Form **990** (Rev January 2020)

EXTENDED TO MAY 17, 2021

	zation Exempt	From Income Tax
netarii or organi	zadon Excinp	i i i o i i i i i o o i i o i ax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public Department of the Treasury

Open to Public

	Intern	al Reve	nue Service		Inspection
	A F	or the	e 2019 calendar year, or tax year beginning $$ JUL 1 , $$ $$ $$ $$ $$ 2 $$ $$ $$ and ending	<u> JUN 30, 2020</u>	<u> </u>
	Вс	heck of	C Name of organization	D Employer identif	ication number
	ap	plicabl	GEM CITY CAREER PREP HIGH SCHOOL		
		Addre	S DEATTER OFFICE CENTER OF DAVIDA		
	₩]chang ∣Name		20-13107	222
	₽	chang			
	\vdash	return	Number and street (or P.O. box if mail is not delivered to street address) Room/s	· '	
		Final return/ termin	City or town, state or province, country, and ZIP or foreign postal code	(937) 27	
		1,647,439.			
		Ameno return	DATION, OH 45405-4145	H(a) Is this a group r	eturn
		Applic tion	F Name and address of principal officer MICHELLE LITTLEJOHN	for subordinate	s? Yes X No
		pendir	SAME AS C ABOVE	周(b) Are all subordinates	included? Yes No
		2Y-6Y	empt status X 501(c)(3) 501(c) () ◀ (Insert no.) 4947(a)(1) or	<u> </u>	a list (see instructions)
			te: NWW.LIFESKILLSCENTERS.COM	H(c) Group exemption	
					M State of legal domicile. OH
		rt I	Summary	rear of formation. 200 mg	NI State of legal dofffiche O11
	ra			אור אור אור אור	MILE HIGH
	9	1		DE AN ALTERNA	
)	2		SCHOOL OPPORTUNITY FOR AT-RISK AND DROP-OUT		
	Governance	2	Check this box 🕨 🔲 if the organization discontinued its operations or disposed (n <u>bre</u> th/a <u>n-</u> 25% of its a et as	
9	8	3	Number of voting members of the governing body (Part VI, line 1a)	JU 3	5
		4	Number of independent voting members of the governing body (Part VI, ine itb)	1 7 2021 1	5
	୬ ୪	5	Total number of individuals employed in calendar year 2019 (Part V, line 2a)	17 2021 SO 4 5	0
	Activities		Total number of volunteers (estimate if necessary)	č 6	5
	릙			EN, UT 7a	0.
	ا≱		Net unrelated business taxable income from Form 990-T, line 39	7b	
	\neg			Prior Year	Current Year
3		Q	Contributions and grants (Part VIII, line 1h)	1,541,729.	1,636,164.
202	위			0.	0.
9	뒤		Program service revenue (Part VIII, line 2g)	11,777.	8,446.
_	Revenue		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0.	2,829.
J			Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		1,647,439.
D V V V	\dashv		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,553,506.	
\geq			Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	0.
3			Benefits paid to or for members (Part IX, column (A), line 4)		
WCANNED	န		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	-202,651.	-24,546.
5	Expense	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
₹	Š	b	Total fundraising expenses (Part IX, column (D), line 25)		
<u>უ</u>	ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,553,486.	1,662,567.
<i>3)</i>		18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	1,350,835.	1,638,021.
,		19	Revenue less expenses Subtract line 18 from line 12	202,671.	9,418.
	ts or			Beginning of Current Year	End of Year
,	sets	20	Total assets (Part X, line 16)	1,078,862.	900,663.
	Ass		Total liabilities (Part X, line 26)	1,607,132.	1,419,515.
	ESE		Net assets or fund balances Subtract line 21 from line 20	-528,270.	-518,852.
	Pa	rt II	Signature Block		<u> </u>
	Unde	r pena	lties of perjury, I declare that I have examined this return including accompanying schedules and sta	tements, and to the best of m	v knowledge and belief, it is
			t, and complete. Declaration of preparer (other than officer) is based on all information of which prej		,, ,
	<u> 00,</u>	-			14/21
٠.	Sıgn		Signature of officer	Date	
	_		JEFFREY A. FOSTER, CPA, FISCAL OFFICER		
	Here	•	Type or print name and title		
				Date / Check [PTIN
			Print/Type preparer's name Preparer's stingative Preparer's stingative		- '∣
	Paid		JEFFREY A. FOSTER, CPA	S/() sell-emplo	
	Prepa		Firm's name MARCUM LLP	Firm's EIN ▶	11-1986323
	Use (Only	Firm's address 3320 WEST MARKET ST, SUITE 300		
			FAIRLAWN, OH 44333	Phone no. 33	0-564-8500
	Мау	the IF	RS discuss this return with the preparer shown above? (see instructions)		X Yes No

LHA For Paperwork Reduction Act Notice, see the separate instructions.

