

Form 990-PF

Department of the Treasury Internal Revenue Service

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

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

Go to www.irs.gov/Form990PF for instructions and the latest information.

OMB No 1545 0047

	For cale	ndar year 2019 or tax	year beginning	10/01 ,2019	, and ending 9/3		Salar Symposia and Tapes and Tapes Tapes Tapes Tapes And All
· •	MILEC	TONE DEGLETON	C TNC ,	-	. A		mber
	3155	STONE DECISION RIVER ROAD S.	SUITE 100		В	93-0979700 Telephone number (see inst	tructions)
	SALEN	1, OR 97302	, 55212 255	•	-	503-428-5233	
n.					с	If exemption application is	pending, check here 🕨 🔲
7	G Che	ck all that apply.	Initial return	Initial return of a form	ner public charity D	1 Foreign organizations, che	ck here
11		· , -	Final return Address change	Amended return Name change		2 Foreign organizations meet	ting the 85% test, check
4	H Che	ck type of organizatio		01(c)(3) exempt private	oundation (1) 4	here and attach computation	on D
`		Section 4947(a)(1) r	nonexempt charitable	trust Other taxable	orivate foundation E		s was terminated
•		market value of all assets at a Part II, column (c), line 16		-	ash X Accrual	under section 507(b)(1)(A)), check here.
	(11011 ► \$	2,810,	*	Other (specify)		 If the foundation is in a 60 under section 507(b)(1)(B) 	
		Analysis of Rev		i, column (a), mast be on	•		(d) Disbursements
• •		Expenses (The t columns (b), (c), ai necessarily equal the column (a) (see instr	otal of amounts in nd (d) may not ne amounts in	(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	for charitable purposes (cash basis only)
			etc , received (attach schedule)				
-	٠ 🔐	2 Check ► X if the toun	dation is not required to attach Sch	BETTER WEST STATES			
		3 Interest on savings and ten	•	1,061.	1,061	. 1,061.	
•	• ` -	4 Dividends and interes 5 a Gross rents	t from securities	, , ,			S. CTOP OF PARTY SECTION
رواق ا	7.5	b Net rental income or (loss)	- 14 (Tr				
	4	6 a Net gain or (loss) from sale			MEGEIVE	Designation	WINDS TO THE
, P.	A.5	b Gross sales price for assets on line 6a			HALL SELECTION OF STREET		
	ven	8 Net short-term capita	me (from Part IV, line 2) I gain				
	Re	9 Income modifications	• • •				WEST TO BE SEEN
•		10a Gross sales less returns and allowances	•		OCDENIA		
	, , ,	b Less Cost of goods sold.	, ,				
	, •	C Gross profit or (loss) (atta		Control of the Contro			
,		11 Other income (attach		1 5 024 540		E 024 E40	
_		12 Total Add lines 1 thi	EE STATEMENT	1 . 5,824,549. 5,825,610.	1,061	5,824,549. 5,825,610.	
7 2022			cers, directors, trustees, etc	0.	1,001		MA CONTROL OF STREET, SALES OF TYPICS
7 2022	Expenses	14 Other employee sala	-	3,465,087.		3,465,087.	
2 2		15 Pension plans, emple 16a Legal fees (attach so	מים מימים	2 816,533. 837.		816,533. 837.	
~		b Accounting fees (attack)	CDD CM	3 41,433.	· · · · · · · · · · · · · · · · · · ·	41,433.	
\sim 1	رن (۱	C Other professional fees (a	ttach sch) SEE ST	4 238,771.		238,771.	
4	¥.	17 Interest	e instrs) ŞEE ŞTM	5,925.		5,925.	
_ (y y Strati	18 Taxes (attach schedule)(se 19 Depreciation (attach	e instrs) OPE OIM	68,790.	<u> </u>	68,790.	
	کر و inis	schedule) and deplet	ion	52,395.	V	52,395.	
2	d ii	20 Occupancy 21 Travel, conferences,	and meetings	297,517. 24,476.		297,517. 24,476.	
Z	∼્ર્≜	22 Printing and publicat	-	228.		228.	
	2 § 2 ¶ 5 9 99 F and Administrative	23 Other expenses (atta	•	,		701 440	,
		24 Total operating and	EE STATEMENT	6 701,440.		701,440.	
	0 4 Operating	expenses Add lines	13 through 23	5,713,432.		5,713,432.	
M :		25 Contributions, gifts, grants	•				
(<i>K</i>	ō	26 Total expenses and Add lines 24 and 25	disbursements.	5,713,432.	0	. 5,713,432.	0.
		27 Subtract line 26 from				Taken to the second	
_		a Excess of revenue of and disbursements		112,178.			
-		b Net investment inco	me (if negative, enter -0-).		. 1,061	. 1011	
		C Adjusted net incom	e (if negative, enter -0-)	位于1000年的中央企业工程的企业工程		瀏 112,178	

