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Department of the Treasury Internal Revenue Service

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Short Form Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file
Form 990 (see instructions) All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form

The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-1150

2010

Open to Public Inspection

А	Fort	the 2010 ca	ilendar year, or tax year beginning 9/01 , 2010, and ending	8/31		, 2011
В	Check	of applicable	C		D Employer	dentification number
	Addre	ss change	VISTA GRANDE CONTINUOUS PROGRESS		68-00	70122
	Name	change	ALTERNATIVE PROGRAM	l t	E Telephone	
	Initial	return	677 DIABLO ROAD			
	Termii	nated !	DANVILLE, CA 94526	⊢	925-3	14-1000
Г	Amen	ded return	512. (1222)	1,	F Group E	vemotion
Г	Applic	ation pending		- 1	Number	▶
G	Acco	ounting Met	thod X Cash Accrual Other (specify) ►	Check	► X of the	e organization is not
ī			TTP://VGES-SRVUSD-CA.SCHOOLLOOP.COM/			Schedule B (Form
٠,				990, 99	0-EZ, or 9	90-PF)
"						
ĸ	Chec	CK F LIII	the organization is not a section 509(a)(3) supporting organization and its gross re	ceipts are	e normally	not more than
	φου,	nization ch	m 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may tooses to file a return, be sure to file a complete return	be require	ea (see ins	tructions) But if the
L	Add	lines 5b, 6	c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or m line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 99	ore, or if	total	166 270
	asse					166,279.
P	art I	_ Reven	ue, Expenses, and Changes in Net Assets or Fund Balances (See	the inst	tructions	
		Check if	the organization used Schedule O to respond to any question in this Part I			X
	1	Contributi	ions, gifts, grants, and similar amounts received		1	151,038.
	2	Program :	service revenue including government fees and contracts		2	15,098.
	3	=	hip dues and assessments		3	
	1 -					1.42
	4	Investme	1 1		4	143.
	5a	Gross am	ount from sale of assets other than inventory 5a			
	t	Less cos	t or other basis and sales expenses 5b			
	0	Gain or (loss	s) from sale of assets other than inventory (Subtract line 5b from line 5a)		5 c	
	6	Gamino a	and fundraising events			
R		Gross inc]]			
REVENUE	1 .					
E	"		ome from fundraising events (not including \$ of contribution)	ons	1 1	
ÿ	İ	from fund	raising events reported on line 1) (attach Schedule G if the sum ross income and contributions exceeds \$15,000)			
E,	1	_				
	°	: Less dire	ect expenses from gaming and fundraising events 6c			
	(Net incom	ne or (loss) from gaming and fundraising events (add lines 6a and			
		6b and su	ibtract line 6c)		6 d	
	7 a	Gross sal	es of inventory, less returns and allowances 7a			
			t of goods sold .			
			offit or (loss) from sales of inventory (Subtract line 7b from line 7a)	····	7c	
	I _	-			<u> </u>	
	8		enue (describe in Schedule O)		8	
	9	Total reve	enue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		▶ 9	166,279.
	10	Grants an	nd similar amounts paid (list in Schedule O).		10	
	11	Benefits p	paid to or for members		11	
Ē	12	Salaries.	other compensation, and employee benefit CEIVED		12	
Ř	12 13 14 15	Profession	nal fees and other payments to independent contractors.		13	
Ş	5		1011		h	
Š	14		cy, rent, utilities, and maintenance DEC 2 0 2011		14	
Š	<u>∌</u> 15		publications, postage, and shipping		15	
€	∌ 16		penses (describe in Schedule Q) SEE SCHEDUI	ŒΟ	16	142,859.
_ =	<u> 17</u>	Total exp	enses. Add lines 10 through 16 OGDEN, UT		▶ 17	142,859.
AA	18		r (deficit) for the year (Subtract line 17 from line 9)		18	23,420.
	1					
N	<u>s</u>) 19	Net asset	s or fund balances at beginning of year (from line 27, column (A)) (must agree with orted on prior year's return)	n end-of-y	ear 10	00 242
T.					19	89,243.
1	19 20 21		inges in net assets or fund balances (explain in Schedule O)		20	4.4 44-
<u></u>	<u>≇21</u>		s or fund balances at end of year Combine lines 18 through 20		▶ 21	112,663.
Βį	₿ Fo	r Paperwo	rk Reduction Act Notice, see the separate instructions.			Form 990-EZ (2010)

