Milestones Community Schools Inc.
D/B/A Imagine Schools at West Melbourne
Governing Board Meeting

Milestones Community Schools Inc. D/B/A Imagine Schools at West Melbourne
Meeting Agenda
Date: February 10, 2022
Time: 5:30 pm
Location: 3355 Imagine Way, West Melbourne, FL 32904 - Front Office Conference Room & Virtually

Google Meet joining info
Video call link: https://meet.google.com/jcs-ihcm-cgv
Or dial: (US) +1 240-587-5914 PIN: 219 578 983#

I.	**Call to Order**	**Melissa Koretsy**
II.	**Public Notice**	**Brian DeGonzague**
III.	**Roll Call**	**Melissa Koretsky**
IV.	**Pledge of Allegiance**	**Melissa Koretsky**
V.	**Public Comment**	**Melissa Koretsky**

VI. Consent Agenda - The Consent Agenda is a technique designed to expedite handling of routine miscellaneous business of the School Board. The School Board in one motion may adopt the entire Consent Agenda. The motion of adoption is non-debatable and must receive unanimous approval. By request of any individual member, any item may be removed from the Consent Agenda and placed on the regular agenda for discussion.

- **A. Meeting Minutes of November 10, 2021**
  Recommendation: Approve the listed Governing Board meeting minutes.
- **B. Out of Field Report**
  Recommendation: Approve the listed teachers as out of field for the remainder of the 2021-2022 school year.
- **C. 2022-2023 School Calendar**
  Recommendation: Approve to adopt the FY 2023 School Calendar with revisions.

VII. New Business/Discussion Items

- **A. Bond Matters** — **Julie Klahr**
- **B. Revised Budget** — **Greg Young**
  Recommendation: Approve to revise the FY 2022 budget as of February 10, 2022.
- **C. 990 Update** — **Julie Klahr**
- **D. Meeting/Training with various consultants:** — **Julie Klahr**
  DAC Rebate Expert - Integrity Public Finance Consulting LLC

VIII.	**School/Region Report**	**Brian DeGonzague and Jennifer Fornes**
IX.	**Board Member Reports/Discussion**	**Melissa Koretsky**
X.	**Meeting Adjournment**	**Melissa Koretsky**

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MEETING OF THE BOARD OF DIRECTORS OF MILESTONES COMMUNITY SCHOOL, INC. D/B/A IMAGINE SCHOOLS AT WEST MELBOURNE

Milestones Community Schools Inc.
Meeting Agenda
Date: February 10, 2022
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	A. Meeting Minutes of December 15, 2021	**Melissa Koretsky**
VII.	**New Business/Discussion Items**	
	A. UMB Investment Direction	**Jerry Ford**
VIII.	**Board Member Reports/Discussion**	**Melissa Koretsky**
	A. Parent Representatives on Governing Board	
	B. Corporate Board	
	a. Members/terms	
	b. Appointment of Officers	
	c. Annual Report	
IX.	**Meeting Adjournment**	**Melissa Koretsky**

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Milestones Community Schools Inc.
D/B/A Imagine Schools at West Melbourne
Governing Board Workshop

Milestones Community Schools Inc. D/B/A Imagine Schools at West Melbourne
Workshop Minutes
Date: November 10, 2021
Time: 5:30 pm
Location: 3355 Imagine Way, West Melbourne, FL 32904 - Front Office Conference Room & Google Meet joining info
Video call link: https://meet.google.com/iii-cqmh-mgt
Or dial: (US) +1 929-251-5968 PIN: 357 356 927#

I. Call to Order
The meeting was called to order by Melissa Koretsky at 5:02pm.

II. Public Notice
Meeting was posted on the marquis, front office, and website.

III. Bond Process Discussion
Imagine schools and Milestones have come to an agreement on the provision to tie Imagine to the projected enrollment number. Milestones has agreed to drop the requirement of the enrollment projections and Imagine will drop the accrual of fees. This clears the way to draft the final draft and to have the two parties discuss and move forward. Rosemawr is supportive of the positions with Milestones and Imagine. The revisions should be completed by the end of the week and then a Milestones Corporate Board meeting by the end of the week which could happen the following week.

IV. Public Input

V. Adjournment

Milestones Community Schools Inc.
D/B/A Imagine Schools at West Melbourne
Governing Board Meeting

Milestones Community Schools Inc. D/B/A Imagine Schools at West Melbourne
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Google Meet joining info
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Or dial: (US) +1 929-251-5968 PIN: 357 356 927#

I. **Call to Order**
II. **Meeting called to order at 5:52pm**
III. **Old Business**
    a. **Approval of October 27, 2021 Minutes***
    Michael Russell made a motion to approve the October 27, 2021 meeting minutes. Bill McMullen seconded. All in favor. Motion carried.
    b. **Bond Process Update -** Tabled
IV. **New Business**
    a. **Region Report -** Tabled
V. **Public Input - None**
VI. **Meeting Adjournment**
    Meeting adjourned at 5:58pm.

VII. **Next Meeting – TBD**

Imagine Schools at West Melbourne
Developing Character, Enriching Minds!
3355 Imagine Way
West Melbourne, FL 32904

February 10, 2022

The following teachers are assigned to teach an English Language Learner (ELL) student that qualifies for ESOL services. ESOL is an endorsement that has not yet been added to their certificate in the state of Florida. English, language arts, and reading teachers who are on their ESOL training timeline but do not yet hold certification in ESOL are out-of-field for ESOL. These teachers are currently working to add the ESOL Endorsement to their certification:

- Alexandra Clawson (Kindergarten)
- Maggie Strazzeri (Kindergarten)
- Amanda Silva (Kindergarten)
- Lauren Burr (First Grade)
- Amanda Negron (First Grade)
- Anna Gallagher (First Grade)
- Krystle Pond (First Pond)
- Rikki Grace (First Grade)
- Katelyn Stewart (First Grade)
- Heather Duncan (Second Grade)
- Adriana Tabares (Second Grade)
- Megan Tidwell (Third Grade)
- Stephanie Jago (Fourth Grade)
- Erica Etcheson (Fourth Grade)
- Jere Wilder (Fifth Grade)

The following teachers are assigned to teach a course that has not yet been added to their certificate in the state of Florida. These teachers are currently working to add the appropriate certification to their Florida Department of Education certificate:

- Adriana Tabares (Second Grade)*

Governing Board Chair/Representative **Date**

02/10/2022

Principal **Date**

The School District of Brevard County, Florida
Dr. Mark Mullins - Superintendent
Phone: 321-633-1000
2700 Judge Fran Jamieson Way - Viera, Florida 32940

2022-2023 SCHOOL CALENDAR

Board Approved December 14, 2021

MONTH	DATE	DAY		PUPIL DAYS	TEACHER DAYS	PAID* HOLIDAYS
AUGUST	2-9	TUES-TUES	TEACHERS REPORT PREPLANNING	16	22	
	10	WED	FIRST DAY OF SCHOOL FOR STUDENTS			
	12	FRI	EARLY RELEASE DAY			
	15	MON	FIRST DAY OF SCHOOL FOR KINDERGARTEN			
	19	FRI	EARLY RELEASE DAY			
	26	FRI	EARLY RELEASE DAY			
SEPTEMBER	2	FRI	EARLY RELEASE DAY	21	21	
	5	MON	LABOR DAY – HOLIDAY FOR ALL			1*
	8	THUR	FIRST INTERIM ENDS			
	9	FRI	EARLY RELEASE DAY			
	13	TUES	SECONDARY 4 1/2 WEEKS GRADES AVAILABLE ON FOCUS			
	15	THUR	ELEMENTARY INTERIMS PUBLISHED ON FOCUS			
	16	FRI	EARLY RELEASE DAY			
	23	FRI	EARLY RELEASE DAY			
	30	FRI	EARLY RELEASE DAY			
OCTOBER	7	FRI	EARLY RELEASE DAY	20	21	
	7	FRI	END OF FIRST NINE WEEKS			
	10-14	MON-FRI	FTE SURVEY II			
	10	MON	TEACHER WORK DAY/STUDENT HOLIDAY			
	12	WED	SECONDARY REPORT CARDS POSTED ON FOCUS			
	14	FRI	EARLY RELEASE DAY			
	14	FRI	ELEMENTARY REPORT CARDS POSTED ON FOCUS			
	21	FRI	EARLY RELEASE DAY			
	28	FRI	EARLY RELEASE DAY			
NOVEMBER	4	FRI	EARLY RELEASE DAY	16	16	
	10	THUR	SECOND INTERIM ENDS			
	11	FRI	VETERANS' DAY/HOLIDAY FOR ALL			1*
	16	WED	SECONDARY INTERIMS AVAILABLE ON FOCUS			
	18	FRI	ELEMENTARY INTERIMS PUBLISHED ON FOCUS			
	18	FRI	EARLY RELEASE DAY			
	21-25	MON-FRI	HOLIDAY FOR ALL (11/21, 11/22, 11/23 HURRICANE MAKE UP DAYS			2*
DECEMBER	2	FRI	EARLY RELEASE DAY	15	15	
	9	FRI	EARLY RELEASE DAY			
	16	FRI	EARLY RELEASE DAY			
	19-21	MON-WED	EXAM DAYS/EARLY DISMISSAL			
	22-30	THURS-FRI	WINTER BREAK – TEACHER /STUDENT HOLIDAY			
JANUARY	2	MON	HOLIDAY FOR ALL	**1**	**1**	1*
	3-4	TUES-WED	WINTER BREAK – TEACHER /STUDENT HOLIDAY			
	5	THURS	TEACHERS/STUDENTS RETURN/END OF FIRST SEMESTER			
			FIRST SEMESTER TOTAL DAYS	**89**	**96**	

