



**MISSION VISTA ACADEMY**

1440 Beaumont Avenue, Suite A2 #412, Beaumont, CA 92223

Phone (951) 395-8940 \* Fax (951) 395-8941

**Special Board Meeting  
Mission Vista Academy  
May 13, 2021 – 12:00 pm  
350 W. Brookside  
Beaumont, CA 92223**

**Through Teleconference  
Join Zoom Meeting**

**<https://us02web.zoom.us/j/82923321494>**

**Meeting ID: 829 2332 1494**

**Dial by your location**

**+1 408 638 0968 US (San Jose)**

**Find your local number: <https://us02web.zoom.us/j/82923321494>**

**AGENDA**

1. Call to Order
2. Approval of the Agenda
3. Public Comments
4. Closed Session – Conference with Legal Counsel – Anticipated Litigation (One Case)  
§54956.9
5. Discussion and Potential Action on the Online Purchasing System Software  
Agreement
6. Discussion and Potential Action on the 2019 Form 990
7. Discussion and Potential Action on the 2021-2022 Master Agreement
8. Announcement of Next Regular Scheduled Board Meeting
9. Adjournment

Public comment rules: Members of the public may address the Board on agenda or non-agenda items through the teleconference platform, zoom. Zoom does not require the members of the public to have an account or login. Please either utilize the chat option to communicate with the administrative team your desire to address the board or simply communicate orally your desire to address the board when the board asks for public comments. Speakers may be called in the order that requests are received. We ask that comments are limited to 2 minutes each, with no more than 15 minutes per single topic so that as many people as possible may be heard. If a member of the public utilizes a translator to address the board, those individuals are allotted 4 minutes each. If the board utilizes simultaneous translation equipment in a manner that allows the board to hear the translated public testimony simultaneously, those individuals are allotted 2 minutes each. By law, the Board is allowed to take action only on items on the agenda. The Board may, at its discretion, refer a matter to school staff or calendar the issue for future discussion.



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Note: Mission Vista Academy Governing Board encourages those with disabilities to participate fully in the public meeting process. If you need a disability-related modification or accommodation, including auxiliary aids or services, to participate in the public meeting, please contact the Governing Board Office at 951-290-3013 at least 48 hours before the scheduled board meeting so that we may make every reasonable effort to accommodate you. (Government Code § 54954.2; Americans with Disabilities Act of 1990, § 202 (42 U.S.C. § 12132)).

**Client:** Mission Vista Academy  
**Contact:** Brooke Peterson/ Director of Vendor Services  
13915 Danielson Street, Suite 103  
Poway, CA 92064  
Phone: 619 404-3188

**Date:** 5.11.2021  
**Number:** MVA-OPS2022  
**Revision:** R2

**Service:** OPS 21 Annual Subscription 2021–2022

## Description

### Online Purchasing/Student Accounting System for (Client) Mission Vista Academy (MVA)

#### Goals and Scope of ‘Services’

##### Online Purchasing System (OPS 21)

**Teacher Resources / OPS 21** This application is a sophisticated financial tool that enables school administrators to devolve many purchasing and accounting functions down to the individual student level. The application fosters local empowerment and accountability, while allowing administrators to track and manage the entire purchasing process. Security is of the utmost importance as the application can house sensitive identification and demographic information about students and teachers.

The “Teacher Resources” section of the web system allows teachers to request resources and instructional tools on behalf of individual students. It permits administrators to approve requests and oversee the allocation of funds for all teachers and students.

##### System Overview

Password protected login to the system is required. Users of the system have the ability to change their own login password. The client’s system administrator has total control over all teacher, VCI vendor, parent and admin login credentials and account permissions. It is the client’s responsibility to distribute and manage these.

##### **The system permits four levels of access:**

1. Administrator
2. Teacher
3. Parent (optional custom feature allowing parents to enter requests on behalf of their own children)
4. VCI Vendor (optional custom feature to provide Vendor Course Instructors (VCI) a paperless invoicing process)

##### **Administrator Access:**

Administrators with full permissions have the ability to to approve and process all orders as well as access, update or add teacher, vendor and admin accounts. They also have the ability to create orders for any student account and manually adjust student budgets. Administrators have control over users access.

##### **Teacher Access:**

Teachers can access orders, demographic/enrollment information and EU balances only for their own students, both active and inactive. However, they can only make order requests for active students. They can also access vendor demographic information and parent login credentials. Vendor demographic information and online purchasing is available at the teacher access level, although approval and processing of all orders remains at the administrator level.

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**Parent Access:** *(optional)*

Parent Resources can access demographic and enrollment information and EU allocation and balances for their own Children. Vendor demographic information and online purchasing is available at the parent access level. Parent requests automatically alert the teacher, add a note that the order was requested by the parent and begin at the 'Pre-pending' order status. Once teachers advance these orders from 'Pre-pending' to 'Pending', the approval and processing can begin at the administrator level.

**VCI Vendor Login:** *(optional)*

The objective of the Vendor Login feature is to eliminate emailing, mailing or faxing paper or PDF POs and invoices. The whole process becomes electronic. OPS intends to set up Client with the vendor login area and provide training, but it will be Client's responsibility to set and supply their VCI vendors with passwords and communicate directly with their vendors on the vendor login process.

**Back End Programming**

Linked relational databases for:

Import/link data for:

- Students
  - Teachers
  - Parents
  - Vendors
  - Requests
  - Purchase Orders
  - EMR and VCI Catalog Items (optional add-on)
- Forms are developed based on requirements necessary for the following order types:
- Educational Materials and Resources (EMR)
  - Vendor Course Instructors (VCI)
  - Computer Information Systems (CIS)
  - College Courses (CC)
  - Activities
  - Catalogs Items (CAT) (Optional)
  - Bulk
  - Batch

The import process with live data will be handled by OPS. Forms were developed based on needs specified by existing Charter Schools using OPS. The forms are programmed with JavaScript to provide real time validation and relational field modification by a user's browser before it is submitted to the OPS server.

**Programming:**

OPS's proprietary technology drives the secure, password protected, web application to access your school's data, perform the necessary queries and calculations, keep student budget's accurate and and maintain accountability of all users. OPS often adds new features and improvements based on user input at no charge.

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## Amazon Punchout Integration

### SETUP STEPS:

- 1) First, Client will need to set up a business 'Pay by Invoice' punchout account with Amazon for each of your school districts in OPS. We will put you in touch with an Amazon business rep who can guide you through the process. (This process can take one week or more)
- 2) Secondly, after Client has received all the login credentials for your Amazon business account, we need to set up your account within OPS. We will add a Amazon order button in the request form that Teachers, Admins and Parents will see. Additionally we will set it up so that Admins can send electronic POs direct to Amazon. (Three Days)

### HOW IT WORKS:

- 1) In the OPS purchasing section, a teacher (or admin/parent ordering on behalf of a teacher) will select a student, then click the Amazon order button. This will take the teacher/admin/parent directly to the Amazon website.

**NOTE:** The first time a teacher uses the Amazon punchout feature, they will have to setup their own personalized account and give Amazon a few details about themselves, (first, last name, email address, etc) so Amazon can provide more personalized service to each teacher, such as keeping track of previous orders and preferences. This **MUST** be done **BEFORE** an admin or parent can order on the teacher's behalf.

- 2) After the teacher sets up their account with Amazon, they can begin adding items to their cart on Amazon's website for the student they have requested from the OPS order form. When they are ready, they can proceed to checkout and click 'Submit Items for Approval'. After this happens, the user is taken back to OPS to the 'pending' order summary page for that request.

- 3) When the order request is 'Approved' then 'Processed' within OPS by an admin, a 'send electronic PO' button will appear. When this button is pressed an electronic PO will be sent to Amazon in an XML format. The OPS admin should then get an approval message that the PO has been received by Amazon. OPS keeps track of whether or not the PO has been sent, so that PO's cannot be sent more than once.

- 4) After the PO is received and processed by Amazon, the order is shipped to the teacher address, then marked Received, Invoice Matched and Paid just like other orders.

- 5) Additionally, through the Amazon business portal, school Admins can check the status of their business account requests/orders and get more detailed information about their purchasing history.

