

2021 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

August 1, 2022

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 12/31/21 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-TE, 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-TE has been received by this office.

California Form 199 Filing Instructions

Your Form 199 for the tax year ended 12/31/21 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 12/31/21 shows a balance due of \$400. 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 \$400. Write "E.I.N. **.***0982, RRF-1 Balance Due for the year ended 12/31/21" on the check. Mail the return by November 15, 2022 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-TE**

**IRS e-file Signature Authorization
for a Tax Exempt Entity**

OMB No. 1545-0047

For calendar year 2021, or fiscal year beginning 2021, and ending 20

2021

Department of the Treasury
Internal Revenue Service
Name of filer

Do not send to the IRS. Keep for your records.
▶ Go to www.irs.gov/Form8879TE for the latest information.

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

EIN or SSN
****-***0982**

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

Part I Type of Return and Return Information

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a 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, 7b, 8b, 9b, or 10b, 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 | 13,808,807 |
| 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 | |
| 8a Form 5227 check here | <input type="checkbox"/> | b FMV of assets at end of tax year (Form 5227, Item D) | 8b | |
| 9a Form 5330 check here | <input type="checkbox"/> | b Tax due (Form 5330, Part II, line 19) | 9b | |
| 10a Form 8038-CP check here | <input type="checkbox"/> | b Amount of credit payment requested (Form 8038-CP, Part III, line 22) | 10b | |

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 entity or I am a person subject to tax with respect to (name of entity) _____, (EIN) _____ and that I have examined a copy of the 2021 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 2021 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 entity, I will enter my PIN as my signature on the tax year 2021 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 ▶ **08/01/22**

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 2021 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 ▶ **08/01/22**

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

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

2021
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 2021 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\$ **13,808,807**

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

| | | | |
|---|--|---------------------------|-------------------|
| 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 | 8 |
| | 4 Number of independent voting members of the governing body (Part VI, line 1b) | 4 | 7 |
| | 5 Total number of individuals employed in calendar year 2021 (Part V, line 2a) | 5 | 324 |
| | 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) | Prior Year | Current Year |
| | 9 Program service revenue (Part VIII, line 2g) | 1,768,364 | 2,293,205 |
| | 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) | 9,115,462 | 11,376,825 |
| | 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | 66,031 | 138,684 |
| | 12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 325 | 93 |
| | 12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 10,950,182 | 13,808,807 |
| Expenses | 13 Grants and similar amounts paid (Part IX, column (A), lines 1–3) | 562,754 | 365,350 |
| | 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) | 8,173,523 | 8,628,243 |
| | 16a Professional fundraising fees (Part IX, column (A), line 11e) | | 0 |
| | b Total fundraising expenses (Part IX, column (D), line 25) ▶ 116,129 | | |
| | 17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) | 1,286,954 | 1,529,842 |
| 18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) | 10,023,231 | 10,523,435 | |
| 19 Revenue less expenses. Subtract line 18 from line 12 | 926,951 | 3,285,372 | |
| Net Assets or Fund Balances | 20 Total assets (Part X, line 16) | Beginning of Current Year | End of Year |
| | 21 Total liabilities (Part X, line 26) | 12,218,874 | 14,444,310 |
| | 22 Net assets or fund balances. Subtract line 21 from line 20 | 1,979,968 | 445,554 |
| | | 10,238,906 | 13,998,756 |

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: **08/01/22** Check if self-employed PTIN: *********
 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 \$ 8,801,738 including grants of \$ 365,350) (Revenue \$ 11,376,825)

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 ▶ 8,801,738

Part IV Checklist of Required Schedules

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

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 the 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 line 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 on 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 | | |
| | | | |
| b | Enter the number of Forms W-2G included on 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 324 | | |
| 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 |
| 17 | Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069. | | |

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 | 8 | | |
| 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 | 7 | | |
| Enter the number of voting members included on line 1a, above, who are independent | | | |
| 2 | | <input checked="" type="checkbox"/> | |
| 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? | | | |
| 3 | | | <input checked="" type="checkbox"/> |
| 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? | | | |
| 4 | | | <input checked="" type="checkbox"/> |
| Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | | | |
| 5 | | | <input checked="" type="checkbox"/> |
| Did the organization become aware during the year of a significant diversion of the organization's assets? | | | |
| 6 | | | <input checked="" type="checkbox"/> |
| Did the organization have members or stockholders? | | | |
| 7a | | | <input checked="" type="checkbox"/> |
| 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? | | | |
| 7b | | | <input checked="" type="checkbox"/> |
| Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? | | | |
| 8 | | | |
| Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: | | | |
| 8a | | <input checked="" type="checkbox"/> | |
| a The governing body? | | | |
| 8b | | <input checked="" type="checkbox"/> | |
| b Each committee with authority to act on behalf of the governing body? | | | |
| 9 | | | <input checked="" type="checkbox"/> |
| 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. | | | |

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

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

3247 RAMOS CIRCLE

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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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 the instructions for the order in which to list the persons above.

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

| (A) Name and title | (B) Average hours per week (list any hours for related organizations below dotted line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC) | (E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC) | (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 | | | | 193,047 | 0 | 8,283 |
| (2) JODY MCKAY CFO | 40.00 0.00 | | | | | X | | 146,446 | 0 | 1,815 |
| (3) PAMELA MOORE EMPLOYEE | 40.00 0.00 | | | | | X | | 126,242 | 0 | 8,381 |
| (4) CRAIG GILLETT CONTRACT FACILITATOR | 20.00 0.00 | | | X | | | | 119,400 | 0 | 0 |
| (5) ANN ELIAS EMPLOYEE | 40.00 0.00 | | | | | X | | 114,801 | 0 | 0 |
| (6) MEREDITH CHILLEMI EMPLOYEE | 40.00 0.00 | | | | | X | | 108,046 | 0 | 6,641 |
| (7) JONATHAN GABRIEL, ESQ DIRECTOR | 1.00 0.00 | X | | | | | | 0 | 0 | 0 |
| (8) CRAIG GILLETT PRESIDENT | 20.00 0.00 | X | | X | | | | 0 | 0 | 0 |
| (9) LISA GUTIERREZ DIRECTOR | 1.00 0.00 | X | | | | | | 0 | 0 | 0 |
| (10) FARRELL J. HIRSCH DIRECTOR | 1.00 0.00 | X | | | | | | 0 | 0 | 0 |
| (11) DR. LILI KIM DIRECTOR | 1.00 0.00 | 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 (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/1099-NEC) | (E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC) | (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) GREGORY J. POPOVICH DIRECTOR | 1.00 0.00 | X | | | | | | 0 | 0 | 0 |
| (13) KENNETH S. ROBERTSON SECRETARY/VP | 1.00 0.00 | X | | X | | | | 0 | 0 | 0 |
| (14) BARBARA VALIENTE TREASURER | 1.00 0.00 | X | | X | | | | 0 | 0 | 0 |
| 1b Subtotal | | | | | | | | 807,982 | | 25,120 |
| c Total from continuation sheets to Part VII, Section A | | | | | | | | | | |
| d Total (add lines 1b and 1c) | | | | | | | | 807,982 | | 25,120 |

