,082.	605.	5,825,082.	
			officers, directors, trustees, etc.	3 490 014		2 400 014	
Ž		15 Pension plans, er	•	3,489,014. 747,358.		3,489,014. 747,358.	
Ţ		16a Legal fees (attach		2,189.		2,189.	
מ	A D	b Accounting fees (000 00 0	35,105.		35,105.	
•	M	C Other professional fee		275,542.	· -	275,542.	
9	N	17 Interest		7,657.		7,657.	<u> </u>
C P E R	S	18 Taxes (attach schedule	(Xsee instrs) SEE STM 5	42,795.		42,795.	
R A T		19 Depreciation (atta					- 1
ı	i	schedule) and dep	pletion	56,764.		56,764.	
N G		20 Occupancy 21 Travel, conference	es, and meetings	294, 932.	-	294, 932.	
A		22 Printing and public		71,737. 3,228.		71,737.	
A N D	EXPEZOEO	23 Other expenses (a		3,220.	.,	3,220.	<u></u>
	Ē		SEE STATEMENT 6	684,416.	L	684,416.	
	Ş		nd administrative				
	Š	expenses Add lin 25 Contributions, gifts, gr	=	5,710,737.		5,710,737.	
		1 - 1	·				
		26 Total expenses a Add lines 24 and	nd disbursements 25	5,710,737.	0.	5,710,737.	0.
_		27 Subtract line 26 fr		3,,10,,31.		3,,10,,131.	1
		a Excess of revenu	•				1
		and disbursemen		114,345.			
			icome (if negative, enter 0)		605.	114 045	
		C Adjusted net inco	ome (if negative, enter -0-)			114,345.	1

BAA For Paperwork Reduction Act Notice, see instructions.

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Par	FII	Balance Sheets	Attached schedules and amounts in the description column should be for end of year amounts only	Beginning of year		of year
- an		Daiance Sheets	(See instructions)	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest	-bearing	523,811.	607,942	607,942.
	2	Savings and tempor	ary cash investments	604,619.	605,224	605,224.
	3	Accounts receivable	- 269,204.			
		Less allowance for	doubtful accounts ►	230,754.	269,204	. 269,204.
	4	Pledges receivable	-			
		Less allowance for	doubtful accounts >			
	5	Grants receivable				
	6	Receivables due from offic disqualified persons (attac	cers, directors, trustees, and other ch schedule) (see instructions)			
_	7	Other notes and loans rec	eivable (attach sch)			
A S		Less allowance for	doubtful accounts >			
Š	8	Inventories for sale	or use			
A S S E T	9	Prepaid expenses a	nd deferred charges	60,882.	64,770	64,770.
Š	10:	a Investments – U S obligations (attach s	and state government chedule)			
		b Investments — corporate	stock (attach schedule)			
		c Investments — corporate	bonds (attach schedule)			
	11	Investments – land, equipment basis	buildings, and			
		Less accumulated deprec (attach schedule)	iation •			
	12	Investments - morte	gage loans			"-
	13	Investments - other	(attach schedule)			
	14					
		Less accumulated deprec (attach schedule)	301,031.	116,452.	171,063	173,543.
	15		be SEE STATEMENT 8	24,682.	17,500	17,500.
	16	Total assets (to be of see the instructions	completed by all filers — Also, see page 1, item l)	1,561,200.	1,735,703	1,738,183.
Ļ	17	Accounts payable ar	nd accrued expenses	253,899.	306,169	,
Å	18	Grants payable				
B	19	Deferred revenue				
Ĺ	20		tors, trustees, & other disqualified persons			
H T	21		s payable (attach schedule) STMT 9	77,390.	92,460	_
- 1	22	Other liabilities (des	cribe SEE STATEMENT 10)	24,682.	17,500	
E S	23	Total liabilities (add	lines 17 through 22)	355,971.	416,129	
		Foundations that fo and complete lines	llow SFAS 117, check here 24 through 26, and lines 30 and 31.			
N F	24	Unrestricted				
Ë U T N	25	Temporarily restricte	ed			1
Ď	26	Permanently restrict	ed			1
A B S A E L T A		Foundations that do and complete lines	not follow SFAS 117, check here X 27 through 31.			
ĒĻ	27	Capital stock, trust of	orincipal, or current funds			
T A S N	28		or land, bldg, and equipment fund			
O E	29		ulated income, endowment, or other funds	1,205,229.	1,319,574	† . (
RS	30	Total net assets or f	und balances (see instructions)	1,205,229.	1,319,574	
	31		net assets/fund balances	· · · · · · · · · · · · · · · · · · ·	-	1
Dav	 	(see instructions)	ges in Net Assets or Fund Balanc	1,561,200.	1,735,703	
						
1	end-	of-year figure reported	alances at beginning of year – Part II, colu d on prior year's return)	umn (a), line 30 (must aç	1	1,205,229.
2		r amount from Part I,			2	114,345.
3		increases not included in hi	ne 2 (itemize)		3	
4		lines 1, 2, and 3			4	1,319,574.
5		ases not included in line 2 (·		5	1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
6_	rota	i net assets or fund ba	alances at end of year (line 4 minus line 5)) - Part II, column (b), li	ine 30 6	1,319,574.

