

Form **990**

EXTENSION GRANTED

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)
The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047

2001

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the 2001 calendar year, or tax year beginning 7/01/01, and ending 6/30/02

- B** Check if applicable
- Address change
 - Name change
 - Initial return
 - Final return
 - Amended return
 - Application pending

Please use IRS label or print or type
See Specific Instructions

C Name of organization
MILESTONES COMMUNITY SCHOOL

Number and street (or P O box if mail is not delivered to street address) Room/suite
4400 SOUTH DIXIE HIGHWAY, N.E.

City or town state or country and ZIP + 4
PALM BAY FL 32905

D Employer ID number
59-3444711

E Telephone number
321-729-0500

F Accounting method Cash
 Accrual Other (specify)

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ)

H and I are not applicable to section 527 organizations

H(a) Is this a group return for affiliates? Yes No

H(b) If "Yes" enter no. of affiliates N/A

H(c) Are all affiliates included? N/A Yes No
(If "No" attach a list. See instr.)

H(d) Is this a separate return filed by an organization covered by a group ruling? Yes No

G Web site

J Organization type
(check only one) 501(c) (3) (insert no.) 4947(a)(1) or 527

K Check here if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS, but if the organization received a Form 990 Package in the mail, it should file a return without financial data.
Some states require a complete return

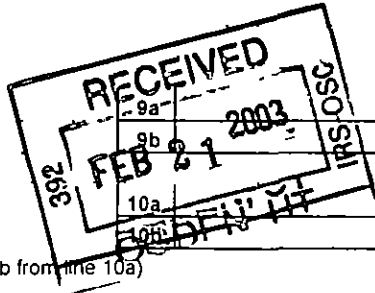
I Enter 4-digit GEN

M Check if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF)

L Gross receipts. Add lines 6b, 8b, 9b, and 10b to line 12 **2,035,794**

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See Specific Instructions on page 16)

R e v e n u e	1 Contributions, gifts, grants, and similar amounts received				
	a Direct public support	1a		2,521	
	b Indirect public support	1b		1,941,830	
	c Government contributions (grants)	1c		89,000	
	d Total (add lines 1a through 1c) (cash \$ 2,033,351 noncash \$)	1d			2,033,351
	2 Program service revenue including government fees and contracts (from Part VII, line 93)	2			
	3 Membership dues and assessments	3			
	4 Interest on savings and temporary cash investments	4			2,443
	5 Dividends and interest from securities	5			
	6a Gross rents	6a			
	b Less rental expenses	6b			
	c Net rental income or (loss) (subtract line 6b from line 6a)	6c			
7 Other investment income (describe)	7				
8a Gross amount from sales of assets other than inventory	(A) Securities	8a			
	(B) Other	8b			
		8c			
	d Net gain or (loss) (combine line 8c, columns (A) and (B))	8d			
9 Special events and activities (attach schedule)					
a Gross revenue (not including \$ of contributions reported on line 1a)	9a				
b Less direct expenses other than fundraising expenses	9b				
c Net income or (loss) from special events (subtract line 9b from line 9a)	9c				
10a Gross sales of inventory less returns and allowances		10a			
	b Less cost of goods sold				
	c Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	10c			
11 Other revenue (from Part VII, line 103)	11				
12 Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12			2,035,794	
E x p e n s e s	13 Program services (from line 44, column (B))	13		2,040,993	
	14 Management and general (from line 44, column (C))	14		748,535	
	15 Fundraising (from line 44, column (D))	15			
	16 Payments to affiliates (attach schedule)	16			
	17 Total expenses (add lines 16 and 44, column (A))	17			2,789,528
A s s e t s	18 Excess or (deficit) for the year (subtract line 17 from line 12)	18		-753,734	
	19 Net assets or fund balances at beginning of year (from line 73, column (A))	19		307,007	
	20 Other changes in net assets or fund balances (attach explanation)	20		-138,891	
	21 Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21			-585,618



