

2020 Exempt Return
prepared for:

Life Skills Training & Educational
Programs, Inc.
3247 Ramos Circle
Sacramento, CA 95827

Grant Bennett Associates
10850 Gold Center Dr Ste 260
Rancho Cordova, CA 95670-5143

Grant Bennett Associates

A PROFESSIONAL CORPORATION

November 1, 2021

CONFIDENTIAL

Life Skills Training & Educational
Programs, Inc.
3247 Ramos Circle
Sacramento, CA 95827

Dear Client:

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

Your Form 990 for the year ended 12/31/20 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
10850 Gold Center Dr Ste 260
Rancho Cordova, CA 95670-5143

Important: Your return will not be filed with the IRS until the signed Form 8879-EO has been received by this office.

California Form 199 Filing Instructions

Your Form 199 for the tax year ended 12/31/20 shows no balance due.

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 12/31/20 shows a balance due of \$225. The return should be signed and dated on Page 1 by an officer representing the organization. Include a check payable to the Department of Justice in the amount of \$225. Write "E.I.N. **-***0982, RRF-1 Balance Due for the year ended 12/31/20" on the check. Mail the return by November 15, 2021 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. 1545-0047

For calendar year 2020, or fiscal year beginning, 2020, and ending, 20

2020

Department of the Treasury
Internal Revenue Service

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

Name of exempt organization or person subject to tax **LIFE SKILLS TRAINING & EDUCATIONAL PROGRAMS, INC.**

Taxpayer identification number
****-***0982**

Name and title of officer or person subject to tax **BETH SOUTHORN
EXECUTIVE DIRECTOR**

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

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

1a Form 990 check here <input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b <u>10,950,182</u>
2a Form 990-EZ check here <input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b _____
3a Form 1120-POL check here <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b _____
4a Form 990-PF check here <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b _____
5a Form 8868 check here <input type="checkbox"/>	b Balance due (Form 8868, line 3c)	5b _____
6a Form 990-T check here <input type="checkbox"/>	b Total tax (Form 990-T, Part III, line 4)	6b _____
7a Form 4720 check here <input type="checkbox"/>	b Total tax (Form 4720, Part III, line 1)	7b _____

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

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

PIN: check one box only

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

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

Signature of officer or person subject to tax

Date **11/01/21**

Part III Certification and Authentication

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

Do not enter all zeros

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

ERO's signature **MICHAEL R. MARUCHEAU**

Date **11/01/21**

**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** (2020)

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)

OMB No. 1545-0047

2020
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ 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.

A For the 2020 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 & EDUCATIONAL PROGRAMS, INC.**
 Doing business as _____
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite
3247 RAMOS CIRCLE
 City or town, state or province, country, and ZIP or foreign postal code
SACRAMENTO CA 95827

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

E Telephone number
916-965-0110

G Gross receipts **10,950,182**

F Name and address of principal officer:
BETH SOUTHORN
3247 RAMOS CIRCLE
SACRAMENTO CA 95827

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) () ◀ (insert no.) 4947(a)(1) or 527

J Website: ▶ **LIFESTEPSUSA.ORG**

K Form of organization: Corporation Trust Association Other ▶

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

H(c) Group exemption number ▶ _____

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 2020 (Part V, line 2a)	5	277
	6 Total number of volunteers (estimate if necessary)	6	50
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0	
Revenue	8 Contributions and grants (Part VIII, line 1h)	1,670,286	1,768,364
	9 Program service revenue (Part VIII, line 2g)	8,573,936	9,115,462
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	105,054	66,031
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	2,866	325
	12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	10,352,142	10,950,182
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	357,724	562,754
	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)	7,320,594	8,173,523
	16a Professional fundraising fees (Part IX, column (A), line 11e)		0
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 217,592		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	1,434,127	1,286,954
	18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	9,112,445	10,023,231
19 Revenue less expenses. Subtract line 18 from line 12	1,239,697	926,951	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 9,370,928	End of Year 12,218,874
	21 Total liabilities (Part X, line 26)	341,135	1,979,968
	22 Net assets or fund balances. Subtract line 21 from line 20	9,029,793	10,238,906

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: **BETH SOUTHORN** Date: _____
 Type or print name and title: **EXECUTIVE DIRECTOR**

Paid Preparer Use Only

Print/Type preparer's name: **MICHAEL R MARUCHEAU** Preparer's signature: **MICHAEL R MARUCHEAU** Date: **11/01/21** Check if PTIN self-employed *********

Firm's name ▶ **GRANT BENNETT ASSOCIATES** Firm's EIN ▶ **** - ***2073**
 Firm's address ▶ **10850 GOLD CENTER DR STE 260 RANCHO CORDOVA, CA 95670-5143** 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 \$ 8,487,276 including grants of \$ 562,754) (Revenue \$ 9,115,462)

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 \$)

N/A

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

N/A

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

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

4e Total program service expenses 8,487,276

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Yes, No. Rows include questions 1 through 21, with sub-questions a-f for questions 11 and 12a. 'X' marks indicate 'Yes' responses.

Part IV Checklist of Required Schedules (continued)

		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <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 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <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, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>		X
b	A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>		X
c	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <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

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

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

		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a <u>277</u>		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
b	If "Yes," enter the name of the foreign country ▶ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12 10a		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b		
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders 11a		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b		
c	Enter the amount of reserves on hand 13c		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.		X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.		X

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

Section A. Governing Body and Management

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

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?		<input checked="" type="checkbox"/>
10b	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?		<input checked="" type="checkbox"/>
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	<input checked="" type="checkbox"/>	
12b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	<input checked="" type="checkbox"/>	
12c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	<input checked="" type="checkbox"/>	
13	Did the organization have a written whistleblower policy?	<input checked="" type="checkbox"/>	
14	Did the organization have a written document retention and destruction policy?	<input checked="" type="checkbox"/>	
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?		
15a	The organization's CEO, Executive Director, or top management official	<input checked="" type="checkbox"/>	
15b	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		<input checked="" type="checkbox"/>
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?		<input checked="" type="checkbox"/>
16b	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 **CA**
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records **JODY MCKAY 3247 RAMOS CIRCLE SACRAMENTO CA 95827 916-965-0110**

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

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

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

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

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

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

(A) Name and title	(B) Average hours per week 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) BETH SOUTHORN EXECUTIVE DIRECTOR	40.00 0.00			X				141,508	0	7,049
(2) JODY MCKAY CFO	40.00 0.00					X		120,902	0	0
(3) PAMELA MOORE EMPLOYEE	40.00 0.00					X		105,426	0	0
(4) ANN ELIAS EMPLOYEE	40.00 0.00					X		105,355	0	0
(5) CRAIG GILLETT LEGAL COUNSEL	20.00 0.00	X		X				102,600	0	0
(6) JONATHAN GABRIEL, ESQ DIRECTOR	1.00 0.00	X						0	0	0
(7) CRAIG GILLETT PRESIDENT	20.00 0.00	X		X				0	0	0
(8) FARRELL J. HIRSCH DIRECTOR	1.00 0.00	X						0	0	0
(9) DR. LILI KIM DIRECTOR	1.00 0.00	X						0	0	0
(10) GREGORY J. POPOVICH DIRECTOR	1.00 0.00	X						0	0	0
(11) KENNETH S. ROBERTSON SECRETARY/VP	1.00 0.00	X		X				0	0	0