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 **6**

| | 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 | 1,596,198 | | | | |
| | f All other contributions, gifts, grants, and similar amounts not included above | 1f | 697,007 | | | | |
| | g Noncash contributions included in lines 1a-1f | 1g | \$ 27,780 | | | | |
| | h Total. Add lines 1a-1f | | | 2,293,205 | | | |
| Program Service Revenue | 2a SOCIAL SVC PROGRAM FEES | Business Code | 900099 | 11,376,825 | 11,376,825 | | |
| | b | | | | | | |
| | c | | | | | | |
| | d | | | | | | |
| | e | | | | | | |
| | f All other program service revenue | | | | | | |
| | g Total. Add lines 2a-2f | | | 11,376,825 | | | |
| Other Revenue | 3 Investment income (including dividends, interest, and other similar amounts) | | | 138,684 | | 138,684 | |
| | 4 Income from investment of tax-exempt bond proceeds | | | | | | |
| | 5 Royalties | | | | | | |
| | 6a Gross rents | (i) Real | | | | | |
| | | (ii) Personal | | | | | |
| | | | | | | | |
| | b Less: rental expenses | 6b | | | | | |
| | 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 | | | | | |
| | | | 7a | | | | |
| | | 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 | | 8a | | | | | |
| | b Less: direct expenses | 8b | | | | | |
| c Net income or (loss) from fundraising events | | | | | | | |
| 9a Gross income from gaming activities. See Part IV, line 19 | | 9a | | | | | |
| | b Less: direct expenses | 9b | | | | | |
| c Net income or (loss) from gaming activities | | | | | | | |
| 10a Gross sales of inventory, less returns and allowances | | 10a | | | | | |
| | b Less: cost of goods sold | 10b | | | | | |
| | c Net income or (loss) from sales of inventory | | | | | | |
| Miscellaneous Revenue | 11a OTHER INCOME | Business Code | 900099 | 93 | | 93 | |
| | b | | | | | | |
| | c | | | | | | |
| | d All other revenue | | | | | | |
| | e Total. Add lines 11a-11d | | | 93 | | | |
| 12 Total revenue. See instructions | | | 13,808,807 | 11,376,825 | 0 | 138,777 | |

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 | 365,350 | 365,350 | | |
| 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 | 320,730 | 119,400 | 201,330 | |
| 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 | 7,377,283 | 6,269,361 | 1,027,682 | 80,240 |
| 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) | 24,659 | 16,443 | 8,216 | |
| 9 Other employee benefits | 388,230 | 330,139 | 55,518 | 2,573 |
| 10 Payroll taxes | 517,341 | 424,723 | 86,486 | 6,132 |
| 11 Fees for services (nonemployees): | | | | |
| a Management | | | | |
| b Legal | 26,776 | 26,315 | 461 | |
| c Accounting | 23,528 | 8,799 | 9,507 | 5,222 |
| d Lobbying | | | | |
| e Professional fundraising services. See Part IV, line 7 | | | | |
| f Investment management fees | 86,969 | 86,969 | | |
| g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) | 263,231 | 213,315 | 30,333 | 19,583 |
| 12 Advertising and promotion | 624 | | | 624 |
| 13 Office expenses | 438,613 | 419,890 | 18,276 | 447 |
| 14 Information technology | 66,735 | 49,352 | 16,924 | 459 |
| 15 Royalties | | | | |
| 16 Occupancy | 168,834 | 110,748 | 58,086 | |
| 17 Travel | 106,601 | 105,795 | 762 | 44 |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials | | | | |
| 19 Conferences, conventions, and meetings | 32,646 | 30,219 | 2,427 | |
| 20 Interest | | | | |
| 21 Payments to affiliates | | | | |
| 22 Depreciation, depletion, and amortization | 70,138 | | 70,138 | |
| 23 Insurance | 131,036 | 118,635 | 12,071 | 330 |
| 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 | 114,111 | 106,285 | 7,351 | 475 |
| 25 Total functional expenses. Add lines 1 through 24e | 10,523,435 | 8,801,738 | 1,605,568 | 116,129 |
| 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 | 1,505,005 | 1 | 1,390,626 |
| | 2 Savings and temporary cash investments | 4,810,383 | 2 | 4,824,849 |
| | 3 Pledges and grants receivable, net | | 3 | |
| | 4 Accounts receivable, net | 930,707 | 4 | 958,334 |
| | 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 | 85,682 | 9 | 191,378 |
| | 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D | 10a 1,527,452 | | |
| | b Less: accumulated depreciation | 10b 453,105 | 1,138,585 | 10c 1,074,347 |
| | 11 Investments—publicly traded securities | 3,748,512 | 11 | 6,004,776 |
| | 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) | 12,218,874 | 16 | 14,444,310 | |
| Liabilities | 17 Accounts payable and accrued expenses | 241,681 | 17 | 261,692 |
| | 18 Grants payable | | 18 | |
| | 19 Deferred revenue | 7,045 | 19 | 28,914 |
| | 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 | 1,602,430 | 24 | 9,648 |
| | 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 | 128,812 | 25 | 145,300 |
| | 26 Total liabilities. Add lines 17 through 25 | 1,979,968 | 26 | 445,554 |
| 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 | 9,454,609 | 27 | 13,192,114 |
| | 28 Net assets with donor restrictions | 784,297 | 28 | 806,642 |
| | 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 | 10,238,906 | 32 | 13,998,756 |
| 33 Total liabilities and net assets/fund balances | 12,218,874 | 33 | 14,444,310 | |

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 | 13,808,807 |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 10,523,435 |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | 3,285,372 |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) | 4 | 10,238,906 |
| 5 | Net unrealized gains (losses) on investments | 5 | 474,478 |
| 6 | Donated services and use of facilities | 6 | |
| 7 | Investment expenses | 7 | |
| 8 | Prior period adjustments | 8 | |
| 9 | Other changes in net assets or fund balances (explain on Schedule O) | 9 | |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) | 10 | 13,998,756 |

