Form 990-EZ

Short Form Return of Organization Exempt From Income Tax

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

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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

► Go to www.irs.gov/Form990EZ for instructions and the latest information.

Open to Public Inspection

10 Grants and similar amounts paid (list in Schedule O) 11 Benefits paid to or for members 12 Salaries, other compensation, and employee benefits 13 Professional fees and other payments to independent contractors GDEN, UT 14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 16 Other expenses (describe in Schedule O) 17 Total expenses. Add lines 10 through 16. 18 Excess or (deficit) for the year (subtract line 17 from line 9). 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year	Α	For	the 2020 calendar year, or tax year beginning , 2	2020, and ending	<u>, </u>
MILESTONE ADOLESCENT COMMUNITY SERVICES 26-3-9562745 Telephone number (20.6) 853-4168 Telephone number (20.6)	В	Check	r if applicable C		D Employer identification number
To ENX 28632 E Telephone number (206) 853-4168 F Group Exemption Number F Group Exemption F Group Exempt		Addre	ess change		26 2062745
Application pending		Name			
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Application pending	Ļ	=	turn/terminated	<i>(</i>)	
G Accounting Method: Cash Accrual Other (specify) H Check If the organization is not required to attach Schedule B Form 990 Spot Form 990 Sp	ļ	= "		(15)	F Group Exemption
Website: N/A Tax-exempt status (check only one) — X 501(c)(3) 501(c)(3) 4(mset no) 4947(a)(1) or 527 Form 990, 990-EZ, or 990-PF). Tax-exempt status (check only one) — X 501(c)(3) 501(c)(3) 4(mset no) 4947(a)(1) or 527 Form 990, 990-EZ, or 990-PF). K Form of organization: X Corporation Trust Association Other	Ī			11.0	
Tax-exempt status (check only one)	G		· · · · · · · · · · · · · · · · · · ·		
K Form of organzation: X Corporation Trust Association Other	_ '.				
L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B)) are \$500,000 or more, file Form 990 instead of Form 990.EZ Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) Check if the organization used Schedule O to respond to any question in this Part I Check if the organization used Schedule O to respond to any question in this Part I Check if the organization used Schedule O to respond to any question in this Part I Check if the organization used Schedule O to respond to any question in this Part I Check if the organization used Schedule O to respond to any question in this Part I Check if the organization used Schedule O to respond to any question in this Part I Check if the organization used Schedule O to respond to any question in this Part I Check if the organization used Schedule O to respond to any question in this Part I Check if the organization used Schedule O to respond to any question in this Part I Check if the organization used Schedule O to respond to any question in this Part I Check if the organization used Schedule O to respond to any question in this Part I Check if the organization used Schedule O to respond to any question in this Part I Check if the organization used Schedule O to respond to any question in this Part I Check if the organization used Schedule O to respond to any question in this Part I Check if the organization used Schedule O to respond to any question in this Part I Check if the organization used Schedule O to respond to any question in this Part I Check if the organization used Schedule O to respond to any question in this Part I Check if the organization used Schedule O to return the Schedule O to reform the Schedule				5+1(s)(.) s s	
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21 Net assets or fund balances at end of year. Combine lines 18 through 20 21 0.	2	20 21	•)	1 - 1
BAA For Paperwork Reduction Act Notice, see the separate instructions. Form 990-EZ (2020)	Ā			·	

