

2017 Exempt Return
prepared for:

Life Skills Training and Educational
Programs, Inc.
4041 Bridge Street
Fair Oaks, CA 95628

Grant Bennett Associates
1375 Exposition Blvd Ste 230
Sacramento, CA 95815-5143

Grant Bennett Associates

A PROFESSIONAL CORPORATION

June 27, 2018

CONFIDENTIAL

Life Skills Training and Educationa
Programs, Inc.
4041 Bridge Street
Fair Oaks, CA 95628

Dear :

We have prepared the following returns from information provided by you without verification or audit.

Return of Organization Exempt From Income Tax (Form 990)
Annual Registration Renewal Fee Report (Form RRF-1)
California Exempt Organization Annual Information Return (Form 199)

We suggest that you examine these returns carefully to fully acquaint yourself with all items contained therein to ensure that there are no omissions or misstatements.

Federal Filing Instructions

None is required. Your Form 990 for the year ended 12/31/17 shows no balance due.

Your return is being filed electronically with the IRS and is not required to be mailed. If you mail a paper copy of your return to the IRS it will delay the processing of your return. Your electronically filed return is not complete without your signature. You are using a Personal Identification Number (PIN) for signing your return electronically. Form 8879-EO, IRS *e-file* Signature Authorization for an Exempt Organization should be signed and dated by an authorized officer of the organization and returned as soon as possible to:

Grant Bennett Associates
1375 Exposition Blvd Ste 230
Sacramento, CA 95815-5143

Important: Your return will not be filed with the IRS until the signed Form 8879-EO has been received by this office. If previously signed and returned no further action is required.

California Form 199 Filing Instructions

Your Form 199 for the tax year ended 12/31/17 shows a balance due of \$10. Include a check payable to Franchise Tax Board with payment voucher 3586 and write "E.I.N. **-*0982, FTB 3586" on the check.

Mail the voucher AS SOON AS POSSIBLE to:

Franchise Tax Board

P.O. Box 942857
Sacramento, CA 94257-0531

If a private delivery service is used, mail to:
Franchise Tax Board
Sacramento, CA 95827

Your return is being filed electronically with the California Franchise Tax Board and is not required to be mailed. If you mail a paper copy of Form 199 to the California Franchise Tax Board it will delay processing of your return. Initial and date the copy, and retain it for your records.

Your electronically filed return is not complete without your signature. Form 8453-EO, California e-file Return Authorization for Exempt Organizations, should be signed and dated by an authorized officer of the corporation and returned to Grant Bennett Associates before the electronic file is transmitted to the California Franchise Tax Board.

If you scheduled an electronic funds withdrawal and wish to cancel it, you must call the California Franchise Tax Board at (916) 845-0353 at least two working days prior to the date of withdrawal.

California Form RRF-1 Filing Instructions

Your Form RRF-1 for the tax year ended 12/31/17 shows a balance due of \$150. The return should be signed and dated on Page 1 by an officer representing the organization. Include a check payable to the Attorney General's Registry of Charitable Trusts in the amount of \$150. Write "E.I.N. **-***0982, RRF-1 Balance Due for the year ended 12/31/17" on the check. Mail the return by November 15, 2018 to:

Registry of Charitable Trusts
P.O. Box 903447
Sacramento, CA 94203-4470

A copy of the federal return should be attached and sent with the registration renewal.

Also enclosed is any material you furnished for use in preparing the returns. If the returns are examined, requests may be made for supporting documentation. Therefore, we recommend that you retain all pertinent records for at least seven years.

In order that we may properly advise you of tax considerations, please keep us informed of any significant changes in your financial affairs or of any correspondence received from taxing authorities.

If you have any questions, or if we can be of assistance in any way, please call.

Sincerely,

Grant Bennett Associates

Form **8879-EO**

IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-1878

For calendar year 2017, or fiscal year beginning 2017, and ending 20

u Do not send to the IRS. Keep for your records.

u Go to www.irs.gov/Form8879EO for the latest information.

2017

Department of the Treasury
Internal Revenue Service

Name of exempt organization

**LIFE SKILLS TRAINING AND EDUCATIONA
PROGRAMS, INC.**

Employer identification number

**** - ** 0982**

Name and title of officer

**BETH SOUTHORN
EXECUTIVE DIREC**

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	8,587,810
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 2017 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 **GRANT BENNETT ASSOCIATES** to enter my PIN **06009** as my signature
ERO firm name Enter five numbers, but do not enter all zeros

on the organization's tax year 2017 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 2017 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 } **06/26/18**

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.

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2017 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 }

Date } **06/26/18**

ERO Must Retain This Form — See Instructions

Do Not Submit This Form to the IRS Unless Requested To Do So

For Paperwork Reduction Act Notice, see back of form.

Form **8879-EO** (2017)

Form **990**

Return of Organization Exempt From Income Tax
 Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
 Do not enter social security numbers on this form as it may be made public.
 Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047
2017
 Open to Public Inspection

A For the 2017 calendar year, or tax year beginning _____, **and ending** _____

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

C Name of organization **LIFE SKILLS TRAINING AND EDUCATIONAL PROGRAMS, INC.**
 Doing business as _____
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite
4041 BRIDGE STREET
 City or town, state or province, country, and ZIP or foreign postal code
FAIR OAKS CA 95628

D Employer identification number
**** - ***0982**

E Telephone number
916-965-0110

G Gross receipts \$ **8,587,810**

F Name and address of principal officer:
BETH SOUTHORN
4041 BRIDGE STREET
FAIR OAKS CA 95628

H(a) Is this a group return for subordinates Yes No
H(b) Are all subordinates included? Yes No
 If "No," attach a list. (see instructions)

I Tax-exempt status: 501(c)(3) 501(c) () **t** (insert no.) 4947(a)(1) or 527

J Website: **WWW.LIFESTEPSUSA.ORG**

K Form of organization: Corporation Trust Association Other **u**

L Year of formation: **1996** **M** State of legal domicile: **CA**

H(c) Group exemption number **u**

Part I Summary		Prior Year	Current Year
Activities & Governance	1 Briefly describe the organization's mission or most significant activities: TO FOSTER, SPONSOR AND PROVIDE EDUCATIONAL AND SOCIAL PROGRAMS DESIGNED TO STRENGTHEN FAMILIES, WITH A FOCUS ON LIFE SKILLS TRAINING, EDUCATION AND SUPPORTIVE SERVICES FOR CHILDREN, ADULTS AND SENIORS.		
	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	7
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	6
	5 Total number of individuals employed in calendar year 2017 (Part V, line 2a)	5	312
	6 Total number of volunteers (estimate if necessary)	6	200
	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 34	7b	0	
Revenue	8 Contributions and grants (Part VIII, line 1h)	1,114,689	1,231,144
	9 Program service revenue (Part VIII, line 2g)	7,103,160	7,299,641
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	40,414	52,892
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	12,019	4,133
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	8,270,282	8,587,810
	Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	371,122
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)		5,625,155	6,222,992
16a Professional fundraising fees (Part IX, column (A), line 11e)			0
b Total fundraising expenses (Part IX, column (D), line 25) u 153,625			
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,062,076	1,192,407
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	7,058,353	7,822,514	
19 Revenue less expenses. Subtract line 18 from line 12	1,211,929	765,296	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 5,917,256	End of Year 6,821,343
	21 Total liabilities (Part X, line 26)	220,344	278,597
	22 Net assets or fund balances. Subtract line 21 from line 20	5,696,912	6,542,746

Part II Signature Block

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

Sign Here

Signature of officer _____ Date _____
BETH SOUTHORN **EXECUTIVE DIREC**
 Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name Preparer's signature Date Check if PTIN
DAVID C WILSON _____ **06/27/18** self-employed *********

Firm's name } **GRANT BENNETT ASSOCIATES** Firm's EIN } **** - ***2073**
1375 EXPOSITION BLVD STE 230
 Firm's address } **SACRAMENTO, CA 95815-5143** Phone no. **916-922-5109**

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

TO FOSTER, SPONSOR, AND PROVIDE EDUCATIONAL AND SOCIAL PROGRAMS DESIGNED TO STRENGTHEN FAMILIES, WITH A FOCUS ON LIFE SKILLS TRAINING, EDUCATION AND SUPPORTIVE SERVICES FOR CHILDREN, ADULTS AND SENIORS.

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 \$ including grants of\$) (Revenue \$)

TO FOSTER, SPONSOR, AND PROVIDE EDUCATIONAL AND SOCIAL PROGRAMS DESIGNED TO STRENGTHEN FAMILIES, WITH A FOCUS ON LIFE SKILLS TRAINING, EDUCATION AND SUPPORTIVE SERVICES FOR CHILDREN, ADULTS AND SENIORS.

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

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

4d Other program services (Describe in Schedule O.)

(Expenses \$ 6,654,030 including grants of\$ 407,115) (Revenue \$)

4e Total program service expenses u 6,654,030

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)? <i>If "Yes," complete Schedule A</i>	X	
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	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? <i>If "Yes," complete Schedule C, Part III</i>		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? <i>If "Yes," complete Schedule D, Part I</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? <i>If "Yes," complete Schedule D, Part II</i>		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		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? <i>If "Yes," complete Schedule D, Part IV</i>		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	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? <i>If "Yes," complete Schedule D, Part VI</i>	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? <i>If "Yes," complete Schedule D, Part VII</i>		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? <i>If "Yes," complete Schedule D, Part VIII</i>		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? <i>If "Yes," complete Schedule D, Part IX</i>		X
e	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	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)? <i>If "Yes," complete Schedule D, Part X</i>		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		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? <i>If "Yes," complete Schedule F, Parts I and IV</i>		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? <i>If "Yes," complete Schedule F, Parts II and IV</i>		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? <i>If "Yes," complete Schedule F, Parts III and IV</i>		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? <i>If "Yes," complete Schedule G, Part I</i> (see instructions)		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? <i>If "Yes," complete Schedule G, Part II</i>		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X

Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		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? <i>If "Yes," complete Schedule I, Parts I and II</i>		X
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? <i>If "Yes," complete Schedule I, Parts I and III</i>	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? <i>If "Yes," complete Schedule J</i>		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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		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 Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</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? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		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, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		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? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		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)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		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? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.		X

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

Table with columns for question numbers (1a-14b), Yes/No checkboxes, and numerical responses (e.g., 21, 0, 312). Includes questions about Form 1096, Form W-2G, gaming winnings, Form W-3, federal employment tax returns, unrelated business gross income, foreign accounts, prohibited tax shelter transactions, annual gross receipts, and charitable trusts.