JANUARY	6	FRI	EARLY RELEASE DAY	17	17	
	10	TUE	SECONDARY REPORT CARDS POSTED ON FOCUS			
	12	THUR	ELEMENTARY REPORT CARDS POSTED ON FOCUS			
	13	FRI	EARLY RELEASE DAY			
	16	MON	MARTIN L. KING, JR. DAY – HOLIDAY FOR ALL			1*
	20	FRI	EARLY RELEASE DAY			
	27	FRI	EARLY RELEASE DAY			
FEBRUARY	3	FRI	EARLY RELEASE DAY	19	20	
	6-10	MON-FRI	FTE SURVEY III			
	7	TUE	THIRD INTERIM ENDS			
	10	FRI	SECONDARY 9 WEEK INTERIMS POSTED ON FOCUS			
	10	FRI	EARLY RELEASE DAY			
	14	TUE	ELEMENTARY INTERIMS POSTED ON FOCUS			
	17	FRI	EARLY RELEASE DAY			
	20	MON	PRESIDENTS' DAY - TEACHER PD DAY/STUDENT HOLIDAY/MAKE UP			
	24	FRI	EARLY RELEASE DAY			
MARCH	3	FRI	EARLY RELEASE DAY	17	18	
	10	FRI	EARLY RELEASE DAY			
	13-17	MON - FRI	SPRING BREAK			
	20	MON	STUDENT HOLIDAY/TEACHER WORK DAY			
	22	WED	SECONDARY REPORT CARDS POSTED ON FOCUS			
	24	FRI	ELEMENTARY REPORT CARDS POSTED ON FOCUS			
	24	FRI	EARLY RELEASE DAY			
	31	FRI	EARLY RELEASE DAY			
APRIL	7	FRI	TEACHER/STUDENT HOLIDAY/HURRICANE MAKEUP DAY	18	18	
	14	FRI	EARLY RELEASE DAY			
	21	FRI	FOURTH INTERIM ENDS			
	21	FRI	EARLY RELEASE DAY			
	24	MON	TEACHER/STUDENT HOLIDAY/HURRICANE MAKEUP DAY			
	27	THUR	SECONDARY 9 WEEK INTERIMS POSTED ON FOCUS			
	28	FRI	EARLY RELEASE DAY			
MAY	1	MON	ELEMENTARY INTERIMS POSTED ON FOCUS	20	21	
	5	FRI	EARLY RELEASE DAY			
	12	FRI	EARLY RELEASE DAY			
	19	FRI	EARLY RELEASE DAY			
	24-26	WED-FRI	EXAM DAYS/EARLY DISMISSAL			
	26	FRI	END OF SECOND SEMESTER/LAST DAY FOR STUDENTS			
	29	MON	MEMORIAL DAY/HOLIDAY FOR ALL			
	30	TUE	POST PLANNING/LAST DAY FOR TEACHERS			
	30	TUE	ELEMENTARY REPORT CARDS POSTED ON FOCUS			
	31	WED	SECONDARY REPORT CARDS POSTED ON FOCUS			
			SECOND SEMESTER TOTAL DAYS	**91**	**94**	
			SCHOOL YEAR TOTAL DAYS	**180**	**190**	**6***

Monthly Information

	Party responsible	Due Date	Delivery Date
1. Enrollment			
a. Enrollment as of the 1st Day of each month			
2. Governance			
a. Board packet and meeting minutes for each month			
3. Has a Material Event under Rule 15c2-12 occurred that has not been disclosed?			
a. See Exhibit IV			

Quarterly Information

	Party responsible	Due Date	Delivery Date
1. Financial Performance			
a. Balance sheet			
b. Income statement			
c. Budget (with assumptions detailed) vs. Actual, year-to-date on a Quarterly Basis			
d. Reasons for Material (greater than 10%) Budget Deviations on a Quarterly Basis			
e. Exhibits K to the Loan Agreement evidencing compliance with the Coverage Ratio			
f. Exhibit J to the Loan Agreement evidencing Days Cash on Hand covenant compliance			
g. Balances in Capitial Reserve Fund on a Quarterly Basis			
2. Facility			
a. Maintenance Reports on the Series 2022 Facilities			
3. Goverance			
a. Contact information for the School and the Board of Directors			
4. Has a Material Event under Rule 15c2-12 occurred that has not been disclosed?			
a. See Exhibit IV			
5. State Compliance Office Relations			
a. Material written communications from the State Compliance Office regarding charter status			

Exhibit IV

	Party responsible	Due Date	Delivery Date
EVENTS WITH RESPECT TO THE SERIES 2022 BONDS FOR WHICH MATERIAL EVENTS DISCLOSURE IS REQUIRED			
1. Principal and interest payment delinquencies			
2. Nonpayment-related defaults, if material			
3. Unscheduled draws on debts service reserves reflecting financial difficulties			
4. Unscheduled draws on credit enhancements reflecting financial difficulties			
5. Substitution of credit or liquidity providers, or their failure to perform			
6. Adverse tax opinions, the issuance by the Internal Revenue Service of proposed or final determinations of taxability, Notices of Proposed Issue (IRS Form 5701-TEB) or other material notices or determinations with respect to the tax status of the security, or other material events affecting the tax status of the security.			
7. Modifications to rights of security holders, if material			
8. Bond calls, if material, and tender offers			
9. Defeasances			
10. Release, substitution or sale of property securing repayment of the securities, if material			
11. Rating changes			
12. Bankruptcy, insolvency, receivership or similar event of the Borrower*			
13. The consummation of a merger, consolidation or acquisition involving the Borrower or the sale of all or substantially all of the assets of the Borrower, other than in the ordinary course of business, the entry into a definitive agreement to undertake such an action or the termination of a definitive agreemnt relating to any such actions, other than pursuant to its ters, if material			
14. Appointment of a successor or additonal trustee or the change of name of a trustee, if material			
15. A (i) debt obligation, (ii) derivative instrument entered into in connection with, or pledged as security or a source of payment for, an existing or planned debt obligation, or (iii) a guarantee of (i) or (ii), excluding municpal securities (as defined in the Securities Exchange Act of 1934, as amended) as to which a final offical statement (as defined in the Rule) has been providied to the MSRB consisent with the Rule (each, a "Financial Obligation"), if material, or agreement to covenants, events of default, remedies, prority rights, or other similar terms of a Financial Obligation of the Borrower, any of which affect security holders, if material			
16. Occurrence of a default, event of acceleration, termination event, modification of terms, or other similar events under the terms of a Financial Obligation of the Borrower, any of which reflect financial difficulties			

* This event is considered to occur when any of the foplowing occur: the appointment of a receiver, fiscal agent or similar officer for the Borrower in a proceeding under the U.S. Bankruptcy Code or in any other proceeding under stae or federal law in which a court or government authority has assumed jurisdiction over substantially all of the assets or business of the Borrower, or if such jurisdiction has been assumed by leaving the existing governing body and officals or officers in possession but subject to the supervision and orders of a court or governmental authority , or the entry of an order confirming a plan of reorganization, arrangement or liquidation by a court or governmental authority having supervison or juisdiction over substantially all of the assets or business of the Borrower.