SEE STMT 1

P-13 24

Part II Statement of Functional Expenses

All organizations must complete column (A) Columns (B) (C) and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others (See Specific Instructions on page 21)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising	
22	Grants and allocations (attach schedule) (cash \$ _____ non-cash \$ _____)	22				
23	Specific assistance to individuals	23				
24	Benefits paid to or for members	24				
25	Compensation of officers, directors, etc	25				
26	Other salaries and wages	26	1,149,545	923,190	226,355	
27	Pension plan contributions	27	11,219	9,887	1,332	
28	Other employee benefits	28				
29	Payroll taxes	29	105,410	85,746	19,664	
30	Professional fundraising fees	30				
31	Accounting fees	31				
32	Legal fees	32				
33	Supplies	33	111,031	90,939	20,092	
34	Telephone	34	13,740	13,740		
35	Postage and shipping	35	1,272	1,272		
36	Occupancy	36	459,286	459,286		
37	Equipment rental and maintenance	37	40,735	31,979	8,756	
38	Printing and publications	38	79		79	
39	Travel	39	6,941	1,130	5,811	
40	Conferences, conventions and meetings	40				
41	Interest	41				
42	Depreciation, depletion, etc (att sch)	42	24,816	21,065	3,751	
43	Other expenses not covered above (itemize) a	43a				
	b SEE STATEMENT 2	43b	865,454	402,759	462,695	
	c	43c				
	d	43d				
	e	43e				
44	Total functional expenses (add lines 22 - 43) Organizations completing columns (B)-(D) carry these totals to lines 13-15	44	2,789,528	2,040,993	748,535	0

Joint Costs Check if you are following SOP 98-2

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? Yes No

If "Yes" enter (i) the aggregate amount of these joint costs \$ _____, (ii) the amount allocated to Program services \$ _____

(iii) the amount allocated to Management and general \$ _____ and (iv) the amount allocated to Fundraising \$ _____

Part III Statement of Program Service Accomplishments (See Specific Instructions on page 24)

What is the organization's primary exempt purpose?

▶ EDUCATIONAL SERVICES TO CHILDREN WITH LEARNING DIFFERENCES

Program Service Expenses
(Required for 501(c)(3) and (4) orgs and 4947(a)(1) trusts but optional for others)

All organizations must describe their exempt purpose achievements in a clear and concise manner State the number of clients served publications issued, etc Discuss achievements that are not measurable (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others)

a	SEE STATEMENT 3	(Grants and allocations \$ _____)	2,040,993
b		(Grants and allocations \$ _____)	
c		(Grants and allocations \$ _____)	
d		(Grants and allocations \$ _____)	
e	Other program services (attach schedule)	(Grants and allocations \$ _____)	
f	Total of Program Service Expenses (should equal line 44 column (B) Program services)		2,040,993

Part IV Balance Sheets (See Specific Instructions on page 24)

Note		Where required, attached schedules and amounts within the description column should be for end-of-year amounts only		(A) Beginning of year		(B) End of year
45	Cash-non-interest-bearing			132,155	45	91,359
46	Savings and temporary cash investments				46	
47a	Accounts receivable	47a	1,397			
b	Less allowance for doubtful accounts	47b		99,878	47c	1,397
48a	Pledges receivable	48a				
b	Less allowance for doubtful accounts	48b			48c	
49	Grants receivable				49	
50	Receivables from officers directors trustees and key employees (attach schedule)				50	
51a	Other notes and loans receivable (attach schedule) SEE WORKSHEET	51a	170,391			
b	Less allowance for doubtful accounts	51b		89,444	51c	170,391
52	Inventories for sale or use				52	
53	Prepaid expenses and deferred charges				53	
54	Investments-securities <input type="checkbox"/> Cost <input type="checkbox"/> FMV				54	
55a	Investments-land, buildings, and equipment basis	55a	213,698			
b	Less accumulated depreciation (attach schedule) SEE STMT 4	55b	62,895	230,736	55c	150,803
56	Investments-other (attach schedule)				56	
57a	Land, buildings and equipment basis	57a				
b	Less accumulated depreciation (attach schedule)	57b			57c	
58	Other assets (describe SEE STMT 5)				58	3,280
59	Total assets (add lines 45 through 58) (must equal line 74)			552,213	59	417,230
60	Accounts payable and accrued expenses			148,676	60	934,159
61	Grants payable				61	
62	Deferred revenue				62	
63	Loans from officers, directors trustees, and key employees (attach schedule)				63	
64a	Tax-exempt bond liabilities (attach schedule)				64a	
b	Mortgages and other notes payable (attach schedule)				64b	
65	Other liabilities (describe SEE STMT 6)			96,530	65	68,689
66	Total liabilities (add lines 60 through 65)			245,206	66	1,002,848
Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74						
67	Unrestricted			307,007	67	-597,056
68	Temporarily restricted				68	11,438
69	Permanently restricted				69	
Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74						
70	Capital stock trust principal or current funds				70	
71	Paid-in or capital surplus, or land, building and equipment fund				71	
72	Retained earnings endowment accumulated income, or other funds				72	
73	Total net assets or fund balances (add lines 67 through 69 OR lines 70 through 72, column (A) must equal line 19 column (B) must equal line 21)			307,007	73	-585,618
74	Total liabilities and net assets / fund balances (add lines 66 and 73)			552,213	74	417,230