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## Project Approach

### OPS Deliverables:

- Fully functional Online Purchasing System
- Spreadsheet Templates to be completed by the Client
- Populate databases with Vendor data provided by Client
- Populate databases with current Student data imported from Client SIS
- Annual application rollover on
- Archival of previous years order data upon roll-over to consecutive school year
- Establish nightly SIS bridge (optional)
- Establish accounting expense item export (optional)
- Implement Vendor Login
- Facilitate Amazon integration
- Implement Parent Access
- Provide the Amazon contract for getting their 'Pay by Invoice' business account setup
- Once the Amazon business account is established and the credentials are established, OPS intends to set up their accounts within OPS
- Provide additional support in using this new feature, and assist in troubleshooting with Amazon any issues that may occur
- One online Administrator training session
- Ongoing tech support during normal business hours
- Integrated Admin between Cabrillo Piont Academy, Pacific Coast Academy and Pacific Coast Academy

### Client Deliverables:

- All downloadable documents that are to be posted, provided in digital format. Specifically in PDF for non modifiable Word Documents.
- All data needed to populate back end database in completed setup spreadsheet template provided by OPS. This includes school name, address and tax rate, vendor records, subject categories, counties, custom VCI and EMR PO text, school logo and signature image. EMR vendors can be the same across all 3 schools, but VCI data is often regional specific and requires 3 sets of VCI records.
- Student funding calendar for the purpose of determining the allotment of educational units based on enrollment date.
- Funding Schedule (i.e. Init EU = 400.00, 01-12-2020 EU = 300.00)
- Client is responsible for establishing their own 'Pay by Invoice' account with Amazon and to manage and train their staff accordingly.

## Project Steps

Vendor records, subject categories and counties served are provided directly from the client using a provided template. Student and Teacher records are imported by means of an automated SIS importer. After all necessary information is received and implemented, the system is presented for final approval prior to going live. It is at this time that online training sessions will be conducted. Student and Teacher records would then update nightly from Client SIS export, inactivating any records with exit dates.

The system should be available for teachers to begin all ordering approximately 1 week after all their student, teacher and vendor data is provided, or according revised schedule.

*Travel and related expenses will be billed additionally at cost plus 20% for coordination  
Additional customizations beyond the scope of this agreement will be billed at the rate of \$95.00 per hour  
and outlined in Change Orders that will require MVA approval prior to execution.*

**Client: Mission Vista Academy****Date:** 5.11.2021**Service: OPS 21 Annual Subscription 2021–2022****Number:** MVA-OPS2022**Revision:** R2**Project Costs**

<b>Application and Data Base Set-up</b> (Initial, non-reoccurring set-up fee discounted for MVA is only valid if executed with PCA and CPA)	<b>\$1,150.00</b>
<b>OPS 21 Annual Subscription Fee</b> (Based on enrollment of 4,000 students each @ \$9.84 annually)	\$39,360.00
<b>SIS Bridge:</b> (Initial, non-reoccurring implementation fee)	<b>\$800.00</b>
<b>Accounting Export:</b> (Initial, non-reoccurring implementation fee)	<b>\$800.00</b>
<b>Vendor Login:</b> (Initial, non-reoccurring implementation fee)	<b>\$950.00</b>
<b>Amazon Integration (AI)</b> (Initial, non-reoccurring implementation fee)	<b>\$800.00</b>
<b>AI Support/Maintenance Fee</b> (Based on enrollment of 4,000 students each @ \$.48 annually)	\$1,920.00
<b>Parent Access (PA)</b> (Initial, non-reoccurring implementation fee)	<b>\$550.00</b>
<b>PA Support/Maintenance Fee</b> (Based on enrollment of 4,000 students each @ \$.36 annually)	\$1,440.00
<b>Total Project Cost:</b>	<b>\$47,770.00</b>
<b>Discount:</b> (Option A: Less 10% for pre-paid Annual Subscription)	<b>\$4,777.00</b>
<b>Total (Option A, Pre-paid Annual Subscription):</b>	<b>\$42,993.00</b>
<b>Total (Option B, Monthly payments):</b>	<b>\$47,770.00</b>
<b>Due on acceptance (Option A):</b>	<b>\$42,993.00</b>
<b>Due on acceptance (Option B):</b>	<b>\$8,610.00</b> (Set-up and implementation fees \$5,050 + 1st month subscription \$3,560)
<b>Due monthly (Option B):</b>	<b>\$3,560.00</b>

**Important Note:** This proposal is based on Mission Vista Academy's stated number of student identities and budgets totaling 4,000 at the combined annual rate of \$10.68 ea. This agreement is for the definite term of twelve months as agreed by the parties. At the end of this Annual Service Agreement, unless other arrangements are made, the subscription will automatically renew on a month to month basis. The subscription fee will be based on the current number of student IDs in the OPS system on 3/18/2022.

**Contact Information:****OPS**

PO Box 126 Beaver, WA 98305

Guy Stokley 530.265.3333 or send E-mail to [guy@opslr.com](mailto:guy@opslr.com)Sam Frangiamore 415.692.0010 or send E-mail to [sam@opslr.com](mailto:sam@opslr.com)

<b>Total Annual Subscription Cost for the period June 1, 2021 - May 31, 2022:</b>	<b>\$47,770.00</b>
<b>Monthly Subscription Fee:</b>	<b>\$3,560.00</b>

This services agreement ("Agreement") is entered into between OPS and MVA. This Agreement includes and incorporates this Proposal and the accompanying Standard Terms, as such Terms may be amended from time to time. Each Party's acceptance of this Agreement is expressly conditioned upon the other's acceptance of the terms contained in the Agreement to the exclusion of all other terms.

On behalf of "Client" Mission Vista Academy: Name: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_ Payment Option: \_\_\_\_\_

On behalf of OPS: Name: Guy M. StokleyTitle: PrincipalDate: 5.11.2021

## SERVICES, PRICES AND PAYMENT

Upon execution of the Proposal, Client shall pay OPS a non-refundable advance of amount specified on previous page. Monthly subscription fees are due OPS on the first day of every month and/or as of the date listed therefor in the Proposal. Late payments will incur a \$20 late fee. If Client halts work or wishes to terminate this Agreement, Client agrees to pay for all work completed or hours spent and any pre-approved out-of-pocket expenses incurred. Any prepayment or monthly fees received by OPS shall be non-refundable. For any Services requiring OPS to travel, Client agrees to reimburse OPS for its actual, reasonable travel and other out-of-pocket expenses. Client shall be responsible for any collections expenses, and for all taxes associated with the Services, except those based on OPS's net income. If Client becomes delinquent in its payments, any deliverables due to Client may be withheld until Client is current, and late fees may be charged.

Upon payment therefor, any and all deliverables conceived by OPS during this engagement relative to OPS's duties under this Agreement (the "Deliverables") shall be licensed by OPS to the Client on a perpetual basis for the purpose directly listed in the Proposal and no other purpose. If OPS works on materials or documents provided by Client ("Materials"), the Materials shall belong to the party holding title thereto. Client hereby assigns any and all potential right, title, interest and claims to the Deliverables to OPS. Client shall not transfer or copy the Deliverables for delivery to any party for utilization by said party without OPS's prior consent; provided, however that Client may assign the Deliverables in any merger, acquisition, or other purchase or transfer of Client's assets. The intent of the preceding sentence is to prevent Client from disseminating templates or the like designed by OPS for Client to other parties with whom OPS may contract in the future, thereby potentially decreasing the market for OPS's services.

Client is responsible for using any Deliverables to achieve Client's intended results. Client authorizes OPS to access its account, with "write permission" for the Client's web page directory, cgi-bin directory, and any other directories or programs that need access for OPS to perform the Services. OPS may rely on all decisions and approvals made by employees and agents of Client, oral or written (including extranet or email). Client's request for any changes must be in writing. OPS shall not be obligated to perform tasks described in Client's request until the Parties agree in writing to the proposed change and hourly rate therefor. Upon contract signing, OPS may mention its relationship, show its work, and utilize Client's logo in marketing presentations, and, upon delivery of its work, if desired by OPS, link OPS's web site to the area on Client's site displaying the Deliverables, and, at OPS's request, Client shall include OPS's logo in an appropriate area on its web site, which OPS may revoke at its discretion.

## CONFIDENTIALITY

Each Party agrees to maintain the confidentiality of any business, operational or technical information provided by the other Party pursuant to this Agreement hereunder that a reasonably prudent person would understand to be revealed under a duty of confidentiality (the "Proprietary Information"), and to only use it in carrying out its rights and obligations under this Agreement. The Services furnished by OPS, its intake process and link/email survey and form questions promulgated to the Client, its creative brief made therefrom, and the terms of and pricing under this Agreement are OPS's Proprietary Information. The confidentiality obligations shall not apply to any material or information that the receiving Party can document (i) is or becomes generally available to the public; (ii) was in its possession or known by it prior to receipt from the other Party; (iii) was rightfully disclosed to it by a third party; (iv) was independently developed without use of the other Party's Proprietary Information; or (v) is required to be disclosed by law.