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Dái	alta t	Balance Sheets Atta	iched schedules and amounts in ti imn should be for end of year am	ne description	Beginning of year	End o	f year
Tar.	.giiga r	Seidince Sileets (Sei	e instructions)	ounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest-bea	aring		571,766.	1,686,175.	1,686,175.
	2	Savings and temporary	cash investments		607,089.	608,150.	608,150.
	3	Accounts receivable	-	210,708.		是 医 是 是 是 是 是 是 是 是 是 是 是 是 是 是 是 是 是 是	
		Less: allowance for doub	btful accounts ►		297,183.	210,708.	210,708.
	4	Pledges receivable			THE WAR	1、加州1	MAT THE TOP OF
		Less: allowance for doul	btful accounts ►				
	5	Grants receivable					
	6	Receivables due from officers, disqualified persons (attach sc	directors, trustees, and other hedule) (see instructions)				
	7	Other notes and loans receivable	ole (attach sch)		THE THE STATE OF T		State of the state
		Less. allowance for doul					
		Inventories for sale or u					
	9	Prepaid expenses and d	•		93,543.	82,007.	82,007.
Assets		Investments – US and obligations (attach sche	dule)				
As	l	Investments — corporate stock	,				
		Investments — corporate bond	•		The Residence of the	gregation, areconstituted to	E Warishan, sting best injulies
	111	Investments — land, but equipment basis					100
		Less accumulated depreciation (attach schedule)					
		Investments – mortgage					
	l .	Investments – other (at	•		(37) - 4 4 5 7 1 No. (47)	VI . 1 Tradition 1884 (Print) (Print)	BANG SANGE TO PLANT OF STREET
-	14	Land, buildings, and equ	uipment basis	_605,9 <u>42</u> .	Carlot Carlot		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
17		Less accumulated depreciation (attach schedule)	STMT 7 ►	519,204.	139,133.	. 86,738.	195,262.
*	15		SEE STATEMENT		11,359.	28,558.	28,558.
	16	Total assets (to be com see the instructions. Als	so, see page 1, item l)		1,720,073.	2,702,336.	2,810,860.
	17	Accounts payable and a	accrued expenses		315,005.	306,437.	T. S. T. M
	18	Grants payable					
<u>.8</u>	19	Deferred revenue			183,334.	178,933.	Maria area a la companya de la companya del companya del companya de la companya
喜	20		trustees, & other disqualified p	ersons STMT 9	60.000		
Liabilities	21	Mortgages and other notes pay	•		69,379.	42,629.	
_	22	Other liabilities (describ	e <u>SEE STATEMENT</u>	_ ,	11,359.	921,163.	V - Appendix of the party of th
	23	Total liabilities (add line			579,077.	1,449,162.	
nces		and complete lines 24,	v FASB ASC 958, check I 25, 29, and 30.	iere ►			
alar	24	Net assets without dono	or restrictions				
D B	25	Net assets with donor re		_			
Net Assets or Fund Bala		Foundations that do not and complete lines 26 t	follow FASB ASC 958, che through 30.	ck here ►X			A. Carrier
20	26	Capital stock, trust princ	cipal, or current funds				
ğ	27	Paid-in or capital surplus, or l	and, bldg , and equipment fund.				
Ş	28	Retained earnings, accumulate	ed income, endowment, or other	funds	1,140,996.	1,253,174.	
¥	29		d balances (see instruction	ns)	1,140,996.	1,253,174.	The state of the s
ž	30	Total liabilities and net (see instructions)	assets/fund balances		1,720,073.	2,702,336.	
Par	ţilii .	_ <u>`</u>	s in Net Assets or F	und Balanc			المعارضة بمعادر بيد ووسان (١٩٥٥) [٢] المعارضة ال
1	Total	net assets or fund balar of-year figure reported or	nces at beginning of year	– Part II, colu	umn (a), line 29 (must a	agree with	1,140,996.
2		r amount from Part I, line				2	112,178.
3		increases not included in line 2				3	112,170.
4		lines 1, 2, and 3					1,253,174.
5		ases not included in line 2 (item	nize) ►			5	
6		•	nces at end of year (line	1 minus line 5) – Part II, column (b),		1,253,174.
===							, <u> , ,</u>

Form 990-PF (2019) MILESTO Part V Capital Gains an	NE DECISIONS, INC. d Losses for Tax on Investmen	nt Income		93-0979700	Page 3
(a) List and descri	be the kind(s) of property sold (for example warehouse, or common stock, 200 sh	ole, real estate,	(b) How acquired P — Purchase D — Donation	(C) Date acquired (mo , day, yr)	(d) Date sold (mo , day, yr)
1a N/A		 -	D Donation		
b					
c	<u> </u>				
				_	_
(a) Consequent of the consequence	(f) Depreciation allowed	(g) Cost or other ba	l l	(h) Gain or	(loss)
(e) Gross sales price	(or allowable)	plus expense of sa		((e) plus (f) mi	
а					
<u>b</u>					
c					
d					
Complete only for accets sho	 wing gain in column (h) and owned by the	foundation on 12/21/60			
	(i) Adjusted basis	(k) Excess of col. (i)		(l) Gains (Col ain minus col (k), bi	
(i) FMV as of 12/31/69	as of 12/31/69	over col (j), if any		an -0-) or Losses (fr	
a					-
b					
c					
d					_
e		enter in Part I, line 7			
2 Capital gain net income or	(net capital loss).	iter -0- in Part I, line 7	_ 2		
3 Net short-term capital gain	or (loss) as defined in sections 1222(5	5) and (6).			
If gain, also enter in Part I, in Part I, line 8	line 8, column (c). See instructions If	f (loss), enter -0-	- 3		
	der Section 4940(e) for Reduce	ed Tax on Net Investo		1	
<u> </u>	te foundations subject to the section 4940				
	•	.,			
If section 4940(d)(2) applies, lea	•			_	
	section 4942 tax on the distributable a		base period?	Yes	∐ No
	ualify under section 4940(e) Do not co		· antrino		
1 Enter the appropriate amoun (a)	t in each column for each year, see the in	structions before making any	y entries.	(d)	
Base period years Calendar year (or tax year beginning in)	Adjusted qualifying distributions	Net value of noncharitable-use as	ssets	Distribution (col. (b) divided	
2018					
2017					
2016					
2015					· -
2014				1	_
2 Total of line 1, column (d)			2		
3 Average distribution ratio for number of years the found	the 5-year base period – divide the total ation has been in existence if less than	on line 2 by 5.0, or by the	3		
4 Enter the net value of none	charitable-use assets for 2019 from Pai	rt X, line 5	4		
5 Multiply line 4 by line 3			5		
6 Enter 1% of net investmen	t income (1% of Part I, line 27b)		6		
7 Add lines 5 and 6			7		
8 Enter qualifying distribution	ns from Part XII. line 4		8		

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Form 990-PF (2019) MILESTONE DECISIONS, INC.		93-0979700 Page 4
Rart√VIt™ Excise Tax Based on Investment Income (Section 4940	J(a), 4940(b), 4940(e), or 4948	- see instructions)
	nd enter 'N/A' on line 1	THE PRIVATE STATE
Date of ruling or determination letter $1/18/94$ (attach copy of letter if necessary)	essary — see instructions)	
b Domestic foundations that meet the section 4940(e) requirements in Part	v.	1 N/A
check here. and enter 1% of Part I, line 27b		
c All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of	of Part I, line 12, col (b)	The to the second section of the second
2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable		
foundations only, others, enter -0-).		2
3 Add lines 1 and 2		3
4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable for	• • • • • • • • • • • • • • • • • • • •	·
5 Tax based on investment income. Subtract line 4 from line 3 If zero or le	ess, enter -U-	5 1997 1997 1998 1 1 1 1 1 1 1 1 1
6 Credits/Payments: a 2019 estimated tax pymts and 2018 overpayment credited to 2019	6a	
b Exempt foreign organizations — tax withheld at source	6b	
c Tax paid with application for extension of time to file (Form 8868)	6c	
d Backup withholding erroneously withheld	6 d	
7 Total credits and payments Add lines 6a through 6d		7
	Form 2220 is attached	8
9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed		→ 9
10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid		► 10
11 Enter the amount of line 10 to be Credited to 2020 estimated tax	Refunded	► 11
Part VII: A Statements Regarding Activities		
1 a During the tax year, did the foundation attempt to influence any national, participate or intervene in any political campaign?		id it Yes No
b Did it spend more than \$100 during the year (either directly or indirectly) for po See the instructions for the definition	litical purposes?	1 b X
If the answer is 'Yes' to 1a or 1b, attach a detailed description of the activities and or distributed by the foundation in connection with the activities.	d copies of any materials publishe	ed
c Did the foundation file Form 1120-POL for this year?		1c X
d Enter the amount (if any) of tax on political expenditures (section 4955) ii (1) On the foundation ►\$ 0. (2) On foundation		0
e Enter the reimbursement (if any) paid by the foundation during the year for poli		
foundation managers >\$ 0.		21 7 Part 6 1
2 Has the foundation engaged in any activities that have not previously bee	in reported to the IRS?	2 X
If 'Yes,' attach a detailed description of the activities		
3 Has the foundation made any changes, not previously reported to the IRS, in its of incorporation, or bylaws, or other similar instruments? If 'Yes,' attach a	s governing instrument, articles a conformed copy of the chanç	
4 a Did the foundation have unrelated business gross income of \$1,000 or mo	ore during the year?	4a X
b If 'Yes,' has it filed a tax return on Form 990-T for this year?		4b N/A
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year?		5 X
If 'Yes,' attach the statement required by General Instruction T.		
6 Are the requirements of section 508(e) (relating to sections 4941 through	4945) satisfied either:	
 By language in the governing instrument, or 		
 By state legislation that effectively amends the governing instrument so that with the state law remain in the governing instrument? 	no mandatory directions that con	nflict 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
7 Did the foundation have at least \$5,000 in assets at any time during the year? If 'Yes,' complete		7 X
8a Enter the states to which the foundation reports or with which it is registered. S	ee instructions	
OR, ID		
b If the answer is 'Yes' to line 7, has the foundation furnished a copy of Form 990-PF to the Atta (or designate) of each state as required by General Instruction G? If 'No,' attach explanation	orney General	8b X
9 Is the foundation claiming status as a private operating foundation within for calendar year 2019 or the tax year beginning in 2019? See the instruc-	the meaning of section 4942(j tions for Part XIV. If 'Yes,' co	(j)(3) or 4942(j)(5) 9 X
10 Did any persons become substantial contributors during the tax year? If 'Yes,' a and addresses	attach a schedule listing their na	10 X
BAA		Form 990-PF (2019)