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes in Part III the organization's programs and accomplishments.

Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return (See Specific Instructions, page 26)

Part IV-B Reconciliation of Expenses per Audited Financial Statements with Expenses per Return

a Total revenue, gains and other support per audited financial statements ▶		a	2,035,794	a Total expenses and losses per audited financial statements ▶		a	2,802,342
b Amounts included on line a but not on line 12, Form 990				b Amounts included on line a but not on line 17 Form 990			
(1) Net unrealized gains on investments \$				(1) Donated services and use of facilities \$			
(2) Donated services and use of facilities \$				(2) Prior year adjustments reported on line 20 Form 990 \$			
(3) Recoveries of prior year grants \$				(3) Losses reported on line 20 Form 990 \$			
(4) Other (specify) \$				(4) Other (specify)			
Add amounts on lines (1) through (4) ▶		b		SEE STMT 7 \$ 37,629		b	37,629
c Line a minus line b ▶		c	2,035,794	c Line a minus line b ▶		c	2,764,713
d Amounts included on line 12 Form 990 but not on line a				d Amounts included on line 17, Form 990 but not on line a			
(1) Investment expenses not included on line 6b, Form 990 \$				(1) Investment expenses not included on line 6b, Form 990 \$			
(2) Other (specify) \$				(2) Other (specify)			
Add amounts on lines (1) and (2) ▶		d		SEE STMT 8 \$ 24,815		d	24,815
e Total revenue per line 12 Form 990 (line c plus line d) ▶		e	2,035,794	e Total expenses per line 17, Form 990 (line c plus line d) ▶		e	2,789,528

Part V List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated see Specific Instructions on page 26)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-)	(D) Contrib to employee benefit plans & deferred compensation	(E) Expense account and other allowances
ALEX FEKETE 9601 NW 16TH ST., PEMBROKE PINES, FL	VP/DIRECTOR PART-TIME	0	0	0
ROBERT MANLEY P O. BOX 222, BARTOW, FL	SEC/TREAS PART-TIME	0	0	0
RICHARD BLAKE 916 BRUNSWICK LANE, ROCKLEDGE, FL	DIRECTOR PART-TIME	0	0	0

75 Did any officer, director, trustee, or key employee receive aggregate compensation of more than \$100,000 from your organization and all related organizations, of which more than \$10,000 was provided by the related organizations? ▶ Yes No
If "Yes," attach schedule-see Specific Instructions on page 27

Part VI Other Information (See Specific Instructions on page 27)