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

SCHEDULE A
(Form 990)

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

2021

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).)
- 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 on 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) 2021

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

Section A. Public Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2017 | (b) 2018 | (c) 2019 | (d) 2020 | (e) 2021 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | | | | | | |
| 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 3 The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 4 Total. Add lines 1 through 3 | | | | | | |
| 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) | | | | | | |
| 6 Public support. Subtract line 5 from line 4. | | | | | | |

Section B. Total Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2017 | (b) 2018 | (c) 2019 | (d) 2020 | (e) 2021 | (f) Total |
|---|----------|----------|----------|----------|-----------|--------------------------|
| 7 Amounts from line 4 | | | | | | |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources | | | | | | |
| 9 Net income from unrelated business activities, whether or not the business is regularly carried on | | | | | | |
| 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | | | | | | |
| 11 Total support. Add lines 7 through 10 | | | | | | |
| 12 Gross receipts from related activities, etc. (see instructions) | | | | | 12 | |
| 13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here | | | | | | <input type="checkbox"/> |

Section C. Computation of Public Support Percentage

| | | |
|--|-----------|--------------------------|
| 14 Public support percentage for 2021 (line 6, column (f) divided by line 11, column (f)) | 14 | % |
| 15 Public support percentage from 2020 Schedule A, Part II, line 14 | 15 | % |
| 16a 33 1/3% support test—2021. 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 | | <input type="checkbox"/> |
| b 33 1/3% support test—2020. 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 | | <input type="checkbox"/> |
| 17a 10%-facts-and-circumstances test—2021. 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 | | <input type="checkbox"/> |
| b 10%-facts-and-circumstances test—2020. 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 | | <input type="checkbox"/> |
| 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 | | <input type="checkbox"/> |

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) 2017 | (b) 2018 | (c) 2019 | (d) 2020 | (e) 2021 | (f) Total |
|---|-----------|-----------|------------|------------|------------|------------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | 1,231,143 | 1,525,465 | 1,670,286 | 1,768,364 | 2,293,205 | 8,488,463 |
| 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 | 7,299,641 | 7,965,725 | 8,573,936 | 9,115,462 | 11,376,825 | 44,331,589 |
| 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 | 8,530,784 | 9,491,190 | 10,244,222 | 10,883,826 | 13,670,030 | 52,820,052 |
| 7a Amounts included on lines 1, 2, and 3 received from disqualified persons | | | | | | |
| b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year | | | | | | |
| c Add lines 7a and 7b | | | | | | |
| 8 Public support. (Subtract line 7c from line 6.) | | | | | | 52,820,052 |

Section B. Total Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2017 | (b) 2018 | (c) 2019 | (d) 2020 | (e) 2021 | (f) Total |
|--|-----------|-----------|------------|------------|------------|------------|
| 9 Amounts from line 6 | 8,530,784 | 9,491,190 | 10,244,222 | 10,883,826 | 13,670,030 | 52,820,052 |
| 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources | 52,891 | 117,459 | 105,054 | 66,031 | 138,684 | 480,119 |
| b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | |
| c Add lines 10a and 10b | 52,891 | 117,459 | 105,054 | 66,031 | 138,684 | 480,119 |
| 11 Net income from unrelated business activities not included on 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.) | 4,133 | 8,260 | | | | 12,393 |
| 13 Total support. (Add lines 9, 10c, 11, and 12.) | 8,587,808 | 9,616,909 | 10,351,142 | 10,949,857 | 13,808,714 | 53,314,430 |

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

| | | |
|---|-----------|---------|
| 15 Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f)) | 15 | 99.07 % |
| 16 Public support percentage from 2020 Schedule A, Part III, line 15 | 16 | 98.89 % |

Section D. Computation of Investment Income Percentage

| | | |
|--|-----------|-----|
| 17 Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f)) | 17 | 1 % |
| 18 Investment income percentage from 2020 Schedule A, Part III, line 17 | 18 | 1 % |

19a 33 1/3% support tests—2021. 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—2020. 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 box 12a or 12b in Part I, answer lines 4b and 4c 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).</i> | | |
| 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</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 on 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 on 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 on lines 11b and 11c below, the governing body of a supported organization? | | |
| b A family member of a person described on line 11a above? | | |
| c A 35% controlled entity of a person described on 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 on 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 (see instructions). | | |
| a <input type="checkbox"/> The organization satisfied the Activities Test. <i>Complete line 2 below.</i> | | |
| b <input type="checkbox"/> The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i> | | |
| c <input type="checkbox"/> The organization supported a governmental entity. <i>Describe in Part VI how you supported a governmental entity (see instructions).</i> | | |
| 2 Activities Test. <i>Answer lines 2a and 2b below.</i> | | |
| 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> | | |
| b Did the activities described on 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. <i>Answer lines 3a and 3b below.</i> | | |
| 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 (<i>explain in detail in Part VI</i>): | | |
| 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— <i>provide details in Part VI</i>) | |
| 6 Other distributions (<i>describe in Part VI</i>). See instructions. | |
| 7 Total annual distributions. Add lines 1 through 6. | |
| 8 Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions. | |
| 9 Distributable amount for 2021 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-2021 | (iii) Distributable Amount for 2021 |
|--|-------------------------------------|---|--|
| 1 Distributable amount for 2021 from Section C, line 6 | | | |
| 2 Underdistributions, if any, for years prior to 2021 (reasonable cause required— <i>explain in Part VI</i>). See instructions. | | | |
| 3 Excess distributions carryover, if any, to 2021 | | | |
| a From 2016 | | | |
| b From 2017 | | | |
| c From 2018 | | | |
| d From 2019 | | | |
| e From 2020 | | | |
| f Total of lines 3a through 3e | | | |
| g Applied to underdistributions of prior years | | | |
| h Applied to 2021 distributable amount | | | |
| i Carryover from 2016 not applied (see instructions) | | | |
| j Remainder. Subtract lines 3g, 3h, and 3i from line 3f. | | | |
| 4 Distributions for 2021 from Section D, line 7: \$ | | | |
| a Applied to underdistributions of prior years | | | |
| b Applied to 2021 distributable amount | | | |
| c Remainder. Subtract lines 4a and 4b from line 4. | | | |
| 5 Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions. | | | |
| 6 Remaining underdistributions for 2021 Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions. | | | |
| 7 Excess distributions carryover to 2022. Add lines 3j and 4c. | | | |
| 8 Breakdown of line 7: | | | |
| a Excess from 2017 | | | |
| b Excess from 2018 | | | |
| c Excess from 2019 | | | |
| d Excess from 2020 | | | |
| e Excess from 2021 | | | |

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 **\$ 12,393**

**Schedule B
(Form 990)**Department of the Treasury
Internal Revenue Service**Schedule of Contributors**▶ Attach to Form 990 or Form 990-PF.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2021

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

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

Special Rules

-
- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33
- ¹
- /
- ₃
- % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), 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), 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).