Annual Financial Information

	Party responsible	Due Date	Delivery Date
1. Financial Performance			
a. Audited Financial Statements			
b. Approved Budget for the school year			
c. Exhibit K to the Loan Agreement evidencing compliance with the Coverage Ratio			
d. Exhibit J to the Loan Agreement evidencing Days Cash on Hand covenant compliance			
e. Balances in Debt Services Reserve Fund as of June 30			
2. Evidence of the School Performance Grade (including its growth and proficiency scores) assigned to the School by the State Compliance Office for the preceding academic year, as well as a link to the web page where such information can be found.			
3. A Certificate of Good Standing from the State reflecting the legal status of the Borrower			
4. Demographics			
a. A chart/table entitled "Demographics"			
5. Enrollment, Retention and Waitlist By Grade			
a. A chart/table similar to those in APPENDIX A under the headings "Historical and Current Enrollment" and "Enrollment Projections" showing actual enrollment for the current academic year and the projected average enrollment for the next four (4) years.			
b. A chart/table entitled "Student Retention"			
c. A chart/table entitled "Waitlist by Grade"			
6. Teacher Employment and Retention			
a. A chart/table entitled "Teacher Retention Rate" as of the beginning of the school year.			
7. School, Manager or Board Leadership Changes			
a. Any School leadership or mamagement changes as of the beginning of the current school year.			
b. Any Board member changes as of he beginning of the school year.			
8. Facilities - Insurance Certificates			
a. COI - Liability insurance			
b. COI - Workers comp			
c. COI - Personal property			
9. Has a Material Event under Rule 15c2-12 occurred that has not been disclosed?			
a. See Exhibit IV			
10. Borrower's Certificate			
a. See Exhibit B to Loan Agreement			

IMAGINE SCHOOLS AT WEST MELBOURNE

3355 Imagine Way, West Melbourne, FL 32904 | P: 321-768-6200 | F: 321-768-6300

Board Covenant Report – February 1, 2022

Enrollment

Grade Level	Student Membership
Kindergarten	**87**
First Grade	**99**
Second Grade	**90**
Third Grade	**96**
Fourth Grade	**70**
Fifth Grade	**47**
Sixth Grade	**39**
Total	**528**

Governing Board Packet

There was no meeting held in January, 2022, therefore we have included the board packet for the February 10, 2022 meeting.

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- **D. 2022-2023 School Calendar**
  Recommendation: Approve to adopt the FY 2023 School Calendar with revisions.

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Imagine Schools at West Melbourne
FY22 Budget Amendment

							535	558		
	REVENUES	**Feb**	**Mar**	**Apr**	**May**	**Jun**	**Budget Amendment**	**FY22 Prelim Budget**	**Variance**	**Comment +/- $4,000**
	State Funding									
1	FTE Generated Revenue	329,494	329,494	329,494	329,494	329,494	3,969,201	4,229,789	(260,588)	Enrollment/FY22 Funding Adj.
2	Charter Capital Outlay Funding	30,585	30,585	30,585	30,585	30,585	350,090	315,000	35,090	Current Allocation
3	FL Teacher Lead Program	-	-	-	-	-	10,173	-	10,173	CSAP
4	Local Surtax Revenues	38,583	23,583	23,583	38,583	78,000	341,542	238,450	103,092	Based upon % of surtax rec.
5	Fed Ed Fac Grant	-	-	-	-	-	3,000	-	3,000	
6	***Sub-total Fed, State & Local Rever***	**398,662**	**383,662**	**383,662**	**398,662**	**438,079**	**4,674,005**	**4,783,239**	**(109,234)**	
7										
8	**Local Revenue**									
9	Voluntary Pre-K Revenues - State	9,181	9,181	9,181	9,181	3,181	130,236	108,500	21,736	
10	Voluntary Pre-K Revenues - Fees	7,740	6,740	7,740	7,740	7,740	71,409	175,625	(104,216)	
11	Local-Rental of Facilities Fees	400	400	400	400	400	4,800	4,800	-	
12	Local-School Aged Child Care Fees	9,266	9,266	9,266	9,266	2,070	109,223	101,925	7,298	Increased usage
13	Local-Summer Program Fees	-	-	-	-	9,221	24,458	30,000	(5,542)	Summer camp 2021
14	Local-School Field Trip Revenues	-	-	-	-	500	500	-	500	
15	Local-School Fund Raising Activities	-	-	-	-	5,803	13,360	12,000	1,360	
16	Other Local Revenues	-	-	14,554	-	69	25,079	85	24,994	E-Rate
17	***Sub-total Supplemental Fee Rever***	**26,587**	**25,587**	**41,140**	**26,587**	**28,984**	**379,065**	**432,935**	**(53,870)**	
18										
19	**Contribution from Imagine**	-	-	-	-	-	**448,292**	-	448,292	Imagine concessions
20										
21	**TOTAL REVENUES**	**425,249**	**409,248**	**424,802**	**425,248**	**467,063**	**5,501,361**	**5,216,174**	**285,187**	
22										
23	**EXPENSES**	**Feb**	**Mar**	**Apr**	**May**	**Jun**				
24	**Salaries**	172,419	178,177	178,729	173,663	168,633	**2,120,419**	**2,152,180**	**(31,761)**	FT Subs
25	**Benefits**	55,282	55,282	57,715	57,715	53,307	**679,734**	**700,923**	**(21,189)**	FT Subs
26	***Total Salaries & Benefits***	**227,701**	**233,458**	**236,444**	**231,378**	**221,940**	**2,800,153**	**2,853,102**	**(52,950)**	
27										
28	**Debt Service**	90,396	90,396	90,396	90,396	90,396	1,257,978	970,000	287,978	Bond
29										
30	**Direct Educational Expenses**	**Feb**	**Mar**	**Apr**	**May**	**Jun**				
31	Kto6-.-Supplies	289	289	289	-	-	14,694	6,196	8,498	CSAP
32	Kto8-.-Textbooks	-	-	-	-	-	147		147	
33	Kto8 - Software	-	-	-	-	2,329	2,828	2,329	499	
34	Summer-.-Supplies	-	-	-	-	2,342	5,434	2,025	3,409	
35	PreK3-.-Supplies	-	-	-	-	1,427	1,500	1,500	-	
36	Health-.-Supplies	-	-	-	100	-	400	500	(100)	
37	Lib/Media-.-Supplies	-	-	250	-	-	500	500	-	
38	ESOL Supplies	-	-	-	-	-	440	-	440	
39	Principal-.-Supplies	315		515	515	188	6,423	6,000	423	
40	Principal-.-Noncap FF&E	-	-	-	-	-	26,614	-	26,614	Classroom Projectors
41	Principal-.-Software	15	15	15	15	85	472	250	222	
42	Supplies/Books-Bef/After-.-Supplies	-	-	-	-	-	250	250	-	