Forn	Form 990-EZ (2010) VISTA GRANDE CONTINUOUS PROGRESS 68-0070122 Page 2								
Pa	rt il Balance Sheets. (see the ins	structions for Part II.)							
	Check if the organization used Sch	edule O to respond to any qu		N Pagenness of year		(P) End of year			
22	Coch covered and investments		<u> </u>	 Beginning of year 89, 243. 		(B) End of year 131, 033.			
23	Cash, savings, and investments Land and buildings			03, 243	23	131,033.			
	Other assets (describe in Schedule O)		,		24				
	Total assets		—— [′]	89,243.		131,033.			
	Total liabilities (describe in Schedule 0)	SEE SCHEDULE O	, -	05,245.		18,370.			
	Net assets or fund balances (line 27 of		line 21)	89,243.		112,663.			
	rt III Statement of Program Ser				. ,	Expenses			
<u> </u>	Check if the organization used So			, <u> </u>	(Rea	uired for section			
What Desc desc prog	is the organization's primary exempt purpose? SEI cribe what was achieved in carrying out the cribe the services provided, the number of fram title			oncise manner.	orgai 4947	c)(3) and 501(c)(4) nizations and section (a)(1) trusts, optional thers)			
	SEE SCHEDULE O								
	(Grants \$) If th	is amount includes foreign gr	ants, check here	▶	28 a	142,216.			
29									
	(Grants \$) If th	is amount includes foreign gr	ants, check here	<u> </u>	29 a				
30									
	(Grants \$) If th				20 -				
21	(Grants 5) If in	is amount includes foreign gr	ants, cneck nere		30 a				
31	Other program services (describe in Sch (Grants \$) If th	edule ()) is amount includes foreign gr	ante choek horo	▶□	31 a				
32	Total program service expenses (add III		ants, check here	<u> </u>	32	142,216.			
	rt IV List of Officers, Directors,		Novees list each one e	en if not compensated					
	Check if the organization used So			ion ii not componisated	1500 0				
	(a) Name and address	(b) Title and average hours per week devoted to position		(d) Contributions employee benefit plans deferred compensat	s and	(e) Expense account and other allowances			
TIN	NA MORTE	CO-CHAIR	0.	adiorica component	0.	0.			
	7 DIABLO ROAD	2.00		•		•			
	NVILLE, CA 94526								
REF	BECCA LACOUNT	CO-CHAIR	0.		0.	0.			
	7 DIABLO ROAD	2.00							
	NVILLE, CA 94526								
	SAN LEARY	TREASURER			0.	0.			
	7 DIABLO ROAD	4.00							
	NVILLE, CA 94526								
	KANNE BLAIR	SECRETARY			0.	0.			
	7 DIABLO ROAD	2.00							
	NVILLE, CA 94526 ACY CIAMPI	COMMUNICATIONS			_				
	ACY CIAMPI 7 DIABLO ROAD	COMMUNICATIONS 2.00		-	0.	0.			
	VILLE, CA 94526	2.00							
	RCY PANTANO	RECRUITMENT	0.		0.	0.			
	7 DIABLO ROAD	2.00			٠.	0.			
	NVILLE, CA 94526	2.00							
	ATHER SMALL	FUNDRAISING	0.		0.	0.			
	7 DIABLO ROAD	2.00							
	NVILLE, CA 94526								
		L	L	L					
BAA	1	TEEA0812L 0	2/18/11			Form 990-EZ (2010)			