Pa		Losses for Tax on Investmer			-	
	(a) List and describe 2-story brick wareh	the kind(s) of property sold (for examp nouse, or common stock, 200 shares	ole, real estate, s MLC Company)	(b) How acquired P — Purchase D — Donation	(C) Date acquired (mo , day, yr)	(d) Date sold (mo , day, yr)
1 a	N/A					
)			-		
	j					
•	•					
	(e) Gross sales price	(f) Deprectation allowed (or allowable)	(g) Cost or other ba plus expense of sa		(h) Gain or ((e) plus (f) m	
	·					
t						
	_					
	Complete only for assets show	ving gain in column (h) and owned b			(I) Gains (Col	
	(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any		gain minus col (k), t nan -0-) or Losses (f	
	<u> </u>					
t) 					
	<u> </u>					
	<u> </u>					
	•					
2	Capital gain net income or (ne	et capital loss). — If gain, also If (loss), en	enter in Part I, line 7 ter -0- in Part I, line 7	- 2		
3	Net short-term capital gain or	(loss) as defined in sections 1222(5	i) and (6)			
	If gain, also enter in Part I, lin in Part I, line 8	e 8, column (c) See instructions If	(loss), enter -0-	3		
Pai	t\V Qualification Unde	r Section 4940(e) for Reduce	ed Tax on Net Investn	ent Income	:	
(For	optional use by domestic private f	foundations subject to the section 4940	(a) tax on net investment inc	come.)		
If co	ction 4940(d)(2) applies, leave	this part blank N/A				
11 30	ction 4340(d)(2) applies, leave	uns part blank N/A			_	_
Was	the foundation liable for the se-	ction 4942 tax on the distributable a	amount of any year in the t	ase period?	∏Yes	No
If 'Ye	es,' the foundation doesn't quali	ify under section 4940(e) Do not co	mplete this part			
1	Enter the appropriate amount in	each column for each year, see the in	structions before making any	entries		
	(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use as	sets	(d) Distribution (col (b) divided	
	2016					
	2015					
	2014					<u>-</u>
	2013			-		
	2012					
2	Total of line 1, column (d)			2		- ***
3	•	5-year base period – divide the total of	on line 2 by 5.0 or by the	<u>-</u>	-	
3	number of years the foundatio	in has been in existence if less than	5 years	3		
4	Enter the net value of nonchar	ritable-use assets for 2017 from Par	rt X, line 5	4		
5	Multiply line 4 by line 3			5		
6	Enter 1% of net investment in	come (1% of Part I, line 27b)		6		
7	Add lines 5 and 6			7		
8	Enter qualifying distributions fi	rom Part XII, line 4		8		
	, , ,	an line 7, check the box in Part VI, line	e 1b, and complete that part	using a 1% tax	rate See the	

	10-FF (2017) MILESTONE DECISIONS, INC.		1979700			age 4
Part V		e), or 4948 – see	instruction	ıs)		
	empt operating foundations described in section 4940(d)(2), check here	7				
	te of ruling or determination letter $1/18/94$ (attach copy of letter if necessary – see instructions are instructional contractions of the contraction of the contr	tions)				
b Do	emestic foundations that meet the section 4940(e) requirements in Part V,	<u> </u>	1			N/A
ch	eck here. and enter 1% of Part I, line 27b			·		1
c All	other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b)					
2 Ta	x under section 511 (domestic section 4947(a)(1) trusts and taxable					
	undations only, others, enter -0-)		2			
3 Ad	ld lines 1 and 2		3			
4 St	ibtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only, oth	ners, enter -0-)	4			
	x based on investment income. Subtract line 4 from line 3 If zero or less, enter -0-		5			
6 Cr	edits/Payments					- 1
a 201	7 estimated tax pmts and 2016 overpayment credited to 2017 6 a					
b Ex	empt foreign organizations — tax withheld at source 6b					
c Ta	x paid with application for extension of time to file (Form 8868).					
d Ba	ckup withholding erroneously withheld 6 d					
7 To	tal credits and payments Add lines 6a through 6d		7			
8 Er	iter any penalty for underpayment of estimated tax. Check here 🔲 if Form 2220 is attact	hed	8			
9 Ta	x due. If the total of lines 5 and 8 is more than line 7, enter amount owed	▶	9			
0 Ov	erpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	▶	10			
1 1 Ent	er the amount of line 10 to be Credited to 2018 estimated tax	efunded 🕨	11			
art V	II-A Statements Regarding Activities					
1 a Di	iring the tax year, did the foundation attempt to influence any national, state, or local legis	lation or did it			Yes	No
pa	rticipate or intervene in any political campaign?	nation of ala it		1 a		X
h Du	d it spend more than \$100 during the year (either directly or indirectly) for political purposes?					
Se	the the instructions for the definition			1 b		Х
lf t	he answer is 'Yes' to 1a or 1b, attach a detailed description of the activities and copies of any materi	iale nublished				
	distributed by the foundation in connection with the activities	iais published				
c Di	d the foundation file Form 1120-POL for this year?			1 c		X
d Er	iter the amount (if any) of tax on political expenditures (section 4955) imposed during the	year			,	1
	On the foundation • \$ 0. (2) On foundation managers	► \$	0.			
	ter the reimbursement (if any) paid by the foundation during the year for political expenditure tax	imposed on				
	undation managers	200				
	is the foundation engaged in any activities that have not previously been reported to the IF	45 /		2		X
IT.	Yes,' attach a detailed description of the activities					
3 Ha	is the foundation made any changes, not previously reported to the IRS, in its governing instrume	nt, articles				
	incorporation, or bylaws, or other similar instruments? If 'Yes,' attach a conformed copy o	=		3		<u>X</u>
	d the foundation have unrelated business gross income of \$1,000 or more during the year?	,		4a		Χ
	Yes,' has it filed a tax return on Form 990-T for this year?			4 b	N	/ <u>A</u>
	s there a liquidation, termination, dissolution, or substantial contraction during the year?			5		X
	Yes, attach the statement required by General Instruction T					
	e the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied eith	ner				
• [By language in the governing instrument, or					
• {	By state legislation that effectively amends the governing instrument so that no mandatory direction	ons that conflict				
,	with the state law remain in the governing instrument?			6	Χ	
7 Did	the foundation have at least \$5,000 in assets at any time during the year? If 'Yes,' complete Part II, col. (c), and Pa	art XV		7	X	
8a Er	iter the states to which the foundation reports or with which it is registered. See instruction	ns. •]		
	OR, ID					
b If to	he answer is 'Yes' to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General designate) of each state as required by <i>General Instruction G</i> ² If 'No,' attach explanation					
		stion 4042/11/21 a-	1012/1/E\			
9 Is for	the foundation claiming status as a private operating foundation within the meaning of sec calendar year 2017 or the tax year beginning in 2017? See the instructions for Part XIV $^{\circ}$	If 'Yes,' complete	Part XIV	9	<u></u>	
	d any persons become substantial contributors during the tax year? If 'Yes,' attach a schedule list id addresses	ang men names		10		X
AA	·		Fc	rm 990	-PF (2	017)