## WARRANTIES AND DISCLAIMER

OPS shall indemnify, defend and hold MVA harmless from and against any third party claims, suits, demands, actions and proceedings, judgements, penalties, damages, costs and expenses (including reasonable legal fees and costs), losses or liabilities ("Damages") arising out of a claim against MVA that the deliverables developed by OPS and provided to MVA hereunder constitute an infringement of any copyright held by a third party in the United States, by paying the damages actually awarded against MVA in any such suit or proceeding brought by a third party against MVA, up to the amount paid by MVA hereunder for the offending Deliverable. OPS shall not be obligated to defend or be liable for costs and/or damages under this Section if the alleged infringement (1) arises out of or is in any manner attributable to any modification of any of its deliverables by any other party, or (2) is due to the operation of any computer hardware or software not listed in OPS's technical specifications or (3) arises out of or is in any manner attributable to the collateral or content provided by MVA or any other party to OPS for use hereunder (for which MVA shall indemnify OPS).

Client warrants, represents, and unconditionally guarantees that it has sufficient rights in any and all materials it is providing to OPS hereunder, including but not limited to any elements of text, fonts, graphics, photos, designs, trademark, artwork or the like (the "Client Materials") for OPS to complete the Services contemplated by this Agreement, including but not limited to any necessary authorization, release, clearance or license related to any rights of ownership, privacy, publicity, or intellectual property; and it will not provide OPS for use hereunder with any Client Materials that infringe any third party's intellectual property or other proprietary rights. Client hereby agrees to indemnify, defend and hold harmless OPS, its employees, subcontractors and agents, against any third party damages, losses, liabilities, taxes, tariffs, settlements or expenses (including, without limitation, costs and attorneys' fees), in connection with any claim or action that arises from an alleged violation of the foregoing or otherwise from the Client Materials, Client's exercise of Internet electronic commerce, or the Services.

OPS and MVA will indemnify and hold each other harmless from and against all losses, damages, and/or claims caused by their negligence or failure to act under this Services Agreement. If either party incurs attorneys' fees and court costs due to litigation arising under this Agreement, the prevailing party in such litigation shall be entitled to recover such attorneys fees and court costs from the non-prevailing party.

Should any of the Services or Deliverables not comply with OPS's specifications therefor, Client must inform OPS of the deficiency within 30 days of receipt and OPS shall use commercially reasonable efforts to remedy. If compliant Services cannot be provided within a reasonable time, Client's remedy shall be to terminate this Agreement.

Client understands that any Internet Service Provider (ISP)'s services require a sEArate contract with that ISP. Client agrees to select an ISP that allows OPS full access to its Web site and a cgi-bin directory via FTP. Due to conditions beyond its control, OPS does not warrant that the operation of the Deliverables, including any portion of Client's Web site, will be uninterrupted or error-free. Any warranties, indemnities, guarantees, and representations, express or implied, are specifically disclaimed, including, but not limited to, any warranty of non infringement, merchantability, title, or fitness for a particular purpose and implied warranties arising from course of dealing or performance, except to the extent that such disclaimers are held to be legally invalid. OPS also disclaims any warranty regarding any benefit Client might obtain from the Services, and the operation or appearance or interaction of the Deliverables with Client's web site.

## LIMITATION OF LIABILITY

AS ALL DELIVERABLES PROVIDED HEREUNDER SHALL BE BASED ON CLIENT'S CONTENT, SPECIFICATIONS AND MATERIALS, ALL OPS SERVICES AND DELIVERABLES ARE PROVIDED "AS IS". IN NO EVENT SHALL OPS OR MVA BE LIABLE FOR LOSS OF BUSINESS OR BUSINESS OPPORTUNITIES, LOSS OF USE OR OF DATA, OR FOR ANY EXEMPLARY, PUNITIVE, INDIRECT, SPECIAL, INCIDENTAL, OR CONSEQUENTIAL DAMAGES, INCLUDING BUSINESS INTERRUPTION OR LOSS OF PROFITS (EXCEPT IN THE CASE OF NONPAYMENT), EVEN IF IT HAS BEEN ADVISED OF THE POSSIBILITY OF SUCH DAMAGES OR LIABILITY, WHETHER UNDER THIS AGREEMENT OR OTHERWISE, IN WHICH ANY LEGAL OR EQUITABLE ACTION MAY BE BROUGHT. OPS SHALL IN NO EVENT BE LIABLE HEREUNDER FOR DAMAGES EXCEEDING THE FEES PAID BY CLIENT FOR THE SERVICES THAT DIRECTLY GAVE RISE TO SUCH DAMAGES.

## MISCELLANEOUS

All Sections of this Agreement that by their nature should survive termination or expiration will survive, including, without limitation, accrued rights to payment, confidentiality obligations, warranty disclaimers, and limitations of liability.

Except for payment obligations, neither Party shall be responsible for any failure to perform due to unforeseen, non-commercial circumstances beyond its reasonable control, including but not limited to acts of God, war, embargoes, fire, floods, terrorist attacks, earthquakes, accidents, strikes, sickness, computer viruses, or the like. In the event of any such delay, any period of time for action by said Party may be deferred for a period sufficient to resume normal business activities.

No agency, partnership, joint venture, or employment is created as a result of this Agreement and Client does not have any authority to bind OPS in any respect. OPS shall have the right to use third parties in performance of the Services and, for purposes of this Agreement, all references to OPS shall be deemed to include such third parties/subcontractors.

This Agreement is the complete and exclusive statement of the mutual understanding of the Parties and supersedes and cancels all previous written and oral agreements, communications, proposals, and other understandings related to the subject matter of this Agreement. All waivers and modifications must be in writing signed by both Parties in ink, except as otherwise provided.

The Parties expressly agree that any pre-printed or other terms on any purchase order, request for proposal, or other document shall have no force or effect, even if signed by the Parties after the date hereof. If a court of competent jurisdiction determines as a part of a final non-appealable judgment that any provision of this Agreement is illegal or otherwise unenforceable, it will be limited to the minimum extent necessary so that this Agreement will otherwise remain in full force and effect. Any notice under this Agreement will be in writing and will be deemed to have been duly served the day after it is sent, if sent by next day commercial courier delivery (e.g., Federal Express).

The Parties have read this Agreement, and had the opportunity to consult with their legal advisors. It will be fairly interpreted in accordance with its terms and without any strict construction against either Party. From time to time, governments enact laws and levy taxes and tariffs affecting Internet electronic commerce. Client agrees that it is solely responsible for complying with said laws, taxes, and tariffs, and will hold harmless, protect and defend OPS and its subcontractors from any claim, suit, penalty, tax or tariff arising therefrom.

No failure or delay on the part of a Party in exercising any right, power or remedy shall operate as a waiver thereof; nor shall any single or partial exercise preclude any other or further exercise thereof or the exercise of any other right, power or remedy hereunder. This Agreement and all transactions hereunder shall be governed in all respects by the laws of the State of California, without regard to either its conflicts or choice of laws rules or the application of the United Nations Convention on Contracts for the International Sale of Goods. In any action to enforce rights under this Agreement, the prevailing party may recover its reasonable costs and attorneys' fees.

This Agreement may be executed in counterparts, each of which will be deemed to be an original, and each of which alone and all of which together, shall constitute one instrument. In making proof of this Agreement it is only necessary to produce or account for the counterpart signed by the Party against whom this Agreement is to be enforced. A facsimile or photocopy thereof of any autograph is deemed an original signature, and the fax/copy shall be an original counterpart. The signatures on the Proposal evidence that the Parties agree to these terms.

TAXABLE YEAR  
**2019****California e-file Return Authorization for  
Exempt Organizations**FORM  
**8453-EO**

Exempt Organization name

Identifying number

**MISSION VISTA ACADEMY****\*\* - \*\*\*5573****Part I Electronic Return Information** (whole dollars only)

1	Total gross receipts (Form 199, line 4)	1	<b>35,734,629</b>
2	Total gross income (Form 199, line 8)	2	<b>35,734,629</b>
3	Total expenses and disbursements (Form 199, line 9)	3	<b>33,547,932</b>

**Part II Settle Your Account Electronically for Taxable Year 2019**

4	<input type="checkbox"/> Electronic funds withdrawal	4a Amount	4b Withdrawal date (mm/dd/yyyy)
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**Part III Banking Information** (Have you verified the exempt organization's banking information?)