Section 501(c)(3) organization engage in any activity not previously reported to the IRS? If "Yes", provide a detailed description of each activity in Schedule 0. Section 501(c)(3) and to the contract of reported to the IRS? If "Yes", indicated description of each activity in Schedule 0.					
Check if the organization used Schedule O to respond to any question in this Part V Solution of the comparization	Forn	1 990-EZ (2010) VISTA GRANDE CONTINUOUS PROGRESS 68-007012	2	Р	age 3
Section 3.00 The organization engage in any activity not previously reported to the IRS? If Yes, throwed a detailed description of each activity in Schodule O.	Pa		IEDŪI	ΕO	
34 Wire us graduated charges made to the expansing or expensing faculated? If Yes, attach a conformed day of the amended decometric of the expansion of the exp		Check if the organization used Schedule O to respond to any question in this Part V			X
34	33	Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' provide a detailed description of each activity in Schedule O	33	Yes	-
seplan in Schedule Unit the approximation and roll report the income on Fermi 990-T a. Did the organization subject to section 603(e) notice, reporting, and proxy tax requirements? 50 (O(6) organization subject to section 603(e) notice, reporting, and proxy tax requirements? 51 bit 11 ves, it has a tax is their a tax return on Form 990-T for this year (recensive complete special price) and proxy tax requirements? 52 bit the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If 11 ves; complete special price and Schedule for year? If 11 ves; complete special price is Schedule for year? If 11 ves; complete special price is Schedule for year? If 11 ves; complete special price is Schedule for year and still outstanding at the end of the tax year covered by this return? 53 bit 11 ves; complete special because the vest of the total amount involved: 54 a Section 501(c)(7) organizations Enter amount of tax imposed on the organization during the year under; section 491 to 11 vest year (and it is a proxy year and still outstanding at the end of the tax year covered by this return? 55 bit 11 vest, complete Schedule L, Part II and enter the total amount involved: 56 a X 57 b X 58 bit 11 vest year (and the proxy organizations in the organization during the year under; section 491 to 11 vest year (and the year under; section 491 to 11 vest year (and the year under; section 491 to 11 vest year (and the year under; section 491 to 11 vest year (and the year under; section 491 to 11 vest year (and the year under) and year (and the year under). 57 bit 11 vest year (and the year year that has not been reported on any of its prior forms 990 or 990 cest of 11 vest year (and the organization of year that has not been reported on any of its prior forms 990 or 990 cest of 11 vest year (and the year under sections 4912, 4955, and 4958 58 cestion 501(c)(3) and 501(c)(4) organizations. Enter amount of tax messed on year year that has not been reported on the y	34	Were any significant changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		Х
\$35 X X Street Street	35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, explain in Schedule O why the organization did not report the income on Form 990-T			
36	•	Did the organization have unrelated business gross income of \$1,000 or more or was it a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements?	35 a		Х
year? If Yes,' complete applicable parts of Schedule N 37a Enter amount of political expenditures, direct or indirect, as described in the instructions b Did the organization file Form 1120-POL for this year? 37a Enter amount of political expenditures, direct or indirect, as described in the instructions b Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? b If Yes,' complete Schedule I, Part II and enter the total amount involved 38b N/A 39 Section 501(c)(7) organizations Enter amount of tax imposed on the organization during the year under section 4911 0	١	olf 'Yes,' has it filed a tax return on Form 990-T for this year (see instructions)?	35 b		
b Did the organization file Form 1120-POL for this year? 38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? bif Yes, complete Schedule L, Part II and enter the total amount involved 39 Section 501(c)(7) organizations. Enter amount of tax imposed on the organization during the year under. section 4911 ► 0. section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under. section 4911 ► 0. section 4911 ► 0. section 4915 ► 0. besction 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 49955 ► 0. besction 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4915 × 0. section 4915 × 0. section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization any of its prior forms 990 or 990-E27 if Yes, complete Schedule L, Part II 40 Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organizations and any time during the year under sections. 4912, 4955, and 4958	36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If 'Yes,' complete applicable parts of Schedule N	36		X
38a	37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions ► 37a 0.			
any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? 38a	ł	Did the organization file Form 1120-POL for this year?	37 ь		X
amount involved. 3 Section 501(c)(7) organizations. Enter a limbation fees and capital contributions included on line 9 b Gross receipts, included on line 9, for public use of club facilities. 30 Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under. section 4911 \(\) 0., section 4912 \(\) 0., section 4912 \(\) 0., section 4915 \(\) 0., section 4915 \(\) 0., section 4915 \(\) 0., section 4916 \(\) 0., section 4917 \(\) 0., section 4916 \(\) 0. (3) and 501(c)(4) organizations. Enter amount of tax imposed on organization organization organization organization organization organization organization organization. 40 Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization organization. 41 Let the states with which a capy of this return is filed \(\) CA 42 The organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If verys, complete Form 8885-1. 42 The organizations. 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. \(\) 10 TABELO ROAD DANVILLE CA 42 The organization or exceptions and filing requirements for Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts. 43 Section 4947(a)(1) nonexempt chanitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the tax year 43 Section 4947(a)(1) nonexempt chan	38	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		Х
a imbation fees and capital contributions included on line 9 b Gross receipts, included on line 9, for public use of club facilities 39.8	ı				
## B Gross receipts, included on line 9, for public use of club facilities ### 40 a Section 501 (c)(3) organizations Enter amount of tax imposed on the organization during the year under. ### 50, section 4911 ▶	39	Section 501(c)(7) organizations Enter			
### 40 a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under. Section 4911	i				
section 4911 • 0., section 4912 • 0., section 4955 • 0. b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-E27 if Yes, complete Schedule L, Part I c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization. e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If Yes,' complete Form 8886-T. 1 List the states with which a copy of this return is filed. CA 1 List the states with which a copy of this return is filed. CA 2 Telephone no. 925-895-6590 Located at 677 DTABLO ROAD DANVILLE CA. 2/P+4-94526 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 accounts. c At any time during the calendar year, did the organization maintain an office outside of the U.S.? If Yes,' enter the name of the foreign country. See the instructions for exceptions and filing requirements for form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts. c At any time during the calendar year, did the organization maintain an office outside of the U.S.? If Yes,' enter the name of the foreign country. 43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 – Check here and enter the amount of tax-exempt interest received or accrued during the year? If Yes,' Form 990 must be completed instead of Form 990-EZ. b Did the organization operate one or more hospital facilities during the year? If Yes,' Form 990	1	Gross receipts, included on line 9, for public use of club facilities N/A			
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c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization of 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If Yes, complete Form 8886-T 40e X 42a The organization's books are in care of SUSAN_LEARY Losted at + 677_DTABLO_ROAD_DANVILLE_CA 27P + 4 + 94526 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)? If 'Yes,' enter the name of the foreign country. See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts. c At any time during the calendar year, did the organization maintain an office outside of the U S? If 'Yes,' enter the name of the foreign country. 42b X 42c X 44c Yes No 42c Yes No A1a Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ b Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed	1	transaction during the year or did it engage in an excess benefit transaction in a prior year that has not been reported	40 ь		Х
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42 a The organization's books are in care of SUSAN_LEARY Telephone no 925-895-6590 Located at 677_DIABLO_ROAD_DANVILLE_CA ZiP + 4 > 94526 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)? If "Yes," enter the name of the foreign country. See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts. c At any time during the calendar year, did the organization maintain an office outside of the U S? If "Yes," enter the name of the foreign country. 42c X 42c X 44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed	•	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T	40 e		Х
books are in care of SUSAN LEARY Located at 677 DIABLO ROAD DANVILLE CA SIP + 4 94526 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)? See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts. c At any time during the calendar year, did the organization maintain an office outside of the U S? If 'Yes,' enter the name of the foreign country. 42c X 42c X 42c X 43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the tax year 43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the tax year 44 Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ b Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed	41	List the states with which a copy of this return is filed > CA			
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	ı	Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed			