r, ar	tivili-Age 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	初線 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		
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	Х	
	Website address			
14	The books are in care of ► JASON D. MCARTHUR Telephone no ► 503-4	28-52	233_	
	Located at ► 3155 RIVER ROAD S., SUITE 100 SALEM OR ZIP + 4 ► 97302			<u>_</u>
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 — check here	A/N		Ш
	and enter the amount of tax-exempt interest received or accrued during the year			N/A
16	At any time during calendar year 2019, 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		1000	
Par	t _s VII;Bi 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.	F9.	Yes	No
1 a	During the year, did the foundation (either directly or indirectly):	1		. *
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? Yes X No	15.		ř . 1
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? Yes X No			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?		14	
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? Yes X No	17		; <u> </u>
	(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 X No		ę .	1
W	(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 X No	13.	44	
Ł	olf 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.	{, 2⋅c ⁴ 1 b	Č. N	}::∴] ′A
	Organizations relying on a current notice regarding disaster assistance, check here	1	1	, 't
(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 2019?	1 c	1.47.	<u>1.′ ¥</u> 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 2019, did the foundation have any undistributed income (Part XIII, lines 6d and 6e) for tax year(s) beginning before 2019?	- A		
	If 'Yes,' list the years ► 20 _ , 20 _ , 20 , 20		11.5	4.4
	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 all years listed, answer 'No' and attach statement — see instructions.)	2 b	N/	/A
•	of the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.			, · · · ·
	► 20 , 20 , 20 , 20	94	1	
3 a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? Yes X No			
ł	o If 'Yes,' did it have excess business holdings in 2019 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 Form 4720, Schedule C, to determine if the foundation had excess business holdings in 2019.)	3b	N/	A
4 a	a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4 a		X
l	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 2019?	4 b	, <u>j</u>	<u>X</u>
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	a TNG			00.00	70700	_	
Form 990-PF (2019) MILESTONE DECISION Part VII ² B Statements Regarding Activiti	es for Which Form	4720 May Be Regi	uired (co	93-09' ntinued)	79700	P	age 6
5a During the year, did the foundation pay or incur ai		4720 may be requ	anea (co	ninacaj		Yes	No
(1) Carry on propaganda, or otherwise attemp	t to influence legislation	n (section 4945(e))?	Γ	Yes X	No .		7,
(2) Influence the outcome of any specific public on, directly or indirectly, any voter registra	ic election (see section	4955), or to carry	[コ コYes 区	No .		
(3) Provide a grant to an individual for travel,		purposes?	}	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 F	9 .
(5) Provide for any purpose other than religion educational purposes, or for the prevention	us, charitable, scientific n of cruelty to children	, literary, or or animals?	[Yes X	No	ر چد م	
b If any answer is 'Yes' to 5a(1)—(5), did any of described in Regulations section 53.4945 or in a c See instructions	the transactions fail to current notice regarding d	qualify under the exceptisaster assistance?	tions		51	N	/A
Organizations relying on a current notice rega	rding disaster assistanc	e, check here		▶ [3	, IN	A
c If the answer is 'Yes' to question 5a(4), does to tax because it maintained expenditure response	the foundation claim ex- sibility for the grant?	emption from the	N/A (☐ Yes ☐	No .	1	1
If 'Yes,' attach the statement required by Regu	ulations section 53 4945	5-5(d).	•		'		
6 a Did the foundation, during the year, receive ar on a personal benefit contract?			· ·		No		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
b Did the foundation, during the year, pay premi If 'Yes' to 6b, file Form 8870	lums, airectly or indirec	tly, on a personal bene	nt contract	?	61	<u>'</u>	X
7a At any time during the tax year, was the found	dation a party to a prohi	ibited tax shelter transa	iction?	Yes X	No		
b If 'Yes,' did the foundation receive any procee	ds or have any net inco	ome attributable to the t	transaction	7]	V/A 71	3	
8 Is the foundation subject to the section 4960 tax of	on payment(s) of more that	an \$1,000,000 in remune	ration		1],
or excess parachute payment(s) during the ye	ar ⁹		l	Yes _X	No	<u> </u>	
Part VIII Information About Officers, D	irectors, Trustees,	Foundation Manag	gers, Hig	hly Paid E	mployed	es,	
and Contractors 1 List all officers, directors, trustees, and found	dation managers and th	peir compensation See	instruction				
F Elst all officers, and round	(b) Title, and average	(c) Compensation		butions to			
(a) Name and address	hours per week devoted to position	(If not paid, enter -0-)	employ plans ar	ee benefit nd deferred ensation	(e) Exper other	nse acc allowar	
SEE STATEMENT 11							
		0.		0.			0.
					ĺ		
							_
2 Compensation of five highest-paid employees (o	(b) Title, and average	on line 1 – see instruction	ns). If none,	enter 'NONE butions to	t		
(a) Name and address of each employee paid more than \$50,000	hours per week devoted to position	(c) Compensation	employ plans ar	ee benefit nd deferred ensation	(e) Exper other	nse acc allowar	ount, nces
DEDEGAN LOCOH	DU UOUGE TEAD	· · · · · ·	-				
1303 EDINBOROUGH CT MOSCOW, ID 83843	RH HOUSE LEAD	121,676.		0.			0.
HALLIE BEAL 219 W. TAYLOR AVE #31 MOSCOW, ID 83843	RH HOUSE LEAD	94,397.		6,300.	İ		0.
EMILY CROOK 2460 N TITLEIST WAY	EXECUTIVE DIR						
POST FALLS, 1D 83854 FESTUS OLUMBUNMI	. 40	88,944.					0.
1320 LINDA LANE #7 MOSCOW, ID 83843	DIRECT CARE A 93	88,204.		0.			0.
DEBORAH ODUBIYI 1018 ALTURAS DR.	DIRECT CARE A					_	_
MOSCOW, 1D 83843 Total number of other employees paid over \$50,00	<u> 87</u>	86,562.	<u> </u>	0.			0. 13
							10

Form 990-PF (2019) MILESTONE DECISIONS, INC.