	990-EZ (2020) MILESTONE ADOLE:		RVICES		26	<u>-3</u>	962	2745 Page 2
Pa	till Balance Sheets (see the insti Check if the organization used Sche	ructions for Part II)	estion in this Part II					X
	Check if the organization used Sche	to to respond to any qu	estion in this rait in		Beginning of year	ar	Т	(B) End of year
22	Cash, savings, and investments			15.7	3,280		22	10.
23	Land and buildings		Ì				23	
24	Other assets (describe in Schedule O)					12	24	
25	Total assets .		. [3,280	. 2	25	10.
26	Total llabilities (describe in Schedule O)	See Schedule	e 0 [0	<u> </u>	26	10.
27	Net assets or fund balances (line 27 of o				3,280	. 2	27	<u> </u>
<u>Pa</u>	七川瀬 Statement of Program Service Ac	complishments (see the inst	ructions for Part III)		X			Expenses
14/hat	Check if the organization used School is the organization's primary exempt purpose? See	nedule O to respond to any o	question in this Part	111	<u> </u>			red for section 501 and 501(c)(4)
Desc	is the program a british exempt barbase. 266	complishments for each of	ts three largest proc	gram	services as			zations, optional
mea	cribe the organization's program service as sured by expenses In a clear and concise stited, and other relevant information for e	manner, describe the service	ces provided, the nu	imbe	r of persons	for	oth	ers.)
28		each program title.			·	_		
20	See Schedule 0	-	-		·			
			-		· -			
	(Grants \$) If thi	is amount includes foreign g	rants, check here		₽	28	3 a	3,279.
29							\top	<u> </u>
					·			
	(Grants \$) If the	is amount includes foreign g	rants, check here		▶ □	29	a	
30								
			- -					
	(Grants \$) If thi						.	
31	Other program services (describe in Scho	is amount includes foreign g	rants, check here			30	a	
31		eddie O) is amount includes foreign gi	rants check here		▶ □	31	اد،	
32	Total program service expenses (add lin		iona, ancer nero		·	32	-	3,279.
	tilv List of Officers, Directors, 1		lovees (list each one	even i	f not compensated — s			
<u> </u>	Check if the organization used Sch							
	(a) Name and title	(b) Average hours per week devoted to	(c) Reportable compensa (Forms W 2/1099-MISO	tion	(d) Health benefit	oyee		(e) Estimated amount of
	,,	position	(if not paid, enter -0-)		benefit plans, and def compensation	errec	³	other compensation
BR]	AN STEWART							
	esident	<u></u>		0.		0	<u>'- </u>	0.
	BIENNE BROOKS	_				_		_
	ce President	1		0.		0	<u>'- -</u>	0.
	OONNA SMITH	1		0.		0	.	0
	cretary NU RANNA-STEWART			٠. ۲		Ų	-	0.
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BAA		TEEA0812L 0	1/28/21					Form 990-EZ (2020)

Form 990-EZ (2020) MILESTONE ADOLESCENT COMMUNITY SERVICES 26-396274	15	11	'ag
	See	Sch	ō
33 Did the organization engage in any significant activity not previously reported to the IRS?		Yes	ı
If 'Yes,' provide a detailed description of each activity in Schedule O	33		Г
34 Were any significant changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the amended documents if they reflect	\vdash	+	⊢
a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions	34		
35 a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities	-	 	┢
(such as those reported on lines 2, 6a, and 7a, among others)?	35 a		
b If 'Yes' to line 35a, has the organization filed a Form 990-T for the year? If 'No,' provide an explanation in Schedule O	35 b		T
c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If 'Yes,' complete Schedule C, Part III	35 c		
36 Did the organization undergo a liquidation, dissolution, termination, or significant		†—	Г
disposition of net assets during the year? If 'Yes,' complete applicable parts of Schedule N	36		}
37 a Enter amount of political expenditures, direct or indirect, as described in the instructions > 37 a			T
b Did the organization file Form 1120-POL for this year?	37 b		
38 a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee, or were			
any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38 a	1	
		1	1