5	Routing number	7	Type of account: <input type="checkbox"/> Checking <input type="checkbox"/> Savings
6	Account number		

**Part IV Declaration of Officer**

I authorize the exempt organization's account to be settled as designated in Part II. If I check Part II, Box 4, I authorize an electronic funds withdrawal for the amount listed on line 4a.

Under penalties of perjury, I declare that I am an officer of the above exempt organization and that the information I provided to my electronic return originator (ERO), transmitter, or intermediate service provider and the amounts in Part I above agree with the amounts on the corresponding lines of the exempt organization's 2019 California electronic return. To the best of my knowledge and belief, the exempt organization's return is true, correct, and complete. If the exempt organization is filing a balance due return, I understand that if the Franchise Tax Board (FTB) does not receive full and timely payment of the exempt organization's fee liability, the exempt organization will remain liable for the fee liability and all applicable interest and penalties. I authorize the exempt organization return and accompanying schedules and statements be transmitted to the FTB by the ERO, transmitter, or intermediate service provider. **If the processing of the exempt organization's return or refund is delayed, I authorize the FTB to disclose to the ERO or intermediate service provider the reason(s) for the delay.**

Sign  
Here**Taxpayer Copy**

Signature of officer

**05/01/21**

Date

**SENIOR DIRECTOR**

Title

**Part V Declaration of Electronic Return Originator (ERO) and Paid Preparer.**

I declare that I have reviewed the above exempt organization's return and that the entries on form FTB 8453-EO are complete and correct to the best of my knowledge. (If I am only an intermediate service provider, I understand that I am not responsible for reviewing the exempt organization's return. I declare, however, that form FTB 8453-EO accurately reflects the data on the return.) I have obtained the organization officer's signature on form FTB 8453-EO before transmitting this return to the FTB; I have provided the organization officer with a copy of all forms and information that I will file with the FTB, and I have followed all other requirements described in FTB Pub. 1345, 2019 Handbook for Authorized e-file Providers. I will keep form FTB 8453-EO on file for **four** years from the due date of the return or **four** years from the date the exempt organization return is filed, whichever is later, and I will make a copy available to the FTB upon request. If I am also the paid preparer, under penalties of perjury, I declare that I have examined the above exempt organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

ERO Must Sign	ERO's- signature	<b>KATHLEEN SCHMIDT</b>	Date	Check if also paid preparer <input checked="" type="checkbox"/>	Check if self- employed <input type="checkbox"/>	ERO's PTIN <b>P01878863</b>
	Firm's name (or yours if self-employed) and address	<b>BAKER TILLY US, LLP</b> <b>3655 NOBEL DRIVE, SUITE 300</b> <b>SAN DIEGO, CA</b>				Firm's FEIN <b>** - ***9910</b> ZIP code <b>92122</b>

Under penalties of perjury, I declare that I have examined the above organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

Paid Preparer Must Sign	Paid preparer's signature		Date	Check if self- employed <input type="checkbox"/>	Paid preparer's PTIN
	Firm's name (or yours if self-employed) and address				Firm's FEIN ZIP code

2019

# California Exempt Organization Annual Information Return

199

Calendar Year 2019 or fiscal year beginning (mm/dd/yyyy) **07/01/2019**, and ending (mm/dd/yyyy) **06/30/2020**

Corporation/Organization name **MISSION VISTA ACADEMY** California corporation number **4241220**

Additional information. See instructions. FEIN **\*\*-\*\*\*5573**

Street address (suite or room) **1440 BEAUMONT AVENUE, SUITE A2 #412** PMB no.

City **BEAUMONT** State **CA** ZIP code **92223**

Foreign country name Foreign province/state/county Foreign postal code

**A** First Return ☐ Yes ☒ No  
**B** Amended Return ☐ Yes ☒ No  
**C** IRC Section 4947(a)(1) trust ☐ Yes ☒ No  
**D** Final Information Return?  
☐ Dissolved ☐ Surrendered (Withdrawn) ☐ Merged/Reorganized  
 Enter date: (mm/dd/yyyy)   
**E** Check accounting method: (1) ☐ Cash (2) ☒ Accrual (3) ☐ Other  
**F** Federal return filed? (1) ☐ 990T (2) ☐ 990PF (3) ☐ Sch H (990) (4) ☒ Other 990 series  
**G** Is this a group filing? See instructions ☐ Yes ☒ No  
**H** Is this organization in a group exemption ☐ Yes ☒ No  
 If "Yes," what is the parent's name?  
**I** Did the organization have any changes to its guidelines not reported to the FTB? See instructions ☐ Yes ☒ No  
**J** If exempt under R&TC Section 23701d, has the organization engaged in political activities? See instructions. ☐ Yes ☒ No  
**K** Is the organization exempt under R&TC Section 23701g? ☐ Yes ☒ No  
 If "Yes," enter the gross receipts from nonmember sources \$   
**L** If organization is a public charity exempt under R&TC Section 23701d and meets the filing fee exception, check box. No filing fee is required ☒  
**M** Is the organization a Limited Liability Company? ☐ Yes ☒ No  
**N** Did the organization file Form 100 or Form 109 to report taxable income? ☐ Yes ☒ No  
**O** Is the organization under audit by the IRS or has the IRS audited in a prior year? ☐ Yes ☒ No  
**P** Is federal Form 1023/1024 pending? ☐ Yes ☒ No  
 Date filed with IRS

## Part I Complete Part I unless not required to file this form. See General Information B and C.

Receipts and Revenues	1	Gross sales or receipts from other sources. From Side 2, Part II, line 8	1	77,393	00
	2	Gross dues and assessments from members and affiliates	2		00
	3	Gross contributions, gifts, grants, and similar amounts received <b>STMT 1</b>	3	35,657,236	00
	4	Total gross receipts for filing requirement test. Add line 1 through line 3. This line must be completed. If the result is less than \$50,000, see General Information B	4	35,734,629	00
	5	Cost of goods sold	5		00
	6	Cost or other basis, and sales expenses of assets sold	6		00
	7	Total costs. Add line 5 and line 6	7		00
	8	Total gross income. Subtract line 7 from line 4	8	35,734,629	00
Expenses	9	Total expenses and disbursements. From Side 2, Part II, line 18	9	33,547,932	00
	10	Excess of receipts over expenses and disbursements. Subtract line 9 from line 8	10	2,186,697	00
Filing Fee	11	Total payments	11		00
	12	Use tax. See General Information K	12		00
	13	Payments balance. If line 11 is more than line 12, subtract line 12 from line 11	13		00
	14	Use tax balance. If line 12 is more than line 11, subtract line 11 from line 12	14		00
	15	Filing fee \$10 or \$25. See General Information F	15	N/A	00
	16	Penalties and Interest. See General Information J	16		00
	17	Balance due. Add line 12, line 15, and line 16. Then subtract line 11 from the result	17		00

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 taxpayer) is based on all information of which preparer has any knowledge.

**Sign Here** Signature of officer **Taxpayer Copy** Title **SENIOR DIRECTOR** Date **05/03/21** Telephone **P01878863**

**Paid Preparer's Use Only** Preparer's signature **KATHLEEN SCHMIDT** Date **05/03/21** Check if self-employed ☐ PTIN **P01878863**

Firm's name (or yours, if self-employed) and address **BAKER TILLY US, LLP**  
**3655 NOBEL DRIVE, SUITE 300**  
**SAN DIEGO, CA 92122**  
 Telephone **858.597.4100**

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

**Part II** Organizations with gross receipts of more than \$50,000 and private foundations regardless of amount of gross receipts - complete Part II or furnish substitute information.