[Part Will] 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 in	nstructions. If none, enter 'NONE.'	
(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	250,357.
PAYCHEX		
911 PANORAMA TRAIL S.		
ROCHESTER, NY 14625-0397	PAYROLL SERVICES	121,410.
RADCOMP TECHNOLOGIES		
136 N MAIN AVE.		
WHITE SALMON, WA 98672	IT SERVICES	65,385.
MILLE BILLION, WIL 30072	II BERVICES	00,000.
Tatal number of others recovered over \$50,000 for professional converse	•	
Total number of others receiving over \$50,000 for professional services		0
PartiX:AS Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistic organizations and other beneficiaries served, conferences convened, research papers produced, etc.	al information such as the number of	Expenses
1 SEE STATEMENT 12		
•		
		5,713,432.
2		
,		
3		
		
4		
Parti X:B Summary of Program-Related Investments (see Instru	ictions)	·
Describe the two largest program-related investments made by the foundation during the		Amount
1 N/A	 	· · · · · · · · · · · · · · · · · · ·
NA		
2		
All other pregram related investments. See instructions		
All other program-related investments See instructions		
3		
=		
Total. Add lines 1 through 3	<u></u>	0.
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	3-0979700	Page 8
Part X Minimum Investment Return (All domestic foundations must complete this part. For see instructions.)	oreign foundation	ons,
1 Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes a Average monthly fair market value of securities	1 a	
b Average of monthly cash balances	1 b	
c Fair market value of all other assets (see instructions)	1 c	
d Total (add lines 1a, b, and c)	1 d	0.
e Reduction claimed for blockage or other factors reported on lines 1a and	, ,	
1c (attach detailed explanation)	ا وعلى ا	
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.
Part XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operation and certain foreign organizations, check here	atıng foundatıor	1S
1 Minimum investment return from Part X, line 6 N/A	1	• •
2a Tax on investment income for 2019 from Part VI, line 5		
b Income tax for 2019 (This does not include the tax from Part VI).	, ,	
c 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	
Part XII, Qualifying Distributions (see Instructions)		
 Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes Expenses, contributions, gifts, etc — total from Part I, column (d), line 26 	1 a	
b 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	
3 Amounts set aside for specific charitable projects that satisfy the a Suitability test (prior IRS approval required)	3a	

Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years

4 Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4

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

BAA

b Cash distribution test (attach the required schedule).

Adjusted qualifying distributions. Subtract line 5 from line 4

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0.

0.

3Ь

4

5

6

Part XIII Undistributed Income (see Insti	ructions)	N/A		•
	(a) Corpus	(b) Years prior to 2018	· (c) 2018	(d) , 2019
1 Distributable amount for 2019 from Part XI, line 7				
2 Undistributed income, if any, as of the end of 2019 a Enter amount for 2018 only			See Charles and Grant Control of Control	
b Total for prior years 20 , 20 , 20				
a From 2014 b From 2015				
c From 2016 d From 2017 e From 2018				
f Total of lines 3a through e. 4 Qualifying distributions for 2019 from Part XII, line 4 ► \$				
 a Applied to 2018, but not more than line 2a b 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 2019 distributable amount e Remaining amount distributed out of corpus				
5 Excess distributions carryover applied to 2019 (If an amount appears in column (d), the same amount must be shown in column (a))				-
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		ACCOUNTS SANCTON THE SANCTON		
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.		475, 165, 1849, 1869, 1879, 1879, 1879, 1879, 1879, 1879, 1879, 1879, 1879, 1879, 1879, 1879, 1879, 1879, 1879		
e Undistributed income for 2018 Subtract line 4a from line 2a. Taxable amount — see instructions.				
f Undistributed income for 2019. Subtract lines 4d and 5 from line 1 This amount must be distributed in 2020				n)
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 2014 not applied on line 5 or line 7 (see instructions)				
9 Excess distributions carryover to 2020. Subtract lines 7 and 8 from line 6a				
10 Analysis of line 9 a Excess from 2015				
b Excess from 2016				
c Excess from 2017 d Excess from 2018				
e Excess from 2019				
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Part XIVE Private Operating Founda	tions (see instru	ictions and Part	VII-A, question	9)	0 1 age 10
1 a If the foundation has received a ruling or dete is effective for 2019, enter the date of the	ermination letter that ruling	it is a private operatii	ng foundation, and th	e ruling	
b Check box to indicate whether the founda	tion is a private ope	rating foundation de	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) 2019	(b) 2018	(c) 2017	(d) 2016	
each year listed b 85% of line 2a	0.				0.
c Qualifying distributions from Part XII,					0.
line 4, for each year listed		47,222.	111,376.	67,592.	226,190.
d Amounts included in line 2c not used directly for active conduct of exempt activities					0.
e Qualifying distributions made directly for active conduct of exempt activities Subtract line 2d from line 2c		47,222.	111,376.	67,592.	226,190.
3 Complete 3a, b, or c for the alternative test relied upon.					
a 'Assets' alternative test - enter					
(1) Value of all assets	2,702,334.	1,599,290.	1,735,703.	1,561,200.	7,598,527.
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)	2,702,334.	1,599,290.	1,735,703.	1,561,200.	7,598,527.
b 'Endowment' alternative test — enter 2/3 of minimum investment return shown in Part X, line 6, for each year listed					
c 'Support' alternative test - enter		,			
(1) 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		_			
(4) Gross investment income Rart XVI Supplementary Information	(Complete this	nort only if the	foundation had	¢5 000 ou mou	- In
assets at any time during th	ne year – see in:	structions.)		\$5,000 or more	
Information Regarding Foundation Mana a List any managers of the foundation who have close of any tax year (but only if they hav NONE	e contributed more th	an 2% of the total co than \$5,000). (See s	ntributions received t section 507(d)(2))	by the foundation bef	ore the
b list on managers of the foundation who are	100/	-11	- (
b List any managers of the foundation who own a partnership or other entity) of which the NONE	foundation has a 10	Stock of a corporation D% or greater intere	i (or an equally large st.	portion of the owner	snip of -
2. Information Deganding Contains the Contains	Citt Loop Cabaliant	in ata Duranana			
2 Information Regarding Contribution, Grant, Check here X if the foundation only make requests for funds If the foundation make	akes contributions to p	preselected charitable	e organizations and d ganizations under o	loes not accept unsoluther conditions, coi	licited mplete items
2a, b, c, and d. See instructions a The name, address, and telephone number of	or amout address of the	naraan ta wham an	aliantiana ahaiilal ha a	- d d d .	· -
a The Hame, address, and telephone number of	eman address of the	e person to whom app	Silications should be a	addressed.	
b The form in which applications should be	submitted and infor	mation and material	s they should includ	de.	
c Any submission deadlines:					
d Any restrictions or limitations on awards,	such as by geograp	hical areas, charitat	ole fields, kinds of in	nstitutions, or other	factors.