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Form 990 (2019)

GEM CITY CAREER PREP HIGH SCHOOL FKA LIFE SKILLS CENTER OF DAYTON

Form	990 (2019) FKA LIFE SKILLS CENTER OF DAYTON	20-1310722	Page 2
Pa	rt 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 PROVIDE AN ALTERNATIVE HIGH SCHOOL OPPORTUNITY FOR AT-	-RISK AND	
	DROP-OUT YOUTH BETWEEEN THE AGES OF 16 AND 22. THE SCHOOL	L PROVIDES	
	STUDENTS WITH A COMPREHENSIVE EDUCATION, LIFE SKILLS, WO		
	AND EMPLOYMENT	<u> </u>	
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	X 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	X 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 i	neasured by expenses	
•	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other		nd
	revenue, if any, for each program service reported		
4a	1 500 105	Je \$ 2,	829.)
	PROVIDED EDUCATIONAL SERVICES TO 110 STUDENTS.		
		<u> </u>	
		<u></u>	
			
4b	(Code) (Expenses \$	re \$)
4c	(Code) (Expenses \$ including grants of \$) (Revenue	Je \$)
4d	Other program services (Describe on Schedule O)		
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses ▶ 1,522,125.		
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GEM CITY CAREER PREP HIGH SCHOOL Form 990 (2019) FKA LIFE SKILLS CENTER OF DAYTON Part IV Checklist of Required Schedules

20-1310722 Page 3

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
•	If "Yes," complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
_	public office? If "Yes," complete Schedule C, Part I	3		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? If "Yes," complete Schedule C, Part II	4		_X_
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or		ļ	
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5_		<u> </u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			_
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		<u> </u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,		1	
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		<u> X</u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			37
	Schedule D, Part III	8	-	<u> </u>
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?	_		х
	If "Yes," complete Schedule D, Part IV	9		
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	40		х
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X			
_	as applicable Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		-	-
а	- · · · · · · · · · · · · · · · · · · ·	11a	x	
h	Part VI Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
D	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
_	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 167 If "Yes," complete Schedule D, Part VIII	11c		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 167 If "Yes," complete Schedule D, Part IX	11d		X_
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		_X_
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?		l	••
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Α,	<u> </u>
	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13_	Х	
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		<u> </u>
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	111		х
45	or more? <i>If</i> "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	14b		
15		15		х
16	foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
10	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
••	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		<u> </u>
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		_X_
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
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 19 If "Yes," complete Schedule I, Parts I and II	21	لييا	<u> </u>
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FKA LIFE SKILLS CENTER OF DAYTON | Form 990 (2019) | FKA LIFE SKILLS CE

			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 27 If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			7.7
	Schedule J	23		X
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	l ₋ .		v
	Schedule K If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	24-		
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	25a		х
L	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	238		
D	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
		25b		х
26	Schedule L, Part I Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	200		
20	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions, for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M .	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			17
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		<u> X</u>
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	١		v
	Part V, line 1	34	H	X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	256		
00	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	36		X
37	If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization	-30		
31	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	<u> </u>		
55	Note: All Form 990 filers are required to complete Schedule O	38	х	
Par				
	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			
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c_	Х	
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· *					
0-	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,		62 %	Yes	No
2a	filed for the calendar year ending with or within the year covered by this return	2a	0		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return		2b	فتعشظتن	5835-8-823
U	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions				8.0
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	<i>,</i>	3a	STREETS A	X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	0	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other a				
70	financial account in a foreign country (such as a bank account, securities account, or other financial a		4a		Х
h	If "Yes," enter the name of the foreign country		TO SERVICE		
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ad	ccounts (FBAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	ction?	5b		Х
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5с		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	e organization solicit			
	any contributions that were not tax deductible as charitable contributions?		6a		Х
b	if "Yes," did the organization include with every solicitation an express statement that such contribution	ons or gifts			
	were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).			XX	
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	is required			
	to file Form 8282?		7c	~ × × ×	X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co	ontract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra		7 1		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo		<u>7g</u>		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		7h	25.498.728	**************************************
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?		8	353000	1.180.788
9	Sponsoring organizations maintaining donor advised funds.		*******		
а	Did the sponsoring organization make any taxable distributions under section 4966?		9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b	5-308355	\$\langle 23\cdot 23\cd
10	Section 501(c)(7) organizations. Enter	140-1			
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	_{11a}			
a	Gross income from members or shareholders	I I a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b			
120	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		12a	220,000	2.5322.03
12a	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	126	\$600	RESEA	<i>\$</i>
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
	Is the organization licensed to issue qualified health plans in more than one state?		13a		
-	Note: See the instructions for additional information the organization must report on Schedule O				
ь	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			
С	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?		14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul	le O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner				
	excess parachute payment(s) during the year?		15		Х
	If "Yes," see instructions and file Form 4720, Schedule N		Zef	Ç6a	
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	:income?	16		Х
	If "Yes," complete Form 4720, Schedule O			X	
			F	000	(2010)