928951 12-04-19

Receipts from Other Sources	1	Gross sales or receipts from all business activities. See instructions	•	1		00
	2	Interest	•	2	77,393	00
	3	Dividends	•	3		00
	4	Gross rents	•	4		00
	5	Gross royalties	•	5		00
	6	Gross amount received from sale of assets (See Instructions)	•	6		00
	7	Other income	•	7		00
Expenses and Disbursements	8	<b>Total</b> gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1		8	77,393	00
	9	Contributions, gifts, grants, and similar amounts paid	•	9		00
	10	Disbursements to or for members	•	10		00
	11	Compensation of officers, directors, and trustees	•	11	197,100	00
	12	Other salaries and wages	•	12	13,675,350	00
	13	Interest	•	13	1,136,637	00
	14	Taxes	•	14		00
	15	Rents	•	15		00
	16	Depreciation and depletion (See instructions)	•	16		00
	17	Other Expenses and Disbursements	•	17	18,538,845	00
	18	<b>Total</b> expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9		18	33,547,932	00

**Schedule L** Balance Sheet

Beginning of taxable year

End of taxable year

Assets	(a)	(b)	(c)	(d)
1 Cash			•	6,945,416
2 Net accounts receivable			•	4,975,909
3 Net notes receivable			•	
4 Inventories			•	
5 Federal and state government obligations			•	
6 Investments in other bonds			•	
7 Investments in stock			•	
8 Mortgage loans			•	
9 Other investments			•	
10 a Depreciable assets				
b Less accumulated depreciation	( )	( )		
11 Land			•	
12 Other assets			•	1,903,844
13 <b>Total assets</b>		0		13,825,169
<b>Liabilities and net worth</b>				
14 Accounts payable			•	1,887,589
15 Contributions, gifts, or grants payable			•	
16 Bonds and notes payable			•	
17 Mortgages payable			•	
18 Other liabilities				9,750,883
19 Capital stock or principal fund			•	
20 Paid-in or capital surplus. Attach reconciliation			•	
21 Retained earnings or income fund			•	2,186,697
22 <b>Total liabilities and net worth</b>		0		13,825,169

**Schedule M-1**

## Reconciliation of income per books with income per return

Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$50,000.

1 Net income per books	•	2,186,697	7 Income recorded on books this year not included in this return	•	
2 Federal income tax	•		8 Deductions in this return not charged against book income this year	•	
3 Excess of capital losses over capital gains	•		9 Total. Add line 7 and line 8		
4 Income not recorded on books this year	•		10 Net income per return.		
5 Expenses recorded on books this year not deducted in this return	•		Subtract line 9 from line 6		2,186,697
6 Total. Add line 1 through line 5		2,186,697			

CA 199

CASH CONTRIBUTIONS  
INCLUDED ON PART I, LINE 3

STATEMENT 1

CONTRIBUTOR'S NAME	CONTRIBUTOR'S ADDRESS	DATE OF GIFT	AMOUNT
CA DEPARTMENT OF EDUCATION	1430 N STREET SACRAMENTO, CA 95814		35,657,236.
TOTAL INCLUDED ON LINE 3			35,657,236.

CA 199

## COMPENSATION OF OFFICERS, DIRECTORS AND TRUSTEES

STATEMENT 2

NAME AND ADDRESS	TITLE AND AVERAGE HRS WORKED/WK	COMPENSATION
ERIC ECKSTROM 1440 BEAUMONT AVENUE, SUITE A2 #412 BEAUMONT, CA 92223	PRESIDENT 2.00	0.
LAUREN CLARK 1440 BEAUMONT AVENUE, SUITE A2 #412 BEAUMONT, CA 92223	SECRETARY 2.00	0.
JOSHUA COBB 1440 BEAUMONT AVENUE, SUITE A2 #412 BEAUMONT, CA 92223	TREASURER 2.00	0.
LISA BANKS 1440 BEAUMONT AVENUE, SUITE A2 #412 BEAUMONT, CA 92223	MEMBER 2.00	0.
EVE KAVANAUGH 1440 BEAUMONT AVENUE, SUITE A2 #412 BEAUMONT, CA 92223	MEMBER 2.00	0.
AMY DAVIS 1440 BEAUMONT AVENUE, SUITE A2 #412 BEAUMONT, CA 92223	SENIOR DIRECTOR 40.00	197,100.
TOTAL TO FORM 199, PART II, LINE 11		197,100.

CA 199	OTHER EXPENSES	STATEMENT 3
DESCRIPTION		AMOUNT
SUBAGREEMENT SERVICES		8,000,150.
BOOKS & SUPPLIES		3,910,516.
PROFESSIONAL/CONSULTING		2,726,750.
OPERATION & HOUSEKEEPIN		150,731.
OTHER EMPLOYEE BENEFITS		3,749,732.
ALL OTHER EXPENSES		966.
TOTAL TO FORM 199, PART II, LINE 17		18,538,845.

CA 199	OTHER ASSETS	STATEMENT 4
DESCRIPTION	BEG. OF YEAR	END OF YEAR
SHARED COST RECEIVABLE	0.	1,902,844.
DEPOSITS	0.	1,000.
TOTAL TO FORM 199, SCHEDULE L, LINE 12	0.	1,903,844.

CA 199	OTHER LIABILITIES	STATEMENT 5
DESCRIPTION	BEG. OF YEAR	END OF YEAR
SHARED COST PAYABLE	0.	421,557.
FACTORING AGREEMENT	0.	6,296,400.
UNSECURED NOTES AND LOANS PAYABLE	0.	3,032,926.
TOTAL TO FORM 199, SCHEDULE L, LINE 18	0.	9,750,883.

CA 199	FUND BALANCES	STATEMENT 6
DESCRIPTION	BEG. OF YEAR	END OF YEAR
NET ASSETS WITHOUT DONOR RESTRICTIONS	0.	2,186,697.
TOTAL TO FORM 199, SCHEDULE L, LINE 21	0.	2,186,697.

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

OMB No. 1545-1878

For calendar year 2019, or fiscal year beginning JUL 1, 2019, and ending JUN 30, 2020**2019**Department of the Treasury  
Internal Revenue Service▶ **Do not send to the IRS. Keep for your records.**▶ **Go to [www.irs.gov/Form8879EO](http://www.irs.gov/Form8879EO) for the latest information.**

Name of exempt organization

Employer identification number

**MISSION VISTA ACADEMY****\*\* - \*\*\*5573**

Name and title of officer

**AMY DAVIS****SENIOR DIRECTOR****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, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, 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 ▶ <input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12) .....	1b <u>35,734,629.</u>
2a Form 990-EZ check here ▶ <input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9) .....	2b _____
3a Form 1120-POL check here ▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22) .....	3b _____
4a Form 990-PF check here ▶ <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5) .....	4b _____
5a Form 8868 check here ▶ <input type="checkbox"/>	b Balance Due (Form 8868, line 3c) .....	5b _____

**Part II Declaration and Signature Authorization of Officer**

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2019 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 organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's 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 organization's 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 organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

☐ I authorize**Taxpayer Copy**

to enter my PIN

ERO firm name

Enter five numbers, but  
do not enter all zeros

as my signature on the organization's tax year 2019 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 of the organization, I will enter my PIN as my signature on the organization's tax year 2019 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.

Officer's signature ▶

Date ▶ 05/01/21**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.

**81349501513**

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2019 electronically filed return for the organization 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 ▶ **KATHLEEN SCHMIDT**Date ▶ 05/03/21

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

EXTENDED TO MAY 17, 2021

OMB No. 1545-0047

Form **990**  
(Rev. January 2020)  
Department of the Treasury  
Internal Revenue Service

# 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](http://www.irs.gov/Form990) for instructions and the latest information.

# 2019

Open to Public Inspection

A For the 2019 calendar year, or tax year beginning JUL 1, 2019 and ending JUN 30, 2020

B Check if applicable:

- ☐ Address change  
☐ Name change  
☒ Initial return  
☐ Final return/terminated  
☐ Amended return  
☐ Application pending

C Name of organization

MISSION VISTA ACADEMY

Doing business as

Number and street (or P.O. box if mail is not delivered to street address)

1440 BEAUMONT AVENUE, SUITE A2 #412

Room/suite

City or town, state or province, country, and ZIP or foreign postal code

BEAUMONT, CA 92223

F Name and address of principal officer: ERIC ECKSTROM

SAME AS C ABOVE

D Employer identification number

\*\*-\*\*\*5573

E Telephone number

(951) 395-8943

G Gross receipts \$

35,734,629.