Imagine Schools at West Melbourne
FY22 Budget Amendment

							535	558		
		Feb	Mar	Apr	May	Jun	Budget Amendment	FY22 Prelim Budget	Variance	Comment +/- $4,000
43	Studen Assessment Supplies	-	-	-	-	-	470	-	470	
44	***Sub-total Direct Educational Expenses***	**619**	**304**	**1,069**	**630**	**6,372**	**60,172**	**19,550**	**40,622**	
45										
46	**Facility Operating Expenses**									
47	Plant Ops-.-Electricity	6,002	4,577	6,002	4,577	3,333	62,798	55,365	7,433	
48	Plant Ops-.-Water & Sewer	1,166	1,166	1,166	1,166	1,166	14,204	13,500	704	
49	Plant Ops-.-Waste	1,251	1,251	1,251	1,251	1,001	15,703	15,000	703	
50	Principal-.-Copier Maint Supplies	1,325	1,325	1,325	1,325	1,325	14,658	15,500	(842)	
51	Principal-.-Printing/Duplication	85	-	-	-	100	390	390	-	
52	Plant Ops-.-Landscaping Exp	1,450	1,450	1,450	1,450	1,450	17,695	17,400	295	
53	School Ops-.-Repairs & Maint	2,000	2,000	2,000	2,000	460	23,787	22,500	1,287	
54	Technology - Repairs and Maintenance	909	909	909	909	909	10,487	10,000	487	
55	Plant Ops-.-Telecommunications	2,879	2,879	2,879	2,879	2,879	38,849	33,130	5,719	
56	***Sub-total Facility Operating Expenses***	**17,068**	**15,558**	**16,983**	**15,559**	**12,624**	**198,572**	**182,785**	**15,787**	
57										
58	**Imagine Fees**	-	-	-	-	-	-	700,865	(700,865)	Imagine concessions
59										
60	**Marketing & Enrollment Expenses**									
61	Principal-.-Advertising	1,365	1,365	1,365	1,365	1,365	21,223	27,450	(6,227)	
62	Principal-.-Internet	306	306	306	306	306	7,842	3,672	4,170	
63	***Sub-total Marketing & Enrollment Exp***	***1,671***	***1,671***	***1,671***	***1,671***	***1,671***	**29,065**	**31,122**	**(2,057)**	
64										
65	**General & Administrative**	**Feb**	**Mar**	**Apr**	**May**	**Jun**				
66	**Capital Additions**	-	-	-	-	29,017	36,676	36,677	(1)	
67	Workers Compa & Liability Insurance	-	-	-	-	-	37,193	20,969	16,225	
68	Board-.-Audit Fees	-	-	-	-	-	15,000	13,000	2,000	
69	Board-.-Administrative Expenses	3,500	3,500	3,500	-	-	17,500	14,000	3,500	
70	Principal-.-Admin Fees	49	49	49	49	49	592	588	4	
71	Principal-.-District Fees	7,729	7,729	7,729	7,729	7,268	92,984	94,753	(1,770)	
72	Principal-.-Dues & Fees	1,022	629	650	640	1,022	12,563	13,416	(853)	
73	Plant Ops - Gen. Liab Ins	-	-	-	-	-	98,811	90,233	8,578	
74	Principal-.-Postage	36	-	-	-	55	611	520	91	
75	Principal-.-Misc Exp	-	-	-	-	500	1,817	-	1,817	
76	Cent Support-.-Drug Testing	65	-	-	77	77	1,250	1,000	250	
77	Cent Support-.-Fingerprinting	-	-	-	-	56	150	150	-	
78	Property Tax	-	-	-	-	-	161	226	(65)	
79	Bef/After - Bad Debt Write Off	-	-	-	-	2,000	2,000	2,000	-	
80	Fundraising-.-Misc Exp	1,005	212	52	236	573	10,284	8,500	1,784	
81	***Sub-total General & Administrative***	**13,406**	**12,119**	**11,980**	**8,731**	**40,617**	**327,592**	**296,032**	**31,560**	
82										
83	**Reserves**									
84	**Operating Reserves**	-	-	-	-	604,565	604,565	-	604,565	
85	**Capital Reserve Fund**	-	-	-	-	50,000	50,000	-	50,000	
86		-	-	-	-	654,565	654,565	-	654,565	

Imagine Schools at West Melbourne
FY22 Budget Amendment

							535	558		
		Feb	Mar	Apr	May	Jun	Budget Amendment	FY22 Prelim Budget	Variance	Comment +/- $4,000
87										
88	**Other School Services**	**Feb**	**Mar**	**Apr**	**May**	**Jun**				
89	Kto8-Travel	300	-	-	150	-	750	750	-	
90	Kto8-Field Trips	250	350	350	800	-	2,100	2,000	100	
91	Principal-.-Travel	696	296	696	516	3,034	6,250	6,300	(50)	
92	Bus Fuel	10,700	25	-	10,700	3,530	25,000	25,000	0	
93	Bus Material & Supplies	4,375	3,754	3,106	3,754	5,946	49,070	48,000	1,070	
94	Prof & Tech - Contr Services - PT & OT	500	400	-	-	600	2,500	2,500	-	
95	Professional Services	500	-	-	294	-	9,954	2,500	7,454	
96	Plant Ops-.-Guard/Security Svcs	90	-	15,625	90	-	63,451	62,500	951	
97	Plant Ops-.-Janitorial Exp	-	-		-	1,853	10,723	9,700	1,023	
98	Plant Ops-.-Exterminating	289	289	289	289	289	3,468	3,468	-	
99	***Sub-total Other School Services***	**17,700**	**5,114**	**20,066**	**16,593**	**15,252**	**173,266**	**162,718**	**10,548**	
100										
101	**TOTAL EXPENSES**	**368,561**	**358,620**	**378,610**	**364,959**	**1,043,436**	**5,501,361**	**5,216,174**	**285,187**	
102										
103	**CHANGE IN FUND (NEGATIVE)**	**56,687**	**50,628**	**46,193**	**60,290**	**(576,374)**	**(0)**	**(0)**	**0**	
104										
105	**FOOD SERVICE**	**Feb**	**Mar**	**Apr**	**May**	**Jun**	**Budget Amendment**	**FY22 Prelim Budget**	**Variance**	**Comment +/- $4,000**
106	**REVENUES**									
107	Food - Federal Reimbursement	40,187	34,661	39,477	39,552	-	396,104	353,983	42,121	Increased meals served
108	Food - Local Sales	-	-	-	-	-	-	-	-	
109	**TOTAL REVENUES**	**40,187**	**34,661**	**39,477**	**39,552**	**-**	**396,104**	**353,983**	**42,121**	
110										
111	**EXPENSES**	**20**	**23**	**22**	**21**	**22**				
112	Fixed Asset Additions	-	-	-	-	-	70,294	-	70,294	AC Units/Oven
113	School Salaries - Food Service	10,250	12,750	11,203	11,880	-	125,310	118,461	6,849	
114	Benefits	2,545	2,891	2,725	2,609	-	26,869	27,750	(881)	
115	Food Service-.-Food	20,421	19,151	23,245	21,465	-	223,469	203,439	20,030	Increased meals served
116	Food Service-Materials and Supplies	-	-	-	-	-	11,657	-	11,657	PP&E
117	**TOTAL EXPENSES**	**33,216**	**34,792**	**37,173**	**35,954**	**-**	**457,600**	**349,650**	**107,949**	
118										
119	**CHANGE IN FUND BALANCE (NEGATIVE)**	**6,971**	**(131)**	**2,304**	**3,598**	**-**	**(61,496)**	**4,333**	(65,828)	
120										
121	**Beginning Fund Balance**						103,923			
122	**Ending Fund Balance**						**42,427**			

Imagine Schools at West Melbourne
FY22 Budget Amendment

							535	558		
123	**Title I**	**Feb**	**Mar**	**Apr**	**May**	**Jun**	**Budget Amendment**	**FY22 Prelim Budget**	**Variance**	**Comment +/- $4,000**
124	**REVENUES**									
125	Title I	39,624	39,624	39,624	39,624	39,624	270,408	258,552	11,856	Actual Allocation
126	Title Entitlements - All	-	-	-	-	-	13,579	23,832	(10,253)	Title II & IV
127	**TOTAL REVENUES**	**39,624**	**39,624**	**39,624**	**39,624**	**39,624**	**283,987**	**282,384**	**1,603**	
128										
129	**EXPENSES**	**20**	**23**	**22**	**21**	**22**				
130	**Capital Additions**				**26963**					
131	School Salaries - Title I	24,215	30,751	23,163	24,728	21,464	238,759	203,627	35,132	
132	Benefits - Title I	4,016	4,630	4,358	4,218	4,358	43,975	73,182	(29,207)	
133	Title 1 Supplies	-	-	-	-	-	1,253	-	1,253	
134	Title 1 Textbooks	-	-	-	-	-	-	5,575	(5,575)	
135	**TOTAL EXPENSES**	**28,231**	**35,381**	**27,521**	**28,946**	**25,822**	**283,987**	**282,384**	**1,603**	
136										
137	**NET DIFFERENCE**	**11,393**	**4,243**	**12,103**	**10,678**	**13,802**	**0**	**0**	**0**	
138										
139	**IDEA**	**Feb**	**Mar**	**Apr**	**May**	**Jun**	**Projected Year End**	**FY22 Prelim Budget**	**Variance**	**Comment +/- $4,000**
140	**REVENUES**									
141	IDEA Part B	-	-	8,578	-	-	8,578	7,096	1,482	
142										
143	**EXPENSES**	**20**	**23**	**22**	**21**	**22**				
144	Salaries	-	8,578	-	-	-	8,578	7,096	1,482	
145	**TOTAL EXPENSES**	-	8,578	-	-	-	8,578	7,096	1,482	
146										
147	**NET DIFFERENCE**	**-**	**(8,578)**	**8,578**	**-**	**-**	**-**	**-**	**-**	
148										
149	**CARES ACT**	**Feb**	**Mar**	**Apr**	**May**	**Jun**	**Budget Amendment**	**FY22 Prelim Budget**	**Variance**	**Comment +/- $4,000**
150	**REVENUES**									
151	ESSER II	73,799	14,844	14,152	10,633	6,860	407,152	419,086	(11,934)	FY21 Allocation
152	ESSER III	-	-	-	-	26,514	26,514	-	26,514	EE Compensation
153	**Total Revenues**	73,799	14,844	14,152	10,633	33,374	433,666	419,086	14,580	
154										
155	**EXPENSES**	**20**	**23**	**22**	**21**	**22**				
156	**Salaries/Benefits**	**10,747**	**12,551**	**6,361**	**6,402**	**8,392**	199,848	222,900	(23,052)	Custodial/Counselor
157	**Capital Additions**	-	-	4,000	-	-	4,000	-	4,000	
158	Inst Mtl & Supplies	1,401	1,601	272	458	-	65,896	15,000	50,896	Fundation PD
159	Instr Txtbks	-	-	-	-	-	110,800	116,186	(5,386)	
160	Health-.-Supplies	-	-	-	-	-	-	15,000	(15,000)	PP&E
161	Principal-.-Noncap FF&E	2,696	-	-	-	-	52,854	50,000	2,854	Chromebooks
162	Plant Ops-.-Janitorial Exp	-	-	-	-	-	267	-	267	
163	**TOTAL EXPENSES**	14,844	14,152	10,633	6,860	8,392	433,665	419,086	14,579	
164										
165	**NET DIFFERENCE**	**58,955**	**692**	**3,519**	**3,773**	**(1,532)**	**0**	**(0)**	**0**	