		Yes	No
76	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	76	X
77	Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes" attach a conformed copy of the changes	77	X
78a	Did the organization have unrelated business gross inc of \$1,000 or more during the year covered by this return?	78a	X
b	If "Yes" has it filed a tax return on Form 990-T for this year?	78b	X
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes" attach a statement	79	X
80a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees officers etc, to any other exempt or nonexempt organization?	80a	X
b	If "Yes" enter the name of the organization BREVARD COUNTY SCHOOLS and check whether it is <input checked="" type="checkbox"/> exempt OR <input type="checkbox"/> nonexempt		
81a	Enter direct or indirect political expenditures See line 81 instr	81a	
b	Did the organization file Form 1120-POL for this year?	81b	X
82a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82a	X
b	If "Yes" you may indicate the value of these items here Do not include this amount as revenue in Part I or as an expense in Part II (See instructions in Part III)	82b	
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	N/A
84a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a	X
b	If "Yes" did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b	N/A
85	501(c)(4), (5), or (6) organizations a Were substantially all dues nondeductible by members?	85a	N/A
b	Did the organization make only in-house lobbying expenditures of \$2 000 or less? If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year	85b	N/A
c	Dues assessments and similar amounts from members	85c	
d	Section 162(e) lobbying and political expenditures	85d	
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e	
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	
g	Does the organization elect to pay the section 6033(e) tax on the amount in 85f?	85g	N/A
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount in 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h	N/A
86	501(c)(7) orgs Enter a Initiation fees and capital contributions included on line 12	86a	
b	Gross receipts included on line 12, for public use of club facilities	86b	
87	501(c)(12) orgs Enter a Gross income from members or shareholders	87a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	87b	
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX	88	X
89a	501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under section 4911 <u>0</u> , section 4912 <u>0</u> , section 4955 <u>0</u>		
b	501(c)(3) and 501(c)(4) orgs Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes" attach a statement explaining each transaction	89b	X
c	Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912 4955 and 4958		0
d	Enter Amount of tax on line 89c, above, reimbursed by the organization		0
90a	List the states with which a copy of this return is filed FL		
b	Number of employees employed in the pay period that includes March 12, 2001 (See instructions)	90b	
91	The books are in care of ROBERT MANLEY Located at 4400 S. DIXIE HWY, NE, PALM BAY, FL Telephone no 321-729-0500 ZIP + 4 32905		
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here and enter the amount of tax-exempt interest received or accrued during the tax year	92	

Part VII Analysis of Income-Producing Activities (See Specific Instructions on page 32)

	Unrelated business income		Excluded by sec 512 513 or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
Note Enter gross amounts unless otherwise indicated					
93 Program service revenue					
a _____					
b _____					
c _____					
d _____					
e _____					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			14	2,443	
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue					
a _____					
b _____					
c _____					
d _____					
e _____					
104 Subtotal (add columns (B) (D), and (E))		0		2,443	0
105 Total (add line 104, columns (B), (D), and (E))				2,443	2,443

Note Line 105 plus line 1d, Part I should equal the amount on line 12 Part I

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See Specific Instructions on page 32)

Line No	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)
●	
N/A	

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See Specific Instructions on page 33)

(A) Name, address, and EIN of corporation partnership or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See Specific Instructions on pg 33)

(a) Did the organization, during the year receive any funds, directly or indirectly to pay premiums on a personal benefit contract? Yes No

(b) Did the organization during the year pay premiums, directly or indirectly

Note If "Yes" to (b), file Form 8870 and Form 4720 (see instructions)

Please Sign Here

Under penalties of perjury I declare that I have examined this return including schedules and believe it is true correct and complete Declaration of preparer (other than the taxpayer) is based on all the information provided to the preparer with respect to this return

Signature of officer: [Signature]

Type or print name and title: JIM WHARTON CONTROLLER SOUTH

Paid Preparer's Use Only

Preparer's signature: [Signature]

Firm's name (or yours if self-employed): BERMAN, HOPKINS, WR

address and ZIP + 4: 307 EAST NEW HAVEN MELBOURNE, FL 3290

SCHEDULE A
(Form 990 or 990-EZ)

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k),
501(n), or Section 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information-(See separate instructions)