Part VII-A Statements Regarding Activities (continued)			
11 At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' attach schedule See instructions	11	Yes	No X
12 Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If 'Yes,' attach statement See instructions	12	:	x
13 Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	Х	
Website address ► <u>WWW.MILESTONEDECISIONS.COM</u>			
14 The books are in care of ► JASON D. MCARTHUR Telephone no ► 503 Located at ► 3155 RIVER ROAD S. SUITE 100 SALEM OR ZIP + 4 ► 97302	- <u>428-5</u>	<u>233</u> _	-
Located at Sale Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 — check here	Ŋ/Ā		-П
and enter the amount of tax-exempt interest received or accrued during the year			N/A
At any time during calendar year 2017, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country?	16	Yes	No X
See the instructions for exceptions and filing requirements for FinCEN Form 114. If 'Yes,' enter the name of the foreign country			
Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required			
File Form 4720 if any item is checked in the 'Yes' column, unless an exception applies.		Yes	No
1 a During the year, did the foundation (either directly or indirectly)			
(1) Engage in the sale or exchange, or leasing of property with a disqualified person? Yes XN	'	,	
(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? Yes XN.	,		1
(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	,		
(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? Yes XN	,		
(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? Yes XN	,		
(6) Agree to pay money or property to a government official? (Exception. Check 'No' if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days.) Yes XN	,	:	
b If any answer is 'Yes' to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53 4941(d)-3 or in a current notice regarding disaster assistance? See instructions.			
Regulations section 53 4941(d)-3 or in a current notice regarding disaster assistance? See instructions. Organizations relying on a current notice regarding disaster assistance, check here	1 b	N,	/A
c Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts,			
that were not corrected before the first day of the tax year beginning in 2017?	1 c		X
2 Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5))			
a At the end of tax year 2017, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2017? Yes X No.	,		
If 'Yes,' list the years ► 20 , 20 , 20			
b Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to		<u></u>	
 all years listed, answer 'No' and attach statement — see instructions) c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here 	2 b	N.	/A
► 20 , 20 , 20			
3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? Yes X N			
b If 'Yes,' did it have excess business holdings in 2017 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to	_		
determine if the foundation had excess business holdings in 2017)	3 ь	N,	/A
4 a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4 a		Χ_
b Did the foundation make any investment in a prior year (but after December 31, 1969) that could			
jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2017?	4 b		
BAA	Form 99	0-PF (

Form 990-RF (2017) MILESTONE DECISION			93-09	79700	Page 6
Part VII-B Statements Regarding Activit		1 4720 May Be Req	uired (continued)		I I
5 a During the year, did the foundation pay or incur a	-	n (anation 4045(a)) 2	□v [v	1 N	Yes No
(1) Carry on propaganda, or otherwise attemp	-		∐ Yes X	No	
(2) Influence the outcome of any specific pub on, directly or indirectly, any voter registra	ation drive?		— <u> </u>	No	
(3) Provide a grant to an individual for travel,	• *	•	∐ Yes X	No	
(4) Provide a grant to an organization other than in section 4945(d)(4)(A)? See instructions	a charitable, etc., organi	zation described	Yes X	No	
(5) Provide for any purpose other than religio educational purposes, or for the prevention	us, charitable, scientific n of cruelty to children	r, literary, or or animals?	Yes X	No	
b If any answer is 'Yes' to 5a(1)—(5), did any of described in Regulations section 53.4945 or in a See instructions	the transactions fail to current notice regarding o	qualify under the exceptisaster assistance?	otions	5b	N/A
Organizations relying on a current notice rega	rding disaster assistand	ce, check here	▶ [
c If the answer is 'Yes' to question 5a(4), does tax because it maintained expenditure respon	the foundation claim ex sibility for the grant?	emption from the	N/A Yes	No	
If 'Yes,' attach the statement required by Regi	ulations section 53 4945	5-5(d)		'	
6 a Did the foundation, during the year, receive at on a personal benefit contract?	ny funds, directly or ind	irectly, to pay premium:	S ☐Yes X]No	
b Did the foundation, during the year, pay prem	iums, directly or indirec	tly, on a personal bene	fit contract?	6 Ь	X
If 'Yes' to 6b, file Form 8870	dados a saudo da a sauda	ومرورة ومقاموان ومقالم فالمرازية		1	
7a At any time during the tax year, was the found b If 'Yes,' did the foundation receive any proceed				No 7b	
Part VIII Information About Officers, D				.,,	
and Contractors	,,		, o. o, r. i.g. i.y . a.a .	p.oy00	J ,
1 List all officers, directors, trustees, and found	dation managers and th	neir compensation. See	instructions.	-	
(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation		se account, illowances
SEE STATEMENT 11					
		0.	0.		<u> </u>
				 	
				1	
2 Compensation of five highest-paid employees (o	ther than those included	on line 1 – see instruction	ns). If none, enter 'NONE	<u> </u>	
(a) Name and address of each employee	(b) Title, and average		(d)Contributions to	(a) Expos	se account,
paid more than \$50,000	hours per week devoted to position	(c) Compensation	employee benefit plans and deferred compensation	other a	allowances
DEDEGAN LOCOH			compensation		
1303 EDINBOROUGH CT	DIRECTOR CARE	05 600			
MOSCOW, ID 83843 EMILY CROOK	83	85,698.	0.	1	0.
2460 N TITLEIST WAY POST FALLS, ID 83854	EXECUTIVE DIR	79,367.	0.		0.
MECHELLE ROURKE	DIDECTOR HIE	<u></u>			
2827 HAMPTON CT MOSCOW, ID 83843	DIRECTOR-HLTH 40	62,876.			0.
KYLE MCCALLIHAN 1356 N HWY 41 #62	RH DIRECT CAR				
POST FALLS, ID 83854 DEBORAH ODUBIYI	82	58,663.	0.		0.
1770 WHITE AVE #3 MOSCOW, ID 83843	ICF DIRECT CA	57,621.	0.		0.
Total number of other employees paid over \$50,000)				7

Form 990-RF (2017) MILESTONE DECISIONS, INC.

PartiVIII
Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)

and Contractors (continued)		
3 Five highest-paid independent contractors for professional services. See		<u> </u>
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
WESTCARE MANAGEMENT, INC.		
3155 RIVER ROAD S., STE 100		
SALEM, OR 97302	MANAGEMENT SERVICES	308,669.
PAYCHEX		
911 PANORAMA TRAIL S.		
ROCHESTER, NY 14625-0397	PAYROLL SERVICES	126,812.
RADCOMP TECHNOLOGIES		
136 N MAIN AVE.		
WHITE SALMON, WA 98672	IT SERVICES	57,106.
	22 001(1000	07,100.
		