GEM CITY CAREER PREP HIGH SCHOOL FKA LIFE SKILLS CENTER OF DAYTON 20-1310722 Part VII 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 No 1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. b Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? 2 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? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 6 Did the organization have members or stockholders? 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following Х a The governing body? 8a · X 8b b Each committee with authority to act on behalf of the governing body? 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 Х Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a Did the organization have local chapters, branches, or affiliates? 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates. and branches to ensure their operations are consistent with the organization's exempt purposes? 10b 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990 12a Did the organization have a written conflict of interest policy? If "No." go to line 13 X 12a X 12b b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe X 12c in Schedule O how this was done X 13 Did the organization have a written whistleblower policy? 13 X 14 Did the organization have a written document retention and destruction policy? 14 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official 15a b Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Je ction C	. Disclosure	

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

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 X Upon request

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

State the name, address, and telephone number of the person who possesses the organization's books and records

JEFFREY A. FOSTER, CPA − 330−564−8520

3320 WEST MARKET ST, SUITE 300, FAIRLAWN, OH 44333

Form 990 (2019)

Other (explain on Schedule O)

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

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

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

- 1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

 See instructions for the order in which to list the persons above

X Check this box if neither the organizat		orga T	ıııza			ipen	odii	I		(F)
(A) Name and title	(B) Average			Pos	C) atior	1		(D) Reportable	(E) Reportable	(F) Estimated
Name and title	hours per	(do	not c	heck	more	than d	one	compensation	compensation	amount of
	week	offi	cer ar	nd a d	recto	r/trus	tee)	from	from related	other
	(list any	į						the	organizations	compensation
	hours for	albr	l			2		organization	(W-2/1099-MISC)	from the
	related	stee o	rustee			ensa		(W-2/1099-MISC)		organization
	organizations	al tru:	alat		ployee	E 2				and related
	below	Individual trustee or director	Institutional Irustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) MICHELLE LITTLEJOHN	0.50	Ē	<u> </u>	₽	- <u>s</u>	호	윤			•
PRESIDENT	0.30	x		x			1	0.	0.	0.
(2) PATRICK GILL	0.30	^	-	^		\vdash	-	0.	0.	0.
	0.30	x		x				0.	0.	0.
VICE PRESIDENT	0.30	<u> </u>		^	-	\vdash	┝	0.	<u> </u>	U .
(3) MONIQUE CHERRY-MCDANIEL	0.30	x		x				0.	0.	^
SECRETARY	0.30	▲	-	^	┝	\vdash	⊢	U .	<u> </u>	0.
(4) QUINDELLA LYNCH	0.30	x						0.	٥.	0.
DIRECTOR	0.30	╇		⊢	┢		⊢	- 0.	· · · · · · · · · · · · · · · · · · ·	0.
(5) EDDIE DAVIS	0.30	x						0.	0.	0.
OIRECTOR (6) JEFFREY A. FOSTER, CPA	1.00	^	-			├	⊢	0.	0.	0.
FISCAL OFFICER	1.00	ł		x				0.	0.	0.
TISCAL OFFICER		\vdash	\vdash	<u> </u>			┝	0.	· · ·	0.
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Form 990 (2019)