OMB No 1545-0047

2001

Department of the Treasury
Internal Revenue Service

▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

Name of the organization

Employer identification number

MILESTONES COMMUNITY SCHOOL

59-3444711

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees
(See page 1 of the instructions List each one If there are none, enter "None ")

(a) Name and address of each employee paid more than \$50 000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee ben plans & deferred compensation	(e) Expense account and other allowances
NONE				
Total number of other employees paid over \$50 000 ▶				

Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services
(See page 2 of the instr List each one (whether individuals or firms) If there are none, enter "None ")

(a) Name and address of each independent contractor paid more than \$ 50 000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services ▶		

For Paperwork Reduction Act Notice, see the Instructions for Form 990 and Form 990-EZ

Schedule A (Form 990 or 990-EZ) 2001

Part III Statements About Activities (See page 2 of the instructions)

		Yes	No
1	During the year, has the organization attempted to influence national, state, or local legislation including any attempt to influence public opinion on a legislative matter or referendum? If "Yes" enter the total expenses paid or incurred in connection with the lobbying activities \$ _____ (Must equal amount on line 38, Part VI-A, or line I of Part VI-B) Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A Other organizations checking "Yes," must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities		X
2	During the year, has the organization either directly or indirectly engaged in any of the following acts with any substantial contributors, trustees directors officers, creators key employees or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions)		
a	Sale, exchange, or leasing of property?		X
b	Lending of money or other extension of credit?		X
c	Furnishing of goods services, or facilities?		X
d	Payment of compensation (or payment or reimbursement of exp if more than \$1 000)?		X
e	Transfer of any part of its income or assets?		X
3	Does the organization make grants for scholarships, fellowships student loans etc ? (See Note below)		X
4	Do you have a section 403(b) annuity plan for your employees?		X
Note Attach a statement to explain how the organization determines that individuals or organizations receiving grants or loans from it in furtherance of its charitable programs "qualify" to receive payments			

Part IV Reason for Non-Private Foundation Status (See pages 3 through 6 of the instructions)

The organization is not a private foundation because it is (Please check only ONE applicable box)

- 5 A church, convention of churches or association of churches Section 170(b)(1)(A)(i)
- 6 A school Section 170(b)(1)(A)(ii) (Also complete Part V)
- 7 A hospital or a cooperative hospital service organization Section 170(b)(1)(A)(iii)
- 8 A Federal, state or local government or governmental unit Section 170(b)(1)(A)(v)
- 9 A medical research organization operated in conjunction with a hospital Section 170(b)(1)(A)(iii) Enter the hospital's name, city, and state **▶**
- 10 An organization operated for the benefit of a college or university owned or operated by a governmental unit Section 170(b)(1)(A)(iv) (Also complete the **Support Schedule** in Part IV A)
- 11a An organization that normally receives a substantial part of its support from a governmental unit or from the general public Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A)
- 11b A community trust Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A)
- 12 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees and gross receipts from activities related to its charitable, etc functions-subject to certain exceptions and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30 1975 See section 509(a)(2) (Also complete the **Support Schedule** in Part IV-A)
- 13 An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in (1) lines 5 through 12 above, or (2) section 501(c)(4) (5), or (6), if they meet the test of section 509(a)(2) (See section 509(a)(3))

Provide the following information about the supported organizations (See page 5 of the instructions)

(a) Name(s) of supported organization(s)	(b) Line number from above

- 14 An organization organized and operated to test for public safety Section 509(a)(4) (See page 6 of the instructions)

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11 or 12.) Use cash method of accounting

Note You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting

Calendar year (or fiscal year beginning in)	(a) 2000	(b) 1999	(c) 1998	(d) 1997	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants. See line 28.)					
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable etc. purpose					
18 Gross inc. from int., dividends, amounts received from pymt. on securities loans (section 512(a)(5)), rents, royalties, & unrelated busn. taxable inc. (less sec. 511 taxes) from businesses acquired by the organization after June 30, 1975					
19 Net income from unrelated business activities not included in line 18					
20 Tax revn. levied for the organization's ben. & either paid to it or expended on its behalf					
21 The value of serv. or fac. furnished to the org. by a governmental unit without charge. Do not incl. the value of serv. or fac. generally furnished to the public without charge.					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of cap. assets.					
23 Total of lines 15 through 22					
24 Line 23 minus line 17					
25 Enter 1% of line 23					