Table and a fallow the state of	·	
Total number of others receiving over \$50,000 for professional services	-	0
RartilX=AT Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistion organizations and other beneficiaries served, conferences convened, research papers produced, etc	cal information such as the number of	Expenses
		5,710,737.
2		
		· · · · · · · · · · · · · · · · · · ·
3		
4		
PartiX:BI Summary of Program-Related Investments (see Instru	uctions)	
Describe the two largest program-related investments made by the foundation during t	he tax year on lines 1 and 2	Amount
1 <u>N/A</u>		-
		
2		-
		
All other program-related investments. See instructions		
3	i	
	-	
Tabel Add have 1 Abranch 2		
Total. Add lines 1 through 3	_	0.
MAA		Form 990 DE (2017)

Pai	Minimum Investment Return (All domestic foundations must complete this part. Fo see instructions.)	reign foi	undations,
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes		
	Average monthly fair market value of securities	1 a	
ŀ	Average of monthly cash balances	1 b	
•	Fair market value of all other assets (see instructions)	1 c	
(1 Total (add lines 1a, b, and c)	1 d	0.
•	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation) 1 e		
2	Acquisition indebtedness applicable to line 1 assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for charitable activities Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	•
5	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	0.
6	Minimum investment return. Enter 5% of line 5	6	0.
Pai	t XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private opera	ting four	ndations
	and certain foreign organizations, check here ▼ X and do not complete this part.)		
1	Minimum investment return from Part X, line 6 N/A	1	
2 8	Tax on investment income for 2017 from Part VI, line 5		
ŀ	Income tax for 2017 (This does not include the tax from Part VI.).	1	
(Add lines 2a and 2b	2 c	
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	
6	Deduction from distributable amount (see instructions)	6	_
7	Distributable amount as adjusted Subtract line 6 from line 5. Enter here and on Part XIII, line 1.	7	-
Pai	TXII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		
	Expenses, contributions, gifts, etc. — total from Part I, column (d), line 26	1 a	
	Program-related investments — total from Part IX-B	1 b	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	111,376.
3	Amounts set aside for specific charitable projects that satisfy the suitability test (prior IRS approval required)	3 a	
ŀ	Cash distribution test (attach the required schedule)	3 b	
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	111,376.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income Enter 1% of Part I, line 27b See instructions	5	
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	111,376.
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the four qualifies for the section 4940(e) reduction of tax in those years	ndation	

ВАА

Part XIII Undistributed Income (see instr	uctions)	N/A		
	(a) Corpus	(b) Years prior to 2016	(c) 2016	(d) 2017
Distributable amount for 2017 from Part XI, line 7				
2 Undistributed income, if any, as of the end of 2017				
a Enter amount for 2016 only				
b Total for prior years 20 , 20 , 20				-
3 Excess distributions carryover, if any, to 2017				
a From 2012				
b From 2013				
c From 2014	}			
d From 2015.				
e From 2016				
f Total of lines 3a through e.				
4 Qualifying distributions for 2017 from Part				
XII, line 4 🕨 \$				
a Applied to 2016, but not more than line 2a				
 Applied to undistributed income of prior years (Election required – see instructions) 				
c Treated as distributions out of corpus (Election required – see instructions)				
d Applied to 2017 distributable amount				<u> </u>
e Remaining amount distributed out of corpus				
5 Excess distributions carryover applied to 2017				
(If an amount appears in column (d), the				
same amount must be shown in column (a))				
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5				
b Prior years' undistributed income Subtract line 4b from line 2b				
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed				
d Subtract line 6c from line 6b Taxable amount — see instructions.				
e Undistributed income for 2016 Subtract line 4a from line 2a Taxable amount — see instructions.	<u> </u>			
f Undistributed income for 2017 Subtract lines				'
4d and 5 from line 1. This amount must be distributed in 2018			···	
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required — see instructions).				
8 Excess distributions carryover from 2012 not applied on line 5 or line 7 (see instructions)				
9 Excess distributions carryover to 2018. Subtract lines 7 and 8 from line 6a				
10 Analysis of line 9				
a Excess from 2013				
b Excess from 2014				
c Excess from 2015				
d Excess from 2016				
e Excess from 2017				
BAA				Form 990-PF (2017)

Form 990-RF (2017) MILESTONE DECISI			·	93-097970	0 Page 1 0
RartXIV Private Operating Founda					/
1 a If the foundation has received a ruling or detroise seffective for 2017, enter the date of the	ermination letter that i ruling	it is a private operati	ng foundation, and th	ne ruling	
b Check box to indicate whether the founda	tion is a private ope	rating foundation d	escribed in section	X 4942(j)(3) or	4942(j)(5)
2a Enter the lesser of the adjusted net income from Part I or the minimum	Tax year		Prior 3 years		(e) Total
investment return from Part X for	(a) 2017	(b) 2016	(c) 2015	(d) 2014	
each year listed b 85% of line 2a	0.			/	0.
c Qualifying distributions from Part XII, line 4 for each year listed	111,376.	67,592.	56,215.	24,701.	259,884.
d Amounts included in line 2c not used directly for active conduct of exempt activities					0.
 Qualifying distributions made directly for active conduct of exempt activities Subtract line 2d from line 2c 	111,376.	67,592.	56,215.	24,701.	259,884.
3 Complete 3a, b, or c for the alternative test relied upon					
a 'Assets' alternative test — enter(1) Value of all assets	1,735,703.	1 561 200	1,179,871.	062 270	F 440 052
(2) Value of assets qualifying under		1,561,200.		963,278.	5,440,052.
section 4942(j)(3)(B)(i) b 'Endowment' alternative test — enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed	1,735,703.	1,561,200,	1,179,871.	963,278.	5,440,052.
c 'Support' alternative test — enter			-		
 Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties) 					
(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii).					
(3) Largest amount of support from an exempt organization					<u> </u>
(4) Gross investment income					
Supplementary Information assets at any time during the Information Regarding Foundation Mana	e year — see ins	part only if the structions.)	foundation had	\$5,000 or more	in
a List any managers of the foundation who hav close of any tax year (but only if they hav NONE	e contributed more th	an 2% of the total co han \$5,000) (See	ontributions received section 507(d)(2))	by the foundation bef	ore the
b List any managers of the foundation who owr a partnership or other entity) of which the NONE	10% or more of the foundation has a 10	stock of a corporation 9% or greater intere	n (or an equally large est	e portion of the owner	ship of
2 Information Regarding Contribution, Grant, Check here ► X if the foundation only ma requests for funds If the foundation make 2a, b, c, and d See instructions a The name, address, and telephone number of	akes contributions to personal sections and sections are sections.	preselected charitable to individuals or org	ganizations under o	ther conditions, cor	licited nplete items
b The form in which applications should be	submitted and inform	nation and materia	Is they should inclu	de	
c Any submission deadlines					