FKA LIFE SKILLS CENTER OF DAYTON

Part VII Section A. Officers, Directors, Trus	tees, Key Emp	ploy	ees,	and	1 Hi	ghes	t C	compensated Employee	s (continued)	—		
(A)	(B)				C)			(D)	(E)		(F))
Name and title	Average	(do		Pos) than d	one	Reportable	Reportable		Estima	ated
	hours per	Бох	, unte:	ss pe	rson i	s both	an	compensation	compensation	,	amoui	
	week	\vdash	cer an	0 8 0	W BCIG	7005	(00)	from	from related		oth	
	(list any hours for	recto						the	organizations		compen	
	related	0	92			ated		organization	(W-2/1099-MIS	ا (-	from	
	organizations	ustee	trust		 ₈₃	i ben		(W-2/1099-MISC)			organiz	
	below	la E	tional		yold	e si	_				organiza	
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				o. g	
	 	_	-	Ť	×		_	<u> </u>				
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		_			<u> </u>	-	_					
		1										
1b Subtotal	<u> </u>	L			<u> </u>		┢	0.		0.		0.
c Total from continuation sheets to Part VI	I, Section A						•	0.		0.		0.
d Total (add lines 1b and 1c)	,						•	0.		0.		0.
2 Total number of individuals (including but n	ot limited to th	ose	liste	d ab	ove) wh	o re	eceived more than \$100.	000 of reportable			
compensation from the organization						,	• • •	,				0
											Ye	s No
3 Did the organization list any former officer,	director, truste	ee, k	еу е	mpl	oye	e, or	hig	hest compensated emp	loyee on			
line 1a? If "Yes," complete Schedule J for s	uch individual						_				3	Х
4 For any individual listed on line 1a, is the su		е со	mpe	nsa	tion	and	oth	ner compensation from t	ne organization			
and related organizations greater than \$150	0,000? <i>If</i> "Yes.	" co	mple	ete S	Sche	dule	JI	for such individual	_	[4	X
5 Did any person listed on line 1a receive or a			-						lual for services			
rendered to the organization? If "Yes." com	plete Schedule	Jf	or su	ich i	oers	on		-			5	X
Section B. Independent Contractors	-											
1 Complete this table for your five highest co	mpensated ind	epe	nder	nt co	ontra	actor	s th	hat received more than \$	100,000 of compe	ensatio	on from	
the organization. Report compensation for	the calendar ye	ear e	ndır	g w	ith c	or wi	thin		ear.			
(A) Name and business	address							(B) Description of s	ervices	Co	(C) mpensat	tion
LS DAYTON, LLC, 121 SOUTH		T.		SU	IT	E		EDUCATIONAL	· · · · · · · · · · · · · · · · · · ·			
107, AKRON, OH 44308								MANAGEMENT		1,	546,	671.
							\dashv					
2 Total number of independent contractors (ii		ot lin	nited	l to t	thos	e lis	ted	above) who received mo	ore than			
\$100,000 of compensation from the organiz	zation							·			orm 990) (2010)
											2,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(= J . J)

Statement of Revenue Part VIII Check if Schedule O contains a response or note to any line in this Part VIII Unrelated Related or exempt Total revenue from tax under function revenue business revenue 1 a Federated campaigns 1b Membership dues Fundraising events d Related organizations 1,636,164 e Government grants (contributions) f. All other contributions, gifts, grants, and similar amounts not included above Q Noncash contributions included in lines 1a-1f Total. Add lines 1a-1f f All other program service revenue Total. Add lines 2a-2f Investment income (including dividends, interest, and 8,446. 8,446 other similar amounts) Income from investment of tax-exempt bond proceeds Royalties 6 a Gross rents <u>6a</u> 6b b Less rental expenses Rental income or (loss) d Net rental income or (loss) (i) Securities (ii) Other 7 a Gross amount from sales of assets other than inventory b Less cost or other basis and sales expenses c .Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not including \$ contributions reported on line 1c) See Part IV, line 18 b Less direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities See Part IV, line 19 **b** Less direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances 10b b Less cost of goods sold c Net income or (loss) from sales of inventory **Business Code** 11 a MISCELLANEOUS 900099 2,829. d All other revenue 2,829. e Total. Add lines 11a-11d 8,446. Total revenue. See instructions

Form 990 (2019)