Cash Flow Report

		Feb	Mar	Apr	May	Jun	Accruals
	Funding (Unrestricted)						
1	Federal Grants	113,423	115,839	62,354	50,257	47,176	25,822
2	State	329,494	329,494	329,494	329,494	329,494	
3	Capital Outlay	30,585	30,585	30,585	30,585	30,585	30,585
4	Surtax (Referendum)	38,583	23,583	23,583	38,583	23,583	54,417
5	Local Funding	26,587	25,587	41,140	26,587	28,984	
6	**Income Before Debt Service**	**538,672**	**525,088**	**487,157**	**475,506**	**459,821**	**110,824**
7							
8	**Less:**						
9	Debt Service	(90,396)	(90,396)	(90,396)	(90,396)	(90,396)	
10	Board Expenses	(3,500)	(3,500)	(3,500)	(3,500)	-	
11	Capital Reserve Fund	-	-	-	-	(50,000)	
12	**Net Funding**	**444,776**	**431,192**	**393,261**	**381,610**	**319,426**	**110,824**
13							
14	**Expenses:**	**Feb**	**Mar**	**Apr**	**May**	**Jun**	**Accruals**
15	Salaries/Benefits	227,701	233,458	236,444	231,378	221,940	71,553
16	Direct Education	619	304	1,069	630	6,372	
17	Faciltiy Operating	17,068	15,558	16,983	15,559	12,624	
18	Marketing	1,671	1,671	1,671	1,671	1,671	
19	General & Administrative	85,894	46,944	46,805	47,056	40,617	
20	Other School Services	17,700	5,114	20,066	16,593	15,252	
21	Federal Grants	43,075	49,533	38,154	35,806	42,792	-
22	**Total Expenses**	**393,728**	**352,582**	**361,192**	**348,693**	**341,267**	**71,553**
23							
24	Beginning Cash	349,301	400,350	478,959	511,028	543,945	522,103
25	Net Proceeds	51,048	78,610	32,069	32,917	(21,842)	39,271
26	Ending Cash	**400,350**	**478,959**	**511,028**	**543,945**	**522,103**	**561,374**
27							
28	**Funding (Restricted)**	(6,820)	(3,532)	1,864	(649)	2,875	
29	Food Service Revenues	36,505	40,187	34,661	39,477	39,552	
30	Expenses	33,216	34,792	37,173	35,954	-	
31		(3,532)	1,864	(649)	2,875	**42,427**	

Wire Transfer Schedule	Feb	Mar	Apr	May	Jun
Unrestricted	393,728	352,582	361,192	348,693	341,267
Restricted	33,216	34,792	37,173	35,954	-
	426,944	**387,374**	**398,365**	**384,647**	**341,267**

Days Cash on Hand:

Borrower's Cash/	**522,103**	Unrestricted cash
Total Operating Expenses	5,573,027	All cash expenses as defined by GAAP
Equals (Fraction)	0.09	
365 Days X (Fraction)	**34**	Projected
DCOH Covenant	15	Minimum Required

Coverage Ratio:

Change in Fund Balance	604,565	Operating Reserves
Plus: Principal, Interest, Board	465,979	($451,979 Interest, $14,000 Board Expenses)
Available for Debt Service	1,070,544	
Coverage Ratio	**2.30**	Projected
Coverage Ratio Covenant	1.10	Minimum Required

Form **990**

Return of Organization Exempt From Income Tax

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

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

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

OMB No. 1545-0047

2020

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the 2020 calendar year, or tax year beginning Jul 1 , 2020, and ending Jun 30 , 2021

B Check if applicable:
☐ Address change
☐ Name change
☐ Initial return
☐ Final return/terminated
☐ Amended return
☐ Application pending

C Name of organization MILESTONES COMMUNITY SCHOOL INC
Doing business as IMAGINE SCHOOLS AT WEST MELBOURNE
Number and street (or P.O. box if mail is not delivered to street address) 3355 IMAGINE WAY
Room/suite
City or town, state or province, country, and ZIP or foreign postal code MELBOURNE, FL 32904

D Employer identification number 59-3444711

E Telephone number (321)729-0500

G Gross receipts $ 5,901,380.

F Name and address of principal officer: MELISSA KORETSKY, 3355 IMAGINE WAY, MELBOURNE, FL 32904

H(a) Is this a group return for subordinates? ☐ Yes ☒ No

H(b) Are all subordinates included? ☐ Yes ☐ No
If "No," attach a list. See instructions

H(c) Group exemption number ►

I Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) ( ) ◄ (insert no.) ☐ 4947(a)(1) or ☐ 527

J Website: ► HTTP://IMAGINEWM.ORG

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ►

L Year of formation: 1998

M State of legal domicile: FL

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities: TO PROVIDE EDUCATIONAL SERVICES TO SCHOOL AGE CHILDREN (PRE-K TO 8TH).

2 Check this box ► ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.

3	Number of voting members of the governing body (Part VI, line 1a)	3	3
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	3
5	Total number of individuals employed in calendar year 2020 (Part V, line 2a)	5	92
6	Total number of volunteers (estimate if necessary)	6	0
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.

Revenue

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	1,169,129.	261,421.
9	Program service revenue (Part VIII, line 2g)	4,546,991.	5,531,875.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	122,756.	108,084.
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	5,838,876.	5,901,380.

Expenses

13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)		
14	Benefits paid to or for members (Part IX, column (A), line 4)		
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)		
16a	Professional fundraising fees (Part IX, column (A), line 11e)		
b	Total fundraising expenses (Part IX, column (D), line 25) ► 0.		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	5,877,698.	5,903,422.
18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	5,877,698.	5,903,422.
19	Revenue less expenses. Subtract line 18 from line 12	-38,822.	-2,042.

Net Assets or Fund Balances

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	492,428.	731,834.
21	Total liabilities (Part X, line 26)	247,022.	488,470.
22	Net assets or fund balances. Subtract line 21 from line 20	245,406.	243,364.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

Signature of officer — Date

MELISSA KORETSKY, BOARD CHAIR
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
Robert Walker, CPA	Robert Walker, CPA			P00291149

Firm's name ► Robert Walker, CPA, PA — Firm's EIN ► 20-0676201

Firm's address ► 2803 W. Busch Blvd. Ste 106, Tampa, FL 33618 — Phone no. (813)624-8643

May the IRS discuss this return with the preparer shown above? See instructions ☒ Yes ☐ No

Part III **Statement of Program Service Accomplishments**

Check if Schedule O contains a response or note to any line in this Part III . . . . . ☐

1 Briefly describe the organization's mission:

TO PROVIDE EDUCATIONAL SERVICES TO SCHOOL AGE CHILDREN (PRE-K TO 8TH).