3 Grants and Contributions Paid During the Y	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	33711.331.317	
a Paid during the year	of Substantial contributor			
Total	· · · · · · · · · · · · · · · · · · ·		► 3a	
b Approved for future payment Total			► 3t	

	Analysis of Income-Producing amounts unless otherwise indicated		d business income	Evaluda	hu anatran E12 E12 ar E14	
Enter gross	amounts unless otherwise indicated		ed business income	+	1 by section 512, 513, or 514	(e)
		(a) Business	(b) Amount	(c)	(d) Amount	Related or exempt function income
1 Droor		code	, , , , , , , , , , , , , , , , , , , ,	sion	, anount	(See instructions)
	am service revenue			code		
	ICAID PAYMENTS	ļ <u>.</u>		-		5,660,023.
b		<u> </u>		-		
·.—				_		
d					_	
e						
f						
-	and contracts from government agencies					
2 Memi	pership dues and assessments					
3 Interes	t on savings and temporary cash investments					1,061.
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 rea	ntal income or (loss) from personal property					
7 Other	Investment income					
8 Gain o	r (loss) from sales of assets other than inventory			1		
9 Net in	ncome or (loss) from special events					
10 Gross	s profit or (loss) from sales of inventory					
11 Other	revenue	r	1	:	•	4p
a COV	ID 19 REVENUE	11 12 12	<u> </u>	1		58,925.
	N ON DISPOSITION					49.
	IDENT REVENUES					105,552.
d 1000	IDENT REVENOES	1		 	<u> </u>	103,332.
		 		-		=
· · · —	otal. Add columns (b), (d), and (e)			-		5,825,610.
	. Add line 12, columns (b), (d), and (e)	L	l		13	5,825,610.
	sheet in line 13 instructions to verify calculation	nns)			15	5,625,610.
	-Bi Relationship of Activities to the	<u> </u>	ishment of Event	at Purn	ncec	
Line No.			· · · · · · · · · · · · · · · · · · ·			
V	Explain below how each activity for which in accomplishment of the foundation's exempt	purposes (o	ther than by providing	funds for	such purposes) (See i	nstructions)
1A	IDAHO MEDICAID PAYMENTS SUBS					
	FACILITIES) PROVIDED TO DEVE	LOPMENTA	ALLY DISABLED	DAHO	<u>PATIENTS UNABLE</u>	TO PAY
	FOR THEIR OWN CARE.					
3	FOR THEIR OWN CARE. EARNINGS ON CASH ACCOUNTS US					
	FOR THEIR OWN CARE. EARNINGS ON CASH ACCOUNTS US INCLUDES \$52,050 IN FEDERAL	HHS GRAI	NTS THAT WERE (JSED T	O PAY FOR COVID	
	FOR THEIR OWN CARE. EARNINGS ON CASH ACCOUNTS US INCLUDES \$52,050 IN FEDERAL EXPENSES. SEE STATEMENT 6 F	HHS GRAN	NTS THAT WERE U	JSED T EXPE	O PAY FOR COVID NSES OF \$52,164	
	FOR THEIR OWN CARE. EARNINGS ON CASH ACCOUNTS US INCLUDES \$52,050 IN FEDERAL	HHS GRAN	NTS THAT WERE U	JSED T EXPE	O PAY FOR COVID NSES OF \$52,164	
11A	FOR THEIR OWN CARE. EARNINGS ON CASH ACCOUNTS US INCLUDES \$52,050 IN FEDERAL EXPENSES. SEE STATEMENT 6 F	HHS GRAM OR OFFSI AX CRED	NTS THAT WERE UETTING COVID-19	JSED T EXPE SICK P	O PAY FOR COVID NSES OF \$52,164 AY.	. ALSO
11A 11B	FOR THEIR OWN CARE. EARNINGS ON CASH ACCOUNTS US INCLUDES \$52,050 IN FEDERAL EXPENSES. SEE STATEMENT 6 F INCLUDES \$6,875 IN PAYROLL T	HHS GRAM OR OFFSI TAX CRED OR GRAND	NTS THAT WERE UETTING COVID-19	JSED T EXPE SICK P	O PAY FOR COVID NSES OF \$52,164 AY.	. ALSO
11A 11B	FOR THEIR OWN CARE. EARNINGS ON CASH ACCOUNTS US INCLUDES \$52,050 IN FEDERAL EXPENSES. SEE STATEMENT 6 F INCLUDES \$6,875 IN PAYROLL T GAIN ON SALE OF 2000 CHRYSLE	HHS GRAM OR OFFSI TAX CRED OR GRAND OE.	NTS THAT WERE (ETTING COVID-19 ITS FOR COVID S VOYAGER THAT (JSED T EXPE SICK P NAS EX	O PAY FOR COVID NSES OF \$52,164 AY. PENSED WHEN PUR	. ALSO CHASED
11A 11B	FOR THEIR OWN CARE. EARNINGS ON CASH ACCOUNTS US INCLUDES \$52,050 IN FEDERAL EXPENSES. SEE STATEMENT 6 F INCLUDES \$6,875 IN PAYROLL T GAIN ON SALE OF 2000 CHRYSLE DUE TO MINIMAL PURCHASE PRICE	HHS GRAM FOR OFFSI FAX CRED IR GRAND IE. IS OF THI	NTS THAT WERE (ETTING COVID-19 ITS FOR COVID S VOYAGER THAT (JSED T EXPE SICK P NAS EX	O PAY FOR COVID NSES OF \$52,164 AY. PENSED WHEN PUR	. ALSO CHASED
11A 11B	FOR THEIR OWN CARE. EARNINGS ON CASH ACCOUNTS USINCLUDES \$52,050 IN FEDERAL EXPENSES. SEE STATEMENT 6 FINCLUDES \$6,875 IN PAYROLL TO GAIN ON SALE OF 2000 CHRYSLEDUE TO MINIMAL PURCHASE PRICES COLLECTED FROM RESIDENT	HHS GRAM FOR OFFSI FAX CRED IR GRAND IE. IS OF THI	NTS THAT WERE (ETTING COVID-19 ITS FOR COVID S VOYAGER THAT (JSED T EXPE SICK P NAS EX	O PAY FOR COVID NSES OF \$52,164 AY. PENSED WHEN PUR	. ALSO CHASED
11A 11B	FOR THEIR OWN CARE. EARNINGS ON CASH ACCOUNTS USINCLUDES \$52,050 IN FEDERAL EXPENSES. SEE STATEMENT 6 FINCLUDES \$6,875 IN PAYROLL TO GAIN ON SALE OF 2000 CHRYSLEDUE TO MINIMAL PURCHASE PRICES COLLECTED FROM RESIDENT	HHS GRAM FOR OFFSI FAX CRED IR GRAND IE. IS OF THI	NTS THAT WERE (ETTING COVID-19 ITS FOR COVID S VOYAGER THAT (JSED T EXPE SICK P NAS EX	O PAY FOR COVID NSES OF \$52,164 AY. PENSED WHEN PUR	. ALSO CHASED