26 Organizations described on lines 10 or 11	a Enter 2% of amount in column (e), line 24	▶	26a	
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 1997 through 2000 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts.		▶	26b	
c Total support for section 509(a)(1) test. Enter line 24, column (e).		▶	26c	
d Add Amounts from column (e) for lines	18 _____ 19 _____		26d	
	22 _____ 26b _____		26e	
e Public support (line 26c minus line 26d total)		▶	26e	
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))		▶	26f	%

27 Organizations described on line 12 a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year N/A

(2000)	(1999)	(1998)	(1997)
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000 (Include in the list organizations described in lines 5 through 11, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year N/A			

(2000)	(1999)	(1998)	(1997)
c Add Amounts from column (e) for lines	15 _____ 16 _____		27c
	17 _____ 20 _____	21 _____	27d
d Add Line 27a total _____ and line 27b total _____			27e
e Public support (line 27c total minus line 27d total)			27f
f Total support for section 509(a)(2) test. Enter amount on line 23, column (e)		▶	27f
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))		▶	27g
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))		▶	27h

28 Unusual Grants For an organization described in line 10, 11, or 12 that received any unusual grants during 1997 through 2000, prepare a list for your records to show for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15

**Part V Private School Questionnaire (See page 7 of the instructions)
(To be completed ONLY by schools that checked the box on line 6 in Part IV)**

	Yes	No
29 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument or in a resolution of its governing body?	<input checked="" type="checkbox"/>	
30 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	<input checked="" type="checkbox"/>	
31 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes " please describe, if "No " please explain (If you need more space, attach a separate statement) THE SCHOOL IS OPEN TO ALL RESIDENTS OF BREVARD COUNTY. IT FALLS UNDER THE SAME ADMISSION STANDARDS AND PUBLICATION OF POLICIES AS BREVARD COUNTY PUBLIC SCHOOLS.	<input checked="" type="checkbox"/>	
32 Does the organization maintain the following		
a Records indicating the racial composition of the student body, faculty, and administrative staff?	<input checked="" type="checkbox"/>	
b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	<input checked="" type="checkbox"/>	
c Copies of all catalogues brochures announcements and other written communications to the public dealing with student admissions, programs, and scholarships?	<input checked="" type="checkbox"/>	
d Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above please explain (If you need more space, attach a separate statement)	<input checked="" type="checkbox"/>	
33 Does the organization discriminate by race in any way with respect to		
a Students' rights or privileges?		<input checked="" type="checkbox"/>
b Admissions policies?		<input checked="" type="checkbox"/>
c Employment of faculty or administrative staff?		<input checked="" type="checkbox"/>
d Scholarships or other financial assistance?		<input checked="" type="checkbox"/>
e Educational policies?		<input checked="" type="checkbox"/>
f Use of facilities?		<input checked="" type="checkbox"/>
g Athletic programs?		<input checked="" type="checkbox"/>
h Other extracurricular activities? If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement)		<input checked="" type="checkbox"/>
34a Does the organization receive any financial aid or assistance from a governmental agency?	<input checked="" type="checkbox"/>	
b Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement		<input checked="" type="checkbox"/>
		SEE STMT 9
35 Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50 1975-2 C B 587 covering racial nondiscrimination? If "No " attach an explanation	<input checked="" type="checkbox"/>	

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 9 of the instructions)

(To be completed ONLY by an eligible organization that filed Form 5768) **N/A**

Check **a** if the organization belongs to an affiliated group Check **b** if you checked "a" and "limited control" provisions apply

Limits on Lobbying Expenditures

(The term "expenditures" means amounts paid or incurred)