	If 'Yes,' provide a detailed description of each activity in Schedule O	33	i 1	Х
34	Were any significant changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the amended documents if they reflect			
	a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions	34		X
35 a	a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities			
	(such as those reported on lines 2, 6a, and 7a, among others)?	35 a		Х
ŀ	o If 'Yes' to line 35a, has the organization filed a Form 990-T for the year? If 'No,' provide an explanation in Schedule O	35 b	7	
(Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If 'Yes,' complete Schedule C, Part III	35 c		
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If 'Yes,' complete applicable parts of Schedule N	36		
37 a	a Enter amount of political expenditures, direct or indirect, as described in the instructions 37a 0.			
ŀ	Did the organization file Form 1120-POL for this year?	37 b		X
38 a	a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee, or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38 a		X
t	o If 'Yes,' complete Schedule L, Part II, and enter the total amount involved 38 b 0.			
39	Section 501(c)(7) organizations. Enter.			
ä	a Initiation fees and capital contributions included on line 9			
ŧ	Gross receipts, included on line 9, for public use of club facilities 39b 0.]		ł
40 a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:	1		
	section 4911 ► 0.; section 4912 ► 0., section 4955 ► 0.	ŀ		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I.: Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization	40 ь		
	managers or disqualified persons during the year under sections 4912, 4955, and 4958	-	ĺĺ	ĺ
•	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization			
•	e All organizations. At any time during the tax year, was the organization a party to a prohibited tax			
		40 e	l I	X
	shelter transaction? If 'Yes,' complete Form 8886-T		——	
41	List the states with which a copy of this return is filed None		<u>.</u>	
42 a		853 42b	-416 Yes	
42 á	The organization's books are in care of books are i			8 No
42 a	The organization's books are in care of MINU RANNA—STEWART Telephone no. MINU RANNA—STEWART SEATTLE WA ZIP + 4 MINU RANNA—STE	42 b	Yes	8 No X N/A N/A
42 a	Telephone no. \(\sum_{\text{(206)}} \) Telephone no. \(\sum_{\text{(206)}} \) Located at \(\sum_{\text{8721}} \) At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). At any time during the calendar year, did the organization maintain an office outside the United States? If 'Yes,' enter the name of the foreign country \(\sum_{\text{(a)}} \) Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here	42 b	Yes	8 No X X
42 a t	Telephone no. (206) In the organization's books are in care of MINU RANNA-STEWART Do At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). At any time during the calendar year, did the organization maintain an office outside the United States? If 'Yes,' enter the name of the foreign country See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). At any time during the calendar year, did the organization maintain an office outside the United States? If 'Yes,' enter the name of the foreign country Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the tax year Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	42 b	Yes	No X N/A N/A NO X
42 a	List the states with which a copy of this return is filed None The organization's books are in care of MINU RANNA-STEWART Located at 8721 SOUTH 121ST STREET SEATTLE WA At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If 'Yes,' enter the name of the foreign country See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). At any time during the calendar year, did the organization maintain an office outside the United States? If 'Yes,' enter the name of the foreign country Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the tax year Bid the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	42 b 42 c	Yes	No X N/A N/A No X
42 a t	List the states with which a copy of this return is filed None The organization's books are in care of MINU RANNA-STEWART Located at 8721 SOUTH 121ST STREET SEATTLE WA All any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If 'Yes,' enter the name of the foreign country See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). At any time during the calendar year, did the organization maintain an office outside the United States? If 'Yes,' enter the name of the foreign country Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the tax year. Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the tax year. Located at Part 104 — Check here and enter the amount of tax-exempt interest received or accrued during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ Did the organization receive any payments for indoor tanning services during the year? If 'Yes to line 44c, has the organization filed a Form 720 to report these payments? If 'Yes to line 44c, has the organization filed a Form 720 to report these payments?	42 b 42 c 44 a	Yes	No X N/A N/A NO X
42 a t	List the states with which a copy of this return is filed None The organization's books are in care of MINU RANNA-STEWART Located at 8721 SOUTH 121ST STREET SEATTLE WA At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If 'Yes,' enter the name of the foreign country See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). At any time during the calendar year, did the organization maintain an office outside the United States? If 'Yes,' enter the name of the foreign country Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the tax year But the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	42 b 42 c 44 a 44 b 44 c	Yes	No X N/A N/A NO X

	Yes, enter the name of the foreign country	-	į	
c	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). At any time during the calendar year, did the organization maintain an office outside the United States? If 'Yes,' enter the name of the foreign country	42c		х
3	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the tax year 43		Yes	N/A N/A
4 a	Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ.	44 a	res	X
b	Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	44 b		X
C	: Did the organization receive any payments for indoor tanning services during the year?.	44 c		Х
d	I If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments? If 'No,' <i>provide an explanation in Schedule O</i>	44 d		
5 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45 a		X
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)7 If 'Yes,' Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions	45 b		X
٩A	TEEA0812L 10/26/20	Form 99 0)-EZ ((2020)

	ne organization engage, directly or indired dates for public office? If 'Yes,' complete		gn activities on	behalf of or in o	pposition to	. 46	77.70	X
Part VI聯	Section 501(c)(3) Organizations All section 501(c)(3) organization for lines 50 and 51.	s Only ons must answer qu	uestions 47-4	9b and 52, a	nd complete	the table	s	
	Check if the organization used S	Schedule O to resp	ond to any qu	uestion in this	s Part VI			\Box
47 Did th	ne organization engage in lobbying activities plete Schedule C, Part II	or have a section 501(h)	election in effect	t during the tax y	ear? If 'Yes,'	47	Yes	No X
•	e organization a school as described in se	ection 170(b)(1)(A)(ii)?	If 'Yes.' comple	te Schedule E		48		$\frac{\lambda}{X}$
	ne organization make any transfers to an					49 a		X
	s,' was the related organization a section					49 b		
50 Comp	olete this table for the organization's five high oyees) who each received more than \$100,0	hest compensated emplo	yees (other than the organization	officers, directors If there is none,	, trustees, and k enter 'None.'	ey		
	(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable com (Forms W 2/1099	pensation contribution -MISC) benefit p	ealth benefits, tions to employee lans, and deferred mpensation	(e) Estimate other com		
None								
			<u> </u>					
51 Comp	number of other employees paid over \$1 olete this table for the organization's five highersation from the organization. If there is	hest compensated indepe	endent contractor	rs who each recei	ved more than \$	100,000 of		
. .	(a) Name and business address of each independent co	ontractor		(b) Type of service		(c) Com	pensatio	n
None								
								