932009 01-20-20

Form 990 (2019) FKA LIFE SKIL
Part IX Statement of Functional Expenses

Secti	on 501(c)(3) and 501(c)(4) organizations must comp			mplete column (A)	
_	Check if Schedule O contains a respon			(C)	(D)
	not include amounts reported on lines 6b, 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				22 C 24 C 25 C 25 C 25 C 25 C 25 C 25 C
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			58.47.86	## 12 12 12 12 12 12 12 12 12 12 12 12 12
5	Compensation of current officers, directors,		,		
_	trustees, and key employees				
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and			٠	•
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include		-		
J	section 401(k) and 403(b) employer contributions)	-24,546.	-24,546.		•
9	Other employee benefits		, , ,	1-1-7	
10	Payroll taxes				
11	Fees for services (nonemployees)				
а	Management	1,546,671.	1,546,671.		
b	Legal				
С	Accounting				
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25,		, .		
	column (A) amount, list line 11g expenses on Sch O.)				· · · · · · · · · · · · · · · · · · ·
12	Advertising and promotion	01 700		01 720	
13	Office expenses	81,720.		81,720.	
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel		,		
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization			·	
23	Insurance				
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A)				
	amount, list line 24e expenses on Schedule 0.)	3/ 176		34,176.	\$\delta\rightarrow\rig
a	SPONSORSHIP FEES	. 34,176.		34,170.	
b		_ ,			
C					.\
d	All other expenses			,	
е 25	All other expenses Add lines 1 through 24e	1,638,021.	1,522,125.	115,896.	0.
<u>25</u> 26	Joint costs. Complete this line only if the organization	_, 350, 052.			1
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				-
	Check here If following SOP 98-2 (ASC 958-720)				L

20-1310722 Page 11 FKA LIFE SKILLS CENTER OF DAYTON Form 990 (2019) Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X Beginning of year End of year 557,857. 567,142. 1 Cash - non-interest-bearing 2 Savings and temporary cash investments 2 115,341 3,130. 3 Pledges and grants receivable, net 3 Accounts receivable, net 4 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 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) ĸ Notes and loans receivable, net 7 Inventories for sale or use 8 294,726 353,769 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 163,247 10a 163,247 0. 0 b Less accumulated depreciation 10b 10c 11 Investments - publicly traded securities 11 12 12 Investments - other securities. See Part IV, line 11 Investments - program-related See Part IV, line 11 13 13 14 14 Intangible assets 42,610. 44,950. Other assets See Part IV, line 11 15 15 1,078,862. 900,663. 16 16 Total assets. Add lines 1 through 15 (must equal line 33) 4,175. 5,237. Accounts payable and accrued expenses 17 17 63,254. 3,130. 18 18 Grants payable 649,223. 464,572. 19 19 Deferred revenue 20 20 Tax-exempt bond liabilities Escrow or custodial account liability. Complete Part IV of Schedule D 21 Loans and other payables to any current or former officer, director, Liabilities trustee, key employee, creator or founder, substantial contributor, or 35% 22 controlled entity or family member of any of these persons 23 Secured mortgages and notes payable to unrelated third parties 23 Unsecured notes and loans payable to unrelated third parties 24 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X 890,480 946<u>,576.</u> of Schedule D 25 ,607,132 Total liabilities. Add lines 17 through 25_ Organizations that follow FASB ASC 958, check here 🕨 🗓 Net Assets or Fund Balances and complete lines 27, 28, 32, and 33. -528,270. -518,852 Net assets without donor restrictions 27 Net assets with donor restrictions 28 28 Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. 29 29 Capital stock or trust principal, or current funds 30 Paid-in or capital surplus, or land, building, or equipment fund 30 31 Retained earnings, endowment, accumulated income, or other funds 31

900,663. Form 990 (2019)

-518,852.

32

-528,270.

1,078,862.

32

Total net assets or fund balances

Total liabilities and net assets/fund balances

FUIII	1990 (2019) TIGH BILL DICIDED CENTER OF BILLION		1310722	raye
ĮŖа	rtXII 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	1,647	
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,638	
3	Revenue less expenses Subtract line 2 from line 1	3		<u>,418.</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	-528	<u>,270.</u>
5	Net unrealized gains (losses) on investments	5		
6	Donated services and use of facilities	6		
7	Investment expenses	7		
8	Prior period adjustments	8		
9	Other changes in net assets or fund balances (explain on Schedule O)	9		0.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 32,			
	column (B))	10	-518	<u>,852.</u>
Pa	TXIII Financial Statements and Reporting			
	Check if Schedule O contains a response or note to any line in this Part XII			
			Y	es No
1	Accounting method used to prepare the Form 990 Cash X Accrual Other		\$\frac{1}{2} \text{\$\frac{1}{2} \text{\$\frac{1} \text{\$\frac{1} \text{\$\frac{1} \text{\$\frac{1} \text{\$\frac{1} \$\fra	
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Э.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		. 2a	X
	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			
	Separate basis Consolidated basis Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?		2b	X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basıs,		
	consolidated basis, or both			
	X Separate basis Consolidated basis Both consolidated and separate basis			1645 P. 10 8
¢	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audıt,		
	review, or compilation of its financial statements and selection of an independent accountant?			X
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	edule O		
3а	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Auc	lit	
	Act and OMB Circular A-133?		3a	X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed aud	ıt	
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	
			Form 9	90 (2010)