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

Section A. Governing Body and Management

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

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

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

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **u NONE**
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 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 in Schedule O)
- 19** Describe in 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: **u**

JODY MCKAY **4041 BRIDGE STREET** **CA 95628** **916-965-0110**
FAIR OAKS

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
 - List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
 - List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
 - List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) JONATHAN GABRIEL, ESQ DIRECTOR	0.00 0.00	X						0	0	0
(2) CRAIG GILLETT PRESIDENT	0.00 0.00	X		X				102,600	0	0
(3) FARRELL J. HIRSCH DIRECTOR	0.00 0.00	X						0	0	0
(4) DR. LILI KIM DIRECTOR	0.00 0.00	X						0	0	0
(5) JODY MCKAY CFO	40.00 0.00	X		X				109,545	0	0
(6) GREGORY J. POPOVICH DIRECTOR	0.00 0.00	X						0	0	0
(7) KENNETH S. ROBERTSON SECRETARY/VP	0.00 0.00	X						0	0	0
(8) BETH SOUTHORN EXECUTIVE DIREC	40.00 0.00	X		X				128,958	0	5,860
(9) BARBARA VALIENTE TREASURER	0.00 0.00	X						0	0	0
(10)										
(11)										

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	1,231,144				
	g Noncash contributions included in lines 1a-1f: \$		94,014				
	h Total. Add lines 1a-1f	u		1,231,144			
Program Service Revenue	2a SOCIAL SVC PROGRAM FEES	Busn. Code 900099	7,299,641	7,299,641			
	b						
	c						
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f	u		7,299,641			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)	u	52,892			52,892	
	4 Income from investment of tax-exempt bond proceeds	u					
	5 Royalties	u					
	6a Gross rents	(i) Real	(ii) Personal				
	b Less: rental exps.						
	c Rental inc. or (loss)						
	d Net rental income or (loss)	u					
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
	b Less: cost or other basis & sales exps.						
	c Gain or (loss)						
	d Net gain or (loss)	u					
	8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	a					
		b Less: direct expenses	b				
c Net income or (loss) from fundraising events		u					
9a Gross income from gaming activities. See Part IV, line 19	a						
	b Less: direct expenses	b					
	c Net income or (loss) from gaming activities	u					
10a Gross sales of inventory, less returns and allowances	a						
	b Less: cost of goods sold	b					
	c Net income or (loss) from sales of inventory	u					
Miscellaneous Revenue		Busn. Code					
11a OTHER INCOME	900099		4,133	4,133			
b							
c							
d All other revenue							
e Total. Add lines 11a-11d	u		4,133				
12 Total revenue. See instructions.	u		8,587,810	7,303,774	0	52,892	

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	407,115	407,115		
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	346,963	305,421	41,542	
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	5,166,369	4,281,404	776,008	108,957
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	15,207	11,071	4,007	129
9 Other employee benefits	292,426	220,911	51,780	19,735
10 Payroll taxes	402,027	335,428	58,463	8,136
11 Fees for services (non-employees):				
a Management				
b Legal	10,635	10,635		
c Accounting	16,087	4,305	10,288	1,494
d Lobbying				
e Professional fundraising services. See Part IV, line 7				
f Investment management fees	9,895		9,895	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	42,743	39,106	787	2,850
12 Advertising and promotion	945			945
13 Office expenses	345,228	335,721	5,781	3,726
14 Information technology	53,782	47,478	5,579	725
15 Royalties				
16 Occupancy	41,313	558	40,755	
17 Travel	148,599	144,797	1,031	2,771
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	41,842	40,153	823	866
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	22,604	22,604		
23 Insurance	284,329	278,218	5,093	1,018
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a OTHER EXPENSES-PROGSERV-9	169,105	169,105		
b OTHER EXPENSES-MNGMNT-990	3,027		3,027	
c OTHER EXPENSES-FNDRSNG-99	2,273			2,273
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	7,822,514	6,654,030	1,014,859	153,625
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest bearing	1,571,922	1	1,909,496
	2 Savings and temporary cash investments	1,613,444	2	1,269,376
	3 Pledges and grants receivable, net		3	41
	4 Accounts receivable, net	456,221	4	359,716
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	145,653	9	90,409
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 1,015,490		
	b Less: accumulated depreciation	10b 292,891	10c	722,599
	11 Investments—publicly traded securities	1,384,812	11	2,469,706
	12 Investments—other securities. See Part IV, line 11		12	
	13 Investments—program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11		15	
16 Total assets. Add lines 1 through 15 (must equal line 34)	5,917,256	16	6,821,343	
Liabilities	17 Accounts payable and accrued expenses	128,571	17	180,759
	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 current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties	9,564	24	4,788
	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	82,209	25	93,050
	26 Total liabilities. Add lines 17 through 25	220,344	26	278,597
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	5,058,414	27	5,767,540
	28 Temporarily restricted net assets	638,498	28	775,206
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	5,696,912	33	6,542,746	
34 Total liabilities and net assets/fund balances	5,917,256	34	6,821,343	

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	8,587,810
2	Total expenses (must equal Part IX, column (A), line 25)	2	7,822,514
3	Revenue less expenses. Subtract line 2 from line 1	3	765,296
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	5,696,912
5	Net unrealized gains (losses) on investments	5	80,542
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 in Schedule O)	9	-4
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	6,542,746

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		X
2b	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	X	
2c	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 in Schedule O.		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		

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.

u Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2017

Open to Public Inspection

Name of the organization **LIFE SKILLS TRAINING AND EDUCATIONA PROGRAMS, INC.**

Employer identification number
****-***0982**

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		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

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

Section A. Public Support

Table with 7 columns: (a) 2013, (b) 2014, (c) 2015, (d) 2016, (e) 2017, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1 through 3; 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f); 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: (a) 2013, (b) 2014, (c) 2015, (d) 2016, (e) 2017, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 9 Net income from unrelated business activities, whether or not the business is regularly carried on; 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.); 11 Total support. Add lines 7 through 10.

12 Gross receipts from related activities, etc. (see instructions) 12
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

Table with 3 columns: Description, Amount, Percentage. Row 14: Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f)) 14 %
Row 15: Public support percentage from 2016 Schedule A, Part II, line 14 15 %

16a 33 1/3% support test—2017. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization
b 33 1/3% support test—2016. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization
17a 10%-facts-and-circumstances test—2017. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization
b 10%-facts-and-circumstances test—2016. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) u	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1,125,307	1,352,630	1,066,793	1,114,689	1,231,144	5,890,563
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	4,491,270	5,269,433	5,883,310	7,103,160	7,303,774	30,050,947
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5	5,616,577	6,622,063	6,950,103	8,217,849	8,534,918	35,941,510
7a Amounts included on lines 1, 2, and 3 received from disqualified persons		128,322		119,886		248,208
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b		128,322		119,886		248,208
8 Public support. (Subtract line 7c from line 6.)						35,693,302

Section B. Total Support

Calendar year (or fiscal year beginning in) u	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9 Amounts from line 6	5,616,577	6,622,063	6,950,103	8,217,849	8,534,918	35,941,510
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	34,459	38,297	58,524	40,414	52,892	224,586
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	34,459	38,297	58,524	40,414	52,892	224,586
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	7,430	19,009	3,350	12,019		41,808
13 Total support. (Add lines 9, 10c, 11, and 12.)	5,658,466	6,679,369	7,011,977	8,270,282	8,587,810	36,207,904

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f))	15	98.58 %
16 Public support percentage from 2016 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f))	17	1 %
18 Investment income percentage from 2016 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests—2017. 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—2016. 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
1 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>		
2 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>		
3a 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 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>		
c 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>		
4a 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 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>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <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>		
5a 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 Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (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>		
8 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>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
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>		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer 10b below.</i>		
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
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b A family member of a person described in (a) above?		
c 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
1 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>		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <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
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <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
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
3 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

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a <input type="checkbox"/> The organization satisfied the Activities Test. <i>Complete line 2 below.</i>		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>		
c <input type="checkbox"/> The organization supported a governmental entity. <i>Describe in Part VI how you supported a government entity (see instructions).</i>		
2 Activities Test. Answer (a) and (b) below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <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>	Yes	No
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>		
3 Parent of Supported Organizations. Answer (a) and (b) below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
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	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4).	8	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 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	Minimum Asset Amount (add line 7 to line 6)	8	
Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<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).		

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 Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.			
9	Distributable amount for 2017 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-2017	(iii) Distributable Amount for 2017
1	Distributable amount for 2017 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2017 (reasonable cause required-explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2017:			
a				
b	From 2013			
c	From 2014			
d	From 2015			
e	From 2016			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2017 distributable amount			
i	Carryover from 2012 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2017 from Section D, line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2017 distributable amount			
c	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2017, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI . See instructions.			
6	Remaining underdistributions for 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7	Excess distributions carryover to 2018. Add lines 3j and 4c.			
8	Breakdown of line 7:			
a	Excess from 2013			
b	Excess from 2014			
c	Excess from 2015			
d	Excess from 2016			
e	Excess from 2017			

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.)