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

Schedule B (Form 990) (2021)

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 | \$ 11,443 | 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 | CAPITAL CITY DRYWALL, INC 6525 32ND STREET, SUITE B-1 NORTH HIGHLANDS CA 95660 | \$ 10,000 | 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 | \$ 13,500 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 5 | 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.) |
| 6 | JPMORGAN CHASE & CO 300 S. GRAND AVENUE, SUITE 300 LOS ANGELES CA 90071 | \$ 15,000 | 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 | MICHAEL FOWLER 1 W. CENTURY DRIVE 27C LOS ANGELES CA 90067 | \$ 10,000 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 8 | MUFG UNION BANK 1901 AVENUE OF THE STARS, SUITE 600 LOS ANGELES CA 90067 | \$ 10,000 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 9 | USA PROPERTIES FUND, INC. 3200 DOUGLAS BLVD SUITE 200 ROSEVILLE CA 95661 | \$ 25,000 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 10 | 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.) |
| 11 | 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.) |
| 12 | US BANK 4000 W BROADWAY ROBBINSDALE MN 55422 | \$ 25,000 | 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 | MONTGOMERY BROWN 451 PARKER DRIVE PITTSBURGH PA 15216 | \$ 13,000 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 14 | SMALL BUSINESS ADMINISTRATION 409 3RD STREET SW WASHINGTON DC 20416 | \$ 1,596,198 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 15 | CENTURY HOUSING CORPORATION 1000 CORPORATE POINTE, SUITE 200 CULVER CITY CA 90230 | \$ 35,000 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 16 | CALIFORNIA COMMUNITY REINVESTMENT CO 225 W. BROADWAY, SUITE 120 GLENDALE CA 91204 | \$ 40,000 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 17 | MORLEY BROS., LLC 475 ALBERTO WAY, SUITE 210 LOS GATOS CA 95032 | \$ 10,000 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 18 | KEN S. ROBERTSON 14131 YORBA STREET TUSTIN CA 92780-2052 | \$ 11,385 | 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 |
|------------|---|----------------------------|---|
| 19 | MARC ROSS 43195 MONTGOMERY AVE DAVIS CA 95618 | \$ 5,192 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 20 | SIERRA NEVADA HIGH SCHOOL CYCLING ORGANIZATION (SNHSCO) 117 BALLAST WAY FOLSOM CA 95630 | \$ 10,000 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 21 | UNITED AUBURN INDIAN COMMUNITY OF THE AUBURN RANCHERIA 10720 INDIAN HILL ROAD AUBURN CA 95603 | \$ 10,000 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 22 | GREATER HORIZONS 1055 BROADWAY BLVD., SUITE 130 KANSAS MO 64105 | \$ 6,000 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| | | \$ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| | | \$ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

Name of organization

Employer identification number

LIFE SKILLS TRAINING & EDUCATIONAL

**** - ***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 | \$ 11,443 | |
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**SCHEDULE C
(Form 990)**

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2021

Open to Public Inspection

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.

Department of the Treasury
Internal Revenue Service

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.

Schedule C (Form 990) 2021

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="width:30%;">If the amount on line 1e, column (a) or (b) is:</th> <th>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) 2018 | (b) 2019 | (c) 2020 | (d) 2021 | (e) Total |
| 2a Lobbying nontaxable amount | | | | | |
| b Lobbying ceiling amount (150% of line 2a, column (e)) | | | | | |
| c Total lobbying expenditures | | | | 0 | |
| d Grassroots nontaxable amount | | | | | |
| e Grassroots ceiling amount (150% of line 2d, column (e)) | | | | | |
| f Grassroots lobbying expenditures | | | | 0 | |

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

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

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

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

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

Table with 3 columns: Question, Yes, No. Rows include questions about dues, section 162(e) nondeductible lobbying and political expenditures, and taxable amount of lobbying and political expenditures.

Part IV Supplemental Information

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

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

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

SCHEDULE 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

2021

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: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. (Sub-rows: a Total number of conservation easements, b Total acreage restricted by conservation easements, c Number of conservation easements on a certified historic structure included in (a), d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register), 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year, 4 Number of states where property subject to conservation easement is located, 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?, 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: (a) Donor advised funds, (b) Funds and other accounts. 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. 1b 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 | 3,748,512 | 3,542,137 | 2,365,618 | 2,524,413 | 1,402,869 |
| b Contributions | 2,000,000 | | 750,000 | | 1,000,000 |
| c Net investment earnings, gains, and losses | 716,634 | 226,192 | 444,160 | -141,739 | 131,488 |
| d Grants or scholarships | | | | | |
| e Other expenditures for facilities and programs | | | | | |
| f Administrative expenses | 31,063 | 19,817 | 17,641 | 17,056 | 9,944 |
| g End of year balance | 6,434,083 | 3,748,512 | 3,542,137 | 2,365,618 | 2,524,413 |

- 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 | | 1,405,052 | 453,105 | 951,947 |
| Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) | | | | 1,074,347 |

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 | 145,300 |
| (3) | |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ... ▶ | 145,300 |

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

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

OMB No. 1545-0047

2021

**Open to Public
Inspection**

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
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

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

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶
- 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) (2021)

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
- ▶ Attach to Form 990.
- ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization

LIFE SKILLS TRAINING & EDUCATIONAL PROGRAMS, INC.