- -				 			-	
					v (#			
			100.000					
52 Did th	number of other independent contractors ne organization complete Schedule A? Noteted Schedule A			s must attach a	-	► X Yes	• [
Jnder penaltie rue, correct, a	s of perjury, I declare that I have examined this return, and complete Declaration of preparer (other than office	including accompanying scheor) is based on all information of	dules and statements, if which preparer has	, and to the best of my any knowledge	y knowledge and bel	ef, it is		
	Prian Stemat				5/11/202			
Sign Here	Signature of officer BRIAN STEWART			Presi	dent			
	Type or print name and title		15.			TINI		
	Print/Type preparer's name	Preparer's signature	Date	e	Check L If	TIN	-	
Paid	CHARLES E IRONS	CHARLES E IRON	IS		self-employed F	0215959	17	
Preparer	Firm's name Numbers Don't L				Firm's EIN	0/26710	1/2	
Use Only	Firm's address ► 22610 18th Ave Des Moines, WA					8426719 627-00-		
May the IP	S discuss this return with the preparer sh		uctions		200	► X Ye		No
viay the IR	o discuss this return with the preparer st	IOWIT ADOVE: See INSUIT			·	Form 99		

26-3962745

Page 4
Yes No

Form 990-EZ (2020) MILESTONE ADOLESCENT COMMUNITY SERVICES

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

2020

Open to Public Inspection

Name	f th	e organization		<u></u>	-		Employer identification	ation number
MIL	ES	TONE ADOLESCENT COM					26-396274	
Par	ï	Reason for Public Cha	erity Status. (All o	organizations must	comple	ete this	s part.) See instruc	tions.
The c	rga	nization is not a private found	dation because it is. (For lines 1 through 12,	check o	nly one	box.)	
1		A church, convention of church	nes, or association of cl	hurches described in sec	tion 170(b)(1)(A)((i).	5 ()
2	Γ	A school described in section 1	170(b)(1)(A)(ii). (Attach	Schedule E (Form 990 o	r 990-EZ))	() (
3	Г	A hospital or a cooperative h	nospital service organ	ization described in se	ction 17	O(b)(1)(A	A)(iii).) \
4	r	A medical research organiza	ition operated in conju	unction with a hospital	describe	d in sec	tion 1 70(b)(1)(A)(iii). E	inter the hospital's
	_	name, city, and state						
5		An organization operated for section 170(b)(1)(A)(iv). (Co	the benefit of a collection	ege or university owned	or oper	ated by	a governmental unit de	escribed in
6		A federal, state, or local gov	ernment or governme	ental unit described in s	section 1	70(b)(1))(A)(v).	
7	L	An organization that normally rin section 170(b)(1)(A)(vi). (receives a substantial p Complete Part II.)	part of its support from a	governm	ental un	it or from the general pul	olic described
8	Ĺ	A community trust described						
9	L	An agricultural research organi or university or a non-land-grai university						
10	X	An organization that normall from activities related to its investment income and unre June 30, 1975. See section 9	exempt functions, sub lated business taxabl	oject to certain exception e income (less section	ins; and	(2) no r	nore than 33-1/3% of it	s support from gross
11	Г	An organization organized ai	nd operated exclusive	ely to test for public safe	ety. See	section	1 509(a)(4).	
12		An organization organized at or more publicly supported o lines 12a through 12d that de	rganizations describe	ed in section 509(a)(1) (or sectic	n 509(a)(2). See section 509(a	ut the purposes of one (3). Check the box in
а		Type I. A supporting organization(s) the power to recomplete Part IV, Sections A	quiarly appoint or elect	d, or controlled by its sup t a majority of the directo	oported or rs or trus	rganizat itees of t	ion(s), typically by giving the supporting organization	the supported on You must
b		Type II. A supporting organize management of the supporting must complete Part IV, Section 11.	organization vested in	controlled in connection the same persons that c	with its ontrol or	support manage	ed organization(s), by the supported organizat	having control or ion(s). You
c		Type III functionally integrated organization(s) (see instruction	. A supporting organizat	tion operated in connection	n with, ai	nd function	onally integrated with, its	supported
d		Type III non-functionally integrated. The constructions). You must com	rated A supporting org	sanization operated in col	nnection	with its s	supported organization(s) t and an attentiveness	that is not requirement (see
e		Check this box if the organiz	ation received a writt	en determination from t	the IRS			
f	Fr	integrated, or Type III non-function the number of supported a	, ,	supporting organization	٦.			
		ovide the following information	- 3	d organization(s)	•			<u> </u>
		ime of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	organizat	s the tion listed overning nent?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			•		Yes	No		
/A\								
(A)								
(B)								
(C)								
(D)								
(E)								
Total								