PART III, LINE 12 - OTHER INCOME DETAIL

\$ 41,808

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

Schedule of Contributors

OMB No. 1545-0047

2017

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

Name of the organization LIFE SKILLS TRAINING AND EDUCATIONA PROGRAMS, INC.	Employer identification number ** - ***0982
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Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(**3**) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33¹/₃% 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).

For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

Name of organization LIFE SKILLS TRAINING AND EDUCATIONA	Employer identification number ** - ***0982
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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	PANERA BREAD VNF 2731 DEL PASO ROAD SACRAMENTO CA 95835	\$ 8,971	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
2	PANERA SANTA ROSA 150 STEELE LANE SANTA ROSA CA 95403	\$ 16,414	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
3	PIZZA HUT 2999 KENDALL DR SAN BERNADINO CA 92407	\$ 23,006	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
4	STARBUCKS 2401 UTAH AVEN. SOUTH SUITE 800 SEATTLE WA 98134	\$ 37,259	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
5	STARBUCKS 8801 3250 ARENA BLVD. SACRAMENTO CA 95834	\$ 5,784	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
6	AMCAL MULTI HOUSING, INC 30141 AGOURA ROAD SUITE 100 AGOURA HILLS CA 91301	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization LIFE SKILLS TRAINING AND EDUCATIONA	Employer identification number ** - ***0982
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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
7	BANK OF THE SIERRA P.O. BOX 1930 PORTERVILLE CA 93258	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	BOSTON CAPITAL FOUNDATION 1 BOSTON PLACE, SUITE 2110 BOSTON MA 02108	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	BOZZUTO INSURANCE SERVICES 34 S. SECOND STREET CAMPBELL CA 95008	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	CAPITAL CITY DRYWALL, INC 6525 32ND STREET SUITE B-1 NORTH HIGHLANDS CA 95660	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	CHANGE A LIFE FOUNDATION 5 CORPORAGE PARK SUITE 210 IRVINE CA 92606	\$ 53,615	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12	CHRISTENSON ADVISORY SERVICES, LLC 2 MID AMERICA PLAZA SUITE 210 OAKBROOK TERRACE IL 60181	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization LIFE SKILLS TRAINING AND EDUCATIONA	Employer identification number ** - ***0982
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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
13	CITY BUSINESS SERVICES 3800 CITIBANK CENTER DR. G-3-4 TAMPA FL 33610	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
14	CITY OF ROSEVILLE 311 VERNON STREET ROSEVILLE CA 95678	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
15	CITY OF SAN JOSE 200 EAST SANTA CLARA STREET SAN JOSE CA 95113	\$ 7,500	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
16	CONCRETE VALUE CORP 530 BERGUT DRIVE SUITE G SACRAMENTO CA 95811	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
17	COUNTY OF SANTA CLARA WARRANT EAST WING 70 WEST HEDDING STREET SAN JOSE CA 95110	\$ 30,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
18	DSA TECHNOLOGIES, INC 2372 MARITIME DRIVE ELK GROVE CA 95759	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization LIFE SKILLS TRAINING AND EDUCATIONA	Employer identification number ** - ***0982
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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
19	FANNY AND SVANTE KNISTROM FOUNDATION 229 MAIN SREET CHATHAM NJ 07928	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
20	FLETCHER PLUMBING INC 3352 SWETZER ROAD LOOMIS CA 95650	\$ 7,500	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
21	FPI MANAGEMENT, INC 800 IRON POINT ROAD FOLSOM CA 95630	\$ 7,500	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
22	HOUSING AUTHORITY OF THE CITY OF ALAMEDA 701 ATLANTIC AVENUE ALAMEDA CA 94501	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
23	HUDSON HOUSING CAPITAL LLC 630 FIFTH AVENUE SUITE 2850 NEW YORK NY 10111	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
24	IMPERIAL SHADE AND VENETIAN BLIND CO 4362 S. BROADWAY LOS ANGELES CA 90037	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization LIFE SKILLS TRAINING AND EDUCATIONA	Employer identification number ** - ***0982
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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
25	JPMORGAN CHASE & CO 1111 POLARIS PARKWAY FLOOR 1N COLUMBUS OH 43240	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
26	KELLY FOUNDATION P.O. BOX 255868 SACRAMENTO CA 95865	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
27	KP FINANCIAL SVCS OPS KAISER HOSPITAL 75 N FAIR OAKS AVENUE 4TH FLOOR PASADENA CA 91103	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
28	MICHAEL FOWLER 1 CENTURY DRIVE 27C LOS ANGELES CA 90067	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
29	MUFG UNION BANK P.O. BOX 60691 LOS ANGELES CA 90060	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
30	SAN MANUEL BAND OF MISSION INDIANS 26569 COMMUNITY CENTER DRIVE HIGHLAND CA 92346	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization LIFE SKILLS TRAINING AND EDUCATIONA	Employer identification number ** - ***0982
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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
31	THE TELECOM GROUP, INC DBA GALE TELECOM SERVICES P.O. BOX 7958 AUBURN CA 95604	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
32	US BANK NATIONAL ASSOCIATION 4000 WEST BROADWAY ROBBINSDALE MN 55422	\$ 24,050	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
33	USA PROPERTY FUND, INC. 3200 DOUGLAS BLVD SUITE 200 ROSEVILLE CA 95661	\$ 25,053	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
34	WELLS FARGO FOUNDATION 550 S 4TH ST. MAC N9310-074 MINNEAPOLIS MN 55415	\$ 15,000	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.)

Name of organization LIFE SKILLS TRAINING AND EDUCATIONA	Employer identification number ** - ***0982
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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
1	\$ 8,971
2	\$ 16,414
3	\$ 23,006
4	\$ 37,259
5	\$ 5,784
.....	\$

**SCHEDULE C
(Form 990 or 990-EZ)**

Political Campaign and Lobbying Activities

OMB No. 1545-0047

For Organizations Exempt From Income Tax Under section 501(c) and section 527

2017

Department of the Treasury
Internal Revenue Service

u Complete if the organization is described below. **u** Attach to Form 990 or Form 990-EZ.
u Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization **LIFE SKILLS TRAINING AND EDUCATIONA PROGRAMS, INC.** Employer identification number **** - ** * 0982**

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV. (see instructions for definition of "political campaign activities")
- 2 Political campaign activity expenditures (see instructions) **u** \$
- 3 Volunteer hours for political campaign activities (see instructions)

Part I-B Complete if the organization is exempt under section 501(c)(3).

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 **u** \$
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 **u** \$
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No
- 4a Was a correction made? Yes No
- b If "Yes," describe in Part IV.

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities **u** \$
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities **u** \$
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b **u** \$
- 4 Did the filing organization file **Form 1120-POL** for this year? Yes No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

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

Schedule C (Form 990 or 990-EZ) 2017

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A** Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals												
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)	0													
b Total lobbying expenditures to influence a legislative body (direct lobbying)	0													
c Total lobbying expenditures (add lines 1a and 1b)	0													
d Other exempt purpose expenditures	0													
e Total exempt purpose expenditures (add lines 1c and 1d)	0													
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:50%; text-align: left;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width:50%; text-align: left;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:													
Not over \$500,000	20% of the amount on line 1e.													
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.													
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.													
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.													
Over \$17,000,000	\$1,000,000.													
g Grassroots nontaxable amount (enter 25% of line 1f)														
h Subtract line 1g from line 1a. If zero or less, enter -0-														
i Subtract line 1f from line 1c. If zero or less, enter -0-														
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes <input type="checkbox"/> No												

4-Year Averaging Period Under section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column (e))					
c Total lobbying expenditures				0	
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures				0	

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

Table with 3 columns: (a) Yes, (a) No, (b) Amount. Rows include questions about lobbying activities like influencing legislation, using volunteers, paid staff, media, mailings, publications, grants, direct contact, rallies, and other activities.

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

Table with 3 columns: Question, Yes, No. Rows include questions about non-deductible dues, in-house lobbying expenditures, and carryover lobbying expenses.

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OR (b) Part III-A, line 3, is answered "Yes."

Table with 2 columns: Question, Amount. Rows include questions about dues, non-deductible lobbying and political expenditures, and taxable amount of lobbying and political expenditures.

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information.

SCHEDULE C, PART II-A, EXPLANATION OF FOUR YEAR AVERAGING

ELECTION WAS MADE IN 2013. THERE HAS BEEN NO ACTIVITY SINCE 2013.

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

u 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. u Attach to Form 990.

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

OMB No. 1545-0047

2017

Open to Public Inspection

Name of the organization LIFE SKILLS TRAINING AND EDUCATIONA PROGRAMS, INC.

Employer identification number ** - ***0982

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.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate value of contributions to (during year), 3 Aggregate value of grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? (Yes/No), 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? (Yes/No)

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

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply): Preservation of land for public use, Protection of natural habitat, Preservation of open space, Preservation of a historically important land area, Preservation of a certified historic structure; 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. Sub-rows: 2a Total number of conservation easements, 2b Total acreage restricted by conservation easements, 2c Number of conservation easements on a certified historic structure included in (a), 2d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register; 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.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1a If the organization elected, as permitted under SFAS 116 (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; 1b If the organization elected, as permitted under SFAS 116 (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 SFAS 116 (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 are a 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 programs
 - 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 Yes No

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	1,402,869	1,360,366	1,124,797	897,037	350,000
b Contributions	1,000,000		250,000	200,000	550,000
c Net investment earnings, gains, and losses	131,488	51,209	-7,106	33,246	1,026
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses	9,944	8,706	7,325	5,486	3,989
g End of year balance	2,524,413	1,402,869	1,360,366	1,124,797	897,037

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment **u**
 - b** Permanent endowment **u**
 - c** Temporarily restricted endowment **u**
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|---|-----|----------|
| (i) unrelated organizations | | X |
| (ii) related organizations | | X |
| 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		297,127		297,127
b Buildings				
c Leasehold improvements				
d Equipment				
e Other		718,363		718,363
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)			u	1,015,490

Part VII Investments—Other Securities.