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

(A) Name and title	(B) Average hours per week 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			
(12) BARBARA VALIENTE TREASURER	1.00 0.00	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>				0	0	0
.....										
.....										
.....										
.....										
.....										
.....										
.....										
.....										
.....										
1b Subtotal							575,791		7,049	
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)							575,791		7,049	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **5**

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
.....		
.....		
.....		
.....		
.....		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **0**

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	1,768,364				
	g Noncash contributions included in lines 1a-1f	1g	\$ 53,934				
	h Total. Add lines 1a-1f		1,768,364				
Program Service Revenue	2a SOCIAL SVC PROGRAM FEES	Business Code	900099	9,115,462	9,115,462		
	b						
	c						
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f		9,115,462				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		66,031			66,031	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6a Gross rents	(i) Real					
		(ii) Personal					
		6b Less: rental expenses					
	c Rental inc. or (loss)	6c					
	d Net rental income or (loss)						
	7a Gross amount from sales of assets other than inventory	(i) Securities					
		(ii) Other					
		b Less: cost or other basis and sales exps.	7b				
	c Gain or (loss)	7c					
	d Net gain or (loss)						
	8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18						
b Less: direct expenses		8b					
c Net income or (loss) from fundraising events							
9a Gross income from gaming activities. See Part IV, line 19							
	b Less: direct expenses	9b					
	c Net income or (loss) from gaming activities						
10a Gross sales of inventory, less returns and allowances							
	b Less: cost of goods sold	10b					
	c Net income or (loss) from sales of inventory						
Miscellaneous Revenue	11a OTHER INCOME	Business Code	900099	325		325	
	b						
	c						
	d All other revenue						
	e Total. Add lines 11a-11d		325				
12 Total revenue. See instructions		10,950,182	9,115,462	0	66,356		

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	562,754	562,754		
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	251,157	102,600	148,557	
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	6,970,059	6,025,395	755,290	189,374
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	23,048	16,576	6,472	
9 Other employee benefits	397,966	333,933	57,612	6,421
10 Payroll taxes	531,293	447,217	70,237	13,839
11 Fees for services (nonemployees):				
a Management				
b Legal	4,196	4,196		
c Accounting	17,979	9,887	4,762	3,330
d Lobbying				
e Professional fundraising services. See Part IV, line 7				
f Investment management fees	68,990		68,990	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	136,039	105,399	30,140	500
12 Advertising and promotion	458			458
13 Office expenses	411,583	391,252	18,768	1,563
14 Information technology	51,092	40,426	10,494	172
15 Royalties				
16 Occupancy	178,219	121,809	56,410	
17 Travel	75,975	75,931	26	18
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	16,801	15,938	690	173
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	69,595		69,595	
23 Insurance	132,139	119,088	11,894	1,157
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a				
b				
c				
d				
e All other expenses	123,888	114,875	8,426	587
25 Total functional expenses. Add lines 1 through 24e	10,023,231	8,487,276	1,318,363	217,592
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	1,222,485	1	1,505,005
	2 Savings and temporary cash investments	2,596,373	2	4,810,383
	3 Pledges and grants receivable, net	11,155	3	
	4 Accounts receivable, net	1,023,392	4	930,707
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	104,949	9	85,682
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 1,521,552		
	b Less: accumulated depreciation	10b 382,967	1,208,180	10c 1,138,585
	11 Investments—publicly traded securities	3,204,394	11	3,748,512
	12 Investments—other securities. See Part IV, line 11		12	
	13 Investments—program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11		15	
16 Total assets. Add lines 1 through 15 (must equal line 33)	9,370,928	16	12,218,874	
Liabilities	17 Accounts payable and accrued expenses	195,678	17	241,681
	18 Grants payable		18	
	19 Deferred revenue	7,045	19	7,045
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties	22,440	24	1,602,430
	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	115,972	25	128,812
	26 Total liabilities. Add lines 17 through 25	341,135	26	1,979,968
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	9,029,793	27	9,454,609
	28 Net assets with donor restrictions		28	784,297
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
32 Total net assets or fund balances	9,029,793	32	10,238,906	
33 Total liabilities and net assets/fund balances	9,370,928	33	12,218,874	

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	10,950,182
2	Total expenses (must equal Part IX, column (A), line 25)	2	10,023,231
3	Revenue less expenses. Subtract line 2 from line 1	3	926,951
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	9,029,793
5	Net unrealized gains (losses) on investments	5	282,164
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	-2
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	10,238,906

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
b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	X	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ **Attach to Form 990 or Form 990-EZ.**

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

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization

LIFE SKILLS TRAINING & EDUCATIONAL 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						

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

Schedule A (Form 990 or 990-EZ) 2020

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) 2016, (b) 2017, (c) 2018, (d) 2019, (e) 2020, (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; 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: (a) 2016, (b) 2017, (c) 2018, (d) 2019, (e) 2020, (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; 10 Other income. Do not include gain or loss from the sale of capital assets; 11 Total support. Add lines 7 through 10.

12 Gross receipts from related activities, etc. (see instructions) 12
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

14 Public support percentage for 2020 (line 6, column (f) divided by line 11, column (f)) 14 %
15 Public support percentage from 2019 Schedule A, Part II, line 14 15 %

16a 33 1/3% support test—2020. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization
b 33 1/3% support test—2019. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization
17a 10%-facts-and-circumstances test—2020. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization
b 10%-facts-and-circumstances test—2019. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1,114,689	1,231,143	1,525,465	1,670,286	1,768,364	7,309,947
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	7,103,160	7,299,641	7,965,725	8,573,936	9,115,462	40,057,924
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	8,217,849	8,530,784	9,491,190	10,244,222	10,883,826	47,367,871
7a Amounts included on lines 1, 2, and 3 received from disqualified persons	119,886					119,886
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	119,886					119,886
8 Public support. (Subtract line 7c from line 6.)						47,247,985

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9 Amounts from line 6	8,217,849	8,530,784	9,491,190	10,244,222	10,883,826	47,367,871
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	40,414	52,891	117,459	105,054	66,031	381,849
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	40,414	52,891	117,459	105,054	66,031	381,849
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on				1,866		1,866
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	12,019	4,133	8,260			24,412
13 Total support. (Add lines 9, 10c, 11, and 12.)	8,270,282	8,587,808	9,616,909	10,351,142	10,949,857	47,775,998
14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f))	15	98.89 %
16 Public support percentage from 2019 Schedule A, Part III, line 15	16	98.81 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f))	17	1 %
18 Investment income percentage from 2019 Schedule A, Part III, line 17	18	1 %

19a 33 1/3% support tests—2020. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ▶

b 33 1/3% support tests—2019. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ▶

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

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <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 lines 3b and 3c 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 lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</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 (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
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 line 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 lines 11b and 11c below, the governing body of a supported organization?		
b A family member of a person described in line 11a above?		
c A 35% controlled entity of a person described in line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		
11a		
11b		
11c		

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <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>		
1		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
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 line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
1		
2		
3		

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (<i>see instructions</i>).			
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (<i>see instructions</i>).			
2 Activities Test. Answer lines 2a and 2b below.			
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <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 line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <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 lines 3a and 3b below.			
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No," 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>			
2a			
2b			
3a			
3b			