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? . . . . . ☐ **Yes** ☒ **No**

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? . . . . . ☐ **Yes** ☒ **No**

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses $ 4,789,667. including grants of $ 0.) (Revenue $ 5,901,380.)

TO PROVIDE OUTSTANDING EDUCATIONAL SERVICES TO BREVARD COUNTY, FLORIDA AS A CHARTER SCHOOL.

4b (Code:) (Expenses $ including grants of $) (Revenue $)

4c (Code:) (Expenses $ including grants of $) (Revenue $)

4d Other program services (Describe on Schedule O.)
(Expenses $ including grants of $) (Revenue $)

4e Total program service expenses ▶ 4,789,667.

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	×	
2	Is the organization required to complete *Schedule B, Schedule of Contributors* See instructions?	2	×	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		×
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4		×
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		×
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		×
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		×
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		×
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		×
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? *If "Yes," complete Schedule D, Part V*	10		×
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI*	11a	×	
b	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII*	11b		×
c	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII*	11c		×
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*	11d		×
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e		×
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X*	11f	×	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a	×	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional*	12b		×
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13	×	
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		×
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV*	14b		×
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization? *If "Yes," complete Schedule F, Parts II and IV*	15		×
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or other assistance to or for foreign individuals? *If "Yes," complete Schedule F, Parts III and IV*	16		×
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I* See instructions	17		×
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		×
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		×
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a		×
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21		×

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
22	Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	22		×
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	23		×
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a*	24a		×
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	**Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	25a		×
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	25b		×
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part II*	26		×
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	27		×
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):			
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? *If "Yes," complete Schedule L, Part IV*	28a		×
b	A family member of any individual described in line 28a? *If "Yes," complete Schedule L, Part IV*	28b		×
c	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? *If "Yes," complete Schedule L, Part IV*	28c		×
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29		×
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		×
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		×
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	32		×
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? *If "Yes," complete Schedule R, Part I*	33		×
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	34		×
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		×
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	35b		
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	36		×
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	37		×
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note:** All Form 990 filers are required to complete Schedule O.	38	×	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	0		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c			

Part V Statements Regarding Other IRS Filings and Tax Compliance *(continued)*

				Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	**2a**	92		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	**2b**		×	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to *e-file* (see instructions)				
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?	**3a**			×
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation on Schedule O*	**3b**			
4a	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)?	**4a**			×
b	If "Yes," enter the name of the foreign country ▶ ---------- See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	**5a**			×
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	**5b**			×
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	**5c**			
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	**6a**			×
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	**6b**			
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	**7a**			×
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	**7b**			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	**7c**			×
d	If "Yes," indicate the number of Forms 8282 filed during the year	**7d**			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	**7e**			×
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	**7f**			×
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	**7g**			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	**7h**			
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	**8**			
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the sponsoring organization make any taxable distributions under section 4966?	**9a**			
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	**9b**			
10	**Section 501(c)(7) organizations.** Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12	**10a**			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	**10b**			
11	**Section 501(c)(12) organizations.** Enter:				
a	Gross income from members or shareholders	**11a**			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	**11b**			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	**12a**			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	**12b**			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state?	**13a**			
	Note: See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	**13b**			
c	Enter the amount of reserves on hand	**13c**			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	**14a**			×
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation on Schedule O*	**14b**			
15	Is the organization subject to the section 4960 tax on payment(s) of more than $1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	**15**			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	**16**			

Part VI **Governance, Management, and Disclosure** *For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.*

Check if Schedule O contains a response or note to any line in this Part VI . . . . . ☒

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year . .	1a	3		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.				
b	Enter the number of voting members included on line 1a, above, who are independent .	1b	3		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2			×
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? .	3		×	
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4			×
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5			×
6	Did the organization have members or stockholders?	6			×
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a			×
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b			×
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a	The governing body?	8a		×	
b	Each committee with authority to act on behalf of the governing body?	8b		×	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses on Schedule O*	9			×

Section B. Policies *(This Section B requests information about policies not required by the Internal Revenue Code.)*

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		×
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	×	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	×	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	×	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe in Schedule O how this was done*	12c	×	
13	Did the organization have a written whistleblower policy?	13	×	
14	Did the organization have a written document retention and destruction policy?	14	×	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a	×	
b	Other officers or key employees of the organization	15b	×	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		×
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ▶

18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

☐ Own website ☐ Another's website ☒ Upon request ☐ Other *(explain on Schedule O)*

19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records ▶

SUE BAUMAN, 3355 IMAGINE WAY, MELBOURNE, FL 32904 (321)729-0500

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

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

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

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

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations.

See instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) MELISSA KORETSKY CHAIR	1.00	×								
(2) WILLIAM MCMULLEN TREASURER	1.00	×								
(3) MICHAEL RUSSELL MEMBER	1.00	×								
(4)										
(5)										
(6)										
(7)										
(8)										
(9)										
(10)										
(11)										
(12)										
(13)										
(14)										

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15)										
(16)										
(17)										
(18)										
(19)										
(20)										
(21)										
(22)										
(23)										
(24)										
(25)										
1b **Subtotal** ▶										
c **Total from continuation sheets to Part VII, Section A** ▶										
d **Total (add lines 1b and 1c)** ▶										

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶

		Yes	No
3	Did the organization list any **former** officer, director, trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual* 3		×
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual* 4		×
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person* 5		×

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
SCHOOL HOUSE FINANCE, 1005 N GLEBE ROAD, SUITE 610, VIENNA, VA 22201	FACILITY LEASE	678,694.
IMAGINE SCHOOLS INC, 1900 GALLOWS ROAD, SUITE 250, VIENNA, VA 22182	MANAGEMENT	675,521.

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization ▶ 2

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII . . . . . ☐

					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a					
	b	Membership dues	1b					
	c	Fundraising events	1c					
	d	Related organizations	1d					
	e	Government grants (contributions)	1e					
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	261,421.				
	g	Noncash contributions included in lines 1a–1f	1g	$				
	h	**Total.** Add lines 1a–1f ▶			261,421.			
Program Service Revenue			Business Code					
	2a	FTE - STATE PER STUDENT FUNDING	900099		4,443,596.	4,443,596.	0.	0.
	b	FEDERAL FUNDING	900099		973,745.	973,745.	0.	0.
	c	LOCAL - CHILD CARE	900099		114,534.	114,534.	0.	0.
	d							
	e							
	f	All other program service revenue						
	g	**Total.** Add lines 2a–2f ▶			5,531,875.			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts) ▶						
	4	Income from investment of tax-exempt bond proceeds ▶						
	5	Royalties ▶						
				(i) Real	(ii) Personal			
	6a	Gross rents	6a					
	b	Less: rental expenses	6b					
	c	Rental income or (loss)	6c					
	d	Net rental income or (loss) ▶						
				(i) Securities	(ii) Other			
	7a	Gross amount from sales of assets other than inventory	7a					
	b	Less: cost or other basis and sales expenses	7b					
	c	Gain or (loss)	7c					
	d	Net gain or (loss) ▶						
	8a	Gross income from fundraising events (not including $ _____ of contributions reported on line 1c). See Part IV, line 18	8a					
	b	Less: direct expenses	8b					
	c	Net income or (loss) from fundraising events ▶						
	9a	Gross income from gaming activities. See Part IV, line 19	9a					
	b	Less: direct expenses	9b					
	c	Net income or (loss) from gaming activities ▶						
	10a	Gross sales of inventory, less returns and allowances	10a					
	b	Less: cost of goods sold	10b					
	c	Net income or (loss) from sales of inventory ▶						
Miscellaneous Revenue			Business Code					
	11a	LOCAL - OTHER REVENUE	900099		108,084.	108,084.	0.	0.
	b							
	c							
	d	All other revenue						
	e	**Total.** Add lines 11a–11d ▶			108,084.			
	12	**Total revenue.** See instructions ▶			5,901,380.	5,639,959.	0.	0.