c Did the organization receive any payments for indoor tanning services during the year?

44 c

44 d

X

45 Is any related organization a controlled entity of the organization within the meaning of section \$12(b)(13)? a Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section \$12(b)(13)? If Yes, Form 990 and \$2 (see this) for organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to carefulates for public office? If Yes, Complete Sheddle C, Part II 'Hes, Co	Form 990 -	EZ (2010) VISTA GRANDE CONTIN	IUOUS PROGRESS			68-007012	2	Р	age 4
a Dut the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section \$100(0)(3)? If 1765, from 990 and \$50edus (R. may read to be completed instead of from 990-CE (see risk) 45 Dut the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to another the properties of the organization and section 4947(a)(1) nonexempt charitable trusts must answer questions 47 490 and 52, and complete the fables for lines 50 and 51. Check if the organization well schedule 0 for respond to any question in this Part VI. 48 Is the organization engage in following activities? If Yes, complete Schedule E. 49 a Dut the organization engage in following activities? If Yes, complete Schedule E. 49 a Dut the organization as section \$22 organization? 50 Complete this stable for the organization is two injects complements organization? 40 The engage activities of the organization is two injects complements or the properties of the	•							Yes	
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Part V Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 47-49b and 52, and complete the tables for lines 50 and 51. Check if the organization used Schedule O to respond to any question in this Part VI Yes No. 47 Did the organization as school as described in section 170(c)(1)(A)(0)? If Yes, complete Schedule C, Part II Yes No. 48 Is the organization as school as described in section 170(c)(1)(A)(0)? If Yes, complete Schedule C, Part II Yes No. 48 Is the organization as school as described in section 170(c)(1)(A)(0)? If Yes, complete Schedule C, Part II Yes No. 48 Is the organization as school as described in section 170(c)(1)(A)(0)? If Yes, complete Schedule C, Part II Yes No. 48 Is the organization as the school as described in section 170(c)(1)(A)(0)? If Yes, complete Schedule C, Part II Yes No. 49 If Yes No. 49	46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C. Part I								
47-49b and \$2, and complete the tables for lines 50 and \$1. Check if the organization used Schedule O to respond to any question in this Part VI 48 Is the organization a school as described in section 170(b)(1)(4)(0)? If Yes, complete Schedule C, Part II 48 Is the organization as school as described in section 170(b)(1)(4)(0)? If Yes, complete Schedule E 49 a Did the organization as school as described in section 170(b)(1)(4)(0)? If Yes, complete Schedule C, Part III 48 Is the organization as school as described in section 170(b)(1)(4)(0)? If Yes, complete Schedule E 49 a Did the organization make any transfers to an exempt non-charitable related organization? 50 Complete this table for the organization's five highest compensated employees (other than officers, directors, furcious, understand the organization of the response of the organization as the part of the organization of the organization from the organization of the organization from the o		Section 501(c)(3) organizations	and section 4947	(a)(1) non	exempt char	itable trusts only. A	All se	ction	
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Did the organization complete Schedule A? Note All section 501(c)(3) organizations and 4947(a)(1) nonexempt X Yes No No Under penalties of penury, I feedare 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 Schedule A November Signature of officer Signature of officer Susan Leary Treasurer Treasurer Treasurer Treasurer Douglas W. Regalia Douglas W. Regalia Print/Type preparer's name Preparer's signature Douglas W. Regalia Douglas W. Regalia Firm's name Regalia Associates Firm's name Regalia Associates Firm's name Treasurer's name Proparer Signature of officer Douglas W. Regalia Douglas W. Regalia Proparer's signature Douglas W. Regalia Firm's name Regalia Associates Treasurer Proparer's signature Proparer's signature Douglas W. Regalia Proparer's name Regalia Associates Treasurer Print Self-employed Print P									
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Did the organization complete Schedule A? Note All section 501(c)(3) organizations and 4947(a)(1) nonexempt X Yes No No Under penalties of penury, I feedare 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 Schedule A November Signature of officer Signature of officer Susan Leary Treasurer Treasurer Treasurer Treasurer Douglas W. Regalia Douglas W. Regalia Print/Type preparer's name Preparer's signature Douglas W. Regalia Douglas W. Regalia Firm's name Regalia Associates Firm's name Regalia Associates Firm's name Treasurer's name Proparer Signature of officer Douglas W. Regalia Douglas W. Regalia Proparer's signature Douglas W. Regalia Firm's name Regalia Associates Treasurer Proparer's signature Proparer's signature Douglas W. Regalia Proparer's name Regalia Associates Treasurer Print Self-employed Print P									