11A 11B	FOR THEIR OWN CARE. EARNINGS ON CASH ACCOUNTS USINCLUDES \$52,050 IN FEDERAL EXPENSES. SEE STATEMENT 6 FINCLUDES \$6,875 IN PAYROLL TO GAIN ON SALE OF 2000 CHRYSLEDUE TO MINIMAL PURCHASE PRICES COLLECTED FROM RESIDENT	HHS GRAM FOR OFFSI FAX CRED IR GRAND IE. IS OF THI	NTS THAT WERE (ETTING COVID-19 ITS FOR COVID S VOYAGER THAT (JSED T EXPE SICK P NAS EX	O PAY FOR COVID NSES OF \$52,164 AY. PENSED WHEN PUR	. ALSO CHASED
11A 11B	FOR THEIR OWN CARE. EARNINGS ON CASH ACCOUNTS USINCLUDES \$52,050 IN FEDERAL EXPENSES. SEE STATEMENT 6 FINCLUDES \$6,875 IN PAYROLL TO GAIN ON SALE OF 2000 CHRYSLEDUE TO MINIMAL PURCHASE PRICES COLLECTED FROM RESIDENT	HHS GRAM FOR OFFSI FAX CRED IR GRAND IE. IS OF THI	NTS THAT WERE (ETTING COVID-19 ITS FOR COVID S VOYAGER THAT (JSED T EXPE SICK P NAS EX	O PAY FOR COVID NSES OF \$52,164 AY. PENSED WHEN PUR	. ALSO CHASED
11A 11B	FOR THEIR OWN CARE. EARNINGS ON CASH ACCOUNTS USINCLUDES \$52,050 IN FEDERAL EXPENSES. SEE STATEMENT 6 FINCLUDES \$6,875 IN PAYROLL TO GAIN ON SALE OF 2000 CHRYSLEDUE TO MINIMAL PURCHASE PRICES COLLECTED FROM RESIDENT	HHS GRAM FOR OFFSI FAX CRED IR GRAND IE. IS OF THI	NTS THAT WERE (ETTING COVID-19 ITS FOR COVID S VOYAGER THAT (JSED T EXPE SICK P NAS EX	O PAY FOR COVID NSES OF \$52,164 AY. PENSED WHEN PUR	. ALSO CHASED
11A 11B	FOR THEIR OWN CARE. EARNINGS ON CASH ACCOUNTS USINCLUDES \$52,050 IN FEDERAL EXPENSES. SEE STATEMENT 6 FINCLUDES \$6,875 IN PAYROLL TO GAIN ON SALE OF 2000 CHRYSLEDUE TO MINIMAL PURCHASE PRICES COLLECTED FROM RESIDENT	HHS GRAM FOR OFFSI FAX CRED IR GRAND IE. IS OF THI	NTS THAT WERE (ETTING COVID-19 ITS FOR COVID S VOYAGER THAT (JSED T EXPE SICK P NAS EX	O PAY FOR COVID NSES OF \$52,164 AY. PENSED WHEN PUR	. ALSO CHASED
11A 11B	FOR THEIR OWN CARE. EARNINGS ON CASH ACCOUNTS USINCLUDES \$52,050 IN FEDERAL EXPENSES. SEE STATEMENT 6 FINCLUDES \$6,875 IN PAYROLL TO GAIN ON SALE OF 2000 CHRYSLEDUE TO MINIMAL PURCHASE PRICES COLLECTED FROM RESIDENT	HHS GRAM FOR OFFSI FAX CRED IR GRAND IE. IS OF THI	NTS THAT WERE (ETTING COVID-19 ITS FOR COVID S VOYAGER THAT (JSED T EXPE SICK P NAS EX	O PAY FOR COVID NSES OF \$52,164 AY. PENSED WHEN PUR	. ALSO CHASED
11A 11B	FOR THEIR OWN CARE. EARNINGS ON CASH ACCOUNTS USINCLUDES \$52,050 IN FEDERAL EXPENSES. SEE STATEMENT 6 FINCLUDES \$6,875 IN PAYROLL TO GAIN ON SALE OF 2000 CHRYSLEDUE TO MINIMAL PURCHASE PRICES COLLECTED FROM RESIDENT	HHS GRAM FOR OFFSI FAX CRED IR GRAND IE. IS OF THI	NTS THAT WERE (ETTING COVID-19 ITS FOR COVID S VOYAGER THAT (JSED T EXPE SICK P NAS EX	O PAY FOR COVID NSES OF \$52,164 AY. PENSED WHEN PUR	. ALSO CHASED
11A 11B	FOR THEIR OWN CARE. EARNINGS ON CASH ACCOUNTS USINCLUDES \$52,050 IN FEDERAL EXPENSES. SEE STATEMENT 6 FINCLUDES \$6,875 IN PAYROLL TO GAIN ON SALE OF 2000 CHRYSLEDUE TO MINIMAL PURCHASE PRICES COLLECTED FROM RESIDENT	HHS GRAM FOR OFFSI FAX CRED IR GRAND IE. IS OF THI	NTS THAT WERE (ETTING COVID-19 ITS FOR COVID S VOYAGER THAT (JSED T EXPE SICK P NAS EX	O PAY FOR COVID NSES OF \$52,164 AY. PENSED WHEN PUR	. ALSO CHASED
11A 11B	FOR THEIR OWN CARE. EARNINGS ON CASH ACCOUNTS USINCLUDES \$52,050 IN FEDERAL EXPENSES. SEE STATEMENT 6 FINCLUDES \$6,875 IN PAYROLL TO GAIN ON SALE OF 2000 CHRYSLEDUE TO MINIMAL PURCHASE PRICES COLLECTED FROM RESIDENT	HHS GRAM FOR OFFSI FAX CRED IR GRAND IE. IS OF THI	NTS THAT WERE (ETTING COVID-19 ITS FOR COVID S VOYAGER THAT (JSED T EXPE SICK P NAS EX	O PAY FOR COVID NSES OF \$52,164 AY. PENSED WHEN PUR	. ALSO CHASED
11A 11B	FOR THEIR OWN CARE. EARNINGS ON CASH ACCOUNTS USINCLUDES \$52,050 IN FEDERAL EXPENSES. SEE STATEMENT 6 FINCLUDES \$6,875 IN PAYROLL TO GAIN ON SALE OF 2000 CHRYSLEDUE TO MINIMAL PURCHASE PRICES COLLECTED FROM RESIDENT	HHS GRAM FOR OFFSI FAX CRED IR GRAND IE. IS OF THI	NTS THAT WERE (ETTING COVID-19 ITS FOR COVID S VOYAGER THAT (JSED T EXPE SICK P NAS EX	O PAY FOR COVID NSES OF \$52,164 AY. PENSED WHEN PUR	. ALSO CHASED
11A 11B	FOR THEIR OWN CARE. EARNINGS ON CASH ACCOUNTS USINCLUDES \$52,050 IN FEDERAL EXPENSES. SEE STATEMENT 6 FINCLUDES \$6,875 IN PAYROLL TO GAIN ON SALE OF 2000 CHRYSLEDUE TO MINIMAL PURCHASE PRICES COLLECTED FROM RESIDENT	HHS GRAM FOR OFFSI FAX CRED IR GRAND IE. IS OF THI	NTS THAT WERE (ETTING COVID-19 ITS FOR COVID S VOYAGER THAT (JSED T EXPE SICK P NAS EX	O PAY FOR COVID NSES OF \$52,164 AY. PENSED WHEN PUR	. ALSO CHASED
11A 11B	FOR THEIR OWN CARE. EARNINGS ON CASH ACCOUNTS USINCLUDES \$52,050 IN FEDERAL EXPENSES. SEE STATEMENT 6 FINCLUDES \$6,875 IN PAYROLL TO GAIN ON SALE OF 2000 CHRYSLEDUE TO MINIMAL PURCHASE PRICES COLLECTED FROM RESIDENT	HHS GRAM FOR OFFSI FAX CRED IR GRAND IE. IS OF THI	NTS THAT WERE (ETTING COVID-19 ITS FOR COVID S VOYAGER THAT (JSED T EXPE SICK P NAS EX	O PAY FOR COVID NSES OF \$52,164 AY. PENSED WHEN PUR	. ALSO CHASED