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX . . . . . ☐

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages				
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes				
11 Fees for services (nonemployees):				
a Management	675,521.	0.	675,521.	0.
b Legal				
c Accounting	11,000.	0.	11,000.	0.
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)				
12 Advertising and promotion	20,964.	20,964.	0.	0.
13 Office expenses	44,119.	22,060.	22,059.	0.
14 Information technology				
15 Royalties				
16 Occupancy	1,116,824.	1,116,824.	0.	0.
17 Travel	2,414.	2,414.	0.	0.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	37,127.	37,127.	0.	0.
23 Insurance	105,906.	105,906.	0.	0.
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a LEASED EMPLOYEES	3,005,889.	2,710,718.	295,171.	0.
b STUDENT TRANSPORTATION	69,269.	69,269.	0.	0.
c FACILITY REPAIRS & MAINTENANCE	185,428.	185,428.	0.	0.
d INSTRUCTIONAL SERVICES & MATERIALS	298,168.	298,168.	0.	0.
e All other expenses	330,793.	220,789.	110,004.	0.
25 **Total functional expenses.** Add lines 1 through 24e	5,903,422.	4,789,667.	1,113,755.	0.
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X . . . . . ☐

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		190,092.	1	328,415.
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net		155,940.	3	252,954.
	4	Accounts receivable, net		10,580.	4	11,025.
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons			5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		1,430.	9	1,430.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 503,676.			
	b	Less: accumulated depreciation	10b 365,666.	134,386.	10c	138,010.
	11	Investments—publicly traded securities			11	
	12	Investments—other securities. See Part IV, line 11			12	
	13	Investments—program-related. See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11			15	
	16	**Total assets.** Add lines 1 through 15 (must equal line 33)		492,428.	16	731,834.
Liabilities	17	Accounts payable and accrued expenses		247,022.	17	488,470.
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D			21	
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24). Complete Part X of Schedule D			25	0.
	26	**Total liabilities.** Add lines 17 through 25		247,022.	26	488,470.
Net Assets or Fund Balances		**Organizations that follow FASB ASC 958, check here ▶ ☐ and complete lines 27, 28, 32, and 33.**				
	27	Net assets without donor restrictions			27	
	28	Net assets with donor restrictions			28	
		Organizations that do not follow FASB ASC 958, check here ▶ ☒ and complete lines 29 through 33.				
	29	Capital stock or trust principal, or current funds			29	
	30	Paid-in or capital surplus, or land, building, or equipment fund		134,386.	30	138,010.
	31	Retained earnings, endowment, accumulated income, or other funds		111,020.	31	105,354.
	32	Total net assets or fund balances		245,406.	32	243,364.
	33	Total liabilities and net assets/fund balances		492,428.	33	731,834.

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI . . . . . ☐

1	Total revenue (must equal Part VIII, column (A), line 12)	1	5,901,380.
2	Total expenses (must equal Part IX, column (A), line 25)	2	5,903,422.
3	Revenue less expenses. Subtract line 2 from line 1	3	-2,042.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	245,406.
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	243,364.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII . . . . . ☐

			Yes	No
1	Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		×
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	×	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	×	
	If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	×	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits	3b	×	

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 of the organization	Employer identification number
MILESTONES COMMUNITY SCHOOL INC	59-3444711

Part I **Reason for Public Charity Status.** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☒ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ).)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state:

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

9 ☐ An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:

10 ☐ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)

11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**

12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.

a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**

b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**

c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**

d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**

e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

f Enter the number of supported organizations . . . . . .

g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	(iv) Is the organization listed in your governing document? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

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

Section A. Public Support

Calendar year (or fiscal year beginning 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 **Total.** Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public support.** Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning 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 activities, etc. (see instructions) **12**

13 **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** . . . . . ▶ ☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f)) . . . . **14** %

15 Public support percentage from 2019 Schedule A, Part II, line 14 . . . . . **15** %

16a **33 1/3% support test—2020.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . . ▶ ☐

b **33 1/3% support test—2019.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . . ▶ ☐

17a **10%-facts-and-circumstances test—2020.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization . . . . . ▶ ☐

b **10%-facts-and-circumstances test—2019.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization . . . . . ▶ ☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . . ▶ ☐

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

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

Section A. Public Support

Calendar year (or fiscal year beginning 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 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) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 **Total support.** (Add lines 9, 10c, 11, and 12.)						

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) organization, check this box and **stop here** ▶ ☐

Section C. Computation of Public Support Percentage

15	Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f))	15	%
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	%
18	Investment income percentage from **2019** Schedule A, Part III, line 17	18	%

19a **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 ▶ ☐

b **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 line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶ ☐

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 Supporting 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.*	3a		
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		
4a	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.*	4b		
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?	5c		
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		
c	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		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer 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)*

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
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		
b	A family member of a person described in line 11a above?	11b		
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		

Section B. Type I Supporting Organizations

			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's 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 more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.*	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? *If "Yes," explain in* ***Part VI*** *how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.*	2		

Section C. Type II Supporting Organizations

			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? *If "No," describe in* ***Part VI*** *how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).*	1		

Section D. All Type III Supporting Organizations

			Yes	No
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 tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	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*** *how 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 significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? *If "Yes," describe in* ***Part VI*** *the role the organization's supported organizations played in this regard.*	3		

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 instructions****).*

a ☐ The organization satisfied the Activities Test. *Complete* ***line 2*** *below.*

b ☐ The organization is the parent of each of its supported organizations. *Complete* ***line 3*** *below.*

c ☐ The organization supported a governmental entity. *Describe in* ***Part VI*** *how you supported a governmental entity (see instructions).*

			Yes	No
2	Activities Test. ***Answer lines 2a and 2b below.***			
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 was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.*	2a		
b	Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* ***Part VI*** *the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*	2b		
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 of 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		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (*explain in* ***Part VI***). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A—Adjusted Net Income			(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	**Adjusted Net Income** (subtract lines 5, 6, and 7 from line 4)	8		

Section B—Minimum Asset Amount			(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	**Total** (add lines 1a, 1b, and 1c)	1d		
e	**Discount** claimed for blockage or other factors *(explain in detail in* ***Part VI****)*:			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 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		

Section 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		
6	**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 integrated Type III supporting organization (see instructions).

Part V **Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations** *(continued)*

Section D—Distributions			**Current Year**
1	Amounts paid to supported organizations to accomplish exempt purposes	**1**	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	**2**	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	**3**	
4	Amounts paid to acquire exempt-use assets	**4**	
5	Qualified set-aside amounts (prior IRS approval required—*provide details in* ***Part VI***)	**5**	
6	Other distributions (*describe in* ***Part VI***). See instructions.	**6**	
7	**Total annual distributions.** Add lines 1 through 6.	**7**	
8	Distributions to attentive supported organizations to which the organization is responsive (*provide details in* ***Part VI***). See instructions.	**8**	
9	Distributable amount for 2020 from Section C, line 6	**9**	
10	Line 8 amount divided by line 9 amount	**10**	

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			
c	From 2017			
d	From 2018			
e	From 2019			
f	**Total** of lines 3a through 3e			
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			
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 . . .			

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 B
(Form 990, 990-EZ, or 990-PF)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ **Attach to Form 990, Form 990-EZ, or Form 990-PF.**
▶ **Go to *www.irs.gov/Form990* for the latest information.**

OMB No. 1545-0047

2020

Name of the organization
MILESTONES COMMUNITY SCHOOL INC

Employer identification number
59-3444711

Organization type (check one):

Filers of:	**Section:**
Form 990 or 990-EZ	☒ 501(c)(3) (enter number) organization
	☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
	☐ 527 political organization
Form 990-PF	☐ 501(c)(3) exempt private foundation
	☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation
	☐ 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule.**

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

☒ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling $5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

☐ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33⅓% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** $5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than $1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than $1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling $5,000 or more during the year . . . . . ▶ $ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization: MILESTONES COMMUNITY SCHOOL INC

Employer identification number: 59-3444711

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	IMAGINE SCHOOLS INC 1900 GALLOWS ROAD SUITE 250 VIENNA VA 22182	$ 261,421.	☒ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)
		$	☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)
		$	☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)
		$	☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)
		$	☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)
		$	☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)

Name of organization: MILESTONES COMMUNITY SCHOOL INC

Employer identification number: 59-3444711

Part II **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		$	

Name of organization: MILESTONES COMMUNITY SCHOOL INC

Employer identification number: 59-3444711

Part III ***Exclusively*** **religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than $1,000 for the year from any one contributor.** Complete columns **(a)** through **(e) and** the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **$1,000 or less** for the year. (Enter this information once. See instructions.) ► $

Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	**Relationship of transferor to transferee**

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	**Relationship of transferor to transferee**

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	**Relationship of transferor to transferee**

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	**Relationship of transferor to transferee**

SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
► Attach to Form 990.
► Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization
MILESTONES COMMUNITY SCHOOL INC

Employer identification number
59-3444711

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

Part II Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

☐ Preservation of land for public use (for example, recreation or education)
☐ Preservation of a historically important land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

			Held at the End of the Tax Year
a	Total number of conservation easements	2a	
b	Total acreage restricted by conservation easements	2b	
c	Number of conservation easements on a certified historic structure included in (a)	2c	
d	Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d	

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ►

4 Number of states where property subject to conservation easement is located ►

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ►

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ► $

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1 ► $
(ii) Assets included in Form 990, Part X ► $

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1 ► $
b Assets included in Form 990, Part X ► $

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets *(continued)*

3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):

- a ☐ Public exhibition
- b ☐ Scholarly research
- c ☐ Preservation for future generations
- d ☐ Loan or exchange program
- e ☐ Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? . . ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? . . . . . ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

		Amount
c Beginning balance	1c	
d Additions during the year	1d	
e Distributions during the year	1e	
f Ending balance	1f	

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII . . . ☐

Part V Endowment Funds.