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

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

Section A – Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	
Section B – Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C – Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<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—provide details in Part VI)			
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 2020 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-2020	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2020 (reasonable cause required—explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2020			
a	From 2015			
b	From 2016			
c	From 2017			
d	From 2018			
e	From 2019			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2020 distributable amount			
i	Carryover from 2015 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2020 from Section D, line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2020 distributable amount			
c	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2020 Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7	Excess distributions carryover to 2021. Add lines 3j and 4c.			
8	Breakdown of line 7:			
a	Excess from 2016			
b	Excess from 2017			
c	Excess from 2018			
d	Excess from 2019			
e	Excess from 2020			

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

PART III, LINE 12 - OTHER INCOME DETAIL

MISCELLANEOUS **\$ 24,412**

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

Schedule of Contributors

OMB No. 1545-0047

2020

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

Name of the organization

Employer identification number

**LIFE SKILLS TRAINING & EDUCATIONAL
PROGRAMS, INC.**

**** - **0982**

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 (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

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

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

Name of organization

Employer identification number

LIFE SKILLS TRAINING & EDUCATIONAL**** - ***0982****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	PIZZA HUT 2999 KENDALL DR SAN BERNADINO CA 92407	\$ 12,078	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
2	AMCAL MULTI HOUSING, INC 30141 AGOURA ROAD, SUITE 100 AGOURA HILLS CA 91301	\$ 15,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	CITI 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.)
4	CITY OF SAN JOSE 200 EAST SANTA CLARA STREET 9TH FL SAN JOSE CA 95113	\$ 14,250	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	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.)
6	FLETCHER PLUMBING INC 3237 RIPPEY ROAD, SUITE 150 LOOMIS CA 95650	\$ 8,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

LIFE SKILLS TRAINING & EDUCATIONAL**** - ***0982****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	HOUSING AUTHORITY OF THE CITY OF ALAMEDA 701 ATLANTIC AVENUE ALAMEDA CA 94501	\$ 15,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	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.)
9	IMPERIAL SHADE AND VENETIAN BLIND CO 4362 S. BROADWAY LOS ANGELES CA 90037-2797	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	JPMORGAN CHASE & CO 300 S. GRAND AVENUE, SUITE 300 LOS ANGELES CA 90071	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	MICHAEL FOWLER 1 W. CENTURY DRIVE 27C LOS ANGELES CA 90067	\$ 20,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12	MUFG UNION BANK 1901 AVENUE OF THE STARS, SUITE 600 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.)

Name of organization

Employer identification number

LIFE SKILLS TRAINING & EDUCATIONAL**** - ***0982****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	BOCARSLY EMDEN COWAN ESMAIL & ARNDT LLP 633 WEST FIFTH ST 64TH FLOOR LOS ANGELES CA 90071	\$ 6,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
14	PACIFIC WESTERN BANK 9701 WILSHIRE BLVD., SUITE 700 BEVERLY HILLS CA 90212	\$ 15,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
15	PIZZA HUT (SACRAMENTO-FLORIN RD) 8324 ELK GROVE FLORIN ROAD ELK GROVE CA 95829	\$ 5,529	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
16	US BANK 4000 W BROADWAY ROBBINSDALE MN 55422	\$ 30,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
17	FIDELITY CHARITABLE P.O. BOX 770001 CINCINNATI OH 45277	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
18	PANERA BREAD DESERT 601534 W FLORIDA HEMET CA 92545	\$ 5,623	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

-*0982

LIFE SKILLS TRAINING & EDUCATIONAL**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	SCAN HEALTH PLAN 3800 KILROY WAY, SUITE 400 LONG BEACH CA 90806	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
20	CALIFORNIA HEALTH ADVOCATES 5380 ELVAS AVENUE, SUITE 221 SACRAMENTO CA 95819	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
21	WELLS FARGO FOUNDATION 550 S 4TH STREET MINNEAPOLIS MN 55415	\$ 7,500	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
22	UNITED WAY OF KERN COUNTY 5405 STOCKDALE HIGHWAY, SUITE 200 BAKERSFIELD CA 93309	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
23	CALEB ROOPE 550 WEST STATE STREET EAGLE ID 83636	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
24	MUFG UNION BANK 1902 AVENUE OF THE STARS, SUITE 600 LOS ANGELES CA 90068	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

LIFE SKILLS TRAINING & EDUCATIONAL**** - ***0982****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	TOUCHPOINT FOUNDATION 171 MAIN STREET #254 LOS ALTOS CA 94022	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
26	BANK OF AMERICA CHARITABLE FOUNDATIO 100 N TRYON STREET CHARLOTTE NC 28202	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
27	CITI BUSINESS SERVICES 3801 CITIBANK CENTER DRIVE G-3-4 TAMPLA FL 33611	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
28	MONTGOMERY BROWN 451 PARKER DRIVE PITTSBURGH PA 15216	\$ 12,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
29	PAYPAL GIVING FUND ONLINE TRANSFER UNKNOWN CA 95827	\$ 5,490	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
30	ALTA FINISH & STAIR, INC. 12625 FREDERICK ST. STE. 15290 MORENO VALLEY CA 92553	\$ 5,192	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 & EDUCATIONAL** Employer identification number **** - ***0982**

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 WONDERFUL COMPANY 11444 W OLYMPIC BLVD FLOOR 5 LOS ANGELES CA 90064	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
32	MUFG UNION BANK FOUNDATION 445 SOUTH FIGUEROA STREET LOS ANGELES CA 90071	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
33	SCHWAB CHARITABLE FUND - LARRY P 211 MAIN STREET SAN FRANCISCO CA 94105	\$ 5,000	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.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

LIFE SKILLS TRAINING & EDUCATIONAL

Employer identification number

**** - ***0982**

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	FOOD	\$ 12,078	
15	FOOD	\$ 5,529	
18	FOOD	\$ 5,623	

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2020

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

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

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 & EDUCATIONAL 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) ▶ \$
- 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 ▶ \$
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$
- 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 ▶ \$
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ▶ \$
- 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) 2020

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 (grassroots 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="text-align: left; width: 30%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="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) 2017	(b) 2018	(c) 2019	(d) 2020	(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)).

For each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?			
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
c Media advertisements?			
d Mailings to members, legislators, or the public?			
e Publications, or published or broadcast statements?			
f Grants to other organizations for lobbying purposes?			
g Direct contact with legislators, their staffs, government officials, or a legislative body?			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i Other activities?			
j Total. Add lines 1c through 1i			
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

	Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?		
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?		
3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?		

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."

1 Dues, assessments and similar amounts from members	1	
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a Current year	2a	
b Carryover from last year	2b	
c Total	2c	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5 Taxable amount of lobbying and political expenditures (See instructions)	5	

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 C, PART IV, ADDITIONAL INFORMATION

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

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990.

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

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization

Employer identification number

LIFE SKILLS TRAINING & EDUCATIONAL PROGRAMS, INC.

-*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?, 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?

Part II Conservation Easements.

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

Table with 2 columns: Description, Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 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, 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?, 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)?, 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: Description, Amount. Rows include: 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1, (ii) Assets included in Form 990, Part X, 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1, b Assets included in Form 990, Part X.

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange program
 - e Other
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements.