Yes No

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

1 Did the	araanization directly		anno in anii of the falla				Tes	2 140
describe	d in section 501(c) (d	other than sect	ngage in any of the following tion 501(c)(3) organizations)	with any oth or in section	ier organization i 527,	n.	·	
•	to political organizati							7 1
		foundation to a	a noncharitable exempt organ	iization of			1 *	3 . }
(1) Casi							1a (1)	X
	er assets ansactions:						1a (2)	X
	es of assets to a none	charitable ever	not organization				11, (3)	
			ole exempt organization				1b (1)	X
• • -	tal of facilities, equip						1b (2)	X
	nbursement arranger		a33Cl3				1b (3)	X
	ns or loan guarantee:						1b (5)	X
			p or fundraising solicitations				1b (6)	$\frac{1}{X}$
• •			ts, other assets, or paid empl	ovees			1c	$\frac{1}{X}$
d If the an the good any tran	iswer to any of the all s, other assets, or sen isaction or sharing ar	bove is 'Yes,' ovices given by the contract of	complete the following schedu he reporting foundation. If the follow now in column (d) the value o	ile Column oundation rec	(b) should alw served less than other assets	ays show the fair fair market value	r market value of in ved	f
(a) Line no	(b) Amount involved		noncharitable exempt organization			sfers, transactions, ar		ents
N/A	``			+ (-, -		, , , , , , , , , , , , , , , , , , , ,		
				1	-			
				 		-		
	_							
-								
		<u> </u>						
			·					
							<u> </u>	
		<u> </u>						
	<u> </u>							
			 					
		<u> </u>			_			
2 a is the for	undation directly or ind ed in section 501(c) (irectly affiliated other than seci	with, or related to, one or more tion 501(c)(3)) or in section 5	tax-exempt	organizations		∏Yes [x	Νο
	complete the following		1011 301(0)(0)) 01 111 30011011 3				☐ .es [5	71.0
) Name of organization		(b) Type of organizati	on T	(c)	Description of re	elationshin	
N/A			(-,),-					
			···					

Under p	penalties of perjury, I declare	e that I have examin	ned this return, including accompanying han taxpayer) is based on all information	schedules and	statements, and to	the best of my knowled	dge and belief, it is tru	ie,
Sign	and complete Declaration	or preparer (other ti	nan (axpayer) is based on all informatio	n or wrach prepa	arer has any knowie	eage	May the IRS dis	
Here 🕨	1	$\mathcal{L}_{\mathcal{A}}$	400017/11/	מאל ארמים	DECTDENM		this return with	the
Sign	ature of office, or trustee	/ 	Market 1 Alelo	Z/Z/ PI	RESIDENT		See instructions	s⊢⊓
	Frint/Type preparer's nan	ne	Preparer's signature		Date	Charle II.	PTIN X Yes	No
Daid	" ' '					Checkif		
Paid Branarar	STEVEN K. JAMIS		STEVEN K. JAMISON	CPA	7/15/21		P01243753	
Preparer	· · · · · ·	REEN NEWTON				Firm's EIN ► 46-3	3539038	<u>-</u> -
Use Only		<u>150 COMMERCI</u> ALEM, OR 973	IAL ST SE, SUITE 200			Phone no (503	2) 201 2040	
BAA	1 32					(503	3) 391-1040	(0010)
UMM							Form 990-PF	(2019)

2019	FEDERAL STATEMENTS	PAGE 1
2019		-
	MILESTONE DECISIONS, INC.	93-0979700
STATEMENT 1 FORM 990-PF, PART I, LINE 11 OTHER INCOME		
COVID 19 REVENUE GAIN ON DISPOSITION MEDICAID PAYMENTS RESIDENT REVENUES		(C) ADJUSTED ET INCOME 58,925. 49. 5,660,023. 105,552. 5,824,549.
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 \$ 837. TOTAL \$ 837. \$ 837. \$	(D) CHARITABLE PURPOSES 0.
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 PER BOOKS INCOME NET INCOME \$ 9,087. 10,852. 21,494. TOTAL \$ 41,433. \$ 0. \$ 41,433. \$	(D) CHARITABLE PURPOSES 0.
STATEMENT 4 FORM 990-PF, PART I, LINE 16C OTHER PROFESSIONAL FEES		
DENTAL SERVICES MANAGEMENT FEES PHYSICIAN SERVICES	(A) (B) NET (C) EXPENSES INVESTMENT ADJUSTED PER BOOKS INCOME NET INCOME \$ 5,072. 228,864. 4,835. TOTAL \$ 238,771. \$ 0. \$ 238,771. \$	(D) CHARITABLE PURPOSES 0.