d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors

Part XV Supplementary Information (co	ontinued)			
3 · Grants and Contributions Paid During the Ye	ear or Approved for Fut	ure Paymen	t	N/A
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient		-
a Paid during the year				
	•			
			<u></u>	
Total		<u> </u>	► 3 a	ļ
b Approved for future payment				
Total		<u></u>	D 21	

	v. rulary sis of intectine i reducing i					
Enter gross	s amounts unless otherwise indicated	Unrelate	d business income	Excluded	l by section 512, 513, or 514	(e)
٠		(a) Business code	(b) Amount	(c) Exclu- sion	(d) Amount	Related or exempt function income (See instructions)
1 Progr	am service revenue	Code		code		(See matractions)
a MED	ICAID PAYMENTS					5,678,466.
b						3,0,0,1001
с				<u> </u>	_	
ď				 		
				+		
e		-		-		
' =		_		-		
-	and contracts from government agencies			ļ	_	
	pership dues and assessments			ļ		
	t on savings and temporary cash investments					605.
4 Divide	ends and interest from securities					!
5 Net re	ental income or (loss) from real estate					
a Debt-	financed property					
b Not d	ebt-financed property		 .			
6 Net rer	ntal income or (loss) from personal property					_
7 Other	investment income					
8 Gain or	r (loss) from sales of assets other than inventory			 	. –	
	ncome or (loss) from special events					
	s profit or (loss) from sales of inventory			 		
	revenue	 		-		
	IDENT REVENUES	-				146,011.
Ь	·					
°					<u> </u>	
d			,			
е						_
12 Subto	otal Add columns (b), (d), and (e)					5,825,082.
	otal Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e)				13	5,825,082. 5,825,082.
13 Total		ns)		_	13	
13 Total (See works	. Add line 12, columns (b), (d), and (e) theet in line 13 instructions to verify calculation		shment of Exemp	t Purpe		
13 Total (See works Part XVI Line No.	. Add line 12, columns (b), (d), and (e) heet in line 13 instructions to verify calculation. B Relationship of Activities to the	Accompl	<u>.</u>	<u>`</u>	oses	5,825,082.
13 Total (See works Part XVI	. Add line 12, columns (b), (d), and (e) theet in line 13 instructions to verify calculation	Accompl	<u>.</u>	<u>`</u>	oses	5,825,082.
13 Total (See works Part XVI Line No.	Add line 12, columns (b), (d), and (e) theet in line 13 instructions to verify calculation. B Relationship of Activities to the Explain below how each activity for which in accomplishment of the foundation's exempt	Accomplication of the complex	orted in column (e) of Fi ther than by providing	Part XVI- funds for	OSES A contributed important such purposes) (See ii	5,825,082. ly to the instructions)
13 Total (See works Part XVI Line No.	Add line 12, columns (b), (d), and (e) theet in line 13 instructions to verify calculation. B Relationship of Activities to the Explain below how each activity for which in accomplishment of the foundation's exempt IDAHO MEDICAID PAYMENTS SUBS	Accomplicome is repopurposes (of IDIZED T	orted in column (e) of Fi ther than by providing the COSTS OF TH	Part XVI- funds for IE CAR	OSES A contributed important such purposes) (See in E (IN HOME AND	5,825,082. ly to the instructions)
13 Total (See works Part XVI Line No.	Add line 12, columns (b), (d), and (e) theet in line 13 instructions to verify calculation. B Relationship of Activities to the Explain below how each activity for which in accomplishment of the foundation's exempt IDAHO MEDICAID PAYMENTS SUBS FACILITIES) PROVIDED TO DEVE	Accomplicome is repopurposes (of IDIZED T	orted in column (e) of Fi ther than by providing the COSTS OF TH	Part XVI- funds for IE CAR	OSES A contributed important such purposes) (See in E (IN HOME AND	5,825,082. ly to the instructions)
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13 Total (See works Part XVI Line No. 1A	Add line 12, columns (b), (d), and (e) theet in line 13 instructions to verify calculations. B Relationship of Activities to the Explain below how each activity for which in accomplishment of the foundation's exempt IDAHO MEDICAID PAYMENTS SUBSFACILITIES) PROVIDED TO DEVEFOR THEIR OWN CARE. EARNINGS ON CASH ACCOUNTS USFEES COLLECTED FROM RESIDENT	Accomplicome is repopurposes (of IDIZED TALOPMENTA	orted in column (e) of Finer than by providing the COSTS OF THE LLY DISABLED IN THE CARE FACILITIES.	Part XVI- funds for IE CAR DAHO	A contributed important such purposes) (See in E (IN HOME AND PATIENTS UNABLE	5,825,082. ly to the instructions) IN TO PAY
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13 Total (See works Part XVI Line No. 1A	Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation. B Relationship of Activities to the Explain below how each activity for which in accomplishment of the foundation's exempt IDAHO MEDICAID PAYMENTS SUBS FACILITIES) PROVIDED TO DEVE FOR THEIR OWN CARE. EARNINGS ON CASH ACCOUNTS US FEES COLLECTED FROM RESIDENT PORTION OF THEIR CARE COSTS.	Accomplicome is repopurposes (of IDIZED TALOPMENTA	orted in column (e) of Finer than by providing the COSTS OF THE LLY DISABLED IN THE CARE FACILITIES.	Part XVI- funds for IE CAR DAHO	A contributed important such purposes) (See in E (IN HOME AND PATIENTS UNABLE	5,825,082. ly to the instructions) IN TO PAY
13 Total (See works Part XVI Line No. 1A	Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation. B Relationship of Activities to the Explain below how each activity for which in accomplishment of the foundation's exempt IDAHO MEDICAID PAYMENTS SUBS FACILITIES) PROVIDED TO DEVE FOR THEIR OWN CARE. EARNINGS ON CASH ACCOUNTS US FEES COLLECTED FROM RESIDENT PORTION OF THEIR CARE COSTS.	Accomplicome is repopurposes (of IDIZED TALOPMENTA	orted in column (e) of Finer than by providing the COSTS OF THE LLY DISABLED IN THE CARE FACILITIES.	Part XVI- funds for IE CAR DAHO	A contributed important such purposes) (See in E (IN HOME AND PATIENTS UNABLE	5,825,082. ly to the instructions) IN TO PAY
13 Total (See works Part XVI Line No. 1A	Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation. B Relationship of Activities to the Explain below how each activity for which in accomplishment of the foundation's exempt IDAHO MEDICAID PAYMENTS SUBS FACILITIES) PROVIDED TO DEVE FOR THEIR OWN CARE. EARNINGS ON CASH ACCOUNTS US FEES COLLECTED FROM RESIDENT PORTION OF THEIR CARE COSTS.	Accomplicome is repopurposes (of IDIZED TALOPMENTA	orted in column (e) of Finer than by providing the COSTS OF THE LLY DISABLED IN THE CARE FACILITIES.	Part XVI- funds for IE CAR DAHO	A contributed important such purposes) (See in E (IN HOME AND PATIENTS UNABLE	5,825,082. ly to the instructions) IN TO PAY