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	3,542,137	2,365,618	2,524,413	1,402,869	1,360,366
b Contributions		750,000		1,000,000	
c Net investment earnings, gains, and losses	226,192	444,160	-141,739	131,488	51,209
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses	19,817	17,641	17,056	9,944	8,706
g End of year balance	3,748,512	3,542,137	2,365,618	2,524,413	1,402,869

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment **100.00** %
 - b Permanent endowment %
 - c Term endowment %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|--|-----|----------|
| (i) Unrelated organizations | | 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		122,400		122,400
b Buildings				
c Leasehold improvements				
d Equipment				
e Other		1,399,152	382,967	1,016,185
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				1,138,585

Part VII Investments – Other Securities.

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

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

Part VIII Investments – Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) DEFERRED COMPENSATION	128,812
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ... ▶	128,812

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

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

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

Table with 5 main rows and sub-rows (a-e) for adjustments. Total revenue reported as 11,251,213, adjusted to 10,950,182.

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.

Table with 5 main rows and sub-rows (a-e) for adjustments. Total expenses reported as 10,042,098, adjusted to 10,023,231.

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.

Series of horizontal dotted lines for providing supplemental information.

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. Attach to Form 990.

OMB No. 1545-0047

2020

Open to Public Inspection

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

Name of the organization LIFE SKILLS TRAINING & EDUCATIONAL 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 [X] 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.

Table with 8 columns: (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, (g) Description of non-cash assistance, (h) Purpose of grant or assistance. Rows 1-9.

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

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

Schedule I (Form 990) (2020)

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2020

**Open To Public
Inspection**

Department of the Treasury
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization **LIFE SKILLS TRAINING & EDUCATIONAL 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				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19	X	4	53,934	FMV
20				
21				
22				
23				
24				
25				
26				
27				
28				
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.		

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

Schedule M (Form 990) 2020

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

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

OMB No. 1545-0047

2020

**Open to Public
Inspection**

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

**FORM 990, PART VI, LINE 2 - RELATED PARTY INFORMATION AMONG OFFICERS
BROTHER/SISTER RELATIONSHIP**

**FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990
GOVERNING BODY REVIEWS 990 THROUGH AN EXECUTIVE MEETING BEFORE IT IS MAILED
OUT.**

**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
SUPERVISORY AND MANAGEMENT POSITIONS. COMPARISONS ARE CONDUCTED TO LIKE
ORGANIZATIONS AND BY UTILIZING THE SALARY SURVEYS PUBLISHED BY THE NON
PROFIT RESOURCE CENTER. ALL MANAGEMENT COMPENSATIONS STUDIES ARE SUBMITTED
TO THE BOARD 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**

Form **4562**

Department of the Treasury
Internal Revenue Service (99)

Depreciation and Amortization
(Including Information on Listed Property)
▶ Attach to your tax return.

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

OMB No. 1545-0172

2020

Attachment Sequence No. **179**

Name(s) shown on return **LIFE SKILLS TRAINING & EDUCATIONAL 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	1,040,000
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	2,590,000
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 2019 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 2021. 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	69,595

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 2020	17	0
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		

Section B—Assets Placed in Service During 2020 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 2020 Tax Year Using the Alternative Depreciation System

20a	Class life				S/L	
b	12-year		12 yrs.		S/L	
c	30-year		30 yrs.	MM	S/L	
d	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	69,595
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** (2020)

Federal Asset Report

FYE: 12/31/2020

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
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
38	SHARP COPIER MX283N	4/21/11	3,552		X	0	5 HY S/L	3,552	0
			<u>85,989</u>			<u>57,694</u>		<u>85,989</u>	<u>0</u>
Other Depreciation:									
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
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	8,834	0
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	3,751	0
43	Copier - Kyocera	3/01/14	12,120			12,120	5 MO S/L	12,120	0
44	Dining Set	1/17/14	7,131			7,131	5 MO S/L	7,251	0
45	3 Chairs & 36 Lat File	3/19/14	1,230			1,230	5 MO S/L	1,239	0
46	Ricoh Copier	1/01/16	7,056			7,056	3 MO S/L	7,056	0
48	Ramos Circle	2/26/18	828,531			828,531	40 MO S/L	37,974	20,714
49	Ramos Circle - Land	2/26/18	122,400			122,400	0 -- Land	0	0
50	Cable for new building	2/21/18	17,415			17,415	5 MO S/L	6,386	3,483
51	Voice & Data Cabling	3/23/18	1,702			1,702	5 MO S/L	596	340
52	Balance Due - System Upgrade	3/15/18	6,222			6,222	5 MO S/L	2,281	1,245
53	Server Hardware - new Bldg	3/05/18	5,714			5,714	2 MO S/L	5,238	476
54	Alarm Monitoring	2/20/18	1,995			1,995	2 MO S/L	1,829	166
55	New Roof - Ramos	4/30/18	65,292			65,292	10 MO S/L	10,882	6,529
56	Remodel & Lighting	3/01/18	30,000			30,000	10 MO S/L	5,500	3,000
57	Remodel & Lighting	4/10/18	32,386			32,386	10 MO S/L	5,668	3,238
58	Remodel & Lighting	4/10/18	29,000			29,000	10 MO S/L	5,075	2,900
59	Roof Repair	3/13/18	880			880	2 MO S/L	807	73
60	HVAC Units Ramos	4/29/18	48,940			48,940	10 MO S/L	8,157	4,894
61	Property Inspection	1/11/18	1,400			1,400	2 MO S/L	1,400	0
62	Permits & Doc Fees	5/24/18	662			662	10 MO S/L	105	66
63	Office Furniture	3/12/18	51,633			51,633	7 MO S/L	13,523	7,376
64	Office Furniture	9/10/18	51,865			51,865	7 MO S/L	9,879	7,409
65	Refridgerator & Chairs	5/03/18	3,791			3,791	2 MO S/L	3,159	632
66	Richoh Copier	9/01/18	30,090			30,090	5 MO S/L	8,024	6,018
67	Telephone System	8/14/19	5,176			5,176	5 MO S/L	431	1,036

Federal Asset Report**Form 990, Page 1**

<u>Asset</u>	<u>Description</u>	<u>Date In Service</u>	<u>Cost</u>	<u>Bus %</u>	<u>Sec 179 Bonus</u>	<u>Basis for Depr</u>	<u>Per Conv Meth</u>	<u>Prior</u>	<u>Current</u>
	Total Other Depreciation		<u>1,435,563</u>			<u>1,435,563</u>		<u>227,512</u>	<u>69,595</u>
	Total ACRS and Other Depreciation		<u>1,435,563</u>			<u>1,435,563</u>		<u>227,512</u>	<u>69,595</u>
	Grand Totals		1,521,552			1,493,257		313,501	69,595
	Less: Dispositions and Transfers		0			0		0	0
	Less: Start-up/Org Expense		0			0		0	0
	Net Grand Totals		<u>1,521,552</u>			<u>1,493,257</u>		<u>313,501</u>	<u>69,595</u>