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

16320511 150872 90110005

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.
GEM CITY CAREER PREP HIGH SCHOOL

2019

Open to Public Inspection

Employer identification number

FKA LIFE SKILLS CENTER OF DAYTON 20-1310722 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) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ)) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 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 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.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 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.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) 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 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.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g 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. 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. 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. 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. 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) (iv) Is the organization listed (v) Amount of monetary (vi) Amount of other (i) Name of supported (iii) Type of organization (described on lines 1-10 organization support (see instructions) support (see instructions) above (see instructions))

GEM CITY CAREER PREP HIGH SCHOOL

Schedule A (Form 990 or 990 EZ) 2019 FKA LIFE SKILLS CENTER OF DAYTON Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III If the organization fails to qualify under the tests listed below, please complete Part III) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2015 (c) 2017 (e) 2019 1 Gifts, grants, contributions, and membership fees received · (Do not include any "unusual grants") Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 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 Section B. Total Support (b) 2016 Calendar year (or fiscal year beginning in) (a) 2015 (c)/2017 (d) 2018 (e) 2019 (f) Total Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Net income from unrelated business activities, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI) 11 Total support. Add lines 7 through 10 12 Gross receipts from related activities, etc. (see instructions) 12 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here/ Section C. Computation of Public Support Percentage 14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f) 15 Public support percentage from 2018 Schedule A, Part II, line 14 16a 33 1/3% support test - 2019. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test - 2018. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10% -facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization b 10% -facts-and-circumstances test - 2018. 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.

932022 09-25-19

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

Schedule A (Form 990 or 990-EZ) 2019

(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 (c) 2017 (d) 2018 (e) 2019 (f) Total Calendar year (or fiscal year beginning in) (a) 2015 (b) 2016 1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose 3 Gross receipts from activities that are not an unrelated trade or business under section 513 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 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) Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2015 (b) 2016 (c) 2017 (d) 2018 (e) 2019 (f) Total 9 Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on 12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) 13 Total support. (Add lines 9, 10c, 11, and/12) First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 15 Public support percentage for 2019 (line 8, column (f), divided by line 13, column (f)) 15 % 16 Public support percentage from 2018 Schedule A, Part III, line 15 16 % Section D. Computation of Investment Income Percentage Investment income percentage for 2019 (line 10c, column (f), divided by line 13, column (f)) 17 % Investment income percentage from 2018 Schedule A, Part III, line 17 18 % 19a 33 1/3% support tests - 2019. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line ₹7 is not more than 33/1/3%, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support tests - 2018. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, ai line 18 is fot more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions Schedule A (Form 990 or 990-EZ) 2019 932023 09-25-19

Part V Supporting Organizations

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? 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.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2)
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below
- 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)? If "Yes," describe in Part VI when and how the organization made the determination
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and If you checked 12a or 12b in Part I, answer (b) and (c) below
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supported by or in connection with its supported organizations
- 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)? 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
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)
- **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?
- 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? If "Yes," provide detail in Part VI.
- 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? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?

 If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- 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))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 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)? If "Yes," answer 10b below
- b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
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GEM CITY CAREER PREP HIGH SCHOOL FKA LIFE SKILLS CENTER OF DAYTON