	tule A (Form 990 or 990-EZ) 202		E ADOLESCEN			20-3902/43	rage 2
Pal	t II Support Schedule for (Complete only if you checked	Organizations the box on line 5.	7, or 8 of Part I or i	Sections 1/U	(b)(1)(A)(IV) an failed to qualify un	I d I/U(b)(I)(A)(\ Ider Part III If the	/I) /
	organization fails to qualify	under the tests lis	ted below, please	complete Part II	II.)		
	tion A. Public Support						/
begi	endar year (or fiscal year nning in) •	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants').						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4 5	Total. Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						
Sec	tion B. Total Support						
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on	/					
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10			_			
12	Gross receipts from related activ	itiés, etc. (see ins	structions) .	• -		12	
13	First 5 years. If the Form 990 is/organization, check this box and	for the organization stop here	on's first, second,	third, fourth, or 1	fifth tax year as a	section 501(c)(3)	►
	tion C. Computation of Pul						
	Public support percentage/for 20		•	ne 11, column (f)		14	<u>%</u>
	Public support percentage from 33-1/3% support test /2020. If the	ne organization di	d not check the bo	. . ox on line 13, an	d line 14 is 33-1/3	. 15 8% or more, check t	his box
	and stop here. The organization	qualifies as a pub	olicly supported or	ganization		•	▶ [
U	33-1/3% support test—2019. If the and stop here. The organization	qualifies as a put	olicly supported or	ganization		3-1/3% of more, ch	PCK (I'IIS DOX ►
17a	10%-facts-and-circumstances te or more, and if the organization the organization meets the facts-	meets the facts-a	nd-circumstances	test, check this I	box and stop her e	e. Explain in Part VI	0% how ► []
	10%-facts-and-circumstances te or more, and if the organization organization meets the 'facts-and	meets the facts-ard-circumstances' I	nd-circumstances est. The organiza	test, check this l tion qualifies as	box and stop here a publicly support	e. Explain in Part VI ed organization	how the
18	Private foundation. If the organiz	zation did not che	ck a box on line 1	3, 16a, 16b, 17a	, or 17b, check the	is box and see instr	uctions . ►
BAA	/				Scl	hedule A (Form 990	or 990-EZ) 2020