Did the organization complete Schedule A? Note All section 501(c)(3) organizations and 4947(a)(1) nonexempt X Yes No No Under penalties of penury, I feedare 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 Schedule A November Signature of officer Signature of officer Susan Leary Treasurer Treasurer Treasurer Treasurer Douglas W. Regalia Douglas W. Regalia Print/Type preparer's name Preparer's signature Douglas W. Regalia Douglas W. Regalia Firm's name Regalia Associates Firm's name Regalia Associates Firm's name Treasurer's name Proparer Signature of officer Douglas W. Regalia Douglas W. Regalia Proparer's signature Douglas W. Regalia Firm's name Regalia Associates Treasurer Proparer's signature Proparer's signature Douglas W. Regalia Proparer's name Regalia Associates Treasurer Print Self-employed Print P									
Did the organization complete Schedule A? Note All section 501(c)(3) organizations and 4947(a)(1) nonexempt X Yes No No Under penalties of penury, I feedare 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 Schedule A November									
Did the organization complete Schedule A? Note All section 501(c)(3) organizations and 4947(a)(1) nonexempt X Yes No No Under penalties of penury, I feedare 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 Schedule A November									
Did the organization complete Schedule A? Note All section 501(c)(3) organizations and 4947(a)(1) nonexempt X Yes No No Under penalties of penury, I feedare 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 Schedule A November	- Total			100.000					
Charitable trusts must attach a completed Schedule A Under penalties of penury, I feed are that I have examined this return, inducing accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete peclaration of preparer (other than officer) is based on all information of which preparer has any knowledge Sign		•	•	·	one and 4047(a)	(1) nanayamat			
Signature of officer Susan Leary Type or pnnt name and title Preparer Bough Susan Leary Type or pnnt name and title Print/Type preparer's name Preparer Bough Susan Leary Type or pnnt name and title Preparer's signature Dough Susan Leary Type or pnnt name and title Preparer's signature Dough Susan Leary Type or pnnt name and title Preparer's signature Dough Susan Leary Treasurer Print/Type preparer's name Preparer's signature Dough Susan Leary Type or pnnt name and title Print/Type preparer's name Preparer's signature Dough Susan Leary Type or pnnt name and title Print/Type preparer's name Preparer's signature Print/Type preparer's name Preparer's name Preparer's name Preparer's name Preparer's name Preparer's name Preparer's nam	chari	table trusts must attach a completed Sch	edule A	o) Organizati	0115 a110 4947(a)	(1) Honexempt ► [X Yes	, [No
Signature of officer Susan Leary Type or pnnt name and title Preparer Bough Susan Leary Type or pnnt name and title Print/Type preparer's name Preparer Bough Susan Leary Type or pnnt name and title Preparer's signature Dough Susan Leary Type or pnnt name and title Preparer's signature Dough Susan Leary Type or pnnt name and title Preparer's signature Dough Susan Leary Treasurer Print/Type preparer's name Preparer's signature Dough Susan Leary Type or pnnt name and title Print/Type preparer's name Preparer's signature Dough Susan Leary Type or pnnt name and title Print/Type preparer's name Preparer's signature Print/Type preparer's name Preparer's name Preparer's name Preparer's name Preparer's name Preparer's name Preparer's nam	Under penalti true, correct,	es of perjury, I declare that I have examined this return and complete Declaration of preparer (other than office	, including accompanying sche er) is based on all information of	dules and stater	ments, and to the best or has any knowledge	t of my knowledge and belief, it	ıs		
SUSAN LEARY Type or pint name and title Print/Type preparer's name Preparer Use Only Print/Type preparer's name Preparer Use Only Print/Type preparer's name Preparer's signature Preparer's signature Preparer's signature Preparer's signature Preparer's signature Preparer's signature Provided Nov 2-9 2011 Self-employed Print Self Print Sel		- Suran Lian							
Type or print name and title Print/Type preparer's name Preparer's signature DOUGLAS W. REGALIA DOUGLAS W. REGALIA DOUGLAS W. REGALIA Firm's name REGALIA & ASSOCIATES, CPAS Firm's address 103 TOWN & COUNTRY DR., STE. K DANVILLE, CA 94526 May the IRS discuss this return with the preparer shown above? See instructions Proparer's signature Date NOV 2-9 2011 Self-employed Print selin Firm selin 68-0260103 Phone no (925) 314-0390		1 "							
Print/Type preparer's name Preparer's signature DougLAS W. REGALIA DOUGLAS W. REGALIA NOV 2-9 2011 Self-employed P00186389 Firm's name REGALIA & ASSOCIATES, CPAS Firm's address NOV 2-9 2011 Print's name REGALIA & ASSOCIATES, CPAS DANVILLE, CA 94526 May the IRS discuss this return with the preparer shown above? See instructions Print/Type preparer's name Preparer's signature NOV 2-9 2011 Self-employed P00186389 Phone no (925) 314-0390	Here				TRE	EASURER			
Preparer Use Only Propert Only		Print/Type preparer's name	Preparer's signature		Date	Check of PTIN			
Preparer Use Only Firm's name REGALIA & ASSOCIATES, CPAS 103 TOWN & COUNTRY DR., STE. K Firm's EIN ► 68-0260103 DANVILLE, CA 94526 Phone no (925) 314-0390 May the IRS discuss this return with the preparer shown above? See instructions X Yes No	Paid	DOUGLAS W. REGALIA	DOUGLAS W. ALE	ALIA	NOV 2-9 20	144	8638	9	
DANVILLE, CA 94526 May the IRS discuss this return with the preparer shown above? See instructions Phone no (925) 314-0390 X Yes No	Preparer	Firm's name REGALIA & ASSOC							
May the IRS discuss this return with the preparer shown above? See instructions ►X Yes No	Use Only			ζ					
		<u> </u>		-1			4		
		s discuss this return with the preparer sh	iown above? See instru	ctions					