Sch	edule A (Form 990 or 990-EZ) 2019 FKA LIFE SKILLS CENTER OF DAYTON	20-1310722	2 P	age 5
	Supporting Organizations (continued)			
	•		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?	X 26 Y	7.3032 2.432	
	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
ь	A family member of a person described in (a) above?	11b		
	: A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
	ction B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			**
,	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			362733
_	organizations and what conditions or restrictions, if any, applied to such powers during the tax year	35301/25	36 94 47	\$ *******
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? 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.			Щ
Sec	ction C. Type II Supporting Organizations			
		2504.55042	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)? 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).	1		
Sec	ction 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?	· 1		
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? If "No," explain in Part VI how			
-	the organization maintained a close and continuous working relationship with the supported organization(s)	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
•	significant voice in the organization's investment policies and in directing the use of the organization's			
r	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3	ACCUMENTAL.	HILLAUS THAN NO
Sec	ction 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 ins	tructions).		
а				
b	The state of the community of the supplication of the state of the sta	•		
	Day Books	hu (coo instructions)		
C		y (see instructions).	Yes	No
2	Activities Test Answer (a) and (b) below. Did substantially all of the organization's activities during the tax year directly further the exempt purposes of	3257%).ZZ	****
а				
	the supported organization(s) to which the organization was responsive? 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	224		2003
	that these activities constituted substantially all of its activities	2a	983986986	4688383
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			.00
+	of the organization's supported organization(s) would have been engaged in? 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	2b	KU2/20 * -	A 384
3	Parent of Supported Organizations Answer (a) and (b) below.			
а	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? Provide details in Part VI.	3a '		
' ' " b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	· .		
-	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		
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_	and the same of the same and the same and the same of	-	•	٠

· <u>P</u> a	Type III Non-Functionally Integrated 509(a)(3) Supporting	ng Orga	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyi			art VI) See instructions. A
	other Type III non-functionally integrated supporting organizations must of			
Sect	ion 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		1	1
	maintenance of property held for production of income (see instructions)	6	<u> </u>	
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see	\$ 3		
	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		1
	Total (add lines 1a, 1b, and 1c)	1d		
e	Discount claimed for blockage or other			
	factors (explain in detail in Part VI)			
2	Acquisition indebtedness applicable to non-exempt-use assets	· 2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
_5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functional	ılly ıntegra	ted Type III supporting organ	nization (see
	instructions)	. •	., 5-9-	•

Schedule A (Form 990 or 990-EZ) 2019

Pa	Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	nizations (continued)	
Sect	ion D - Distributions	Current Year		
1	Amounts paid to supported organizations to accomplish exe			
2	Amounts paid to perform activity that directly furthers exempt			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	S	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions		•	
7	Total annual distributions. Add lines 1 through 6			,
8	Distributions to attentive supported organizations to which the	ne organization is responsive	·	
	(provide details in Part VI) See instructions.			
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iiı) Distributable Amount for 2019
		->/	\$464548868888888888888888888888888888888	
1	Distributable amount for 2019 from Section C, line 6	72000000000000000000000000000000000000		
2	Underdistributions, if any, for years prior to 2019 (reason-			
	able cause required- explain in Part VI) See instructions.			
3	Excess distributions carryover, if any, to 2019			
	From 2014		\$\frac{\partial \text{\tint{\text{\te}\text{\tex	
	From 2015			
	From 2016			
	From 2017			
	From 2018			
	Total of lines 3a through e	**************************************	WHACKSHIFTER CONFIDENCE OF ACT	
	Applied to underdistributions of prior years	65 con 640 (8 con 7 to 600 (8 con	60,695°C \$25,455°C \$25,455	
<u> </u>	Applied to 2019 distributable amount		Bro Indiana	\$\$\$\$\$\$\$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
<u>_i</u>	Carryover from 2014 not applied (see instructions)			
<u>_i</u>	Remainder Subtract lines 3g, 3h, and 3i from 3f		35.75 F. (233.45), F. (45.652.63), 6 (46.77 F.)	
4	Distributions for 2019 from Section D,			
	line 7 \$	0.0000000000000000000000000000000000000		00000000000000000000000000000000000000
<u>a</u>	Applied to underdistributions of prior years		mateurs indicase edoseración massestálica.	
	Applied to 2019 distributable amount			- 523×222°8° 518×590 80 A110°98°905°406
<u> </u>	Remainder Subtract lines 4a and 4b from 4	NE PERSONAL VALLE SWOOT OPPINION VALLE		PROGRAMMENT AND
5	Remaining underdistributions for years prior to 2019, if			**
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.		BR NAMESON STATE OF THE STATE O	
6	Remaining underdistributions for 2019 Subtract lines 3h			,
	and 4b from line 1 For result greater than zero, explain in			
	Part VI See instructions.			4-545000.C5003456.250000000000000000000
7	Excess distributions carryover to 2020. Add lines 3j			
	and 4c	100 TO WITTOUT TORK AS REAGRED AND AND AND ASSESSMENT AND AND		
8	Breakdown of line 7	STATE OF THE STATE		
	Excess from 2015	N. CONTROL OF A CO		
	Excess from 2016			
	Excess from 2017			100 C
	Excess from 2018	237		
e	Excess from 2019	1888 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8		