AMT Asset Report

FYE: 12/31/2020

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	0
2	COMPUTERS	1/01/01	0			0	0 HY	0	0
3	COMPUTERS	10/20/03	0			0	0 HY	0	0
4	COMPUTERS	7/01/04	0			0	0 HY	0	0
7	FURNITURE	2/21/08	0			0	0 HY	0	0
8	SIGN	11/18/08	0			0	0 HY	0	0
9	BUILDING IMPROVEMENTS	2/21/08	0			0	0 HY	0	0
10	COMPUTER	3/24/08	0			0	0 HY	0	0
11	COMPUTER	9/08/08	0			0	0 HY	0	0
12	TELEPHONE SYSTEM	10/09/08	0			0	0 HY	0	0
13	SHARP COPIER	2/25/08	0			0	0 HY	0	0
14	COMPUTER EQUIPMENT/LCD MO	4/21/08	0			0	0 HY	0	0
15	CONFERENCE TABLE/CHAIRS	6/11/09	0			0	0 HY	0	0
16	COMPUTER EQUIPMENT	5/15/09	0			0	0 HY	0	0
17	COMPUTERS	6/19/09	0			0	0 HY	0	0
18	5 REFURBISHED COMPUTERS	9/01/09	0			0	0 HY	0	0
19	DESK	10/11/09	0			0	0 HY	0	0
21	CARPET	3/11/11	0			0	0 HY	0	0
22	RF ELECTRIC	3/14/11	0			0	0 HY	0	0
23	RF ELECTRIC	3/25/11	0			0	0 HY	0	0
24	LUCEROS SERVICES	4/06/11	0			0	0 HY	0	0
25	GLASS DOCTOR	4/14/11	0			0	0 HY	0	0
26	CAPITAL CITY DRYWALL	4/19/11	0			0	0 HY	0	0
27	G.O. STONES	4/21/11	0			0	0 HY	0	0
28	SOUTHWEST GRADING	4/21/11	0			0	0 HY	0	0
29	CALIFORNIA PAINTING	4/25/11	0			0	0 HY	0	0
30	BEUTLER CORP	4/25/11	0			0	0 HY	0	0
31	ADAPT 1 COMMUNICATION	4/25/11	0			0	0 HY	0	0
32	J.R. PUTNAM	4/26/11	0			0	0 HY	0	0
33	VISON QUEST	4/26/11	0			0	0 HY	0	0
34	MIKE HOPPER CONSTRUCTION	5/01/11	0			0	0 HY	0	0
35	MISC IMPROVEMENTS	5/18/11	0			0	0 HY	0	0
37	BLACKBOD SOFTWARE	12/31/11	0			0	0 HY	0	0
38	SHARP COPIER MX283N	4/21/11	0			0	0 HY	0	0
39	VOIP TELEPHONES	12/26/13	0			0	0 HY	0	0
40	MAC LAPTOP-BETH	6/24/13	0			0	0 HY	0	0
41	DELAGÉ XEROX BLDG B	3/15/13	0			0	0 HY	0	0
42	VISION QUEST	1/01/13	0			0	0 HY	0	0
43	Copier - Kyocera	3/01/14	0			0	0 HY	0	0
44	Dining Set	1/17/14	0			0	0 HY	0	0
45	3 Chairs & 36 Lat File	3/19/14	0			0	0 HY	0	0
46	Ricoh Copier	1/01/16	0			0	0 HY	0	0
48	Ramos Circle	2/26/18	828,531			828,531	40 MO S/L	37,974	20,714
49	Ramos Circle - Land	2/26/18	0			0	0 HY	0	0
50	Cable for new building	2/21/18	0			0	0 HY	0	0
51	Voice & Data Cabling	3/23/18	0			0	0 HY	0	0
52	Balance Due - System Upgrade	3/15/18	0			0	0 HY	0	0
53	Server Hardware - new Bldg	3/05/18	0			0	0 HY	0	0
54	Alarm Monitoring	2/20/18	0			0	0 HY	0	0
55	New Roof - Ramos	4/30/18	0			0	0 HY	0	0
56	Remodel & Lighting	3/01/18	0			0	0 HY	0	0
57	Remodel & Lighting	4/10/18	0			0	0 HY	0	0
58	Remodel & Lighting	4/10/18	0			0	0 HY	0	0
59	Roof Repair	3/13/18	0			0	0 HY	0	0
60	HVAC Units Ramos	4/29/18	0			0	0 HY	0	0
61	Property Inspection	1/11/18	0			0	0 HY	0	0
62	Permits & Doc Fees	5/24/18	0			0	0 HY	0	0
63	Office Furniture	3/12/18	0			0	0 HY	0	0
64	Office Furniture	9/10/18	0			0	0 HY	0	0
65	Refridgerator & Chairs	5/03/18	0			0	0 HY	0	0
66	Richoh Copier	9/01/18	0			0	0 HY	0	0
67	Telephone System	8/14/19	5,176			5,176	5 MO S/L	431	1,036
Total Other Depreciation			<u>833,707</u>			<u>833,707</u>		<u>38,405</u>	<u>21,750</u>
Total ACRS and Other Depreciation			<u>833,707</u>			<u>833,707</u>		<u>38,405</u>	<u>21,750</u>

6009 Life Skills Training & Educational

_*0982

FYE: 12/31/2020

AMT Asset Report

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	Per Conv Meth	Prior	Current
	Grand Totals		833,707			833,707		38,405	21,750
	Less: Dispositions and Transfers		<u>0</u>			<u>0</u>		<u>0</u>	<u>0</u>
	Net Grand Totals		<u>833,707</u>			<u>833,707</u>		<u>38,405</u>	<u>21,750</u>

6009 Life Skills Training & Educational

-*0982

Bonus Depreciation Report

FYE: 12/31/2020

Form 990, Page 1

Asset	Property Description	Date In Service	Tax Cost	Bus Pct	Tax Sec 179 Exp	Current Bonus	Prior Bonus	Tax - Basis for Depr
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
Grand Total			<u>53,032</u>		<u>0</u>	<u>0</u>	<u>28,295</u>	<u>24,737</u>

6009 Life Skills Training & Educational

_*0982

FYE: 12/31/2020

Depreciation Adjustment Report

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>
There are no assets that meet the criteria of this report						

Federal Statements

FYE: 12/31/2020

Taxable Dividends from Securities

<u>Description</u>	<u>Amount</u>	<u>Unrelated Business</u>	<u>Exclusion Code</u>	<u>Postal Code</u>	<u>Acquired after 6/30/75</u>	<u>US Obs (\$ or %)</u>
TAXABLE DIVIDENDS	\$ 48,283					
TOTAL	\$ 48,283					

Tax-Exempt Interest on Investments

<u>Description</u>	<u>Amount</u>	<u>Unrelated Business</u>	<u>Exclusion Code</u>	<u>Postal Code</u>	<u>Acquired after 6/30/75</u>	<u>InState Muni (\$ or %)</u>
TOTAL	\$ 17,748					

Federal Statements

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

Description	Total Expenses	Program Service	Management & General	Fund Raising
OTHER FEES	\$ 238,639	207,999	30,140	500
OTHER FEES	-102,600	-102,600		
TOTAL	<u>\$ 136,039</u>	<u>\$ 105,399</u>	<u>\$ 30,140</u>	<u>\$ 500</u>

Form 990, Part IX, Line 24e - All Other Expenses

Description	Total Expenses	Program Service	Management & General	Fund Raising
OTHER EXPENSES	\$ 123,888	114,875	8,426	587
TOTAL	<u>\$ 123,888</u>	<u>\$ 114,875</u>	<u>\$ 8,426</u>	<u>\$ 587</u>

6009 Life Skills Training & Educational

_*0982

FYE: 12/31/2020

Federal Statements

Schedule A, Part III, Line 1(e)