Part XVII Information Regarding Transfers to and Transactions and Relationships With Noncharitable Exempt Organizations

1 Did the	organization direct	tly or indirectly e	ngage in any of the following	with any	other organization	n		Yes	No
describi	ed in section 501(c to political organiz	c) of the Code (or	ther than section 501(c)(3) or	ganization	s) or in section 5	527,			
			a noncharitable exempt orga	ınızatıon o	f				
(1) Cas	•	_	. •				1 a (1)		X
(2) Oth	er assets						1 a (2)		X
b Other tr	ransactions							_	
(1) Sal	es of assets to a n	oncharitable exe	mpt organization				1 b (1)		X
(2) Pur	chases of assets fi	rom a noncharita	ible exempt organization				1 b (2)		Χ
(3) Rer	ntal of facilities, eq	uipment, or othe	r assets				1 b (3)		X
• •	mbursement arran	~					1 b (4)		<u>X</u>
• •	ins or loan guarant						1 b (5)		<u>X</u>
			ip or fundraising solicitations				1 b (6)		<u>X</u>
c Snaring	or racilities, equip	ment, mailing lis	sts, other assets, or paid emp	loyees			1 c		<u>X</u>
d If the ar	nswer to any of the ds, other assets, or s	e above is 'Yes,' services given by arrangement, s	complete the following sched the reporting foundation If the how in column (d) the value of	lule Colun foundation	nn (b) should alw received less than Is other assets	rays show the fair r fair market value in or services receive	narket val	ue of	
(a) Line no	(b) Amount involved		of noncharitable exempt organization			sfers, transactions, and		ngement	
N/A		1			, , ,		· · •	3	
			 						
		<u> </u>							
-		- 							
									
describ	oundation directly or ed in section 501(c	c) of the Code (or	d with, or related to, one or more ther than section 501(c)(3)) of	e tax-exem r in section	pt organizations n 527?		Yes	X	No
) Name of organiz		(b) Type of organization	tion	(c	Description of rela	ationship		
N/A	<u>,, </u>		(L) Type or organization			,			
Under	penalties of perjury, I dec and complete Declarat	clare that I have exam	ined this return, including accompanyin than taxpayer) is based on all informat	ig schedules a	nd statements, and to reparer has any knowl	the best of my knowledge	and belief, i	t is true	
Sign Here	Drift	Times	_	·19 Þ	PRESIDENT		May the I this return preparer See instr	n with th shown t	ne
Sign	ature of officer or trustee		Date		Title			Yes	No
	Print/Type preparer's	name	P(epare)'s signature		Date	Check	PTIN		_
Paid	STEVEN K. JAM	IISON, CPA	steven k. amisoi	N, CPA	2/08/19	self employed	P012437	53	
Preparer	Firm's name	GREEN NEWTON				Firm's EIN ► 46-35	39038		
Use Only	Firm's address		IAL ST SE, SUITÉ 200						
		SALEM, OR 97	302			Phone no (503)	391-104		
BAA							Form 99	0-PF (2017)

2017	FEDERAL STATEMENTS	PAGE 1
	MILESTONE DECISIONS, INC.	93-0979700
STATEMENT 1 FORM 990-PF, PART I, LINE 11 OTHER INCOME		
MEDICAID PAYMENTS RESIDENT REVENUES	(A) (B) NET INVESTMENT INCOME \$ 5,678,466. \$ 146,011. \$ 5,824,477. \$ 0. \$	(C) ADJUSTED NET INCOME 5,678,466. 146,011. 5,824,477.
STATEMENT 2 FORM 990-PF, PART I, LINE 16A LEGAL FEES		-
LEGAL FEES	(A) (B) NET (C) EXPENSES INVESTMENT ADJUSTED PER BOOKS INCOME NET INCOME \$ 2,189. TOTAL \$ 2,189. \$ 0. \$ 2,189.	
STATEMENT 3 FORM 990-PF, PART I, LINE 16B ACCOUNTING FEES		
OTHER ACCOUNTING SERVICES TAX PREPARATION SERVICES WESTCARE ACCOUNTING SERVICES	(A) (B) NET (C) EXPENSES INVESTMENT ADJUSTED NET INCOME \$ 10,350. \$ 10,350. 6,380. 6,380. 18,375. 6,380. TOTAL \$ 35,105. \$ 0. \$ 35,105.	(D) CHARITABLE PURPOSES \$ 0.
STATEMENT 4 FORM 990-PF, PART I, LINE 16C OTHER PROFESSIONAL FEES		
MANAGEMENT FEES	(A) (B) NET (C) EXPENSES INVESTMENT ADJUSTED NET INCOME \$ 275,542. TOTAL \$ 275,542. \$ 0. \$ 275,542.	(D) CHARITABLE PURPOSES \$ 0.