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

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|--|---|
| <input checked="" type="checkbox"/> Compensation committee | <input checked="" type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
 - b** Participate in or receive payment from a supplemental nonqualified retirement plan?
 - c** Participate in or receive payment from an equity-based compensation arrangement?
- If "Yes" to any of lines 4a–c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5–9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
 - b** Any related organization?
- If "Yes" on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
 - b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

| | Yes | No |
|----|-----|----|
| 1a | | |
| 1b | | |
| 2 | | |
| 3 | | |
| 4a | | X |
| 4b | | X |
| 4c | | X |
| 5a | | X |
| 5b | | X |
| 6a | | X |
| 6b | | X |
| 7 | | X |
| 8 | | X |
| 9 | | |

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)–(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

| (A) Name and Title | | (B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation | | | (C) Retirement and other deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)–(D) | (F) Compensation in column (B) reported as deferred on prior Form 990 |
|---|------|--|-------------------------------------|-------------------------------------|--|-------------------------|---------------------------------|---|
| | | (i) Base compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | | | | |
| BETH SOUTHORN 1 EXECUTIVE DIRECTOR | (i) | 193,047 | 0 | 0 | 1,517 | 6,766 | 201,330 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 2 | (i) | | | | | | | |
| | (ii) | | | | | | | |
| 3 | (i) | | | | | | | |
| | (ii) | | | | | | | |
| 4 | (i) | | | | | | | |
| | (ii) | | | | | | | |
| 5 | (i) | | | | | | | |
| | (ii) | | | | | | | |
| 6 | (i) | | | | | | | |
| | (ii) | | | | | | | |
| 7 | (i) | | | | | | | |
| | (ii) | | | | | | | |
| 8 | (i) | | | | | | | |
| | (ii) | | | | | | | |
| 9 | (i) | | | | | | | |
| | (ii) | | | | | | | |
| 10 | (i) | | | | | | | |
| | (ii) | | | | | | | |
| 11 | (i) | | | | | | | |
| | (ii) | | | | | | | |
| 12 | (i) | | | | | | | |
| | (ii) | | | | | | | |
| 13 | (i) | | | | | | | |
| | (ii) | | | | | | | |
| 14 | (i) | | | | | | | |
| | (ii) | | | | | | | |
| 15 | (i) | | | | | | | |
| | (ii) | | | | | | | |
| 16 | (i) | | | | | | | |
| | (ii) | | | | | | | |

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0074

2021

**Open To Public
Inspection**

- ▶ 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.

Department of the Treasury
Internal Revenue Service

Name of the organization

PROGRAMS, INC.

Employer identification number

**** - ***0982**

| Part I | | Types of Property | | | |
|---------------|---|---|--|---|------------|
| | (a) Check if applicable | (b) Number of contributions or items contributed | (c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g | (d) Method of determining noncash contribution amounts | |
| 1 | Art — Works of art | | | | |
| 2 | Art — Historical treasures | | | | |
| 3 | Art — Fractional interests | | | | |
| 4 | Books and publications | | | | |
| 5 | Clothing and household goods | | | | |
| 6 | Cars and other vehicles | | | | |
| 7 | Boats and planes | | | | |
| 8 | Intellectual property | | | | |
| 9 | Securities — Publicly traded | | | | |
| 10 | Securities — Closely held stock | | | | |
| 11 | Securities — Partnership, LLC, or trust interests | | | | |
| 12 | Securities — Miscellaneous | | | | |
| 13 | Qualified conservation contribution — Historic structures | | | | |
| 14 | Qualified conservation contribution — Other | | | | |
| 15 | Real estate — Residential | | | | |
| 16 | Real estate — Commercial | | | | |
| 17 | Real estate — Other | | | | |
| 18 | Collectibles | | | | |
| 19 | Food inventory | X | 2200 | 27,780 | FMV |
| 20 | Drugs and medical supplies | | | | |
| 21 | Taxidermy | | | | |
| 22 | Historical artifacts | | | | |
| 23 | Scientific specimens | | | | |
| 24 | Archeological artifacts | | | | |
| 25 | Other ▶ () | | | | |
| 26 | Other ▶ () | | | | |
| 27 | Other ▶ () | | | | |
| 28 | Other ▶ () | | | | |

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

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

**SCHEDULE O
(Form 990)**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 Form 990-EZ.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2021**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 \$ 0

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

2021

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 | 1,050,000 |
| 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 | 2,620,000 |
| 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 2020 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 2022. 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 | 70,138 |

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 2021 | 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 | | <input type="checkbox"/> |

Section B—Assets Placed in Service During 2021 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 2021 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 | 70,138 |
| 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.

DAA

Federal Asset Report

FYE: 12/31/2021

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 | VISON 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 | 58,688 | 20,713 |
| 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 | 9,869 | 3,483 |
| 51 | Voice & Data Cabling | 3/23/18 | 1,702 | | | 1,702 | 5 | MO S/L | 936 | 341 |
| 52 | Balance Due - System Upgrade | 3/15/18 | 6,222 | | | 6,222 | 5 | MO S/L | 3,526 | 1,244 |
| 53 | Server Hardware - new Bldg | 3/05/18 | 5,714 | | | 5,714 | 2 | MO S/L | 5,714 | 0 |
| 54 | Alarm Monitoring | 2/20/18 | 1,995 | | | 1,995 | 2 | MO S/L | 1,995 | 0 |
| 55 | New Roof - Ramos | 4/30/18 | 65,292 | | | 65,292 | 10 | MO S/L | 17,411 | 6,529 |
| 56 | Remodel & Lighting | 3/01/18 | 30,000 | | | 30,000 | 10 | MO S/L | 8,500 | 3,000 |
| 57 | Remodel & Lighting | 4/10/18 | 32,386 | | | 32,386 | 10 | MO S/L | 8,906 | 3,239 |
| 58 | Remodel & Lighting | 4/10/18 | 29,000 | | | 29,000 | 10 | MO S/L | 7,975 | 2,900 |
| 59 | Roof Repair | 3/13/18 | 880 | | | 880 | 2 | MO S/L | 880 | 0 |
| 60 | HVAC Units Ramos | 4/29/18 | 48,940 | | | 48,940 | 10 | MO S/L | 13,051 | 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 | 171 | 66 |
| 63 | Office Furniture | 3/12/18 | 51,633 | | | 51,633 | 7 | MO S/L | 20,899 | 7,376 |
| 64 | Office Furniture | 9/10/18 | 51,865 | | | 51,865 | 7 | MO S/L | 17,288 | 7,410 |
| 65 | Refridgerator & Chairs | 5/03/18 | 3,791 | | | 3,791 | 2 | MO S/L | 3,791 | 0 |
| 66 | Richoh Copier | 9/01/18 | 30,090 | | | 30,090 | 5 | MO S/L | 14,042 | 6,018 |
| 67 | Telephone System | 8/14/19 | 5,176 | | | 5,176 | 5 | MO S/L | 1,467 | 1,035 |
| 68 | Office Furnature | 4/07/21 | 2,781 | | | 2,781 | 2 | MO S/L | 0 | 1,043 |
| 69 | Office Furniture | 6/03/21 | 2,374 | | | 2,374 | 2 | MO S/L | 0 | 692 |