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

2010

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

VISTA GRANDE CONTINUOUS PROGRESS

Employer identification number

		ALIERI	NATIVE PROGRAM	1					00-00	J/U122	<u> </u>		
Part	1	Reason for Pub	lic Charity Status	(All organizations	must o	comple	te this	part.)	See ii	nstruct	ions.		
he c	rgai	nization is not a priva	ite foundation becaus	e it is (For lines 1 throu	ugh 11,	check o	nly one I	box)					
1													
2	П	A school described ii	n section 170(b)(1)(A)	(ii). (Attach Schedule E	Ξ.)								
3	П	A hospital or a coope	erative hospital service	e organization describe	d in sec	tion 170	у Бу 1 у А	X(iii).					
4	П	A medical research of	organization operated	in conjunction with a he	ospital d	fescribe	d in sec	tion 17	0(b)(1)(A	N(iii) Er	nter the hos	pital's	5
		name, city, and state	•	•	•					. ,		•	
5			rated for the benefit o	f a college or university	owned	or opera	ited by a	gover	nmental	unit des	scribed in s	ectio	n
6	П	A federal, state, or lo	ocal government or go	overnmental unit descrit	oed in s	ection 1	70(b)(1)	(A)(v).					
7			normally receives a s A)(vi). (Complete Pai	substantial part of its su rt II)	pport fro	om a go	vernmer	ntal unit	or from	the gen	eral public	descr	ıbed
8	Ц	A community trust de	escribed in section 17	70(b)(1)(A)(vi). (Complet	te Part I	1)							
9		from activities related investment income a	d to its exempt function) more than 33-1/3% of ons — subject to certain s taxable income (less : mplete Part III)	ı except	ions, an	d (2) no	more t	han 33-	1/3% of	its support	from o	gross
10	\Box	An organization orga	inized and operated e	xclusively to test for pu	blic safe	ty See	section	509(a)	(4).				
11		more publicly suppor	rted organizations des	xclusively for the benef scribed in section 509(a) ion and complete lines	(1) or s	ection 5	09(a)(2)	ctions o	f, or car ection :	ry out th 5 09(a)(3)	e purposes . Check the	of on e box	e or that
		a Type I	b Type II	c 🗌 Type III	– Fund	tionally	ıntegrat	ed		d 🗌	Type III -	- Othe	r
е		By checking this box other than foundation section 509(a)(2)	, I certify that the organic managers and other	anization is not controller than one or more publ	ed direc icly supp	tly or incoorted o	directly l rganizat	by one o	or more scribed	disquali in sectio	fied person on 509(a)(1)	s) or	
f		If the organization re check this box	ceived a written detei	rmination from the IRS	that is a	Type I,	Type II	or Type	: III supp	orting o	rganızatıon	,	
g		Since August 17, 200	06, has the organizati	on accepted any gift or	r contrib	ution fro	m any d	of the fo	llowing	persons	?		
												Yes	No
		(i) A person who obelow, the gove	directly or indirectly co erning body of the sur	ontrols, either alone or to oported organization?	together	with pe	rsons de	escribed	l ın (ıı) a	and (III)	11 g (i)		
		(ii) A family memb	er of a person describ	oed in (i) above?							11 g (ii)		
		(iii) A 35% controlle	ed entity of a person (described in (i) or (ii) al	oove?						11 g (iii)		
h		Provide the following	information about the	e supported organizatio	n(s)								
		(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	organiz column (i your go	s the ation in listed in werning ment?	(v) Did yo the organi column your su	zation in	(vi) i organız colun organıze U S	ation in nn (i) ed in the	(vii) Amoun	it of sup	port
					Yes	No	Yes	No	Yes	No			
										T			
A)													
B)													
C)													
D) _					<u> </u>								
E) _													
otal													