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

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

Part VIII Investments—Program Related.

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

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

Part IX Other Assets.

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

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

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) DEFERRED COMPENSATION	93,050	
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) u	93,050	

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 FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	8,705,775
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a 80,542		
b	Donated services and use of facilities	2b 37,425		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	117,967
3	Subtract line 2e from line 1		3	8,587,808
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b 2		
c	Add lines 4a and 4b		4c	2
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5	8,587,810

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	7,859,941
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a 37,425		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	37,425
3	Subtract line 2e from line 1		3	7,822,516
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b -2		
c	Add lines 4a and 4b		4c	-2
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5	7,822,514

Part XIII Supplemental Information.

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

PART XI, LINE 4B - REVENUE AMOUNTS INCLUDED ON RETURN - OTHER

ROUNDING \$ **2**

PART XII, LINE 4B - EXPENSE AMOUNTS INCLUDED ON RETURN - OTHER

ROUNDING \$ **-2**

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
u Attach to Form 990.
u Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2017
**Open to Public
Inspection**

Name of the organization **LIFE SKILLS TRAINING AND EDUCATIONA
PROGRAMS, INC.** Employer identification number
**** - ***0982**

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **u**
- 3** Enter total number of other organizations listed in the line 1 table **u**

**SCHEDULE M
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

Noncash Contributions

u Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

u Attach to Form 990.

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

OMB No. 1545-0047

2017

**Open To Public
Inspection**

**LIFE SKILLS TRAINING AND EDUCATIONA
PROGRAMS, INC.**

Employer identification number

**** - ***0982**

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art — Works of art				
2 Art — Historical treasures				
3 Art — Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities — Publicly traded				
10 Securities — Closely held stock				
11 Securities — Partnership, LLC, or trust interests				
12 Securities — Miscellaneous				
13 Qualified conservation contribution — Historic structures				
14 Qualified conservation contribution — Other				
15 Real estate — Residential				
16 Real estate — Commercial				
17 Real estate — Other				
18 Collectibles				
19 Food inventory	X	7	94,014	FMV
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other u (.....				
26 Other u (.....				
27 Other u (.....				
28 Other u (.....				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement

29

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?		X
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

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.

u Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2017

**Open to Public
Inspection**

Name of the organization LIFE SKILLS TRAINING AND EDUCATIONA PROGRAMS, INC.	Employer identification number ** - ***0982
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FORM 990, PART III, LINE 4D - ALL OTHER ACCOMPLISHMENT
TO FOSTER, SPONSOR, AND PROVIDE EDUCATIONAL AND SOCIAL PROGRAMS DESIGNED TO
STRENGTHEN FAMILIES, WITH A FOCUS ON LIFE SKILLS TRAINING, EDUCATION AND
SUPPORTIVE SERVICES FOR CHILDREN, ADULTS, AND SENIORS.

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990
NO REVIEW WAS OR WILL BE CONDUCTED.

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY
ORGANIZATION MONITORS CONFLICT OF INTEREST POLICY THROUGH REGULAR MEETINGS

FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL
LIFESTEPS FORMALLY INVESTIGATES COMPENSATION COMPARISONS FOR ALL TOP SUPER
VISORY AND MANAGEMENT POSITIONS. COMPARISONS ARE CONDUCTED TO LIKE ORGANIZ
ATIONS AND BY UTILIZING THE SALARY SURVEYS PUBLISHED BY THE NON PROFIT RES
OURCE CENTER. ALL MANAGEMENT COMPENSATIONS STUDIES ARE SUBMITTED TO THE BO
ARD OF DIRECTORS TO USE AS A GUIDE WHEN APPROVING COMPENSATION.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION
AVAILABLE UPON REQUEST

FORM 990, PART XI, LINE 9 - OTHER CHANGES IN NET ASSETS EXPLANATION

ROUNDING \$ -2

ROUNDING \$ -2

Name of the organization

Employer identification number

LIFE SKILLS TRAINING AND EDUCATIONA

**** - ***0982**

TOTAL

\$

-4

Form **4562**

Department of the Treasury
Internal Revenue Service (99)

Depreciation and Amortization
(Including Information on Listed Property)

u Attach to your tax return.

u Go to www.irs.gov/Form4562 for instructions and the latest information.

OMB No. 1545-0172

2017

Attachment Sequence No. **179**

Name(s) shown on return

**LIFE SKILLS TRAINING AND EDUCATIONA
PROGRAMS, INC.**

Identifying number
**** - ***0982**

Business or activity to which this form relates

INDIRECT DEPRECIATION

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	510,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,030,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2016 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2018. Add lines 9 and 10, less line 12	13	

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property.) (See instructions.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	8,966

Part III MACRS Depreciation (Don't include listed property.) (See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2017	17	13,638
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/> u <input type="checkbox"/>		

Section B—Assets Placed in Service During 2017 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
			27.5 yrs.	MM	S/L	
i Nonresidential real property			39 yrs.	MM	S/L	
				MM	S/L	

Section C—Assets Placed in Service During 2017 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 40-year			40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	22,604
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

Form **4562** (2017)

Federal Asset Report

FYE: 12/31/2017

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	Per Conv Meth	Prior	Current
Prior MACRS:									
1	COMPUTERS	1/01/01	9,622			9,622	5 HY S/L	9,622	0
2	COMPUTERS	1/01/01	23,335			23,335	5 HY S/L	23,335	0
3	COMPUTERS	10/20/03	5,226		X	2,613	5 MQ S/L	5,226	0
4	COMPUTERS	7/01/04	2,138		X	1,069	5 HY S/L	2,138	0
5	BUILDING	2/21/08	291,104			291,104	39 MMS/L	66,253	7,464
7	FURNITURE	2/21/08	3,600		X	1,800	5 HY S/L	3,600	0
8	SIGN	11/18/08	1,473		X	736	7 HY S/L	1,473	0
9	BUILDING IMPROVEMENTS	2/21/08	3,400		X	1,700	7 HY S/L	3,400	0
10	COMPUTER	3/24/08	1,344		X	672	5 HY S/L	1,344	0
11	COMPUTER	9/08/08	1,695		X	847	5 HY S/L	1,695	0
12	TELEPHONE SYSTEM	10/09/08	3,739		X	1,869	5 HY S/L	3,739	0
13	SHARP COPIER	2/25/08	9,110		X	4,555	5 HY S/L	9,110	0
14	COMPUTER EQUIPMENT/LCD MO	4/21/08	8,460		X	4,230	5 HY S/L	8,460	0
15	CONFERENCE TABLE/CHAIRS	6/11/09	2,056		X	1,028	5 HY S/L	2,056	0
16	COMPUTER EQUIPMENT	5/15/09	1,583		X	791	5 HY S/L	1,583	0
17	COMPUTERS	6/19/09	2,007		X	1,003	5 HY S/L	2,007	0
18	5 REFURBISHED COMPUTERS	9/01/09	2,500		X	1,250	5 HY S/L	2,500	0
19	DESK	10/11/09	1,149		X	574	5 HY S/L	1,149	0
20	4041 BRIDGE STREET BLDG	2/22/11	240,801			240,801	39 MMS/L	36,281	6,174
38	SHARP COPIER MX283N	4/21/11	3,552		X	0	5 HY S/L	3,552	0
			<u>617,894</u>			<u>589,599</u>		<u>188,523</u>	<u>13,638</u>
Other Depreciation:									
6	LAND	2/21/08	143,341			143,341	0 -- Land	0	0
21	CARPET	3/11/11	4,505			4,505	2 MO S/L	4,505	0
22	RF ELECTRIC	3/14/11	4,200			4,200	2 MO S/L	4,200	0
23	RF ELECTRIC	3/25/11	1,864			1,864	2 MO S/L	1,864	0
24	LUCEROS SERVICES	4/06/11	1,850			1,850	2 MO S/L	1,850	0
25	GLASS DOCTOR	4/14/11	368			368	2 MO S/L	368	0
26	CAPITAL CITY DRYWALL	4/19/11	2,000			2,000	2 MO S/L	2,000	0
27	G.O. STONES	4/21/11	720			720	2 MO S/L	720	0
28	SOUTHWEST GRADING	4/21/11	1,619			1,619	2 MO S/L	1,619	0
29	CALIFORNIA PAINTING	4/25/11	2,200			2,200	2 MO S/L	2,200	0
30	BEUTLER CORP	4/25/11	585			585	2 MO S/L	585	0
31	ADAPT 1 COMMUNICATION	4/25/11	2,953			2,953	2 MO S/L	2,953	0
32	J.R. PUTNAM	4/26/11	727			727	2 MO S/L	727	0
33	VISION QUEST	4/26/11	270			270	2 MO S/L	270	0
34	MIKE HOPPER CONSTRUCTION	5/01/11	1,991			1,991	2 MO S/L	1,991	0
35	MISC IMPROVEMENTS	5/18/11	863			863	2 MO S/L	863	0
36	4041 BRIDGE STREET LAND	2/22/11	153,786			153,786	0 -- Land	0	0
37	BLACKBOD SOFTWARE	12/31/11	22,186			22,186	5 MO S/L	22,186	0
39	VOIP TELEPHONES	12/26/13	8,834			8,834	5 MO S/L	5,301	1,767
40	MAC LAPTOP-BETH	6/24/13	3,346			3,346	2 MO S/L	3,346	0
41	DELAGE XEROX BLDG B	3/15/13	8,100			8,100	3 MO S/L	8,100	0
42	VISION QUEST	1/01/13	3,751			3,751	5 MO S/L	3,000	751
43	Copier - Kyocera	3/01/14	12,120			12,120	5 MO S/L	6,868	2,424
44	Dining Set	1/17/14	7,131			7,131	5 MO S/L	4,278	1,426
45	3 Chairs & 36 Lat File	3/19/14	1,230			1,230	5 MO S/L	686	246
46	Ricoh Copier	1/01/16	7,056			7,056	3 MO S/L	1,411	2,352
	Total Other Depreciation		<u>397,596</u>			<u>397,596</u>		<u>81,891</u>	<u>8,966</u>
	Total ACRS and Other Depreciation		<u>397,596</u>			<u>397,596</u>		<u>81,891</u>	<u>8,966</u>
	Grand Totals		1,015,490			987,195		270,414	22,604
	Less: Dispositions and Transfers		0			0		0	0
	Less: Start-up/Org Expense		0			0		0	0
	Net Grand Totals		<u>1,015,490</u>			<u>987,195</u>		<u>270,414</u>	<u>22,604</u>