Federal Asset Report

Form 990, Page 1

| Asset | Description | Date In Service | Cost | Bus % | Sec 179 Bonus | Basis for Depr | Per Conv Meth | Prior | Current |
|-------|--|--------------------|------------------|----------|------------------|-------------------|---------------|----------------|---------------|
| 70 | Office Furniture | 8/12/21 | 746 | | | 746 | 2 MO S/L | 0 | 155 |
| | Total Other Depreciation | | <u>1,441,464</u> | | | <u>1,441,464</u> | | <u>297,107</u> | <u>70,138</u> |
| | Total ACRS and Other Depreciation | | <u>1,441,464</u> | | | <u>1,441,464</u> | | <u>297,107</u> | <u>70,138</u> |
| | Grand Totals | | 1,527,453 | | | 1,499,158 | | 383,096 | 70,138 |
| | Less: Dispositions and Transfers | | 0 | | | 0 | | 0 | 0 |
| | Less: Start-up/Org Expense | | 0 | | | 0 | | 0 | 0 |
| | Net Grand Totals | | <u>1,527,453</u> | | | <u>1,499,158</u> | | <u>383,096</u> | <u>70,138</u> |

AMT Asset Report

FYE: 12/31/2021

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 | VISION 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 | DELAGE 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 | 58,688 | 20,713 |
| 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 | 1,467 | 1,035 |
| 68 | Office Furnature | 4/07/21 | 0 | | | 0 | 0 | HY | 0 | 0 |
| 69 | Office Furniture | 6/03/21 | 0 | | | 0 | 0 | HY | 0 | 0 |
| 70 | Office Furniture | 8/12/21 | 0 | | | 0 | 0 | HY | 0 | 0 |

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 |
|-------|--|--------------------|----------------|----------|------------|-------|-------------------|---------------|---------------|---------------|
| | Total Other Depreciation | | <u>833,707</u> | | | | <u>833,707</u> | | <u>60,155</u> | <u>21,748</u> |
| | Total ACRS and Other Depreciation | | <u>833,707</u> | | | | <u>833,707</u> | | <u>60,155</u> | <u>21,748</u> |
| | Grand Totals | | 833,707 | | | | 833,707 | | 60,155 | 21,748 |
| | 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>60,155</u> | <u>21,748</u> |

Bonus Depreciation Report

FYE: 12/31/2021

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: 12/31/2021

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: 12/31/2021

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 | \$ 126,832 | | 14 | | | |
| TOTAL | <u>\$ 126,832</u> | | | | | |

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> |
|--------------------|------------------|-------------------------------|---------------------------|------------------------|-----------------------------------|-----------------------------------|
| TAXABLE INTERESTS | \$ 11,852 | | 14 | | | |
| TOTAL | <u>\$ 11,852</u> | | | | | |

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 | \$ 263,231 | \$ 213,315 | \$ 30,333 | \$ 19,583 |
| TOTAL | <u>\$ 263,231</u> | <u>\$ 213,315</u> | <u>\$ 30,333</u> | <u>\$ 19,583</u> |

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

| Description | Total Expenses | Program Service | Management & General | Fund Raising |
|----------------|-------------------|--------------------|-------------------------|-----------------|
| OTHER EXPENSES | \$ 114,111 | \$ 106,285 | \$ 7,351 | \$ 475 |
| TOTAL | <u>\$ 114,111</u> | <u>\$ 106,285</u> | <u>\$ 7,351</u> | <u>\$ 475</u> |

6009 Life Skills Training & Educational

_*0982

FYE: 12/31/2021

Federal Statements

Schedule A, Part III, Line 1(e)

| Description | Amount |
|------------------------------------|---------------------|
| GOVERNMENT GRANTS OR CONTRIBUTIONS | \$ 1,596,198 |
| OTHER CONTRIBUTIONS | 697,007 |
| TOTAL | <u>\$ 2,293,205</u> |

Schedule A, Part III, Line 2(e)

| Description | Amount |
|-------------------------|----------------------|
| SOCIAL SVC PROGRAM FEES | \$ 11,376,825 |
| TOTAL | <u>\$ 11,376,825</u> |

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

| Description | Amount |
|-------------------|-------------------|
| TAXABLE INTERESTS | \$ 11,852 |
| TAXABLE DIVIDENDS | 126,832 |
| TOTAL | <u>\$ 138,684</u> |

Schedule A, Part III, Line 11

| Description | Amount |
|-----------------------------|----------------|
| OTHER INCOME | \$ 93 |
| 8014 SACRAMENTO STREET, FAI | |
| LESS: DEDUCTIONS | -1,000 |
| TOTAL | <u>\$ -907</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

**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.

(For Registry Use Only)

| | |
|--|---|
| <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> <hr/> <p>Address (Number and Street) SACRAMENTO CA 95827</p> <hr/> <p>City or Town, State, and ZIP Code 916-965-0110</p> <hr/> <p>Telephone Number</p> <hr/> <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

| Total Revenue | Fee | Total Revenue | Fee | Total Revenue | Fee |
|---------------------------------|------|--------------------------------------|-------|---|---------|
| Less than \$50,000 | \$25 | Between \$250,001 and \$1 million | \$100 | Between \$20,000,001 and \$100 million | \$800 |
| Between \$50,000 and \$100,000 | \$50 | Between \$1,000,001 and \$5 million | \$200 | Between \$100,000,001 and \$500 million | \$1,000 |
| Between \$100,001 and \$250,000 | \$75 | Between \$5,000,001 and \$20 million | \$400 | Greater than \$500 million | \$1,200 |

PART A - ACTIVITIES

For your most recent full accounting period (beginning 01/01/21 ending 12/31/21) list:

Total Revenue \$ (including noncash contributions) 13,808,807 Noncash Contributions \$ 27,780 Total Assets \$ 14,444,310
 Program Expenses \$ 8,801,738 Total Expenses \$ 10,523,435

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.

| | | | |
|-------------------------------|--------------------|-------|------|
| BETH SOUTHORN | EXECUTIVE DIRECTOR | | |
| Signature of Authorized Agent | Printed Name | 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

2021

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 | 13,808,807 |
| 2 Total gross income (Form 199, line 8) | 2 | 13,808,807 |
| 3 Total expenses and disbursements (Form 199, line 9) | 3 | 10,523,435 |

Part II Settle Your Account Electronically for Taxable Year 2021

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 2021 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