Description	Amount
OTHER CONTRIBUTIONS	
PANERA BREAD VNF	\$ 1,461,702
FOOD	
PANERA SANTA ROSA	
FOOD	
PIZZA HUT	
FOOD	12,078
AMCAL MULTI HOUSING, INC	
CASH CONTRIBUTION	15,000
CITI BUSINESS SERVICES	
CASH CONTRIBUTION	5,000
CITY OF SAN JOSE	
CASH CONTRIBUTION	14,250
FANNY AND SVANTE KNISTROM FOUNDATION	
CASH CONTRIBUTION	10,000
FLETCHER PLUMBING INC	
CASH CONTRIBUTION	8,000
HOUSING AUTHORITY OF THE CITY	
CASH CONTRIBUTION	15,000
HUDSON HOUSING CAPITAL LLC	
CASH CONTRIBUTION	5,000
IMPERIAL SHADE AND VENETIAN BLIND CO	
CASH CONTRIBUTION	10,000
JPMORGAN CHASE & CO	
CASH CONTRIBUTION	10,000
MICHAEL FOWLER	
CASH CONTRIBUTION	20,000
MUFG UNION BANK	
CASH CONTRIBUTION	5,000
BOCARSLY EMDEN COWAN ESMAIL & ARNDT	
CASH CONTRIBUTION	6,000
PACIFIC WESTERN BANK	
CASH CONTRIBUTION	15,000
AUNTIE ANNE'S PRETZELS (FOLSOM)	
FOOD	
PIZZA HUT (SACRAMENTO-BRUCEVILLE RD)	
FOOD	
PIZZA HUT (SAN JOSE)	

6009 Life Skills Training & Educational

_*0982

FYE: 12/31/2020

Federal Statements

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

Description	Amount
FOOD	
PIZZA HUT (SACRAMENTO-FLORIN RD)	\$
FOOD	5,529
US BANK	
CASH CONTRIBUTION	30,000
FIDELITY CHARITABLE	
CASH CONTRIBUTION	5,000
PANERA BREAD DESERT	
FOOD	5,623
SCAN HEALTH PLAN	
CASH CONTRIBUTION	10,000
CALIFORNIA HEALTH ADVOCATES	
CASH CONTRIBUTION	10,000
WELLS FARGO FOUNDATION	
CASH CONTRIBUTION	7,500
UNITED WAY OF KERN COUNTY	
CASH CONTRIBUTION	10,000
CALEB ROOPE	
CASH CONTRIBUTION	5,000
MUFG UNION BANK	
CASH CONTRIBUTION	5,000
TOUCHPOINT FOUNDATION	
CASH CONTRIBUTION	5,000
BANK OF AMERICA CHARITABLE FOUNDATIO	
CASH CONTRIBUTION	10,000
CITI BUSINESS SERVICES	
CASH CONTRIBUTION	5,000
MONTGOMERY BROWN	
CASH CONTRIBUTION	12,000
PAYPAL GIVING FUND	
CASH CONTRIBUTION	5,490
ALTA FINISH & STAIR, INC.	
CASH CONTRIBUTION	5,192
THE WONDERFUL COMPANY	
CASH CONTRIBUTION	5,000
MUFG UNION BANK FOUNDATION	
CASH CONTRIBUTION	10,000
SCHWAB CHARITABLE FUND - LARRY P	

Federal Statements

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

Description	Amount
CASH CONTRIBUTION	\$ 5,000
TOTAL	\$ 1,768,364

Schedule A, Part III, Line 2(e)

Description	Amount
SOCIAL SVC PROGRAM FEES	\$ 9,115,462
TOTAL	\$ 9,115,462

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

Donor Name	2016	2017	2018	2019	2020
	\$ 119,886	\$	\$	\$	\$
TOTAL	\$ 119,886	\$ 0	\$ 0	\$ 0	\$ 0

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

Description	Amount
TAXABLE DIVIDENDS	\$ 17,748
TOTAL	\$ 48,283
	\$ 66,031

6009 Life Skills Training & Educational

_*0982

FYE: 12/31/2020

Federal Statements

Schedule A, Part III, Line 11

Description	Amount
OTHER INCOME	\$ 325
8014 SACRAMENTO STREET, FAI	
LESS: DEDUCTIONS	-1,000
TOTAL	\$ <u>-675</u>

MAIL TO:
Registry of Charitable Trusts
P.O. Box 903447
Sacramento, CA 94203-4470
STREET ADDRESS:
1300 I Street
Sacramento, CA 95814
(916) 210-6400
WEBSITE ADDRESS:
www.oag.ca.gov/charities

ANNUAL REGISTRATION RENEWAL FEE REPORT TO ATTORNEY GENERAL OF CALIFORNIA

(For Registry Use Only)

**Sections 12586 and 12587, California Government Code
11 Cal. Code Regs. sections 301-306, 309, 311, and 312**

Failure to submit this report annually no later than four months and fifteen days 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. Revenue & Taxation Code section 23703; Government Code section 12586.1. IRS extensions will be honored.

<p>LIFE SKILLS TRAINING & EDUCATIONAL Name of Organization</p> <hr/> <p>List all DBAs and names the organization uses or has used 3247 RAMOS CIRCLE</p> <p>Address (Number and Street) SACRAMENTO CA 95827</p> <p>City or Town, State, and ZIP Code 916-965-0110</p> <p>Telephone Number</p> <p>E-mail Address</p>	<p>Check if:</p> <p><input type="checkbox"/> Change of address</p> <p><input type="checkbox"/> Amended report</p> <hr/> <p>State Charity Registration Number <u>103230</u></p> <p>Corporation or Organization No. <u>1973923</u></p> <p>Federal Employer ID No. <u>** - ***0982</u></p>
--	---

**ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal. Code Regs. sections 301-307, 311, and 312)
Make Check Payable to Department of Justice**

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 01/01/20 ending 12/31/20) list:

Gross Annual Revenue \$ 10,950,182 Noncash Contributions \$ 53,934 Total Assets \$ 12,218,874
 Program Expenses \$ 8,487,276 Total Expenses \$ 10,023,231

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

Note: All questions must be answered. If you answer "yes" to any of the questions below, you must attach a separate 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, was there any theft, embezzlement, diversion or misuse of the organization's charitable property or funds?		X
3. During this reporting period, were any organization funds used to pay any penalty, fine or judgment?		X
4. During this reporting period, were the services of a commercial fundraiser, fundraising counsel for charitable purposes, or commercial coventurer used?		X
5. During this reporting period, did the organization receive any governmental funding?	X	
STMT 1		
6. During this reporting period, did the organization hold a raffle for charitable purposes?		X
7. Does the organization conduct a vehicle donation program?		X
8. Did the organization conduct an independent audit and prepare audited financial statements in accordance with generally accepted accounting principles for this reporting period?	X	
9. At the end of this reporting period, did the organization hold restricted net assets, while reporting negative unrestricted net assets?		X

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, and I am authorized to sign.