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MILESTONE DECISIONS, INC.

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

	(A) EXPENSES <u>PER BOOKS</u>	(B) NET INVESTMENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
PROPERTY TAX PROVIDER TAX SALES TAX	\$ 12,943. 53,351. 2,496. TOTAL \$ 68,790.	<u>\$ 0.</u>	\$ 12,943. 53,351. 2,496. \$ 68,790.	\$ 0.

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

	(A) EXPENSES PER BOOKS	(B) NET INVESTMENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
ACTIVITIES	\$ 20,558.		\$ 20,558.	
BAD DEBTS	510.		510.	
BANK CHARGES	684.		684.	
CORPORATE FEES	927.		927.	
COVID-19 EXPENSES	52,164.		52,164.	
DIETARY FOOD DUES AND SUBSCRIPTIONS	57,640.		57,640.	
EQUIPMENT RENTAL/LEASE	12,702.		12,702.	
INSURANCE	6,620. 69,753.		6,620. 69,753.	
LINEN, BEDDING & LAUNDRY	2,017.		2,017.	
MAINTENANCE	32,003.		32,003.	
MEDICAL DIRECTOR	1,200.		1,200.	
NURSING SUPPLIES	45,933.		45, 933.	
OFFICE SUPPLIES	62,941.		62,941.	
OTHER ADMIN EXPENSES	40.		40.	
OUTSIDE SERVICES	267,445.		267,445.	
PHARMACY	9,571.		9,571.	
POSTAGE	1,724.		1,724.	
RECRUITMENT	28,295.		28,295.	
STAFF TRAINING	27,576.		27,576.	
STORAGE	1,020.		1,020.	
VENDOR FINES AND PENALTIES	TOTAL 6 701 440	<u> </u>	117.	<u> </u>
	TOTAL \$ 701,440.	\$ 0.	\$ 701,440.	\$ 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	\$	412,755. 58,374. 67,196. 67,617.	•	377,832. 28,774. 52,348. 60,250.	\$ 34,923. 29,600. 14,848. 7,367.	\$	143,447. 29,600. 14,848. 7,367.
TOTAL	\$	605,942.	\$	519,204.	\$ 86,738.	\$	195,262.

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MILESTONE DECISIONS, INC.

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

FAIR MARKET

BOOK VALUE

VALUE

CLIENT TRUST ACCOUNT

28,558. \$ 28,558. \$ 28,558. 28,558. TOTAL \$

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:

BALANCE DUE:

ORIGINAL AMOUNT:

LENDER'S NAME:

DATE OF NOTE:

ENTERPRISE FLEET

1/01/2017

MATURITY DATE: REPAYMENT TERMS:

INTEREST RATE: SECURITY PROVIDED: PURPOSE OF LOAN:

DESC. OF CONSIDERATION: FMV OF CONSIDERATION:

ORIGINAL AMOUNT:

BALANCE DUE:

ENTERPRISE FLEET

1/01/2016 1/01/2020

CAP. LEASE AT 48 MO

8.08%

2016 DODGE CARAVAN VEHICLE FINANCING 2016 DODGE CARAVAN

12,177. 23,066.

1/01/2021

CAP. LEASE FOR 48 MO

8.57%

2016 DODGE CARAVAN VEHICLE FINANCING 2016 DODGE CARAVAN

12,177.

21,591.

1,799.

6,800.

0.

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 5/01/2017

4/01/2022

CAP. LEASE FOR 60 MO 8.65%

2017 DODGE CARAVAN VEHICLE FINANCING 2017 DODGE CARAVAN

16,451.

21,455.

LENDER'S NAME:

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

REPAYMENT TERMS: CAP. LEASE FOR 60 MO

INTEREST RATE:

SECURITY PROVIDED: PURPOSE OF LOAN: DESC. OF CONSIDERATION:

ENTERPRISE FLEET

9/01/2022

9.01% 2017 DODGE CARAVAN

VEHICLE FINANCING 2017 DODGE CARAVAN

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

OTHER NOTES PAYABLE

-- BALANCE DUE

FMV OF CONSIDERATION:

16,451.

ORIGINAL AMOUNT:

27,245.

BALANCE DUE:

11,051.

LENDER'S NAME:

ENTERPRISE FLEET

DATE OF NOTE:

11/01/2017

MATURITY DATE: REPAYMENT TERMS: 9/01/2022

INTEREST RATE: SECURITY PROVIDED:

CAP. LEASE FOR 60 MO 9.02%

2017 DODGE CARAVAN

PURPOSE OF LOAN: DESC. OF CONSIDERATION:

VEHICLE FINANCING 2017 DODGE CARAVAN

FMV OF CONSIDERATION:

ORIGINAL AMOUNT:

16,451.

BALANCE DUE:

27,245.

LENDER'S NAME:

ENTERPRISE FLEET 7/01/2018

DATE OF NOTE: MATURITY DATE:

6/01/2024

REPAYMENT TERMS:

CAP. LEASE FOR 60 MO

8.02%

INTEREST RATE: SECURITY PROVIDED:

2018 DODGE GRAND CARAVAN

PURPOSE OF LOAN: DESC. OF CONSIDERATION:

VEHICLE FINANCING

FMV OF CONSIDERATION:

2012 DODGE GRAND CARAVAN

ORIGINAL AMOUNT:

20,396. 17,364.

BALANCE DUE:

11,942.

11,037.

TOTAL OTHER NOTES PAYABLE \$

42,629.

STATEMENT 10 FORM 990-PF, PART II, LINE 22 OTHER LIABILITIES

PATIENT TRUST LIABILITY

HHS GRANT

SBA PPP LOAN

26,866.

66,957. 827,340.

TOTAL \$ 921,163.

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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	ACCOUNT/
MELISSA HONSINGER 5045 N MOUNTAIN VIEW DR BOISE, ID 83704	DIRECTOR 1.00	\$ 0.		
SHELLEY BROOKS 826 N MEADOW MOSCOW, ID 83843	DIRECTOR 1.00	0.	0.	0.
JENNIFER EWERS 980 HIRSCHI RD MOSCOW, ID 83843	DIRECTOR 1.00	0.	0.	0.
JILL RINALDI 943 HIRSCHI RD MOSCOW, ID 83843	PRESIDENT 2.00	0.	0.	0.
JUDY LUTHER 206 E. BALLARD RD COLBERT, WA 99005	DIRECTOR 1.00	0.	0.	0.
DARLENE SMITH 430 NORTH LAUREL ST GENESEE, ID 83832	DIRECTOR 1.00	0.	0.	0.
ED GRAY 12720 N EMERALD DR HAYDEN, ID 83835	VICE PRESIDENT 1.00	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	 <u>EXPENSES</u>
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.	\$ 5,713,432.