Asset	Description	Date In Service	Cost	Basis for Depr	CA Prior	CA Current	Federal Current	Difference Fed - CA
Prior MACRS:								
1	COMPUTERS	1/01/01	9,622	9,622	9,622	0	0	0
2	COMPUTERS	1/01/01	23,335	23,335	23,335	0	0	0
3	COMPUTERS	10/20/03	5,226	5,226	5,226	0	0	0
4	COMPUTERS	7/01/04	2,138	2,138	2,138	0	0	0
5	BUILDING	2/21/08	291,104	291,104	66,245	7,464	7,464	0
7	FURNITURE	2/21/08	3,600	3,600	3,600	0	0	0
8	SIGN	11/18/08	1,473	1,473	1,473	0	0	0
9	BUILDING IMPROVEMENTS	2/21/08	3,400	3,400	3,400	0	0	0
10	COMPUTER	3/24/08	1,344	1,344	1,344	0	0	0
11	COMPUTER	9/08/08	1,695	1,695	1,695	0	0	0
12	TELEPHONE SYSTEM	10/09/08	3,739	3,739	3,739	0	0	0
13	SHARP COPIER	2/25/08	9,110	9,110	9,110	0	0	0
14	COMPUTER EQUIPMENT/LCD MO	4/21/08	8,460	8,460	8,460	0	0	0
15	CONFERENCE TABLE/CHAIRS	6/11/09	2,056	2,056	2,056	0	0	0
16	COMPUTER EQUIPMENT	5/15/09	1,583	1,583	1,583	0	0	0
17	COMPUTERS	6/19/09	2,007	2,007	2,007	0	0	0
18	5 REFURBISHED COMPUTERS	9/01/09	2,500	2,500	2,500	0	0	0
19	DESK	10/11/09	1,149	1,149	1,149	0	0	0
20	4041 BRIDGE STREET BLDG	2/22/11	240,801	240,801	36,274	6,175	6,174	-1
38	SHARP COPIER MX283N	4/21/11	3,552	3,552	3,552	0	0	0
			<u>617,894</u>	<u>617,894</u>	<u>188,508</u>	<u>13,639</u>	<u>13,638</u>	<u>-1</u>
Other Depreciation:								
6	LAND	2/21/08	143,341	143,341	0	0	0	0
21	CARPET	3/11/11	4,505	4,505	4,505	0	0	0
22	RF ELECTRIC	3/14/11	4,200	4,200	4,200	0	0	0
23	RF ELECTRIC	3/25/11	1,864	1,864	1,864	0	0	0
24	LUCEROS SERVICES	4/06/11	1,850	1,850	1,850	0	0	0
25	GLASS DOCTOR	4/14/11	368	368	368	0	0	0
26	CAPITAL CITY DRYWALL	4/19/11	2,000	2,000	2,000	0	0	0
27	G.O. STONES	4/21/11	720	720	720	0	0	0
28	SOUTHWEST GRADING	4/21/11	1,619	1,619	1,619	0	0	0
29	CALIFORNIA PAINTING	4/25/11	2,200	2,200	2,200	0	0	0
30	BEUTLER CORP	4/25/11	585	585	585	0	0	0
31	ADAPT 1 COMMUNICATION	4/25/11	2,953	2,953	2,953	0	0	0
32	J.R. PUTNAM	4/26/11	727	727	727	0	0	0
33	VISION QUEST	4/26/11	270	270	270	0	0	0
34	MIKE HOPPER CONSTRUCTION	5/01/11	1,991	1,991	1,991	0	0	0
35	MISC IMPROVEMENTS	5/18/11	863	863	863	0	0	0
36	4041 BRIDGE STREET LAND	2/22/11	153,786	153,786	0	0	0	0
37	BLACKBOD SOFTWARE	12/31/11	22,186	22,186	22,186	0	0	0
39	VOIP TELEPHONES	12/26/13	8,834	8,834	5,300	1,767	1,767	0
40	MAC LAPTOP-BETH	6/24/13	3,346	3,346	3,346	0	0	0
41	DELAGE XEROX BLDG B	3/15/13	8,100	8,100	8,100	0	0	0
42	VISION QUEST	1/01/13	3,751	3,751	3,001	750	751	1
43	Copier - Kyocera	3/01/14	12,120	12,120	6,868	2,424	2,424	0
44	Dining Set	1/17/14	7,131	7,131	4,160	1,426	1,426	0
45	3 Chairs & 36 Lat File	3/19/14	1,230	1,230	677	246	246	0
46	Ricoh Copier	1/01/16	7,056	7,056	2,352	2,352	2,352	0
	Total Other Depreciation		<u>397,596</u>	<u>397,596</u>	<u>82,705</u>	<u>8,965</u>	<u>8,966</u>	<u>1</u>
	Total ACRS and Other Depreciation		<u>397,596</u>	<u>397,596</u>	<u>82,705</u>	<u>8,965</u>	<u>8,966</u>	<u>1</u>
	Grand Totals		1,015,490	1,015,490	271,213	22,604	22,604	0
	Less: Dispositions		0	0	0	0	0	0
	Less: Start-up/Org Expense		0	0	0	0	0	0
	Net Grand Totals		<u>1,015,490</u>	<u>1,015,490</u>	<u>271,213</u>	<u>22,604</u>	<u>22,604</u>	<u>0</u>

AMT Asset Report

FYE: 12/31/2017

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	Per Conv	Meth	Prior	Current
Other Depreciation:										
1	COMPUTERS	1/01/01	0				0	0	HY	0
2	COMPUTERS	1/01/01	0				0	0	HY	0
3	COMPUTERS	10/20/03	0				0	0	HY	0
4	COMPUTERS	7/01/04	0				0	0	HY	0
5	BUILDING	2/21/08	0				0	0	HY	0
6	LAND	2/21/08	0				0	0	HY	0
7	FURNITURE	2/21/08	0				0	0	HY	0
8	SIGN	11/18/08	0				0	0	HY	0
9	BUILDING IMPROVEMENTS	2/21/08	0				0	0	HY	0
10	COMPUTER	3/24/08	0				0	0	HY	0
11	COMPUTER	9/08/08	0				0	0	HY	0
12	TELEPHONE SYSTEM	10/09/08	0				0	0	HY	0
13	SHARP COPIER	2/25/08	0				0	0	HY	0
14	COMPUTER EQUIPMENT/LCD MO	4/21/08	0				0	0	HY	0
15	CONFERENCE TABLE/CHAIRS	6/11/09	0				0	0	HY	0
16	COMPUTER EQUIPMENT	5/15/09	0				0	0	HY	0
17	COMPUTERS	6/19/09	0				0	0	HY	0
18	5 REFURBISHED COMPUTERS	9/01/09	0				0	0	HY	0
19	DESK	10/11/09	0				0	0	HY	0
20	4041 BRIDGE STREET BLDG	2/22/11	0				0	0	HY	0
21	CARPET	3/11/11	0				0	0	HY	0
22	RF ELECTRIC	3/14/11	0				0	0	HY	0
23	RF ELECTRIC	3/25/11	0				0	0	HY	0
24	LUCEROS SERVICES	4/06/11	0				0	0	HY	0
25	GLASS DOCTOR	4/14/11	0				0	0	HY	0
26	CAPITAL CITY DRYWALL	4/19/11	0				0	0	HY	0
27	G.O. STONES	4/21/11	0				0	0	HY	0
28	SOUTHWEST GRADING	4/21/11	0				0	0	HY	0
29	CALIFORNIA PAINTING	4/25/11	0				0	0	HY	0
30	BEUTLER CORP	4/25/11	0				0	0	HY	0
31	ADAPT 1 COMMUNICATION	4/25/11	0				0	0	HY	0
32	J.R. PUTNAM	4/26/11	0				0	0	HY	0
33	VISON QUEST	4/26/11	0				0	0	HY	0
34	MIKE HOPPER CONSTRUCTION	5/01/11	0				0	0	HY	0
35	MISC IMPROVEMENTS	5/18/11	0				0	0	HY	0
36	4041 BRIDGE STREET LAND	2/22/11	0				0	0	HY	0
37	BLACKBOD SOFTWARE	12/31/11	0				0	0	HY	0
38	SHARP COPIER MX283N	4/21/11	0				0	0	HY	0
39	VOIP TELEPHONES	12/26/13	0				0	0	HY	0
40	MAC LAPTOP-BETH	6/24/13	0				0	0	HY	0
41	DELAGE XEROX BLDG B	3/15/13	0				0	0	HY	0
42	VISION QUEST	1/01/13	0				0	0	HY	0
43	Copier - Kyocera	3/01/14	0				0	0	HY	0
44	Dining Set	1/17/14	0				0	0	HY	0
45	3 Chairs & 36 Lat File	3/19/14	0				0	0	HY	0
46	Ricoh Copier	1/01/16	0				0	0	HY	0
	Total Other Depreciation		<u>0</u>				<u>0</u>			<u>0</u>
	Total ACRS and Other Depreciation		<u>0</u>				<u>0</u>		<u>0</u>	<u>0</u>
	Grand Totals		0				0		0	0
	Less: Dispositions and Transfers		<u>0</u>				<u>0</u>		<u>0</u>	<u>0</u>
	Net Grand Totals		<u>0</u>				<u>0</u>		<u>0</u>	<u>0</u>