		(a) Affiliated group totals	(b) To be completed for ALL electing organizations
36 Total lobbying expenditures to influence public opinion (grassroots lobbying)	36		
37 Total lobbying expenditures to influence a legislative body (direct lobbying)	37		
38 Total lobbying expenditures (add lines 36 and 37)	38		
39 Other exempt purpose expenditures	39		
40 Total exempt purpose expenditures (add lines 38 and 39)	40		
41 Lobbying nontaxable amount Enter the amount from the following table-			
If the amount on line 40 is-	The lobbying nontaxable amount is-		
Not over \$500 000	20% of the amount on line 40		
Over \$500,000 but not over \$1,000,000	\$100 000 plus 15% of the excess over \$500 000		
Over \$1 000,000 but not over \$1,500,000	\$175 000 plus 10% of the excess over \$1,000,000	41	
Over \$1,500 000 but not over \$17,000 000	\$225 000 plus 5% of the excess over \$1,500 000		
Over \$17,000 000	\$1,000 000		
42 Grassroots nontaxable amount (enter 25% of line 41)	42		
43 Subtract line 42 from line 36 Enter -0- if line 42 is more than line 36	43		
44 Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38	44		

Caution If there is an amount on either line 43 or line 44 you must file Form 4720

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below

See the instructions for lines 45 through 50 on page 11 of the instructions)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2001	(b) 2000	(c) 1999	(d) 1998	(e) Total
45 Lobbying nontaxable amount					
46 Lobbying ceiling amount (150% of line 45(e))					
47 Total lobbying expenditures					
48 Grassroots nontaxable amount					
49 Grassroots ceiling amount (150% of line 48(e))					
50 Grassroots lobbying expenditures					

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See page 12 of the instr)

N/A

During the year did the organization attempt to influence national state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of

- a Volunteers
- b Paid staff or management (include compensation in expenses reported on lines c through h)
- c Media advertisements
- d Mailings to members legislators or the public
- e Publications, or published or broadcast statements
- f Grants to other organizations for lobbying purposes
- g Direct contact with legislators, their staffs, government officials or a legislative body
- h Rallies, demonstrations, seminars, conventions speeches, lectures, or any other means
- i Total lobbying expenditures (add lines c through h)

Yes	No	Amount

If "Yes" to any of the above also attach a statement giving a detailed description of the lobbying activities

Federal Statements**Statement 1 - Form 990, Line 20 - Other Changes in Net Assets or Fund Balances**

Description	Amount
PRIOR PERIOD AUDIT ADJUSTMENT	\$ -138,891
TOTAL	<u>\$ -138,891</u>

Statement 2 - Form 990, Part II, Line 43 - Other Functional Expenses

Description	Total Expenses	Program Service	Mgt & General	Fund-Raising
	\$	\$	\$	\$
EXPENSES				
INSURANCE	62,989	55,895	7,094	
PROFESSIONAL SERVICES	696,590	258,796	437,794	
DUES & FEES	642		642	
MISC. EXPENSE	37,612	21,018	16,594	
BANK SERVICE CHARGES	571		571	
TEXTBOOKS	28,512	28,512		
FOOD	2,562	2,562		
UTILITIES	35,976	35,976		
TOTAL	<u>\$ 865,454</u>	<u>\$ 402,759</u>	<u>\$ 462,695</u>	<u>\$ 0</u>

Statement 3 - Form 990, Part III, Line a - Statement of Program Service Accomplishments

COMPREHENSIVE EDUCATIONAL SERVICES TO CHILDREN HAVING
LEARNING DIFFERENCES IN GRADES FIVE THROUGH NINE WITH
MINIMUM CLASS SIZE OF 20 AND SCHOOL YEAR AUGUST THROUGH
JUNE

Federal Statements**Statement 4 - Form 990, Part IV, Line 55 - Investments in Land, Buildings, and Equipment**

Description	Beginning of Year	Accum Deprec	End of Year	Accum Deprec
COMPUTERS & EQUIPMENT	\$ 53,450	\$	\$ 5,101	\$
FURNITURE & FIXTURES	94,979		113,737	40,637
SOFTWARE	1,123		11,173	6,820
IMPROVEMENTS	74,436		82,268	14,951
AV EQUIPMENT	864		1,066	357
BOOKS	353		353	130
AUTOMOBILES	5,529			
TOTAL	<u>\$ 230,736</u>	<u>\$ 0</u>	<u>\$ 213,698</u>	<u>\$ 62,895</u>