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment ▶ _____ %
- b Permanent endowment ▶ _____ %
- c Term endowment ▶ _____ %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

		Yes	No
(i) Unrelated organizations	3a(i)		
(ii) Related organizations	3a(ii)		
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?	3b		

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings	2,225.		2,225.	0.
c Leasehold improvements				
d Equipment	441,382.		333,943.	107,439.
e Other	60,069.		29,498.	30,571.
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10c.)* ▶				138,010.

Part VII Investments—Other Securities.
Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 12.)* ▶		

Part VIII Investments—Program Related.
Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 13.)* ▶		

Part IX Other Assets.
Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 15.)* ▶	

Part X Other Liabilities.
Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) UNCERTAIN TAX POSITIONS	0.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 25.)* ▶	0.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII . ☒

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements			1	5,901,380.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
e	Add lines **2a** through **2d**			2e	
3	Subtract line **2e** from line **1**			3	5,901,380.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total revenue. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 12.)*			5	5,901,380.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements			1	5,903,422.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII.)	2d			
e	Add lines **2a** through **2d**			2e	
3	Subtract line **2e** from line **1**			3	5,903,422.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total expenses. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 18.)*			5	5,903,422.

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Pt X, Line 2: The School is exempt from Federal tax under Section 501(c)(3)

of the Internal Revenue Code. Accordingly, no provision for income taxes has

been included in the accompanying financial statements. Additionally, no uncertain

tax positions have been made requiring disclosure in the related note to financial

statements. The Schools income tax returns for the past three years are subject

to examination by tax authorities and may change upon examination.

Part XIII Supplemental Information *(continued)*

SCHEDULE E (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Schools

► Complete if the organization answered "Yes" on Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48.
► Attach to Form 990 or Form 990-EZ.
► Go to *www.irs.gov/Form990* for the latest information.

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization
MILESTONES COMMUNITY SCHOOL INC

Employer identification number
59-3444711

Part I

			YES	NO
1	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?	1	X	
2	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?	2	X	
3	Has the organization publicized its racially nondiscriminatory policy on its primary publicly accessible Internet homepage at all times during its taxable year in a manner reasonably expected to be noticed by visitors to the homepage, or 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, use Part II	3	X	
	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.			
4	Does the organization maintain the following?			
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	4a	X	
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	4b	X	
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	4c	X	
d	Copies of all material used by the organization or on its behalf to solicit contributions?	4d	X	
	If you answered "No" to any of the above, please explain. If you need more space, use Part II.			
5	Does the organization discriminate by race in any way with respect to:			
a	Students' rights or privileges?	5a		X
b	Admissions policies?	5b		X
c	Employment of faculty or administrative staff?	5c		X
d	Scholarships or other financial assistance?	5d		X
e	Educational policies?	5e		X
f	Use of facilities?	5f		X
g	Athletic programs?	5g		X
h	Other extracurricular activities?	5h		X
	If you answered "Yes" to any of the above, please explain. If you need more space, use Part II.			
6a	Does the organization receive any financial aid or assistance from a governmental agency?	6a	X	
b	Has the organization's right to such aid ever been revoked or suspended?	6b		X
	If you answered "Yes" on either line 6a or line 6b, explain on Part II.			
7	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," explain on Part II	7	X	

Part II **Supplemental Information.** Provide the explanations required by Part I, lines 3, 4d, 5h, 6b, and 7, as applicable. Also provide any other additional information. See instructions.

Line 6b: FUNDING IS RECEIVED FROM THE BREVARD COUNTY SCHOOL BOARD AND THE STATE OF FLORIDA.

Line 3: NA

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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.**

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

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization

MILESTONES COMMUNITY SCHOOL INC

Employer identification number

59-3444711

Pt VI, Line 3: THE SCHOOL IS CONTRACTED WITH IMAGINE SCHOOLS, INC. TO PROVIDE ALL CHARTER SCHOOL MANAGEMENT SERVICES, INCLUDING THE ADMINISTRATION AND SUPERVISION OF PERSONNEL, PROCUREMENTS AND MANAGEMENT OF MATERIALS, EQUIPMENT, AND FACILITIES.

Pt VI, Line 11b: A DRAFT COPY OF THE 990 IS PROVIDED TO THE BOARD FOR REVIEW PRIOR TO FILING WITH THE IRS.

Pt VI, Line 12c: AN ANNUAL REVIEW FOR POTENTIAL AND ACTUAL CONFLICTS OF INTEREST IS PERFORMED.

Pt VI, Line 15a: THE COMPENSATION FOR TOP OFFICIALS IS SUBJECT TO BOARD APPROVAL.

Pt VI, Line 15b: THE COMPENSATION FOR OFFICERS IS SUBJECT TO BOARD APPROVAL.

Form **8879-EO**

Department of the Treasury
Internal Revenue Service

IRS *e-file* Signature Authorization for an Exempt Organization

For calendar year 2020, or fiscal year beginning Jul 1, 2020, and ending Jun 30, 2021

► **Do not send to the IRS. Keep for your records.**
► **Go to *www.irs.gov/Form8879EO* for the latest information.**

OMB No. 1545-0047

2020

Name of exempt organization or person subject to tax

MILESTONES COMMUNITY SCHOOL INC

Taxpayer identification number

59-3444711

Name and title of officer or person subject to tax

MELISSA KORETSKY, BOARD CHAIR

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line **1a, 2a, 3a, 4a, 5a, 6a,** or **7a** below, and the amount on that line for the return being filed with this form was blank, then leave line **1b, 2b, 3b, 4b, 5b, 6b,** or **7b,** whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

1a Form 990 check here ► ☒	**b Total revenue,** if any (Form 990, Part VIII, column (A), line 12)	**1b**	5,901,380.
2a Form 990-EZ check here ► ☐	**b Total revenue,** if any (Form 990-EZ, line 9)	**2b**	
3a Form 1120-POL check here ► ☐	**b Total tax** (Form 1120-POL, line 22)	**3b**	
4a Form 990-PF check here ► ☐	**b Tax based on investment income** (Form 990-PF, Part VI, line 5)	**4b**	
5a Form 8868 check here ► ☐	**b Balance due** (Form 8868, line 3c)	**5b**	
6a Form 990-T check here ► ☐	**b Total tax** (Form 990-T, Part III, line 4)	**6b**	
7a Form 4720 check here ► ☐	**b Total tax** (Form 4720, Part III, line 1)	**7b**	

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that ☒ I am an officer of the above organization or ☐ I am a person subject to tax with respect to (name of organization) _____, (EIN) _____ and that I have examined a copy of the 2020 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS **(a)** an acknowledgement of receipt or reason for rejection of the transmission, **(b)** the reason for any delay in processing the return or refund, and **(c)** the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

☐ I authorize _____ to enter my PIN ☐☐☐☐☐ as my signature
ERO firm name **Enter five numbers, but do not enter all zeros**

on the tax year 2020 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

☒ As an officer or person subject to tax with respect to the organization, I will enter my PIN as my signature on the tax year 2020 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax ► Date ►

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

5 9 8 7 5 0 1 2 3 4 5
Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2020 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163,** Modernized e-File (MeF) Information for Authorized IRS *e-file* Providers for Business Returns.

ERO's signature ► _____ Date ► _____

ERO Must Retain This Form — See Instructions
Do Not Submit This Form to the IRS Unless Requested To Do So