Bonus Depreciation Report

FYE: 12/31/2017

Asset	Property Description	Date In Service	Tax Cost	Bus Pct	Tax Sec 179 Exp	Current Bonus	Prior Bonus	Tax - Basis for Depr
Activity: Form 990, Page 1								
3	COMPUTERS	10/20/03	5,226		0	0	2,613	2,613
4	COMPUTERS	7/01/04	2,138		0	0	1,069	1,069
7	FURNITURE	2/21/08	3,600		0	0	1,800	1,800
8	SIGN	11/18/08	1,473		0	0	737	736
9	BUILDING IMPROVEMENTS	2/21/08	3,400		0	0	1,700	1,700
10	COMPUTER	3/24/08	1,344		0	0	672	672
11	COMPUTER	9/08/08	1,695		0	0	848	847
12	TELEPHONE SYSTEM	10/09/08	3,739		0	0	1,870	1,869
13	SHARP COPIER	2/25/08	9,110		0	0	4,555	4,555
14	COMPUTER EQUIPMENT/LCD MO	4/21/08	8,460		0	0	4,230	4,230
15	CONFERENCE TABLE/CHAIRS	6/11/09	2,056		0	0	1,028	1,028
16	COMPUTER EQUIPMENT	5/15/09	1,583		0	0	792	791
17	COMPUTERS	6/19/09	2,007		0	0	1,004	1,003
18	5 REFURBISHED COMPUTERS	9/01/09	2,500		0	0	1,250	1,250
19	DESK	10/11/09	1,149		0	0	575	574
38	SHARP COPIER MX283N	4/21/11	3,552		0	0	3,552	0
Form 990, Page 1			<u>53,032</u>		<u>0</u>	<u>0</u>	<u>28,295</u>	<u>24,737</u>
Grand Total			<u>53,032</u>		<u>0</u>	<u>0</u>	<u>28,295</u>	<u>24,737</u>

6009 Life Skills Training and Educationa

-*0982

Depreciation Adjustment Report

FYE: 12/31/2017

All Business Activities

<u>Form</u>	<u>Unit</u>	<u>Asset</u>	<u>Description</u>	<u>Tax</u>	<u>AMT</u>	<u>AMT Adjustments/ Preferences</u>
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There are no assets that meet the criteria of this report

Federal Statements

FYE: 12/31/2017

Taxable Interest on Investments

Description	Amount	Unrelated Business Code	Exclusion Code	Postal Code	Acquired after 6/30/75	US Obs (\$ or %)
TAXABLE INTEREST	\$		14			
TOTAL	\$		0			

Taxable Dividends from Securities

Description	Amount	Unrelated Business Code	Exclusion Code	Postal Code	Acquired after 6/30/75	US Obs (\$ or %)
TAXABLE DIVIDENDS	\$	41,165	14			
TOTAL	\$	41,165				

Tax-Exempt Interest on Investments

Description	Amount	Unrelated Business Code	Exclusion Code	Postal Code	Acquired after 6/30/75	InState Muni (\$ or %)
TOTAL	\$	11,727	14			
TOTAL	\$	11,727				

Federal Statements**Form 990, Part IX, Line 11g - Other Fees for Service (Non-employee)**

<u>Description</u>	<u>Total Expenses</u>	<u>Program Service</u>	<u>Management & General</u>	<u>Fund Raising</u>
OTHER FEES	\$ 42,743	\$ 39,106	\$ 787	\$ 2,850
TOTAL	\$ 42,743	\$ 39,106	\$ 787	\$ 2,850

6009 Life Skills Training and Educationa

_*0982

FYE: 12/31/2017

Federal Statements

Schedule A, Part III, Line 1(e)

<u>Description</u>	<u>Amount</u>
OTHER CONTRIBUTIONS	\$ 824,492
PANERA BREAD VNF	
	8,971
PANERA SANTA ROSA	
	16,414
PIZZA HUT	
	23,006
STARBUCKS	
	37,259
STARBUCKS 8801	
	5,784
AMCAL MULTI HOUSING, INC	
CASH CONTRIBUTION	10,000
BANK OF THE SIERRA	
CASH CONTRIBUTION	5,000
BOSTON CAPITAL FOUNDATION	
CASH CONTRIBUTION	5,000
BOZZUTO INSURANCE SERVICES	
CASH CONTRIBUTION	5,000
CAPITAL CITY DRYWALL, INC	
CASH CONTRIBUTION	5,000
CHANGE A LIFE FOUNDATION	
CASH CONTRIBUTION	53,615
CHRISTENSON ADVISORY SERVICES, LLC	
CASH CONTRIBUTION	10,000
CITY BUSINESS SERVICES	
CASH CONTRIBUTION	5,000
CITY OF ROSEVILLE	
CASH CONTRIBUTION	5,000
CITY OF SAN JOSE	
CASH CONTRIBUTION	7,500
CONCRETE VALUE CORP	
CASH CONTRIBUTION	5,000
COUNTY OF SANTA CLARA WARRANT	
CASH CONTRIBUTION	30,000
DSA TECHNOLOGIES, INC	
CASH CONTRIBUTION	5,000
FANNY AND SVANTE KNISTROM FOUNDATION	

Federal Statements

Schedule A, Part III, Line 1(e) (continued)

Description	Amount
CASH CONTRIBUTION	\$ 10,000
FLETCHER PLUMBING INC	
CASH CONTRIBUTION	7,500
FPI MANAGEMENT, INC	
CASH CONTRIBUTION	7,500
HOUSING AUTHORITY OF THE CITY	
CASH CONTRIBUTION	5,000
HUDSON HOUSING CAPITAL LLC	
CASH CONTRIBUTION	5,000
IMPERIAL SHADE AND VENETIAN BLIND CO	
CASH CONTRIBUTION	10,000
JPMORGAN CHASE & CO	
CASH CONTRIBUTION	5,000
KELLY FOUNDATION	
CASH CONTRIBUTION	5,000
KP FINANCIAL SVCS OPS	
CASH CONTRIBUTION	10,000
MICHAEL FOWLER	
CASH CONTRIBUTION	5,000
MUFG UNION BANK	
CASH CONTRIBUTION	10,000
SAN MANUEL BAND OF MISSION INDIANS	
CASH CONTRIBUTION	10,000
THE TELECOM GROUP, INC	
CASH CONTRIBUTION	10,000
US BANK NATIONAL ASSOCIATION	
CASH CONTRIBUTION	24,050
USA PROPERTY FUND, INC.	
CASH CONTRIBUTION	25,053
WELLS FARGO FOUNDATION	
CASH CONTRIBUTION	15,000
TOTAL	\$ <u>1,231,144</u>

6009 Life Skills Training and Educationa

_*0982

FYE: 12/31/2017

Federal Statements

Schedule A, Part III, Line 2(e)

Description	Amount
SOCIAL SVC PROGRAM FEES	\$ 7,299,641
OTHER INCOME	4,133
TOTAL	<u>\$ 7,303,774</u>

Schedule A, Part III, Line 7a - Support from Disqualified Persons

Donor Name	2013	2014	2015	2016	2017
	\$	\$ 128,322	\$	\$ 119,886	\$
TOTAL	<u>\$ 0</u>	<u>\$ 128,322</u>	<u>\$ 0</u>	<u>\$ 119,886</u>	<u>\$ 0</u>

Schedule A, Part III, Line 10a(e)

Description	Amount
TAXABLE INTEREST	\$ 11,727
TAXABLE DIVIDENDS	41,165
TOTAL	<u>\$ 52,892</u>

Schedule A, Part III, Line 11

Description	Amount
8014 SACRAMENTO STREET, FAI	\$
TOTAL	<u>\$ 0</u>

034

MAIL TO:

Registry of Charitable Trusts
 P.O. Box 903447
 Sacramento, CA 94203-4470
 (916) 210-6400

WEB SITE ADDRESS:

www.ag.ca.gov/charities/

**ANNUAL REGISTRATION RENEWAL FEE REPORT
 TO ATTORNEY GENERAL OF CALIFORNIA**

Sections 12586 and 12587, California Government Code
 11 Cal. Code Regs. sections 301-307, 311, and 312

Failure to submit this report annually no later than the 15th day of the 5th month after the end of the organization's accounting period may result in the loss of tax exemption and the assessment of a minimum tax of \$800, plus interest, and/or fines or filing penalties as defined in Government Code section 12586.1. IRS extensions will be honored.