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)

Sec	tion A. Public Support					· · · · · · · · · · · · · · · · · · ·			
begi	ndar year (or fiscal year nning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total		
1	Gifts, grants, contributions, and membership fees received (Do not include 'unusual grants')	119,955.	127,535.	126,742.	207,601.	151,038.	732,871.		
	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf						0.		
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0.		
4	Total. Add lines 1 through 3	119,955.	127,535.	126,742.	207,601.	151,038.	732,871.		
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)						0.		
6	Public support. Subtract line 5 from line 4						732,871.		
Sec	tion B. Total Support								
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total		
7	Amounts from line 4	119,955.	127,535.	126,742.	207,601.	151,038.	732,871.		
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	2,367.	1,610.	425.	51.	143.	4,596.		
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0.		
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						0.		
11	Total support. Add lines 7 through 10						737,467.		
12	Gross receipts from related activ	ities, etc (see inst	ructions)			12	15,098.		
	First five years. If the Form 990 organization, check this box and	stop here	·	d, third, fourth, or	fifth tax year as	a section 501(c)(3)) ► □		
	tion C. Computation of Pul								
14 15				e II, column (f))		14	99.4% 92.9%		
	., ,	,	,	. 12		L L-			
	16 a 33-1/3% support test – 2010. If the organization did not check the box on line 13, and the line 14 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization								
1	b 33-1/3% support test — 2009. If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization.								
17 a	17 a 10%-facts-and-circumstances test — 2010. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization.								
	b 10%-facts-and-circumstances test — 2009. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization								
_	Private foundation. If the organi	zation did not che	ck a box on line 1	3, 16a, 16b, 17a,					
BAA	ı				Sch	nedule A (Form 99)	u or 990-E∠) 2010		

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

(Complete only if you checked the box on line 9 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.)

Sec	tion A. Public Support							
	dar year (or fiscal yr beginning in) 🟲	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total	
1	Gifts, grants, contributions and membership fees received (Do not include any 'unusual grants')							
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose							
3	Gross receipts from activities that are not an unrelated trade or business under section 513							
	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							
	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons							
ŀ	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year							
c	: Add lines 7a and 7b				<u> </u>			
	Public support (Subtract line 7c from line 6)							
	tion B. Total Support					, , , , , , , , , , , , , , , , , , ,		
	dar year (or fiscal yr beginning ın)►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total	
10 a	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511							
	taxes) from businesses acquired after June 30, 1975							
	Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on							
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)							
13	Total support. (Add Ins 9, 10c, 11, and 12)							
	First five years. If the Form 990 organization, check this box and	stop here		nd, third, fourth, o	r fifth tax year as	a section 501(c)(3	³⁾ ► □	
Sec	tion C. Computation of Pul	blic Support P	ercentage					
15	Public support percentage for 20	10 (line 8, colum	n (f) divided by lin	e 13, column (f))		15	%	
	Public support percentage from 2					16	%	
Sec	tion D. Computation of Inv	estment Incor	ne Percentage					
	Investment income percentage for			- ·	ımn (f))	17	- %	
	Investment income percentage for					18	<u></u> %	
	9a 33-1/3% support tests — 2010. 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							
ŀ	b 33-1/3% support tests – 2009. 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							

Schedule A	(Form 990 or 990-EZ) 2010	VISTA GRANDE	CONTINUOUS	PROGRESS	68-007012	2 Page 4
Part iV	Supplemental Informate Part II, line 17a or 17b (See instructions).	ation. Complete thing; and Part III, line	s part to provid 12. Also comp	le the explanation lete this part for	ons required by Part any additional infor	II, line 10; mation.
	~					
						
						
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		- 				
						

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047 2010

Department of the Treasury Internal Revenue Service

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.