Part III

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

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

1 Gifts, grants, contributions, and membership fees received (Do not include any unusual grants.) 2 Gross receipts from admissions, merchandse sold or services performed, or facilities furnished in any activity that is related to the organization's lax-exempt purpose 3 Gross receipts from activities that are not an unrelated trade or business under section 513. 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf is behalf or expended on the behalf of the organization without charge for facilities furnished by a governmental unit to the organization without charge for facilities furnished by a governmental unit to the organization without charge for facilities furnished by a governmental unit to the organization without charge for facilities furnished by a distillation of the facilities furnished by a governmental unit to the organization without charge for facilities furnished on lines 2 and 3 received from disqualified persons but an exceed the greater of \$5,000 or 1% of the amount on line 13 for the year of the amount on line 13 for the year of the amount on line 13 for the year (Subtract line 7c from line 6.) 8 Public support (Subtract line 7c from line 6.) 9 Amounts from line 6 of the organization without charge from similar sources but unrelated trade or securities loans, payments received no securities loans, reints, royalties, and income from similar sources but unrelated trade or the control of the c	Gifts, grants, contributions, and membership fees received (Do not include any funusual grants.) Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is furnished in any activity that is traverent purpose. Gross receipts from activities that are not an unrelated trade or business under section 513. Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. The value of services or facilities furnished by a governmental unit to the organization's benefit and either paid to or expended on its behalf. The value of services or facilities furnished by a governmental unit to the organization without charge. Total: Add lines 1 through 5. Amounts included on lines 1, 2, and 3 received from diere than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year. Add lines 7a and 7b. Public support. (Subtract line 7c from line 6.) To rom line 6.) To rom line 6.) To rom line 6. Gross income from interest, dividends, payments created on securities loans, reist, royalbes, and income from similar sources. Unrelated business taxable loans and 10b. Not succome from interest dividends, payments scenesced in the greater of \$5,000 or 11 taxes) from businesses. On the very control of the control of th	Calend	tion A. Public Support						
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14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3)	10c, 11, and 12) 0. 0. 0. 0. 0. 0.	12 13	activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12)	0.	0.	0.	0.	0.	0.
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Section C. Computation of Public Support Percentage 15 Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f)) 16 Public support percentage from 2019 Schedule A, Part III, line 15. 16 Section D. Computation of Investment Income Percentage 17 Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f)) 17	10c, 11, and 12) First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Fublic support percentage for 2020 (line 8, column (f), divided by line 13, column (f)) Public support percentage from 2019 Schedule A, Part III, line 15 Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f)) Investment income percentage from 2019 Schedule A, Part III, line 17 33-1/3% support tests—2020. If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization 33-1/3% support tests—2019. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33-1/3%, and	12 13 14 5ect 15 16 6ect 17 18 19a	activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12) First 5 years. If the Form 990 is organization, check this box and ion C. Computation of Pul Public support percentage for 20 Public support percentage from ion D. Computation of Investment income percentage for 33-1/3% support tests—2020. If it is not more than 33-1/3%, check 33-1/3% support tests—2019. If it	for the organization stop here blic Support Polician Support Polician Support Polician Support Polician Support Polician Support Polician Support Supp	n's first, second, ercentage (f), divided by line Part III, line 15 ne Percentage column (f), divide e A, Part III, line d not check the be here. The organi d not check a box	third, fourth, or fine 13, column (f)) d by line 13, column 17 lox on line 14, and sation qualifies a con line 14 or line	fth tax year as a some fine 15 is more so a publicly support 19a, and line 16	0 . section 501(c)(3) 15 16 17 18 than 33-1/3%, and orted organization as more than 33-1	0. 0. 0. 0. ► X % % % % % % % % % % % % % % % % % % %
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whether or not the business is regularly carried on	whether or not the business is regularly carried on 0			0.	0.	0.	0.	0.	
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2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose 3 Gross receipts from activities that are not an unrelated trade or business under section 513. 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 5 The value of services or facilities furnished by a governmental unit to the organization without charge 6 Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year c Add lines 7a and 7b 8 Public support. (Subtract line 7c from line 6.) Section B. Total Support Calendar year (or fiscal year beginning in) 9 Amounts from interest, dividends, payments received on securities loans, rents, royalbes, and income from similar sources b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose Gross receipts from activities that are not an unrelated trade or business under section 513. Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year Add lines 7a and 7b Public support. (Subtract line 7c from line 6.) tion B. Total Support dar year (or fiscal year beginning in) Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business	1	ar year (or fiscal year beginning in) Gifts, grants, contributions, and membership fees received (Do not include		(a) 2016	(a) 2016 (b) 2017	(a) 2016 (b) 2017 (c) 2018	(a) 2016 (b) 2017 (c) 2018 (d) 2019	(a) 2016 (b) 2017 (c) 2018 (d) 2019 (e) 2020

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A.	All S	upporting (Organizations
------------	-------	-------------	---------------

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If 'No,' describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If 'Yes,' explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If 'Yes,' answer lines 3b and 3c below.			
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If 'Yes,' describe in Part VI when and how the organization made the determination.	 3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If 'Yes,' explain in Part VI what controls the organization put in place to ensure such use.	3c		
4 a	Was any supported organization not organized in the United States ('foreign supported organization')? If 'Yes' and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If 'Yes,' describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4ь		
C	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If 'Yes,' explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If 'Yes,' answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	 5b		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5с		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If 'Yes,' provide detail in Part VI .	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7° If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If 'Yes,' provide detail in Part VI .	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If 'Yes,' provide detail in Part VI.	9b		
С	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If 'Yes,' provide detail in Part VI.	9c		
l O a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations)? If 'Yes,' answer line 10b below	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)	10b		