08/01/22
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, 2021 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 **08/01/22**

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 **2021** **California Exempt Organization**
Annual Information Return

FORM

199

Calendar Year 2021 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 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 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 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 | 11,515,602 | 00 |
| | 2 Gross dues and assessments from members and affiliates | ● 2 | | 00 |
| | 3 Gross contributions, gifts, grants, and similar amounts received | ● 3 | 2,293,205 | 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 | 13,808,807 | 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 | 13,808,807 | 00 |
| Expenses | 9 Total expenses and disbursements. From Side 2, Part II, line 18 | ● 9 | 10,523,435 | 00 |
| | 10 Excess of receipts over expenses and disbursements. Subtract line 9 from line 8 | ● 10 | 3,285,372 | 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 08/01/2022 | 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 | 11,376,825 | 00 |
| | 2 | Interest | ● | 2 | 11,852 | 00 |
| | 3 | Dividends | ● | 3 | 126,832 | 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 | 93 | 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 | 11,515,602 | 00 |
| | 9 | Contributions, gifts, grants, and similar amounts paid. Attach schedule SEE STATEMENT 2 | ● | 9 | 365,350 | 00 |
| Expenses and Disbursements | 10 | Disbursements to or for members | ● | 10 | | 00 |
| | 11 | Compensation of officers, directors, and trustees. Attach schedule SEE STATEMENT 3 | ● | 11 | 320,730 | 00 |
| | 12 | Other salaries and wages | ● | 12 | 7,377,283 | 00 |
| | 13 | Interest | ● | 13 | | 00 |
| | 14 | Taxes | ● | 14 | | 00 |
| | 15 | Rents | ● | 15 | 168,834 | 00 |
| | 16 | Depreciation and depletion (See instructions) | ● | 16 | 70,138 | 00 |
| | 17 | Other expenses and disbursements. Attach schedule SEE STATEMENT 4 | ● | 17 | 2,221,100 | 00 |
| | 18 | Total expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9 | | 18 | 10,523,435 | 00 |

| Schedule L Balance Sheet | | Beginning of taxable year | | End of taxable year | |
|----------------------------------|---|---------------------------|------------|---------------------|------------|
| | | (a) | (b) | (c) | (d) |
| Assets | | | | | |
| 1 | Cash | | 6,315,388 | | 6,215,475 |
| 2 | Net accounts receivable | | 930,707 | | 958,334 |
| 3 | Net notes receivable | | | | |
| 4 | Inventories | | | | |
| 5 | Federal and state government obligations | | | | |
| 6 | Investments in other bonds | | | | |
| 7 | Investments in stock STMT 5 | | 3,748,512 | | 6,004,776 |
| 8 | Mortgage loans | | | | |
| 9 | Other investments. Attach schedule | | | | |
| 10 a | Depreciable assets | 1,399,152 | | 1,405,052 | |
| b | Less accumulated depreciation | 382,967 | 1,016,185 | 453,105 | 951,947 |
| 11 | Land | | 122,400 | | 122,400 |
| 12 | Other assets. Attach schedule. STMT 6 | | 85,682 | | 191,378 |
| 13 | Total assets | | 12,218,874 | | 14,444,310 |
| Liabilities and net worth | | | | | |
| 14 | Accounts payable | | 241,681 | | 261,692 |
| 15 | Contributions, gifts, or grants payable | | | | |
| 16 | Bonds and notes payable | | | | |
| 17 | Mortgages payable | | | | |
| 18 | Other liabilities. Attach schedule. STMT 7 | | 1,738,287 | | 183,862 |
| 19 | Capital stock or principal fund | | | | |
| 20 | Paid-in or capital surplus. Attach reconciliation | | | | |
| 21 | Retained earnings or income fund | | 10,238,906 | | 13,998,756 |
| 22 | Total liabilities and net worth | | 12,218,874 | | 14,444,310 |

| 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 | ● | 3,759,850 |
| 2 | Federal income tax | ● | |
| 3 | Excess of capital losses over capital gains | ● | |
| 4 | Income not recorded on books this year. Attach schedule | ● | |
| 5 | Expenses recorded on books this year not deducted in this return. Attach schedule STMT 8 | ● | 2,668 |
| 6 | Total. Add line 1 through line 5 | | 3,762,518 |
| 7 | Income recorded on books this year not included in this return. Attach schedule SEE STMT 9 | ● | 477,146 |
| 8 | Deductions in this return not charged against book income this year. Attach schedule | ● | |
| 9 | Total. Add line 7 and line 8 | | 477,146 |
| 10 | Net income per return. Subtract line 9 from line 6 | | 3,285,372 |

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

| <u>Description</u> | <u>Amount</u> |
|--------------------|---------------------|
| OTHER INCOME | \$ <u>93</u> |
| TOTAL | \$ <u><u>93</u></u> |

California Statements

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

| PSA | Class | Name | Address | City | State | Zip | | |
|--------------|--------|---------------------------|---------|---------------------|-----------------|-------------------|------------------------|------|
| Relationship | Status | Purpose | Amount | Noncash Description | FMV Explanation | Book Value Amount | Book Value Explanation | Date |
| 1 | | DENTAL, RENT, FOOD CARDS, | 365,350 | | | | | |

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

| Name | Address | | | Title | Avg Hrs | Compensation Amount | |
|-----------------------|-------------|-----|-----------------------|-------|----------------------|---------------------|---------|
| City | State | Zip | | | | | |
| CRAIG GILLETT | LOS ANGELES | CA | 160 N. MCCADDEN PLACE | 90004 | CONTRACT FACILITATOR | 20.00 | 119,400 |
| KENNETH S. ROBERTSON | FAIR OAKS | CA | 4041 BRIDGE STREET | 95628 | SECRETARY/VP | 1.00 | |
| DR. LILI KIM | FAIR OAKS | CA | 4041 BRIDGE STREET | 95628 | DIRECTOR | 1.00 | |
| GREGORY J. POPOVICH | FAIR OAKS | CA | 4041 BRIDGE STREET | 95628 | DIRECTOR | 1.00 | |
| BETH SOUTHORN | SACRAMENTO | CA | 3247 RAMOS CIRCLE | 95827 | EXECUTIVE DIRECTOR | 40.00 | 201,330 |
| JONATHAN GABRIEL, ESQ | FAIR OAKS | CA | 4041 BRIDGE STREET | 95828 | DIRECTOR | 1.00 | |
| BARBARA VALIENTE | FAIR OAKS | CA | 4041 BRIDGE STREET | 95628 | TREASURER | 1.00 | |
| FARRELL J. HIRSCH | FAIR OAKS | CA | 4041 BRIDGE STREET | 95628 | DIRECTOR | 1.00 | |
| CRAIG GILLETT | LOS ANGELES | CA | 160 N. MCCADDEN PLACE | 90004 | PRESIDENT | 20.00 | |
| LISA GUTIERREZ | SACRAMENTO | CA | 4041 BRIDGE STREET | 95628 | DIRECTOR | 1.00 | |
| TOTAL | | | | | | | 320,730 |