Open to Public Inspection

Employer identification number

Name of the organization VISTA GRANDE CONTINUOUS PROGRESS ALTERNATIVE PROGRAM 68-0070122 FORM 990-EZ, PART III - ORGANIZATION'S PRIMARY EXEMPT PURPOSE THE VISTA GRANDE CONTINUOUS PROGRESS PROGRAM IS BASED ON A PHILOSOPHY THAT ENCOURAGES TEACHERS TO CHALLENGE STUDENTS, WITH THE SUPPORT OF AIDES AND PARENTS, TO WORK TO THE BEST OF THEIR ABILITY AS THEY MOVE THROUGH THE ELEMENTARY SCHOOL PROGRAM. ITS GOAL IS TO BUILD WITHIN STUDENTS A SENSE OF RESPONSIBILITY, <u>SELF-DISCIPLINE, CONFIDENCE AND PRIDE IN THEIR ACCOMPLISHMENTS IN A NURTURING</u> ENVIRONMENT - IN SHORT, TO PROGRESS TO THE BEST OF THEIR POTENTIAL. FORM 990-EZ, PART III, LINE 28 - STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS THE CONTINUOUS PROGRESS PROGRAM OFFERS SEVERAL FEATURES THAT DISTINGUISH IT FROM THE TRADITIONAL PROGRAM, INCLUDING SPANISH INSTRUCTION, INCREASED ONE-ON-ONE TIME WITH TEACHERS AND PARAPROFESSIONAL AIDES, ADDITIONAL CLASS TIME FOR KINDERGARTEN THROUGH SECOND GRADES, AND A CONSISTENT CLASSMATE ENVIRONMENT FROM YEAR TO YEAR. THE COLLECTIVE COOPERATION OF HOME AND SCHOOL ENSURES THE BEST POSSIBLE LEARNING ENVIRONMENT FOR STUDENTS. ACADEMIC INSTRUCTION IS BASED ON THE TRADITIONAL DISTRICT CURRICULUM AND AUGMENTED WITH THE FOLLOWING ELEMENTS: GRADES K-2 HAVE A LONGER SCHOOL DAY THAN THOSE IN THE TRADITIONAL PROGRAM. CLASSES HAVE A LOWER CHILD TO ADULT RATIO, ACHIEVED THROUGH PAID AIDES AND PARENT VOLUNTEERS. KINDERGARTEN HAS A FULL-TIME AIDE; GRADES 1-5 HAVE CLASSROOM AIDES FOR 19.5 HOURS PER WEEK, PLUS ADDITIONAL TIME WITH SPECIALIZED (READING AND MATH) AIDES. ALL STUDENTS RECEIVE THE ENRICHMENT OF SPANISH INSTRUCTION, BEGINNING WITH KINDERGARTEN. THE PROGRAM RELIES ON ACTIVE PARENT PARTICIPATION IN AND OUT OF THE CLASSROOM, AS WELL AS FREQUENT COMMUNICATION BETWEEN PARENTS AND TEACHERS. AN ANNUAL CONTRIBUTION FROM PARENTS PAYS FOR CLASSROOM PARA-EDUCATORS, SPANISH INSTRUCTOR, SUPPLIES AND OTHER ESSENTIALS DEEMED NECESSARY BY THE CLASSROOM

Schedule 0 (Form 990 or 990-EZ) 2010	Page 2
Name of the organization VISTA GRANDE CONTINUOUS PROGRESS ALTERNATIVE PROGRAM	Employer identification number 68-0070122
FORM 990-EZ, PART III, LINE 28 - STATEMENT OF PROGRAM SERVICE ACCOMPL	ISHMENTS
TEACHER AND/OR CONTINUOUS PROGRESS PROGRAM BOARD. THE PARENT CO	ONTRIBUTION,
DETERMINED ANNUALLY BY THE BOARD, IS NECESSARY FOR THE OPERATION	ON_AND_CONTINUATION
OF THE PROGRAM.	
* STUDENTS STAY TOGETHER IN THE SAME CLASS FROM GRADE TO GRADE	E, FACILITATING
CONSISTENCY AND A DEEP LEVEL OF CAMARADERIE IN THEIR SOCIAL AND	LEARNING
ENVIRONMENT.	
FORM 990-EZ, PART V - REGARDING TRANSFERS ASSOCIATED WITH PERSONAL	BENEFIT CONTRACTS
(A) DID THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS,	DIRECTLY OR
INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT?	NO NO
(B) DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS, DIREC	TLY OR
INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT?	NO
	·
	·

2010 **SCHEDULE O - SUPPLEMENTAL INFORMATION** PAGE 1 **VISTA GRANDE CONTINUOUS PROGRESS CLIENT 201125 ALTERNATIVE PROGRAM** 68-0070122 11/29/11 10 15AM FORM 990-EZ, PART I, LINE 16 OTHER EXPENSES CLASSROOM SUPPLIES 4,400. \$ EDUCATOR AIDES 111,216. FEES AND CHARGES 557. OTHER EXPENSES 86. 26,600. 142,859. SPANISH TEACHER TOTAL \$ FORM 990-EZ, PART II, LINE 26 **TOTAL LIABILITIES** BEGINNING ENDING 18,370. 18,370. NET FINANCIAL ACTIVITIES FOR FYE 2012