H(a) Is this a group return

for subordinates? ☐ Yes ☒ NoH(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: WWW.MISSIONVISTAACADEMY.ORG

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

L Year of formation: 2019 M State of legal domicile: CA

## Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities:	TO DEVELOP THE INDIVIDUAL GIFTS OF STUDENTS.	
	2	Check this box <input type="checkbox"/> 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	5
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	5
	5	Total number of individuals employed in calendar year 2019 (Part V, line 2a)	5	202
	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, line 39	7b	0.	
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9	Program service revenue (Part VIII, line 2g)		35,657,236.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		0.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		77,393.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		35,734,629.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		17,622,182.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.
	b	Total fundraising expenses (Part IX, column (D), line 25)		0.
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		15,925,750.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		33,547,932.
19	Revenue less expenses. Subtract line 18 from line 12		2,186,697.	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21	Total liabilities (Part X, line 26)		13,825,169.
	22	Net assets or fund balances. Subtract line 21 from line 20		11,638,472.
				2,186,697.

## 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	Taxpayer Copy		Date	
	Signature of officer			
Paid Preparer Use Only	AMY DAVIS, SENIOR DIRECTOR			
	Type or print name and title			
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed PTIN
	KATHLEEN SCHMIDT	KATHLEEN SCHMIDT	05/03/21	P01878863
Paid Preparer Use Only	Firm's name	Firm's EIN		
	BAKER TILLY US, LLP	** - ***9910		
Paid Preparer Use Only	Firm's address	Phone no.		
	3655 NOBEL DRIVE, SUITE 300 SAN DIEGO, CA 92122	858.597.4100		

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

**Part III** Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☐**1** Briefly describe the organization's mission:

**TO DEVELOP THE INDIVIDUAL GIFTS OF STUDENTS IN RIVERSIDE COUNTY AND  
ADJACENT COUNTIES TO BECOME CRITICAL THINKERS, RESPONSIBLE CITIZENS  
AND INNOVATIVE LEADERS PREPARED FOR ACADEMIC AND REAL-LIFE  
ACHIEVEMENT.**

**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 \$ **29,409,704.** including grants of \$ ) (Revenue \$ )  
**OPERATION OF A PUBLIC 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 **29,409,704.**

**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	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors?	X	
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		X
4 <b>Section 501(c)(3) organizations.</b> 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		X
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		X
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		X
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		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		X
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		X
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		X
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		X
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		X
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		X
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	X	
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	X	
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		X
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	X	
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		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	X	
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
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		X
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		X
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		X
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		X
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		X
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		X
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
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		X

**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		X
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		X
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		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
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?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a <b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		X
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		X
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		X
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		X
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		X
b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV		X
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		X
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		X
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		X
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		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
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		
36 <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		X
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		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	X	

Note: All Form 990 filers are required to complete Schedule O

**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		
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	

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

	Yes	No
<b>2a</b> 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 <span style="float: right;">202</span>		
<b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	<b>2b</b> X	
<b>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year?	<b>3a</b>	X
<b>b</b> If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	<b>3b</b>	
<b>4a</b> 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)?	<b>4a</b>	X
<b>b</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).		
<b>5a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<b>5a</b>	X
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<b>5b</b>	X
<b>c</b> If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	<b>5c</b>	
<b>6a</b> 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?	<b>6a</b>	X
<b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	<b>6b</b>	
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b> 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?	<b>7a</b>	X
<b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided?	<b>7b</b>	
<b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	<b>7c</b>	X
<b>d</b> If "Yes," indicate the number of Forms 8282 filed during the year <span style="float: right;">7d</span>		
<b>e</b> Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<b>7e</b>	X
<b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	<b>7f</b>	X
<b>g</b> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	<b>7g</b>	
<b>h</b> If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	<b>7h</b>	
<b>8 Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	<b>8</b>	
<b>9 Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b> Did the sponsoring organization make any taxable distributions under section 4966?	<b>9a</b>	
<b>b</b> Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	<b>9b</b>	
<b>10 Section 501(c)(7) organizations.</b> Enter:		
<b>a</b> Initiation fees and capital contributions included on Part VIII, line 12 <span style="float: right;">10a</span>		
<b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities <span style="float: right;">10b</span>		
<b>11 Section 501(c)(12) organizations.</b> Enter:		
<b>a</b> Gross income from members or shareholders <span style="float: right;">11a</span>		
<b>b</b> Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) <span style="float: right;">11b</span>		
<b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	<b>12a</b>	
<b>b</b> If "Yes," enter the amount of tax-exempt interest received or accrued during the year <span style="float: right;">12b</span>		
<b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>a</b> Is the organization licensed to issue qualified health plans in more than one state? <b>Note:</b> See the instructions for additional information the organization must report on Schedule O.	<b>13a</b>	
<b>b</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 <span style="float: right;">13b</span>		
<b>c</b> Enter the amount of reserves on hand <span style="float: right;">13c</span>		
<b>14a</b> Did the organization receive any payments for indoor tanning services during the tax year?	<b>14a</b>	X
<b>b</b> If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	<b>14b</b>	
<b>15</b> 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.	<b>15</b>	X
<b>16</b> Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	<b>16</b>	X

Form 990 (2019)

**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

☒ X

**Section A. Governing Body and Management**

	1a	1b	5	Yes	No
<b>1a</b> Enter the number of voting members of the governing body at the end of the tax year			5		
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>b</b> Enter the number of voting members included on line 1a, above, who are independent			5		
<b>2</b> 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		X
<b>3</b> 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		X
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?			4		X
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets?			5		X
<b>6</b> Did the organization have members or stockholders?			6		X
<b>7a</b> 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		X
<b>b</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		X
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:					
<b>a</b> The governing body?			8a	X	
<b>b</b> Each committee with authority to act on behalf of the governing body?			8b	X	
<b>9</b> 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		X

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

	Yes	No
<b>10a</b> Did the organization have local chapters, branches, or affiliates?		X
<b>b</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?		
<b>11a</b> Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?		X
<b>b</b> Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b> Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
<b>b</b> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
<b>c</b> Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
<b>13</b> Did the organization have a written whistleblower policy?	X	
<b>14</b> Did the organization have a written document retention and destruction policy?		X
<b>15</b> 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?		
<b>a</b> The organization's CEO, Executive Director, or top management official	X	
<b>b</b> Other officers or key employees of the organization	X	
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
<b>16a</b> Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
<b>b</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?		
<b>16b</b>		

**Section C. Disclosure**

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

**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 **THE ORGANIZATION - (951) 395-8943**  
**1440 BEAUMONT AVENUE, SUITE A2 #412, BEAUMONT, CA 92223**

100



**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
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns .....	<b>1a</b>				
	<b>b</b> Membership dues .....	<b>1b</b>				
	<b>c</b> Fundraising events .....	<b>1c</b>				
	<b>d</b> Related organizations .....	<b>1d</b>				
	<b>e</b> Government grants (contributions) .....	<b>1e</b>	35,657,236.			
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above ...	<b>1f</b>				
	<b>g</b> Noncash contributions included in lines 1a-1f	<b>1g</b> \$				
	<b>h</b> <b>Total.</b> Add lines 1a-1f .....		35,657,236.			
<b>Program Service Revenue</b>	<b>Business Code</b>					
	<b>2 a</b> .....					
	<b>b</b> .....					
	<b>c</b> .....					
	<b>d</b> .....					
	<b>e</b> .....					
	<b>f</b> All other program service revenue .....					
	<b>g</b> <b>Total.</b> Add lines 2a-2f .....					
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) .....		77,393.			77,393.
	<b>4</b> Income from investment of tax-exempt bond proceeds .....					
	<b>5</b> Royalties .....					
	<b>6 a</b> Gross rents .....	<b>6a</b>				
	<b>b</b> Less: rental expenses ...	<b>6b</b>				
	<b>c</b> Rental income or (loss) .....	<b>6c</b>				
	<b>d</b> Net rental income or (loss) .....					
	<b>7 a</b> Gross amount from sales of assets other than inventory .....	<b>7a</b>				
	<b>b</b> Less: cost or other basis and sales expenses .....	<b>7b</b>				
	<b>c</b> Gain or (loss) .....	<b>7c</b>				
	<b>d</b> Net gain or (loss) .....					
	<b>8 a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 .....	<b>8a</b>				
	<b>b</b> Less: direct expenses .....	<b>8b</b>				
	<b>c</b> Net income or (loss) from fundraising events .....					
	<b>9 a</b> Gross income from gaming activities. See Part IV, line 19 .....	<b>9a</b>				
	<b>b</b> Less: direct expenses .....	<b>9b</b>				
	<b>c</b> Net income or (loss) from gaming activities .....					
	<b>10 a</b> Gross sales of inventory, less returns and allowances .....	<b>10a</b>				
<b>b</b> Less: cost of goods sold .....	<b>10b</b>					
<b>c</b> Net income or (loss) from sales of inventory .....						
<b>Miscellaneous Revenue</b>	<b>Business Code</b>					
	<b>11 a</b> .....					
	<b>b</b> .....					
	<b>c</b> .....					
	<b>d</b> All other revenue .....					
	<b>e</b> <b>Total.</b> Add lines 11a-11d .....					
<b>12</b> <b>Total revenue.</b> See instructions .....		35,734,629.	0.	0.	77,393.	