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

| Description | Amount |
|----------------------------|---------------------|
| OTHER EMPL. BENEFITS | \$ 388,230 |
| PAYROLL TAXES | 517,341 |
| ACCOUNTING FEES-MNGMNT-990 | 23,528 |
| LEGAL FEES-PROGSERV-990 | 26,776 |
| OTHER FEES | 263,231 |
| INVEST. MGMT FEES | 86,969 |
| TRAVEL | 106,601 |
| CONFERENCES AND CONV. | 32,646 |
| OTHER EXPENSES | 114,111 |
| PENSION PLAN CONT. | 24,659 |
| ADVERTISING | 624 |
| OFFICE EXP. | 438,613 |
| INFORMATION TECH. | 66,735 |
| INSURANCE | 131,036 |
| TOTAL | <u>\$ 2,221,100</u> |

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

| Description | Beginning of Year | End of Year |
|-----------------------------|----------------------|---------------------|
| CORPORATE STOCK INVESTMENTS | \$ 3,748,512 | \$ 6,004,776 |
| TOTAL | <u>\$ 3,748,512</u> | <u>\$ 6,004,776</u> |

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

| Description | Beginning of Year | End of Year |
|------------------|----------------------|-------------------|
| PREPAID EXPENSES | \$ 85,682 | \$ 191,378 |
| TOTAL | <u>\$ 85,682</u> | <u>\$ 191,378</u> |

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

| Description | Beginning of Year | End of Year |
|-----------------------------------|----------------------|-------------------|
| DEFERRED COMPENSATION | \$ 128,812 | \$ 145,300 |
| DEFERRED REVENUE | 7,045 | 28,914 |
| UNSECURED NOTES AND LOANS PAYABLE | 1,602,430 | 9,648 |
| TOTAL | <u>\$ 1,738,287</u> | <u>\$ 183,862</u> |

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

| Description | Amount |
|------------------|-----------------|
| DONATED SERVICES | \$ 2,668 |
| TOTAL | \$ <u>2,668</u> |

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

| Description | Amount |
|----------------------|-------------------|
| NET UNREALIZED GAINS | \$ 474,478 |
| DONATED SERVICES | 2,668 |
| TOTAL | \$ <u>477,146</u> |

TAXABLE YEAR

Corporation Depreciation and Amortization

CALIFORNIA FORM

2021

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 |
| 6 | (a) Description of property | (b) Cost (business use only) |
| | | (c) Elected cost |
| 7 | Listed property (elected IRC Section 179 cost) | 7 |
| 8 | Total elected cost of IRC Section 179 property. Add amounts in column (c), line 6 and line 7 | 8 |
| 9 | Tentative deduction. Enter the smaller of line 5 or line 8 | 9 |
| 10 | Carryover of disallowed deduction from prior taxable years | 10 |
| 11 | Business income limitation. Enter the smaller of business income (not less than zero) or line 5 | 11 |
| 12 | IRC Section 179 expense deduction. Add line 9 and line 10, but do not enter more than line 11 | 12 |
| 13 | Carryover of disallowed deduction to 2022. 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 | | | | | | 70,138 | |
| 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 | 70,138 |

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 | 70,138 |
| 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 |
|------------------------------|------------------|-----------------|---------------|--------|----------------|-----------------|-------------------|
| OFFICE FURNATURE | 4/07/21 | \$ 2,781 | \$ | S/L | 2.00 | \$ 1,043 | \$ |
| OFFICE FURNITURE | 6/03/21 | 2,374 | | S/L | 2.00 | 692 | |
| OFFICE FURNITURE | 8/12/21 | 746 | | S/L | 2.00 | 155 | |
| RAMOS CIRCLE | 2/26/18 | 828,531 | 58,688 | S/L | 40.00 | 20,713 | |
| CABLE FOR NEW BUILDING | 2/21/18 | 17,415 | 9,869 | S/L | 5.00 | 3,483 | |
| VOICE & DATA CABLING | 3/23/18 | 1,702 | 936 | S/L | 5.00 | 341 | |
| BALANCE DUE - SYSTEM UPGRADE | 3/15/18 | 6,222 | 3,526 | S/L | 5.00 | 1,244 | |
| NEW ROOF - RAMOS | 4/30/18 | 65,292 | 17,411 | S/L | 10.00 | 6,529 | |
| REMODEL & LIGHTING | 3/01/18 | 30,000 | 8,500 | S/L | 10.00 | 3,000 | |
| REMODEL & LIGHTING | 4/10/18 | 32,386 | 8,906 | S/L | 10.00 | 3,239 | |
| REMODEL & LIGHTING | 4/10/18 | 29,000 | 7,975 | S/L | 10.00 | 2,900 | |
| HVAC UNITS RAMOS | 4/29/18 | 48,940 | 13,051 | S/L | 10.00 | 4,894 | |
| PERMITS & DOC FEES | 5/24/18 | 662 | 171 | S/L | 10.00 | 66 | |
| OFFICE FURNITURE | 3/12/18 | 51,633 | 20,899 | S/L | 7.00 | 7,376 | |
| OFFICE FURNITURE | 9/10/18 | 51,865 | 17,288 | S/L | 7.00 | 7,410 | |
| RICHOH COPIER | 9/01/18 | 30,090 | 14,042 | S/L | 5.00 | 6,018 | |
| TELEPHONE SYSTEM | 8/14/19 | 5,176 | 1,467 | S/L | 5.00 | 1,035 | |

California Statements

Indirect Depreciation

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

| Description | <u>Date Acquired</u> | <u>Cost / Basis</u> | <u>Accum Depr</u> | Method | <u>Life / Rate</u> | <u>Current Depr</u> | <u>Add'l 1st Year</u> |
|-------------|--------------------------|-------------------------|-----------------------|--------|------------------------|-------------------------|---------------------------|
| TOTAL | | \$ <u>1,204,815</u> | \$ <u>182,729</u> | | | \$ <u>70,138</u> | \$ <u>0</u> |