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FEDERAL STATEMENTS

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MILESTONE DECISIONS, INC.

93-0979700

STATEMENT 5 FORM 990-PF, PART I, LINE 18 TAXES

	_	(A) EXPENSES PER BOOKS	(B) NET INVESTMENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
PROVIDER TAX SALES TAX	\$ TOTAL \$	38,272. 4,523. 42,795.	<u>\$ 0.</u>	\$ 38,272. 4,523. \$ 42,795.	<u>\$ 0.</u>

STATEMENT 6 FORM 990-PF, PART I, LINE 23 OTHER EXPENSES

	(A) EXPENSES PER BOOKS	(B) NET (C) INVESTMENT ADJUSTED INCOME NET INCOME	(D) CHARITABLE PURPOSES
	ER BOOKS	INCOME NET INCOME	EUNFUSES
ACTIVITIES	\$ 45,398.	\$ 45,398.	
BAD DEBTS	8,839.	8,839.	
BANK CHARGES	1,254.	1,254.	
DIETARY FOOD	87,386.	87,386.	
DUES AND SUBSCRIPTIONS	2,995.	2,995.	
EQUIPMENT RENTAL/LEASE	6,525.	6,525.	
FILING FEES	559.	559.	
INSURANCE	66,846.	66,846.	
LINEN, BEDDING & LAUNDRY	4,505.	4,505.	
MAINTENANCE	24,307.	24,307.	
MEDICAL DIRECTOR	900.	900.	
NURSING SUPPLIES	52,518.	52,518.	
OFFICE SUPPLIES	33,320.	33,320.	
OUTSIDE NURSING SERVICES	4,670.	4,670.	
OUTSIDE SERVICES	227,188.	227,188.	
PHARMACY	8,289.	8,289.	
POSTAGE	2,208.	2,208.	
RECRUITMENT	11,117.	11,117.	
SPECIALISTS/THERAPISTS	40,099.	40,099.	
STAFF TRAINING	37,164.	37,164.	
STORAGE	1,000.	1,000.	
SUPPLIES	<u> 17,329.</u>	17,329.	
	TOTAL <u>\$ 684,416.</u>	\$ 0. \$ 684,416.	\$ 0.

STATEMENT 7 FORM 990-PF, PART II, LINE 14 LAND, BUILDINGS, AND EQUIPMENT

CATEGORY		BASIS		ACCUM. DEPREC.	 BOOK VALUE	F	AIR MARKET VALUE
AUTO./TRANSPORTATION EQUIP. FURNITURE AND FIXTURES MACHINERY AND EQUIPMENT IMPROVEMENTS TOTAL	\$ L <u>\$</u>	388,638. 35,269. 67,196. 67,617. 558,720.	-	277,270. 8,426. 45,982. 55,979. 387,657.	\$ 111,368. 26,843. 21,214. 11,638. 171,063.	\$	113,666. 26,843. 21,396. 11,638. 173,543.

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MILESTONE DECISIONS, INC.

93-0979700

STATEMENT 8 FORM 990-PF, PART II, LINE 15 **OTHER ASSETS**

BOOK VALUE

FAIR MARKET

VALUE

TOTAL \$

17,500. \$ 17,500. \$

17,500. 17,500.

CLIENT TRUST ACCOUNT

STATEMENT 9 FORM 990-PF, PART II, LINE 21 MORTGAGES AND OTHER NOTES PAYABLE

OTHER NOTES PAYABLE

BALANCE DUE

LENDER'S NAME:

DATE OF NOTE:

MATURITY DATE:

REPAYMENT TERMS:

INTEREST RATE: SECURITY PROVIDED:

PURPOSE OF LOAN:

DESC. OF CONSIDERATION:

FMV OF CONSIDERATION: ORIGINAL AMOUNT:

BALANCE DUE:

ENTERPRISE FLEET

5,024. 16,380.

LENDER'S NAME: DATE OF NOTE:

MATURITY DATE:

REPAYMENT TERMS:

INTEREST RATE: SECURITY PROVIDED:

PURPOSE OF LOAN:

DESC. OF CONSIDERATION: FMV OF CONSIDERATION:

ORIGINAL AMOUNT:

BALANCE DUE:

LENDER'S NAME: DATE OF NOTE:

MATURITY DATE:

REPAYMENT TERMS:

INTEREST RATE:

SECURITY PROVIDED: PURPOSE OF LOAN:

DESC. OF CONSIDERATION: FMV OF CONSIDERATION:

ORIGINAL AMOUNT:

BALANCE DUE:

DATE OF NOTE:

10/31/2012

10/01/2017

CAP. LEASE FOR 60 MO

8.39%

2012 DODGE GRAND CARAVAN

VEHICLE FINANCING

2012 DODGE GRAND CARAVAN

0.

ENTERPRISE FLEET

11/12/2013

11/01/2017

CAP. LEASE FOR 48 MO 11.66% 2012 FORD FOCUS VEHICLE FINANCING

2012 FORD FOCUS

2,672.

12,443.

ENTERPRISE FLEET

1/13/2014

1/01/2018

CAP. LEASE FOR 48 MO

7.72%

2014 DODGE GRAND CARAVAN

VEHICLE FINANCING

2014 DODGE GRAND CARAVAN

6,891. 31,354.

LENDER'S NAME: ENTERPRISE FLEET 6/01/2014

MATURITY DATE: 6/01/2018

REPAYMENT TERMS: CAP. LEASE FOR 48 MO INTEREST RATE: 9.28%

SECURITY PROVIDED: 2014 FORD FOCUS

PURPOSE OF LOAN: VEHICLE FINANCING DESC. OF CONSIDERATION: 2014 FORD FOCUS

0.

0.

2017

FEDERAL STATEMENTS

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MILESTONE DECISIONS, INC.

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23.

9,130.

BALANCE DUE

\$

STATEMENT 9 (CONTINUED) FORM 990-PF, PART II, LINE 21 MORTGAGES AND OTHER NOTES PAYABLE

OTHER NOTES PAYABLE

FMV OF CONSIDERATION: 4,520.