Statement 5 - Form 990, Part IV, Line 58 - Other Assets

Description	Beginning of Year	End of Year
DEPOSITS	\$	\$ 3,280
TOTAL	<u>\$ 0</u>	<u>\$ 3,280</u>

Statement 6 - Form 990, Part IV, Line 65 - Other Liabilities

Description	Beginning of Year	End of Year
NOTES PAYABLE	\$ 64,200	\$
DUE TO OTHER FUNDS	25,244	
PAYROLL LIABILITIES	7,086	
OTHER LIABILITIES		68,689
TOTAL	<u>\$ 96,530</u>	<u>\$ 68,689</u>

Statement 7 - Form 990, Part IV-B - Other Expenses Included in Financial Statements

Description	Amount
FIXED CAPITAL OUTLAY	\$ 37,629
TOTAL	<u>\$ 37,629</u>

Federal Statements**Statement 8 - Form 990, Part IV-B - Other Expenses Included on Return**

Description	Amount
DEPRECIATION	\$ 24,815
TOTAL	\$ <u>24,815</u>

Schedule A, Part V, Line 31 - Publication of Nondiscriminatory Policy

THE SCHOOL IS OPEN TO ALL RESIDENTS OF BREVARD COUNTY
IT FALLS UNDER THE SAME ADMISSION STANDARDS AND PUBLICATION OF
POLICIES AS BREVARD COUNTY PUBLIC SCHOOLS.

Statement 9 - Schedule A, Part V, Line 34 - Governmental Financial Aid

FUNDING IS RECEIVED FROM THE BREVARD COUNTY SCHOOL BOARD AND THE STATE OF
FLORIDA.

Form **'8868**
(December 2000)
Department of the Treasury
Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

OMB No 1545 1709

▶ File a separate application for each return

- If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box
 - If you are filing for an Additional (not automatic) 3-Month Extension, complete only Part II (on page 2 of this form)
- Note Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868

Part I Automatic 3-Month Extension of Time- Only submit original (no copies needed)

Note Form 990-T corporations requesting an automatic 6-month extension-check this box and complete Part I only

All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax returns Partnerships REMICs and trusts must use Form 8736 to request an extension of time to file Form 1065 1066 or 1041

Type or print	Name of Exempt Organization	Employer Identification number
File by the due date for filing your return See instructions	MILESTONES COMMUNITY SCHOOL	59-3444711
	Number, street, and room or suite no. If a P O box, see instructions	
	4400 SOUTH DIXIE HIGHWAY, N.E.	
	City, town or post office, state and ZIP code For a foreign address, see instructions	
	PALM BAY FL 32905	

Check type of return to be filed (file a separate application for each return)

- | | | |
|--|--|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation) | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (sec 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 8870 |

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ If this is for the whole group, check this box If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension will cover

1 I request an automatic 3-month (6-month for 990-T corporation) extension of time until 2/17/03 to file the exempt organization return for the organization named above The extension is for the organization's return for

▶ calendar year _____ or

▶ tax year beginning 7/01/01 and ending 6/30/02

2 If this tax year is for less than 12 months check reason Initial return Final return Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T 4720, or 6069, enter the tentative tax less any nonrefundable credits See instructions \$ _____

b If this application is for Form 990-PF or 990 T, enter any refundable credits and estimated tax payments made Include any prior year overpayment allowed as a credit \$ _____

c **Balance Due** Subtract line 3b from line 3a Include your payment with this form, or, if required deposit with FTD coupon or if required by using EFTPS (Electronic Federal Tax Payment System) See instructions \$ _____

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct and complete, and that I am authorized to prepare this form

Signature  Title  Date 

For Paperwork Reduction Act Notice, see instruction

Form **8868** (12 2000)