**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	197,100.	197,100.		
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	13,675,350.	13,101,553.	573,797.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	3,749,732.	3,592,702.	157,030.	
10 Payroll taxes				
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting				
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 Sch O.)				
12 Advertising and promotion				
13 Office expenses				
14 Information technology				
15 Royalties				
16 Occupancy				
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	1,136,637.		1,136,637.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance				
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 <b>SUBAGREEMENT SERVICES</b>	8,000,150.	8,000,150.		
b <b>BOOKS &amp; SUPPLIES</b>	3,910,516.	3,874,350.	36,166.	
c <b>PROFESSIONAL/CONSULTING</b>	2,726,750.	502,894.	2,223,856.	
d <b>OPERATION &amp; HOUSEKEEPIN</b>	150,731.	140,029.	10,702.	
e All other expenses	966.	926.	40.	
25 <b>Total functional expenses.</b> Add lines 1 through 24e	33,547,932.	29,409,704.	4,138,228.	0.
26 <b>Joint costs.</b> 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
<b>Assets</b>	1 Cash - non-interest-bearing .....	1	6,945,416.
	2 Savings and temporary cash investments .....	2	
	3 Pledges and grants receivable, net .....	3	
	4 Accounts receivable, net .....	4	4,975,909.
	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 .....	9	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	10a	
	b Less: accumulated depreciation .....	10b	10c
	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 .....	0. 15	1,903,844.
16 <b>Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	0. 16	13,825,169.	
<b>Liabilities</b>	17 Accounts payable and accrued expenses .....	17	1,887,589.
	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	3,032,926.
	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 .....	0. 25	6,717,957.
	26 <b>Total liabilities.</b> Add lines 17 through 25 .....	0. 26	11,638,472.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>		
	27 Net assets without donor restrictions .....	27	2,186,697.
	28 Net assets with donor restrictions .....	28	
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>		
	29 Capital stock or trust principal, or current funds .....	29	
	30 Paid-in or capital surplus, or land, building, or equipment fund .....	30	
	31 Retained earnings, endowment, accumulated income, or other funds .....	31	
	32 <b>Total net assets or fund balances</b> .....	0. 32	2,186,697.
33 <b>Total liabilities and net assets/fund balances</b> .....	0. 33	13,825,169.	

Form 990 (2019)

**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	35,734,629.
2	Total expenses (must equal Part IX, column (A), line 25)	2	33,547,932.
3	Revenue less expenses. Subtract line 2 from line 1	3	2,186,697.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	0.
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	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	2,186,697.

**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: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> 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? _____ 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: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2a	X
b Were the organization's financial statements audited by an independent accountant? _____ 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: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2b	X
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? _____ If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	2c	X
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	X
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	

Form 990 (2019)

**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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2019**

Open to Public  
Inspection

Name of the organization

**MISSION VISTA ACADEMY**

Employer identification number

**\*\*-\*\*\*5573**

**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?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
<b>Total</b>						

**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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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 <b>Total.</b> 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 <b>Public support.</b> Subtract line 5 from line 4.						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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 <b>Total support.</b> Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions) .....					12	
13 <b>First five years.</b> 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 <b>stop here</b> .....						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)) .....	14	%
15 Public support percentage from 2018 Schedule A, Part II, line 14 .....	15	%
16a <b>33 1/3% support test - 2019.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		
b <b>33 1/3% support test - 2018.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization .....		
17a <b>10% -facts-and-circumstances test - 2019.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....		
b <b>10% -facts-and-circumstances test - 2018.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....		
18 <b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....		

Schedule A (Form 990 or 990-EZ) 2019

**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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> 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 .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge ...						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</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 .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources ...						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						
<b>14 First five years.</b> 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 <b>stop here</b> .....						

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2019 (line 8, column (f), divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2018 Schedule A, Part III, line 15 .....	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2019 (line 10c, column (f), divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2018 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2019.** 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 - 2018.** 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 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
<b>b</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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
<b>c</b> 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)? <i>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.</i>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) 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).</i>		
<b>b</b> <b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c</b> <b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> 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? <i>If "Yes," provide detail in Part VI.</i>		
<b>7</b> 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? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>9a</b> 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))? <i>If "Yes," provide detail in Part VI.</i>		
<b>b</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? <i>If "Yes," provide detail in Part VI.</i>		
<b>c</b> 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? <i>If "Yes," provide detail in Part VI.</i>		
<b>10a</b> 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)? <i>If "Yes," answer 10b below.</i>		
<b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

**Part IV Supporting Organizations** (continued)

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
<b>b</b> A family member of a person described in (a) above?		
<b>c</b> A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>		

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>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 directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
<b>2</b> 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? <i>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.</i>		

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> 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)? <i>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).</i>		

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> 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?		
<b>2</b> 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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
<b>3</b> By reason of the relationship described in (2), 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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

**Section E. Type III Functionally Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. <i>Complete line 2 below.</i>		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. <i>Describe in Part VI how you supported a government entity (see instructions).</i>		
<b>2</b> Activities Test. <b>Answer (a) and (b) below.</b>		
<b>a</b> 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? <i>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.</i>		
<b>b</b> Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>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.</i>		
<b>3</b> Parent of Supported Organizations. <b>Answer (a) and (b) below.</b>		
<b>a</b> 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? <i>Provide details in Part VI.</i>		
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

**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	<b>Adjusted Net Income</b> (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	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> 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 1-1/2% 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 .035.	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (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 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	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Schedule A (Form 990 or 990-EZ) 2019

**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	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in <b>Part VI</b> ). See instructions.	
7 <b>Total annual distributions.</b> Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions.	
9 Distributable amount for 2019 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required- explain in <b>Part VI</b> ). See instructions.			
3 Excess distributions carryover, if any, to 2019			
a From 2014			
b From 2015			
c From 2016			
d From 2017			
e From 2018			
f <b>Total</b> of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
7 <b>Excess distributions carryover to 2020.</b> Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015			
b Excess from 2016			
c Excess from 2017			
d Excess from 2018			
e Excess from 2019			

Schedule A (Form 990 or 990-EZ) 2019

**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](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2019**

Name of the organization

**MISSION VISTA ACADEMY**

Employer identification number

**\*\* - \*\*\*5573**

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 foundationCheck 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 33 1/3% 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, 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

Employer identification number

MISSION VISTA ACADEMY

\*\*-\*\*\*5573

**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	CA DEPARTMENT OF EDUCATION 1430 N STREET SACRAMENTO, CA 95814	\$ 35,657,236.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

MISSION VISTA ACADEMY

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**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
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	

Name of organization

Employer identification number

**MISSION VISTA ACADEMY**

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**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 info. once.) ▶ \$ \_\_\_\_\_

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
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2019**

Open to Public  
Inspection

Name of the organization

MISSION VISTA ACADEMY

Employer identification number

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**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? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> 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? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> 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).

<input type="checkbox"/> Preservation of land for public use (for example, recreation or education)	<input type="checkbox"/> Preservation of a historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> 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:

- (i) Unrelated organizations  
 (ii) Related organizations

	Yes	No
3a(i)		
3a(ii)		
3b		

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? ☐

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				
c Leasehold improvements				
d Equipment				
e Other				

**Total.** Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) ☐ 0.

Schedule D (Form 990) 2019

**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) .....		
<b>Total.</b> (Col. (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) .....		
<b>Total.</b> (Col. (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) SHARED COST RECEIVABLE	1,902,844.
(2) DEPOSITS	1,000.
(3) .....	
(4) .....	
(5) .....	
(6) .....	
(7) .....	
(8) .....	
(9) .....	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	1,903,844.

**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) SHARED COST PAYABLE	421,557.
(3) FACTORING AGREEMENT	6,296,400.
(4) .....	
(5) .....	
(6) .....	
(7) .....	
(8) .....	
(9) .....	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	6,717,957.