State Charity Registration Number <u>103230</u> LIFE SKILLS TRAINING AND EDUCATIONA Name of Organization 4041 BRIDGE STREET Address (Number and Street) FAIR OAKS CA 95628 City or Town, State and ZIP Code	Check if: <input type="checkbox"/> Change of address <input type="checkbox"/> Amended report Corporate or Organization No. <u>1973923</u> Federal Employer I.D. No. <u>** - ***0982</u>
--	---

**ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal. Code Regs. sections 301-307, 311, and 312)
 Make Check Payable to Attorney General's Registry of Charitable Trusts**

Gross Annual Revenue	Fee	Gross Annual Revenue	Fee	Gross Annual Revenue	Fee
Less than \$25,000	0	Between \$100,001 and \$250,000	\$50	Between \$1,000,001 and \$10 million	\$150
Between \$25,000 and \$100,000	\$25	Between \$250,001 and \$1 million	\$75	Between \$10,000,001 and \$50 million	\$225
				Greater than \$50 million	\$300

PART A - ACTIVITIES

For your most recent full accounting period (beginning 01/01/17 ending 12/31/17) list:
 Gross annual revenue \$ 8,587,810 Total assets \$ 6,821,343

PART B - STATEMENTS REGARDING ORGANIZATION DURING THE PERIOD OF THIS REPORT

Note: If you answer "yes" to any of the questions below, you must attach a separate sheet page providing an explanation and details for each "yes" response. Please review RRF-1 instructions for information required.

	Yes	No
1. During this reporting period, were there any contracts, loans, leases or other financial transactions between the organization and any officer, director or trustee thereof either directly or with an entity in which any such officer, director or trustee had any financial interest?		X
2. During this reporting period, were there any theft, embezzlement, diversion or misuse of the organization's charitable property or funds?		X
3. During this reporting period, did non-program expenditures exceed 50% of gross revenues?		X
4. During this reporting period, were any organization funds used to pay any penalty, fine or judgment? If you filed a Form 4720 with the Internal Revenue Service, attach a copy.		X
5. During this reporting period, were the services of a commercial fundraiser or fundraising counsel for charitable purposes used? If "yes," provide an attachment listing the name, address, and telephone number of the service provider.		X
6. During this reporting period, did the organization receive any governmental funding? If so, provide an attachment listing the name of the agency, mailing address, contact person, and telephone number.	X	
7. During this reporting period, did the organization hold a raffle for charitable purposes? If "yes," provide an attachment indicating the number of raffles and the date(s) they occurred.		X
8. Does the organization conduct a vehicle donation program? If "yes," provide an attachment indicating whether the program is operated by the charity or whether the organization contracts with a commercial fundraiser for charitable purposes.		X
9. Did your organization have prepared an audited financial statement in accordance with generally accepted accounting principles for this reporting period?	X	

Organization's area code and telephone number 916-965-0110

Organization's e-mail address _____

I declare under penalty of perjury that I have examined this report, including accompanying documents, and to the best of my knowledge and belief, the content is true, correct and complete.

 Signature of authorized officer BETH SOUTHORN Printed Name EXECUTIVE DIREC Title _____ Date

Statement 1 - Form RRF-1, Part B, Line 6 - Governmental Funding

Description

1. DEPARTMENT OF HEALTH SERVICES
2. COUNTY OF HEALTH SERVICES
3. ALAMEDA HOUSING AUTHORITY
4. SANTA CLARA HOUSING AUTHORITY

Voucher at bottom of page. ■

DO NOT MAIL A PAPER COPY OF THE CORPORATE OR EXEMPT ORGANIZATION TAX RETURN WITH THE PAYMENT VOUCHER.

If the amount of payment is zero, do not mail this voucher.

WHERE TO FILE:

Using black or blue ink, make check or money order payable to the "Franchise Tax Board." Write the corporation number or FEIN and "2017 FTB 3586" on the check or money order. Detach voucher below. Enclose, but **do not** staple, payment with voucher and mail to:

**FRANCHISE TAX BOARD
PO BOX 942857
SACRAMENTO CA 94257-0531**

Make all checks or money orders payable in U.S. dollars and drawn against a U.S. financial institution.

WHEN TO FILE: Corporations - File and Pay by the 15th day of the 4th month following the close of the taxable year.

S corporations – File and Pay by the 15th day of the 3rd month following the close of the taxable year.

Exempt organizations – File and Pay by the 15th day of the 5th month following the close of the taxable year.

When the due date falls on a weekend or holiday, the deadline to file and pay without penalty is extended to the next business day.

Due to the federal Emancipation Day holiday on April 16, 2018, tax returns filed and payments mailed or submitted on April 17, 2018, will be considered timely.

ONLINE SERVICES:

Corporations can make payments online using Web Pay for Businesses. Corporations can make an immediate payment or schedule payments up to a year in advance. Go to ftb.ca.gov/pay for more information.

— DETACH HERE — — — — — IF NO PAYMENT IS DUE, DO NOT MAIL THIS VOUCHER — — — — — DETACH HERE — —

CAUTION: You may be required to pay electronically, see instructions.

TAXABLE YEAR

Payment Voucher for Corporations and Exempt Organizations e-filed Returns

CALIFORNIA FORM

2017

3586 (e-file)

1973923 LIFE **-***0982 000000000000 17 FORM 3
TYB 01-01-2017 TYE 12-31-2017
LIFE SKILLS TRAINING AND EDUCATIONA
PROGRAMS, INC.
4041 BRIDGE STREET
FAIR OAKS CA 95628

(916) 965-0110

Amount of Payment 10.

TAXABLE YEAR **2017** **California Exempt Organization**
Annual Information Return

FORM

199

Calendar Year 2017 or fiscal year beginning (mm/dd/yyyy) , and ending (mm/dd/yyyy)

Corporation/Organization name **LIFE SKILLS TRAINING AND EDUCATIONA
PROGRAMS, INC.**

California corporation number
1973923

Additional information. See instructions.

FEIN
**** - ***0982**

Street address (suite or room)
4041 BRIDGE STREET

PMB no.

City
FAIR OAKS

State
CA Zip code
95628

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) 990-PF (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. **N/A** 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 exempt under R&TC Section 23701d and meets the filing fee exception, check box.
No filing fee is required. Yes No
- 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 Instructions B and C.

Receipts and Revenues	1	Gross sales or receipts from other sources. From Side 2, Part II, line 8	1	7,356,666	00
	2	Gross dues and assessments from members and affiliates	2		00
	3	Gross contributions, gifts, grants, and similar amounts received	3	1,231,144	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 Instruction	4	8,587,810	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	8,587,810	00
Expenses	9	Total expenses and disbursements. From Side 2, Part II, line 18	9	7,822,514	00
	10	Excess of receipts over expenses and disbursements. Subtract line 9 from line 8	10	765,296	00
Filing Fee	11	Total payments	11		00
	12	Use tax. See General Instruction 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 Instruction F	15	10	00
	16	Penalties and Interest. See General Instruction J	16		00
	17	Balance due. Add line 12, line 15, and line 16. Then subtract line 11 from the result	17	10	00
Sign Here	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.				
Paid Preparer's Use Only	Signature of officer u	Title EXECUTIVE DIREC	Date	Telephone 916-965-0110	
	Preparer's signature u	Date 06/27/2018	Check if self-employed <input type="checkbox"/>	PTIN P00125006	
	Firm's name (or yours, if self-employed) and address u GRANT BENNETT ASSOCIATES 1375 EXPOSITION BLVD STE 230 SACRAMENTO, CA 95815-5143	FEIN ** - ***2073	Telephone 916-922-5109		
May the FTB discuss this return with the preparer shown above? See instructions <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					

LIFE SKILLS TRAINING AND EDUCATIONA
**** - ***0982**

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.

Receipts from Other Sources	1	Gross sales or receipts from all business activities. See instructions	●	1	7,299,641	00
	2	Interest	●	2	11,727	00
	3	Dividends	●	3	41,165	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. Attach schedule SEE STATEMENT 1	●	7	4,133	00
	8	Total gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1	●	8	7,356,666	00
	9	Contributions, gifts, grants, and similar amounts paid. Attach schedule SEE STATEMENT 2	●	9	407,115	00
Expenses and Disbursements	10	Disbursements to or for members	●	10		00
	11	Compensation of officers, directors, and trustees. Attach schedule SEE STATEMENT 3	●	11	346,963	00
	12	Other salaries and wages	●	12	5,166,369	00
	13	Interest	●	13		00
	14	Taxes	●	14		00
	15	Rents	●	15	41,313	00
	16	Depreciation and depletion (See instructions)	●	16	22,604	00
	17	Other Expenses and Disbursements. Attach schedule. SEE STATEMENT 4	●	17	1,838,150	00
	18	Total expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9	●	18	7,822,514	00

Schedule L Balance Sheet	Beginning of taxable year		End of taxable year	
	(a)	(b)	(c)	(d)
Assets				
1 Cash		3,185,366	●	3,178,872
2 Net accounts receivable		456,221	●	359,757
3 Net notes receivable			●	
4 Inventories			●	
5 Federal and state government obligations			●	
6 Investments in other bonds			●	
7 Investments in stock STMT 5		1,384,812	●	2,469,706
8 Mortgage loans			●	
9 Other investments. Attach schedule			●	
10 a Depreciable assets	718,363		718,363	
b Less accumulated depreciation	(270,286)	448,077	(292,891)	425,472
11 Land		297,127	●	297,127
12 Other assets. Attach schedule. STMT 6		145,653	●	90,409
13 Total assets		5,917,256		6,821,343
Liabilities and net worth				
14 Accounts payable		128,571	●	180,759
15 Contributions, gifts, or grants payable			●	
16 Bonds and notes payable			●	
17 Mortgages payable			●	
18 Other liabilities. Attach schedule. STMT 7		91,773		97,838
19 Capital stock or principal fund			●	
20 Paid-in or capital surplus. Attach reconciliation			●	
21 Retained earnings or income fund		5,696,912	●	6,542,746
22 Total liabilities and net worth		5,917,256		6,821,343