Signature of Authorized Agent	BETH SOUTHORN Printed Name	EXECUTIVE DIRECTOR Title	Date
-------------------------------	-------------------------------	-----------------------------	------

Statement 1 - Form RRF-1, Part B, Line 5 - Governmental Funding

Description

HOUSING AUTHORITY OF THE CITY OF ALAMEDA
VANESSA COOPER, EXECUTIVE DIRECTOR
701 ATLANTIC AVENUE
ALAMEDA, CA 94501
510-747-4343

SANTA CLARA COUNTY HOUSING AUTHORITY
JANINE BURRIER, HOUSING POLICY MANAGER
505 WEST JULIAN STREET
SAN JOSE, CA 95110

DEPARTMENT OF HEALTH SERVICES, COUNTY OF LOS ANGELES
HOUSING FOR HEALTH DIVISION
DANIEL TIRADO, PROGRAM MANAGER
238 EAST 6TH STREET
LOS ANGELES, CA 90014
213-833-5359

034

Date Accepted _____

DO NOT MAIL THIS FORM TO THE FTB

TAXABLE YEAR

2020

California e-file Return Authorization for Exempt Organizations

FORM

8453-EO

Exempt Organization name **LIFE SKILLS TRAINING & EDUCATIONAL PROGRAMS, INC.**

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

Part I Electronic Return Information (whole dollars only)

1 Total gross receipts (Form 199, line 4)	1	10,950,182
2 Total gross income (Form 199, line 8)	2	10,950,182
3 Total expenses and disbursements (Form 199, line 9)	3	10,023,231

Part II Settle Your Account Electronically for Taxable Year 2020

4 Electronic funds withdrawal 4a Amount _____ 4b Withdrawal date (mm/dd/yyyy) _____

Part III Banking Information (Have you verified the exempt organization's banking information?)

5 Routing number _____
6 Account number _____ 7 Type of account: Checking Savings

Part IV Declaration of Officer

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

Under penalties of perjury, I declare that I am an officer of the above exempt organization and that the information I provided to my electronic return originator (ERO), transmitter, or intermediate service provider and the amounts in Part I above agree with the amounts on the corresponding lines of the exempt organization's 2020 California electronic return. To the best of my knowledge and belief, the exempt organization's return is true, correct, and complete. If the exempt organization is filing a balance due return, I understand that if the Franchise Tax Board (FTB) does not receive full and timely payment of the exempt organization's fee liability, the exempt organization will remain liable for the fee liability and all applicable interest and penalties. I authorize the exempt organization return and accompanying schedules and statements be transmitted to the FTB by the ERO, transmitter, or intermediate service provider. **If the processing of the exempt organization's return or refund is delayed, I authorize the FTB to disclose to the ERO or intermediate service provider the reason(s) for the delay.**

Sign Here

Signature of officer

11/01/21
Date

EXECUTIVE DIRECTOR
Title

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

I declare that I have reviewed the above exempt organization's return and that the entries on form FTB 8453-EO are complete and correct to the best of my knowledge. (If I am only an intermediate service provider, I understand that I am not responsible for reviewing the exempt organization's return. I declare, however, that form FTB 8453-EO accurately reflects the data on the return.) I have obtained the organization officer's signature on form FTB 8453-EO before transmitting this return to the FTB; I have provided the organization officer with a copy of all forms and information that I will file with the FTB, and I have followed all other requirements described in FTB Pub. 1345, 2020 Handbook for Authorized e-file Providers. I will keep form FTB 8453-EO on file for **four** years from the due date of the return or **four** years from the date the exempt organization return is filed, whichever is later, and I will make a copy available to the FTB upon request. If I am also the paid preparer, under penalties of perjury, I declare that I have examined the above exempt organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

ERO Must Sign

ERO's signature MICHAEL R MARUCHEAU

Date 11/01/21

Check if also paid preparer

Check if self-employed

ERO's PTIN P01250456

Firm's name (or yours if self-employed) and address GRANT BENNETT ASSOCIATES
10850 GOLD CENTER DR STE 260
RANCHO CORDOVA CA

Firm's FEIN ** - ***2073

ZIP code 95670-5143

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

Paid Preparer Must Sign

Paid preparer's signature

Date

Check if self-employed

Paid preparer's PTIN

Firm's name (or yours if self-employed) and address

Firm's FEIN

ZIP code

TAXABLE YEAR **California Exempt Organization**
2020 Annual Information Return

FORM

199

Calendar Year 2020 or fiscal year beginning (mm/dd/yyyy) _____, and ending (mm/dd/yyyy) _____.

Corporation/Organization name LIFE SKILLS TRAINING & EDUCATIONAL PROGRAMS, INC.		California corporation number 1973923
Additional information. See instructions.		FEIN ** - ***0982
Street address (suite or room) 3247 RAMOS CIRCLE		PMB no.
City SACRAMENTO	State CA	Zip code 95827
Foreign country name	Foreign province/state/county	Foreign postal code

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

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

Receipts and Revenues	1	Gross sales or receipts from other sources. From Side 2, Part II, line 8	●	1	9,181,818	00
	2	Gross dues and assessments from members and affiliates	●	2		00
	3	Gross contributions, gifts, grants, and similar amounts received	●	3	1,768,364	00
	4	Total gross receipts for filing requirement test. Add line 1 through line 3. This line must be completed. If the result is less than \$50,000, see General Information B	●	4	10,950,182	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	10,950,182	00
Expenses	9	Total expenses and disbursements. From Side 2, Part II, line 18	●	9	10,023,231	00
	10	Excess of receipts over expenses and disbursements. Subtract line 9 from line 8	●	10	926,951	00
Filing Fee	11	Total payments	●	11		00
	12	Use tax. See General Information K	●	12		00
	13	Payments balance. If line 11 is more than line 12, subtract line 12 from line 11	●	13		00
	14	Use tax balance. If line 12 is more than line 11, subtract line 11 from line 12	●	14		00
	15	Penalties and Interest. See General Information J	●	15		00
	16 Balance due. Add line 12, and line 15. Then subtract line 11 from the result	◎	16		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.					
	Signature of officer ▶	Title EXECUTIVE DIRECTOR	Date	● Telephone 916-965-0110		
Paid Preparer's Use Only	Preparer's signature ▶ MICHAEL R MARUCHEAU	Date 11/01/2021	Check if self-employed ▶ <input type="checkbox"/>	● PTIN P01250456		
	Firm's name (or yours, if self-employed) and address GRANT BENNETT ASSOCIATES 10850 GOLD CENTER DR STE 260 RANCHO CORDOVA, CA 95670-5143				● Firm's 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 & EDUCATIONAL

**** - *** 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	9,115,462	00	
	2	Interest	2	17,748	00	
	3	Dividends	3	48,283	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	325	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	9,181,818	00	
	9	Contributions, gifts, grants, and similar amounts paid. Attach schedule SEE STATEMENT 2	9	562,754	00	
	10	Disbursements to or for members	10		00	
	11	Compensation of officers, directors, and trustees. Attach schedule SEE STATEMENT 3	11	251,157	00	
	12	Other salaries and wages	12	6,970,059	00	
	Expenses and Disbursements	13	Interest	13		00
		14	Taxes	14		00
		15	Rents	15	178,219	00
		16	Depreciation and depletion (See instructions)	16	69,595	00
		17	Other expenses and disbursements. Attach schedule SEE STATEMENT 4	17	1,991,447	00
18		Total expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9	18	10,023,231	00	