ORIGINAL AMOUNT: 15,872. BALANCE DUE:

ENTERPRISE FLEET

9/03/2015

MATURITY DATE:
REPAYMENT TERMS:
INTEREST RATE:
SECURITY PROVIDED:
PURPOSE OF LOAN:
DESC. OF CONSIDERATION:
FMV OF CONSIDERATION:
ORIGINAL AMOUNT:
BALANCE DUF:

ENTERPRISE FLEET
9/03/2015

8/01/2019

CAP. LEASE FOR 48 MO
7.55%

2015 DODGE CARAVAN
VEHICLE FINANCING
2015 DODGE CARAVAN
9,644.

BALANCE DUE: 6,521.

LENDER'S NAME: ENTERPRISE FLEET

DATE OF NOTE: MATURITY DATE:

MATURITY DAIL.
REPAYMENT TERMS:

1/01/2016 1/01/2020 CAP. LEASE AT 48 MO 8.08% 2016 DODGE CARAVAN VEHICLE FINANCING INTEREST RATE: SECURITY PROVIDED:

PURPOSE OF LOAN:

PURPOSE OF LOAN:

DESC. OF CONSIDERATION:

FMV OF CONSIDERATION:

10,729.

ORIGINAL AMOUNT: 23,066. BALANCE DUE:

LENDER'S NAME: ENTERPRISE FLEET

DATE OF NOTE:

DATE OF NOTE:

MATURITY DATE:

REPAYMENT TERMS:

INTEREST RATE:

SECURITY PROVIDED:

PURPOSE OF LOAN:

DESC. OF CONSIDERATION:

FMV OF CONSIDERATION:

ORIGINAL AMOUNT:

CONTEMPRISE FLEET

1/01/2017

CAP. LEASE FOR 48 MO

INTEREST RATE:

8.57%

2016 DODGE CARAVAN

VEHICLE FINANCING

2016 DODGE CARAVAN

11,762.

ORIGINAL AMOUNT: 21,591. BALANCE DUE: 13,944.

LENDER'S NAME: ENTERPRISE FLEET

5/01/2017 DATE OF NOTE: MATURITY DATE:

AUDITION ### A

BALANCE DUE: 16,451.

LENDER'S NAME: ENTERPRISE FLEET

DATE OF NOTE: 11/01/2017 MATURITY DATE: 9/01/2022

REPAYMENT TERMS: CAP. LEASE FOR 60 MO

017	FEDERAL STATEME	NTS				PAGE !
•	MILESTONE DECISIONS,	INC.				93-097970
STATEMENT 9 (CONTINUED) FORM 990-PF, PART II, LINE 21 MORTGAGES AND OTHER NOTE	S PAYABLE					
OTHER NOTES PAYABLE					BAL	ANCE DUE
INTEREST RATE: SECURITY PROVIDED: PURPOSE OF LOAN: DESC. OF CONSIDERATION: FMV OF CONSIDERATION: ORIGINAL AMOUNT: BALANCE DUE:	9.01% 2017 DODGE CARAVAN VEHICLE FINANCING 2017 DODGE CARAVAN 14,801. 27,245.				\$	23,197.
LENDER'S NAME: DATE OF NOTE: MATURITY DATE: REPAYMENT TERMS: INTEREST RATE: SECURITY PROVIDED: PURPOSE OF LOAN: DESC. OF CONSIDERATION: FMV OF CONSIDERATION:	ENTERPRISE FLEET 11/01/2017 9/01/2022 CAP. LEASE FOR 60 MO 9.02% 2017 DODGE CARAVAN VEHICLE FINANCING 2017 DODGE CARAVAN 14,801.					
ORIGINAL AMOUNT: BALANCE DUE:	27,245.					23,194.
	TOTAL	OTHER	NOTES	PAYABLE	\$	92,460.
STATEMENT 10 FORM 990-PF, PART II, LINE 22 OTHER LIABILITIES						
PATIENT TRUST LIABILITY					\$	17,500.
				TOTAL	\$	17,500.

STATEMENT 11 FORM 990-PF, PART VIII, LINE 1 LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	COMPEN- SATION	CONTRI- BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
MELISSA HONSINGER 5045 N MOUNTAIN VIEW DR BOISE, ID 83704	DIRECTOR 0	\$ 0.	\$ 0.	\$ 0.
SHELLEY BROOKS 826 N MEADOW MOSCOW, ID 83843	DIRECTOR 0	0.	0.	0.

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MILESTONE DECISIONS, INC.

93-0979700

STATEMENT 11 (CONTINUED) FORM 990-PF, PART VIII, LINE 1 LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED		BUTION TO	EXPENSE ACCOUNT/ OTHER
BLAKE BALLARD 816 N GRANT STREET MOSCOW, ID 83843	DIRECTOR 0	\$ 0.	\$ 0.	\$ 0.
JILL RINALDI 943 HIRSCHI RD MOSCOW, ID 83843	PRESIDENT 0	0.	0.	0.
GERARD CONNELLY 1104 W PULLMAN ROAD MOSCOW, ID 83843	PAST PRESIDENT 0	0.	0.	0.
DARLENE SMITH 430 NORTH NAUREL ST GENESEE, ID 83832	DIRECTOR 0	0.	0.	0.
PAUL C. AGIDIUS PO BOX 9341 MOSCOW, ID 83843	DIRECTOR 0	0.	0.	0.
DENNIS LEWIS 1712 18TH STREET LEWISTON, ID 83501	PAST DIRECTOR 0	0.	0.	0.
ED GREY 12720 N EMERALD DR HAYDEN, ID 83835	VICE PRESIDENT 0	0.	0.	0.
ED TERHAAR 13914 E. 12TH AVE SPOKANE VALLEY, WA 99037	PAST DIRECTOR 0	0.	0.	0.
	TOTAL	\$ 0.	\$ 0.	\$ 0.

STATEMENT 12 FORM 990-PF, PART IX-A, LINE 1 SUMMARY OF DIRECT CHARITABLE ACTIVITIES

DIRECT CHARITABLE ACTIVITIES	 EXPENSES
PROVIDE CHARITABLE AND EDUCATIONAL SERVICES TO DEVELOPMENTALLY DISABLED INDIVIDUALS IN THE STATE OF IDAHO. THESE SERVICES ARE PROVIDED THROUGH RESIDENTIAL CARE FACILITIES, WHICH MILESTONE OPERATES.	\$ 5,710,737.