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 ☐

Schedule D (Form 990) 2019



**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](http://www.irs.gov/Form990) for the latest information.**

OMB No. 1545-0047

**2019**

**Open to Public Inspection**

Name of the organization

**MISSION VISTA ACADEMY**

Employer identification number

**\*\* - \*\*\*5573**

**Part I**

- 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? .....
- 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? .....
- 3 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe. If "No," please explain.  
If you need more space, use Part II .....
- NONDISCRIMINATORY POLICY INCLUDED IN ALL ADVERTISEMENTS, ENROLLMENT MATERIALS, AND OUR CHARTER BYLAWS.**

	YES	NO
1	X	
2	X	
3	X	
4a	X	
4b	X	
4c	X	
4d	X	
5a		X
5b		X
5c		X
5d		X
5e		X
5f		X
5g		X
5h		X
6a		X
6b		X
7	X	

- 4 Does the organization maintain the following?
- a Records indicating the racial composition of the student body, faculty, and administrative staff? .....
- b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? .....
- c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? .....
- d Copies of all material used by the organization or on its behalf to solicit contributions? .....
- If you answered "No" to any of the above, please explain. If you need more space, use Part II.
- 5 Does the organization discriminate by race in any way with respect to:
- a Students' rights or privileges? .....
- b Admissions policies? .....
- c Employment of faculty or administrative staff? .....
- d Scholarships or other financial assistance? .....
- e Educational policies? .....
- f Use of facilities? .....
- g Athletic programs? .....
- h Other extracurricular activities? .....
- 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? .....
- b Has the organization's right to such aid ever been revoked or suspended? .....
- 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 .....

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or Form 990-EZ.

Schedule E (Form 990 or 990-EZ) 2019

## 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.

**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](http://www.irs.gov/Form990) for the latest information.

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Open to Public  
Inspection

Name of the organization

MISSION VISTA ACADEMY

Employer identification number  
\*\*-\*\*\*5573

FORM 990, PART VI, SECTION B, LINE 11B:

FORM 990 IS REVIEWED BY THE SIGNING OFFICER BEFORE FILING.

FORM 990, PART VI, SECTION B, LINE 12C:

FORM 700 IS REQUIRED ANNUALLY

FORM 990, PART VI, SECTION B, LINE 15:

COMPENSATION IS REVIEWED BY THE DIRECTORS OF THE SCHOOL AND THE BUDGET  
COMMITTEE, AND APPROVED BY THE BOARD OF DIRECTORS.

FORM 990, PART VI, SECTION C, LINE 19:

THESE DOCUMENTS ARE AVAILABLE UPON REQUEST



## Mission Vista Academy Master Agreement for Independent Study

**Student:**

**Student Number:**

**Address:**

**Location:**

**1st Phone Number:**

**DOB:**

**Program Placement:**

**Contract Term: Full Year**

**Beginning Date:**

**End Date:**

**Year: 20201 - 20212**

**2nd Phone Number:**

**Grade Level:**

**School for Classroom Option:**

### It is understood that:

**Objectives:** The student will complete the courses listed below. All course objectives will be consistent with the established program's governing board and are consistent with program standards as outlined in the program's subject/course descriptions. Assignment and Work Record (AWR) Forms will include additional descriptions of the major objectives and activities of the courses of study covered by this agreement including the evaluation of student work and are incorporated herein. The term "Course Value" (CV) refers to the number of credits (secondary education) or weeks of work (elementary education) the student will attempt.

**Schedule**

**Category**

**Course Value**

**Methods of Study:** Specific methods of study will be designated on the Assignment and Work Record (AWR) and are incorporated herein. Examples of methods of study for the student will include: Independent Reading, Textbook Activities, Problem Solving, Study Projects, Drill & Practice, Computerized Curriculum, Web/Internet Research, Library Research, and Field Trips; ~~Learning Center Courses~~.

**Specific Resources:** The school will provide appropriate instructional materials and personnel necessary to the achievement of the objectives and must include resources that are normally available to all students on the same terms as the terms on which they are available to all.

Assignments and specific resources will be designated on the Assignment and Work Record (AWR) and are incorporated herein.

**Methods of Evaluation:** Academic evaluations will be designated on the Assignment and Work Record (AWR) and are incorporated herein. Other acceptable methods of evaluation include, but are not limited to: Teacher Made Tests; ~~and~~ Student Conferences, Progress/Report Cards, Chapter/Unit Tests, Work Samples, Observations, Portfolios, State ~~Mandated~~ Standards Testing, ~~school selected Benchmark Testing~~, Learning Journals, Presentations, Quizzes, Labs, Finals.

**Students are required to meet and communicate with report to their teacher and other assigned MVA staff as scheduled:**

- ~~Manner of Reporting~~ Methods of Communication: ~~One-on-One~~ In Person, Email, Online, Phone.
- Time: 8:30- 5 pm.
- Day: M-F.
- Frequency: ~~LP meetings~~ ~~Aat~~ least once every 20 school days.; all other communication returned in a timely manner.
- Duration: Full Year.
- Location: Virtual or In-Person.

**Voluntary Statement:** It is understood that independent study is an optional educational alternative in which no pupil may be required to participate. In the case of a pupil who is referred or assigned to any school, class, or program pursuant to Education Code Section 48915 or 48917, instruction may be provided for a student through independent study only if the student is offered the alternative of classroom instruction.

**Board Policies:** According to the Board Policy for grades TK through 12, the maximum length of time allowed between when the assignment was made and the date the assignment is due is 20 school days, unless an exception is made in accordance with the Board Policy. After 2 missed assignments, as per Board Policy, an evaluation will be made to determine whether independent study is an appropriate strategy for this student.

**Additional Courses:** may be added to this agreement as needed if the agreement is re-signed and re-dated by the teacher and the student.

**Signatures and Dates:** I have read and I understand the terms of this agreement, and agree to all provisions set forth.

---

Student Name:

---

Signature Date

---

Parent/Guardian/Caregiver Name:

---

Signature Date

---

Supervising Teacher Name:

---

Signature Date

---

Other Signature

---

Date

---

Other Signature

---

Date

---

Other Signature

---

Date

---

Other Signature

---

Date



## Mission Vista Academy Acknowledgement of Responsibilities

**Student:**

**Student Number:**

**Address:**

**Location:**

**1st Phone Number:**

**DOB:**

**Program Placement:**

**Contract Term: Full Year**

**Beginning Date:**

**End Date:**

**Year: 20201 - 20212**

**2nd Phone Number:**

**Grade Level:**

**School for Classroom Option:**

### Students Agreement/Responsibilities

- I voluntarily request participation in this independent study program and have read and understand the terms of the master agreement.
- I will complete all course work outlined in the master agreement, and as assigned to me in the periodic Student Assignment and Work Record.

### Parent/Legal Guardians Agreement

I agree to the above conditions listed under Students Agreement/Responsibilities. I also understand that:

- I am responsible for the daily monitoring/verification of all subjects studied, with scheduled monitoring by the Independent Study Teacher. **I will provide a body of work, upon request, that demonstrates completion of assigned learning period objectives.**
- **I will ensure my student has access to and is working in grade level curriculum.**
- If I become aware of special or extenuating circumstances that will prohibit my student from turning in the assigned work by the due date, I will contact the Independent Study Teacher prior to the due-date to make alternative arrangements.
- **I will meet all of the requirements set forth by the independent study program, otherwise an evaluation will be made through the non-compliance process to determine whether independent study is an appropriate setting for my student.**
- **I am responsible understand that it is my responsibility** to provide any needed transportation for my child's scheduled meetings at a mutually agreed upon location reflected on the face of the master agreement and that lack of transportation is not an acceptable reason for failing to meet with the Independent Study Teacher. I have the right to appeal any decision about my child's placement in accordance with the school's policies and procedures.

### Independent Study Teachers Agreement

- The Independent Study Teacher will assign a body of work to be completed during the duration of this agreement.
- The Independent Study Teacher will evaluate work in a timely manner.
- The Independent Study Teacher will notify the student and parent/legal guardian of the academic credit granted for work completed.

Student:

Teacher:

Copyright 2003-2006 School Pathways LLC.

We, the undersigned, understand the voluntarily agree to the terms and conditions of this Independent Study agreement. Our signatures below indicate that we voluntarily participated in the establishment of these Agreements/Responsibilities and that we understand and accept our responsibilities in relation to this document.

---

Student Name:

---

Signature Date

---

Parent/Guardian/Caregiver Name:

---

Signature Date

---

Teacher Name:

---

Signature Date

---

Other Signature

---

Date