Part IV Supporting Organizations (continued)		Tv	Τ
11 Has the organization accepted a gift or contribution from any of the following persons?	[Yes	N
a A person who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below,			
the governing body of a supported organization?	11a	+	ـــ
b A family member of a person described in line 11a above?	11b	+	Ļ
C A 35% controlled entity of a person described in line 11a or 11b above? If 'Yes' to line 11a, 11b, or 11c, provide detail in Part VI.	11c		<u> </u>
Section B. Type I Supporting Organizations			
1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership	n of one	Yes	N
or more supported organizations have the power to regularly appoint or elect at least a majority of the organiza- officers, directors, or trustees at all times during the tax year? If 'No,' describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had none supported organization, describe how the powers to appoint and/or remove officers, directors, or trust were allocated among the supported organizations and what conditions or restrictions, if any, applied to such particular that year	ation's ad more tees		
2 Did the organization operate for the benefit of any supported organization other than the supported organization that operated, supervised, or controlled the supporting organization? If 'Yes,' explain in Part VI how providing supporting organization (s) that operated, supervised, or controlled the supporting organization	n(s) such		
Section C. Type II Supporting Organizations		l	Ц
because of type is supporting organizations		Yes	N
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees			H
of each of the organization's supported organization(s)? If 'No,' describe in Part VI how control or management supporting organization was vested in the same persons that controlled or managed the supported organization	t of the	-	-
Section D. All Type III Supporting Organizations			
		Yes	N
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	e —		_
organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	├	₩
Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If 'No,' explain in Part VI hove	v	ļ <u></u>	-
the organization maintained a close and continuous working relationship with the supported organization(s)	2	 -	
3 By reason of the relationship described in line 2, above, did the organization's supported organizations have a significal voice in the organization's investment policies and in directing the use of the organization's income or assets a all times during the tax year? If 'Yes,' describe in Part VI the role the organization's supported organizations pl	t [
in this regard	3	<u> </u>	
Section E. Type III Functionally Integrated Supporting Organizations			
1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see Instru	otions).		
a The organization satisfied the Activities Test Complete line 2 below			
b The organization is the parent of each of its supported organizations. <i>Complete line 3 below</i>			
c The organization supported a governmental entity. Describe in Part VI how you supported a governmental	entity (see instr	uction	s)
2 Activities Test Answer lines 2a and 2b below.		Yes	1
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If 'Yes,' then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization or responsive to those supported organizations, and how the organization determined that these activities constitutions.	was		
substantially all of its activities.	2 a		L
b Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, or more of the organization's supported organization(s) would have been engaged in? If 'Yes,' explain in Part VI the	e l		
reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		Г
·			-
3 Parent of Supported Organizations Answer lines 3a and 3b below.			
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees each of the supported organizations? If 'Yes' or 'No,' provide details in Part VI.	3a		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If 'Yes,' describe in Part VI the role played by the organization in this regard	3b		_

Sch	edule A (Form 990 or 990-EZ) 2020 MILESTONE ADOLESCENT COMMUNITY			62745	Page 6
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting Organic	anizat	ions		
1	Check here if the organization satisfied the Integral Part Test as a qualifying trus instructions. All other Type III non-functionally integrated supporting organization	st on No	ov. 20, 1970 (explain in st complete Sections A	ı Part VI). Sec through E.	•
Sec	tion A — Adjusted Net Income		(A) Prior Year	(B) Curre (optio	
1	Net short-term capital gain	1			
2	Recoveries of prior-year distributions	2			
3	Other gross income (see instructions)	3			-
4	Add lines 1 through 3	4			
5	Depreciation and depletion	5			
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6			
7	Other expenses (see instructions)	7			
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8			
Sec	tion B — Minimum Asset Amount		(A) Prior Year	(B) Curre	
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):				
ã	Average monthly value of securities	1a			
Ŀ	Average monthly cash balances	1b			
-	Fair market value of other non-exempt-use assets	1c			
	Total (add lines 1a, 1b, and 1c)	1d			
•	Discount claimed for blockage or other factors (explain in detail in Part VI)				
2	Acquisition indebtedness applicable to non-exempt-use assets	2			
3	Subtract line 2 from line 1d.	3			
4	Cash deemed held for exempt use Enter 0.015 of line 3 (for greater amount, see instructions).	4			
_5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5			
6	Multiply line 5 by 0.035.	6			
7	Recoveries of prior-year distributions	7			
8	Minimum Asset Amount (add line 7 to line 6)	8			
Sec	tion C - Distributable Amount			Current	Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1			
2	Enter 0 85 of line 1	2			
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3			
4	Enter greater of line 2 or line 3.	4			
_ 5	Income tax imposed in prior year	5			
	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6			
7	Check here if the current year is the organization's first as a non-functionally inte (see instructions).	egrated	Type III supporting org	janization	