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	●	845,834	7 Income recorded on books this year not included in this return. Attach schedule SEE STMT 10	●	117,967
2 Federal income tax	●		8 Deductions in this return not charged against book income this year. Attach schedule SEE STMT 11	●	-2
3 Excess of capital losses over capital gains	●		9 Total. Add line 7 and line 8		117,965
4 Income not recorded on books this year. Attach schedule SEE STMT 8	●	2	10 Net income per return. Subtract line 9 from line 6		765,296
5 Expenses recorded on books this year not deducted in this return. Attach schedule STMT 9	●	37,425			
6 Total. Add line 1 through line 5		883,261			

Statement 1 - Form 199, Part II, Line 7 - Other Income

<u>Description</u>	<u>Amount</u>
OTHER INCOME	\$ <u>4,133</u>
TOTAL	\$ <u><u>4,133</u></u>

California Statements

Statement 2 - Form 199, Part II, Line 9 - Contributions, Gifts, Grants, and Similar Amounts

PSA	Class	Name	Address	City	State	Zip		
Relationship	Status	Purpose	Amount	Noncash Description	FMV Explanation	Book Value Amount	Book Value Explanation	Date
		DENTAL, RENT, FOOD CARDS,	407,115					

Statement 3 - Form 199, Part II, Line 11 - Officer Compensation

Name	Address					
City	State	Zip	Title	Avg Hrs	Compensation Amount	
CRAIG GILLETT	160 N. MCCADDEN PLACE					
LOS ANGELES	CA	90004	PRESIDENT		102,600	
KENNETH S. ROBERTSON	4041 BRIDGE STREET					
FAIR OAKS	CA	95628	SECRETARY/VP			
DR. LILI KIM	4041 BRIDGE STREET					
FAIR OAKS	CA	95628	DIRECTOR			
GREGORY J. POPOVICH	4041 BRIDGE STREET					
FAIR OAKS	CA	95628	DIRECTOR			
BETH SOUTHORN	4041 BRIDGE STREET					
FAIR OAKS	CA	95628	EXECUTIVE DIREC	40.00	134,818	
JONATHAN GABRIEL, ESQ	4041 BRIDGE STREET					
FAIR OAKS	CA	95828	DIRECTOR			
BARBARA VALIENTE	4041 BRIDGE STREET					
FAIR OAKS	CA	95628	TREASURER			
FARRELL J. HIRSCH	4041 BRIDGE STREET					
FAIR OAKS	CA	95628	DIRECTOR			
JODY MCKAY	4041 BRIDGE STREET					
FAIR OAKS	CA	95628	CFO	40.00	109,545	
TOTAL						<u>346,963</u>

Statement 4 - Form 199, Part II, Line 17 - Other Expenses

Description	Amount
OTHER EMPL. BENEFITS	\$ 292,426
PAYROLL TAXES	402,027
ACCOUNTING FEES-PROGSERV-990	4,305
ACCOUNTING FEES-MNGMNT-990	10,288
ACCOUNTING FEES-FNDRSNG-990	1,494
LEGAL	
LEGAL FEES-PROGSERV-990	10,635
OTHER FEES	42,743
INVEST. MGMT FEES-MNGMNT-990	9,895
TRAVEL	148,599
CONFERENCES AND CONV.	41,842
OTHER EXPENSES	
OTHER EXPENSES	
OTHER EXPENSES	
OTHER EXPENSES	
OTHER EXPENSES	
OTHER EXPENSES	
OTHER EXPENSES-PROGSERV-9	169,105
OTHER EXPENSES-MNGMNT-990	3,027
OTHER EXPENSES-FNDRSNG-99	2,273
PENSION PLAN CONT.	15,207
ADVERTISING	945
OFFICE EXP.	345,228
INFORMATION TECH.	53,782
INSURANCE	284,329
TOTAL	<u>\$ 1,838,150</u>

Statement 5 - Form 199, Schedule L, Line 7 - Investments in Stock

Description	Beginning of Year	End of Year
	\$ 1,384,812	\$ 2,469,706
TOTAL	<u>\$ 1,384,812</u>	<u>\$ 2,469,706</u>

Statement 6 - Form 199, Schedule L, Line 12 - Other Assets

Description	Beginning of Year	End of Year
PREPAID EXPENSES	\$ 145,653	\$ 90,409
TOTAL	<u>\$ 145,653</u>	<u>\$ 90,409</u>

Statement 7 - Form 199, Schedule L, Line 18 - Other Liabilities

Description	Beginning of Year	End of Year
DEFERRED COMPENSATION	\$ 82,209	\$ 93,050
UNSECURED NOTES AND LOANS PAYABLE	9,564	4,788
TOTAL	<u>\$ 91,773</u>	<u>\$ 97,838</u>

Statement 8 - Form 199, Schedule M-1, Line 4 - Income Not Recorded on Books

Description	Amount
ROUNDING	\$ 2
TOTAL	<u>\$ 2</u>

Statement 9 - Form 199, Schedule M-1, Line 5 - Expenses Recorded on Books

Description	Amount
DONATED SERVICES	\$ 37,425
TOTAL	<u>\$ 37,425</u>

Statement 10 - Form 199, Schedule M-1, Line 7 - Income Recorded on Books

Description	Amount
NET UNREALIZED GAINS	\$ 80,542
DONATED SERVICES	37,425
TOTAL	<u>\$ 117,967</u>

Statement 11 - Form 199, Schedule M-1, Line 8 - Deductions Not Charged Against Book Income

Description	Amount
ROUNDING	\$ -2
TOTAL	<u>\$ -2</u>

TAXABLE YEAR

Corporation Depreciation and Amortization

CALIFORNIA FORM

2017

3885

Attach to Form 100 or Form 100W. **FORM 199**

Corporation name LIFE SKILLS TRAINING AND EDUCATIONA PROGRAMS, INC.	California corporation number 1973923
--	---

Part I Election To Expense Certain Property Under IRC Section 179

1 Maximum deduction under IRC Section 179 for California	1	
2 Total cost of IRC Section 179 property placed in service	2	
3 Threshold cost of IRC Section 179 property before reduction in limitation	3	
4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5 Dollar limitation for taxable year. Subtract line 4 from line 1. If zero or less, enter -0-	5	
6		
(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7 Listed property (elected IRC Section 179 cost)	7	
8 Total elected cost of IRC Section 179 property. Add amounts in column (c), line 6 and line 7	8	
9 Tentative deduction. Enter the smaller of line 5 or line 8	9	
10 Carryover of disallowed deduction from prior taxable years	10	
11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5	11	
12 IRC Section 179 expense deduction. Add line 9 and line 10, but do not enter more than line 11	12	
13 Carryover of disallowed deduction to 2018. Add line 9 and line 10, less line 12	13	

Part II Depreciation and Election of Additional First Year Depreciation Deduction Under R&TC Section 24356

(a) Description of property	(b) Date acquired (mm/dd/yyyy)	(c) Cost or other basis	(d) Depreciation allowed or allowable in earlier years	(e) Depreciation method	(f) Life or rate	(g) Depreciation for this year	(h) Additional first year depreciation
14 SEE STATEMENT 1						22,604	
15 Add the amounts in column (g) and column (h). The total of column (h) may not exceed \$2,000. See instructions for line 14, column (h)						15	22,604

Part III Summary

16 Total: If the corporation is electing: IRC Section 179 expense, add the amount on line 12 and line 15, column (g) or Additional first year depreciation under R&TC Section 24356, add the amounts on line 15, columns (g) and (h) or Depreciation (if no election is made), enter the amount from line 15, column (g)	16	22,604
17 Total depreciation claimed for federal purposes from federal Form 4562, line 22	17	
18 Depreciation adjustment. If line 17 is greater than line 16, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 17 is less than line 16, enter the difference here and on Form 100 or Form 100W, Side 2, line 12. (If California depreciation amounts are used to determine net income before state adjustments on Form 100 or Form 100W, no adjustment is necessary.)	18	

Part IV Amortization

(a) Description of property	(b) Date acquired (mm/dd/yyyy)	(c) Cost or other basis	(d) Amortization allowed or allowable in earlier years	(e) R&TC section (see instructions)	(f) Period or percentage	(g) Amortization for this year	
19							
20 Total. Add the amounts in column (g)						20	
21 Total amortization claimed for federal purposes from federal Form 4562, line 44						21	
22 Amortization adjustment. If line 21 is greater than line 20, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 21 is less than line 20, enter the difference here and on Form 100 or Form 100W, Side 2, line 12						22	

California Statements

Indirect Depreciation

Statement 1 - Form 3885, Part II, Line 14 - Depreciation Detail Information

Description	Date Acquired	Cost / Basis	Accum Depr	Method	Life / Rate	Current Depr	Add'l 1st Year
BUILDING	2/21/08	\$ 291,104	\$ 66,245	MACRS	39	\$ 7,464	\$
4041 BRIDGE STREET BLDG	2/22/11	240,801	36,274	MACRS	39	6,175	
VOIP TELEPHONES	12/26/13	8,834	5,300	S/L	5.00	1,767	
VISION QUEST	1/01/13	3,751	3,001	S/L	5.00	750	
COPIER - KYOCERA	3/01/14	12,120	6,868	S/L	5.00	2,424	
DINING SET	1/17/14	7,131	4,160	S/L	5.00	1,426	
3 CHAIRS & 36 LAT FILE	3/19/14	1,230	677	S/L	5.00	246	
RICOH COPIER	1/01/16	7,056	2,352	S/L	3.00	2,352	
TOTAL		\$ <u>572,027</u>	\$ <u>124,877</u>			\$ <u>22,604</u>	\$ <u>0</u>