Schedule L Balance Sheet		Beginning of taxable year		End of taxable year	
		(a)	(b)	(c)	(d)
Assets					
1	Cash		3,818,858		6,315,388
2	Net accounts receivable		1,034,547		930,707
3	Net notes receivable				
4	Inventories				
5	Federal and state government obligations				
6	Investments in other bonds				
7	Investments in stock STMT 5		3,204,394		3,748,512
8	Mortgage loans				
9	Other investments. Attach schedule				
10	a Depreciable assets	1,399,152		1,399,152	
	b Less accumulated depreciation	313,372	1,085,780	382,967	1,016,185
11	Land		122,400		122,400
12	Other assets. Attach schedule STMT 6		104,949		85,682
13	Total assets		9,370,928		12,218,874
Liabilities and net worth					
14	Accounts payable		195,678		241,681
15	Contributions, gifts, or grants payable				
16	Bonds and notes payable				
17	Mortgages payable				
18	Other liabilities. Attach schedule STMT 7		145,457		1,738,287
19	Capital stock or principal fund				
20	Paid-in or capital surplus. Attach reconciliation				
21	Retained earnings or income fund		9,029,793		10,238,906
22	Total liabilities and net worth		9,370,928		12,218,874

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	1,209,115	7	Income recorded on books this year not included in this return. Attach schedule SEE STMT 9	301,031
2	Federal income tax		8	Deductions in this return not charged against book income this year. Attach schedule	
3	Excess of capital losses over capital gains		9	Total. Add line 7 and line 8	301,031
4	Income not recorded on books this year. Attach schedule		10	Net income per return. Subtract line 9 from line 6	926,951
5	Expenses recorded on books this year not deducted in this return. Attach schedule STMT 8	18,867			
6	Total. Add line 1 through line 5	1,227,982			

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

<u>Description</u>	<u>Amount</u>
OTHER INCOME	\$ 325
TOTAL	\$ <u>325</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
1		DENTAL, RENT, FOOD CARDS,	562,754			

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

Name	City	State	Zip	Address	Title	Avg Hrs	Compensation Amount
CRAIG GILLETT	LOS ANGELES	CA	90004	160 N. MCCADDEN PLACE	LEGAL COUNSEL	20.00	102,600
KENNETH S. ROBERTSON	FAIR OAKS	CA	95628	4041 BRIDGE STREET	SECRETARY/VP	1.00	
DR. LILLI KIM	FAIR OAKS	CA	95628	4041 BRIDGE STREET	DIRECTOR	1.00	
GREGORY J. POPOVICH	FAIR OAKS	CA	95628	4041 BRIDGE STREET	DIRECTOR	1.00	
BETH SOUTHORN	SACRAMENTO	CA	95827	3247 RAMOS CIRCLE	EXECUTIVE DIRECTOR	40.00	148,557
JONATHAN GABRIEL, ESQ	FAIR OAKS	CA	95828	4041 BRIDGE STREET	DIRECTOR	1.00	
BARBARA VALIENTE	FAIR OAKS	CA	95628	4041 BRIDGE STREET	TREASURER	1.00	
FARRELL J. HIRSCH	FAIR OAKS	CA	95628	4041 BRIDGE STREET	DIRECTOR	1.00	
CRAIG GILLETT	LOS ANGELES	CA	90004	160 N. MCCADDEN PLACE	PRESIDENT	20.00	
TOTAL							251,157

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

Description	Amount
OTHER EMPL. BENEFITS	\$ 397,966
PAYROLL TAXES	531,293
ACCOUNTING FEES-MNGMNT-990	17,979
LEGAL FEES-PROGSERV-990	4,196
OTHER FEES	238,639
INVEST. MGMT FEES	68,990
TRAVEL	75,975
CONFERENCES AND CONV.	16,801
OTHER EXPENSES	123,888
PENSION PLAN CONT.	23,048
ADVERTISING	458
OFFICE EXP.	411,583
INFORMATION TECH.	51,092
INSURANCE	132,139
OTHER FEES	-102,600
TOTAL	<u>\$ 1,991,447</u>

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

Description	Beginning of Year	End of Year
	\$ 3,204,394	\$ 3,748,512
TOTAL	<u>\$ 3,204,394</u>	<u>\$ 3,748,512</u>

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

Description	Beginning of Year	End of Year
PREPAID EXPENSES	\$ 104,949	\$ 85,682
TOTAL	<u>\$ 104,949</u>	<u>\$ 85,682</u>

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

Description	Beginning of Year	End of Year
DEFERRED COMPENSATION	\$ 115,972	\$ 128,812
DEFERRED REVENUE	7,045	7,045
UNSECURED NOTES AND LOANS PAYABLE	22,440	1,602,430
TOTAL	<u>\$ 145,457</u>	<u>\$ 1,738,287</u>

California Statements

Statement 8 - Form 199, Schedule M-1, Line 5 - Expenses Recorded on Books

Description	Amount
DONATED SERVICES	\$ 18,867
TOTAL	\$ <u>18,867</u>

Statement 9 - Form 199, Schedule M-1, Line 7 - Income Recorded on Books

Description	Amount
NET UNREALIZED GAINS	\$ 282,164
DONATED SERVICES	18,867
TOTAL	\$ <u>301,031</u>

TAXABLE YEAR

Corporation Depreciation and Amortization

CALIFORNIA FORM

2020

3885

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

Corporation name LIFE SKILLS TRAINING & EDUCATIONAL 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	
(a) Description of property		
(b) Cost (business use only)		
(c) Elected cost		
6		
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 2021. 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					69,595	
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	69,595

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	69,595
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
RAMOS CIRCLE	2/26/18	\$ 828,531	\$ 37,974	S/L	40.00	\$ 20,714	\$
CABLE FOR NEW BUILDING	2/21/18	17,415	6,386	S/L	5.00	3,483	
VOICE & DATA CABLING	3/23/18	1,702	596	S/L	5.00	340	
BALANCE DUE - SYSTEM UPGRADE	3/15/18	6,222	2,281	S/L	5.00	1,245	
SERVER HARDWARE - NEW BLDG	3/05/18	5,714	5,238	S/L	2.00	476	
ALARM MONITORING	2/20/18	1,995	1,829	S/L	2.00	166	
NEW ROOF - RAMOS	4/30/18	65,292	10,882	S/L	10.00	6,529	
REMODEL & LIGHTING	3/01/18	30,000	5,500	S/L	10.00	3,000	
REMODEL & LIGHTING	4/10/18	32,386	5,668	S/L	10.00	3,238	
REMODEL & LIGHTING	4/10/18	29,000	5,075	S/L	10.00	2,900	
ROOF REPAIR	3/13/18	880	807	S/L	2.00	73	
HVAC UNITS RAMOS	4/29/18	48,940	8,157	S/L	10.00	4,894	
PERMITS & DOC FEES	5/24/18	662	105	S/L	10.00	66	
OFFICE FURNITURE	3/12/18	51,633	13,523	S/L	7.00	7,376	
OFFICE FURNITURE	9/10/18	51,865	9,879	S/L	7.00	7,409	
REFRIDGERATOR & CHAIRS	5/03/18	3,791	3,159	S/L	2.00	632	
RICHOH COPIER	9/01/18	30,090	8,024	S/L	5.00	6,018	

6009 Life Skills Training & Educational

_*0982

FYE: 12/31/2020

California Statements

Indirect Depreciation

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

Description	Date Acquired	Cost / Basis	Accum Depr	Method	Life / Rate	Current Depr	Add'l 1st Year
TELEPHONE SYSTEM	8/14/19	\$ 5,176	\$ 431	S/L	5.00	\$ 1,036	\$
TOTAL		\$ 1,211,294	\$ 125,514			\$ 69,595	\$ 0