Schedule A (Form 990 or 990-EZ) 2020

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Part V Type III Non-Functionally Integrated 509(a)(3) Su	pporting Organiza	tions (continued)	
Section D — Distributions		Current Year	
1 Amounts paid to supported organizations to accomplish exempt pur	poses	1	
2 Amounts paid to perform activity that directly furthers exempt purposes of in excess of income from activity	s, 2	_	
Administrative expenses paid to accomplish exempt purposes of supported organizations			
Amounts paid to acquire exempt-use assets			
Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)			
Other distributions (describe in Part VI). See instructions			
Total annual distributions. Add lines 1 through 6			
B Distributions to attentive supported organizations to which the organization in Part VI) See instructions	on is responsive (provide	details 8	
9 Distributable amount for 2020 from Section C, line 6		9	
Line 8 amount divided by line 9 amount		10	
ection E — Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020

Section E — Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1 Distributable amount for 2020 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2020 (reasonable cause required — explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2020			
a From 2015			
b From 2016	ı		
c From 2017	i		
d From 2018	,		
e From 2019 .	<u> </u>		
f Total of lines 3a through 3e		l 	
g Applied to underdistributions of prior years			
h Applied to 2020 distributable amount			
i Carryover from 2015 not applied (see instructions)			
J Remainder. Subtract lines 3g, 3h, and 3i from line 3f			
4 Distributions for 2020 from Section D, line 7: \$			
a Applied to underdistributions of prior years	1		
b Applied to 2020 distributable amount			
c Remainder Subtract lines 4a and 4b from line 4			
5 Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2 For result greater than zero, explain in Part VI See instructions			
6 Remaining underdistributions for 2020 Subtract lines 3h and 4b from line 1 For result greater than zero, explain in Part VI See instructions.			
7 Excess distributions carryover to 2021. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2016			
b Excess from 2017			
c Excess from 2018			
d Excess from 2019			
e Excess from 2020 .	,		

BAA

Schedule A (Form 990 or 990-EZ) 2020

26-3962745

Part VI

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

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

Department of the Treasury Internal Revenue Service

► Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047 2020 Open to Public Inspection

066.

Total \$

40.

Name of the organization		Employer Identification num	Der
MILESTONE ADOLESCENT COMMUNITY	SERVICES	26-3962745	
Form 990-EZ, Part I, Line 16 Other Expenses			
LICENSE & FEES Office Expenses . TELEPHONE		\$ ·	394. 865. 767.

Form 990-EZ, Part II, Line 26 **Total Liabilities**

WEBSITE FEES

		Beginning	<u>Ending</u>
Accounts Payable and Accrued Expenses		\$ 0.	\$ 10.
-	Total	\$ 0.	\$ 10.

Form 990-EZ, Part III - Organization's Primary Exempt Purpose

Milestone Adolescent Community Services (MACS) exist to serve youth and their families that are considered to be most at risk, we especially have a focus on serving BIPOC youth and families. The youth and families are considered most at risk because of the unfair burden of adverse childhood experiences (ACES) and trauma they face. Our goal is to advance education on the impact of ACES and trauma through public discussions, forums, panels, consultation, etc. to inform communities of their impacts.

Form 990-EZ, Part III, Line 28 - Statement of Program Service Accomplishments

In 2020, MAC networked with individuals and organizations with the similar goal of reducing the impact of ACES and trauma on youth and their families to begin building a regional approach and network of services. Participation in community forums and town halls, volunteering at community safety events, and providing professional consultation with individual level providers, organizations, and research programs were offered to help with development of approaches to serving our mission population. Specifically, we showed up to support grieving community members following gun violence resulting in death as well and provided education on how community members can cope with the impact of violence and support their

Form 990-EZ, Part III, Line 28 - Statement of Program Service Accomplishments children with coping as well.

We continued to develop our website so individuals interested in contributing or accessing services are able to find us easier. The website is another way of clarifying our agency'g mission and goals

The number of individuals and families who benefitted from our services is difficult to quantify given that the type of services provided have a generalizable effect. While services were offered to direct participants of larger group events (panels, town halls) and recipients of individual events (clinical supervision and consultation), the education and knowledge provided had a ripple effect of being able to serve many youth and families.

Form 990-EZ, Part V - Regarding Transfers Associated with Personal Benefit Contracts

- (a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?
- (b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?

No

No