Schedule A (Form 990 or 990-EZ) 2019

GEM CITY CAREER PREP HIGH SCHOOL

Schedule A	(Form 990 or 990-E	Z) 2019 FK	A LIFE SK	TLLS CENT	ER OF DAYTOR	<u> 20</u>	L310722 Page
Part VI	Supplemental Part IV, Section A line 1, Part IV, Sec	Information Innes 1, 2, 3b, Stion D, lines 2	On. Provide the (3c, 4b, 4c, 5a, 6) and 3, Part IV, S	explanations requir i, 9a, 9b, 9c, 11a, 1 ection E, lines 1c,	red by Part II, line 10, P 11b, and 11c, Part IV, S 2a, 2b, 3a, and 3b, Par	art II, line 17a or 17b, Par ection B, lines 1 and 2, P : V, line 1, Part V, Section	t III, line 12, art IV, Section C, B, line 1e, Part V,
	Section D, lines 5, (See instructions)	6, and 8, and	Part V, Section 8	E, lines 2, 5, and 6	Also complete this par	t for any additional inform	ation
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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 Open to Public Inspection

Name of the organization

GEM CITY CAREER PREP HIGH SCHOOL FKA LIFE SKILLS CENTER OF DAYTON Employer identification number 20-1310722

Pai	Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the						
	organization answered "Yes" on Form 990, Part IV, line 6						
		(a) Donor advised funds	(b) Fund	ds and other accounts		
1	Total number at end of year						
2	Aggregate value of contributions to (during year)						
3	Aggregate value of grants from (during year)						
4	Aggregate value at end of year						
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advis	ed fund	ls			
	are the organization's property, subject to the organization's	exclusive legal control?			Yes	No	
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing that grant funds can be	used or	nly			
	for charitable purposes and not for the benefit of the donor of	r donor advisor, or for any other purpose	confern	ng			
	impermissible private benefit?				Yes	No	
Pai	t II Conservation Easements. Complete if the or	ganization answered "Yes" on Form 990, I	Part IV,	line 7.	<u> </u>		
1	Purpose(s) of conservation easements held by the organization						
	Preservation of land for public use (for example, recrea	· 		-	important land area		
	Protection of natural habitat	Preservation of	a certii	fied his	toric structure		
	Preservation of open space						
2	Complete lines 2a through 2d if the organization held a quality	fied conservation contribution in the form	of a cor	nservat			
	day of the tax year				Held at the End of the Tax	Year	
а	Total number of conservation easements			2a			
þ	Total acreage restricted by conservation easements			2b			
С	Number of conservation easements on a certified historic stri			2c			
d	Number of conservation easements included in (c) acquired a	after 7/25/06, and not on a historic structu	ire				
	listed in the National Register			2d			
3	Number of conservation easements modified, transferred, rel	eased, extinguished, or terminated by the	organi	zation	during the tax		
	year ▶						
4	Number of states where property subject to conservation eas						
5	Does the organization have a written policy regarding the per				Yes	No	
_	violations, and enforcement of the conservation easements it Staff and volunteer hours devoted to monitoring, inspecting,		onustio	n 0250		140	
6	Stan and volunteer nours devoted to monitoring, inspecting,	manding of violations, and emorcing cons	oci valio	ii casc	ments during the year		
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing consentati	tion eas	ement	s during the year		
′	s	ming of violations, and emoreing conserva-	tion cas	Cincin	5 daming the year		
8	Does each conservation easement reported on line 2(d) abov	e satisfy the requirements of section 1700	h)(4)(B)(n			
٥	and section 170(h)(4)(B)(ii)?	c salisty the requirements of section 11 of	. 7(.//_/	v. 7	☐ Yes ☐	No	
9	In Part XIII, describe how the organization reports conservation	on easements in its revenue and expense	statem	ent and			
•	balance sheet, and include, if applicable, the text of the footr						
	organization's accounting for conservation easements	·•••					
Pai	t III Organizations Maintaining Collections of	Art, Historical Treasures, or Ot	her S	imilaı	Assets.		
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8					
1a	If the organization elected, as permitted under FASB ASC 95		nd bala	ince sh	eet works		
	of art, historical treasures, or other similar assets held for put	olic exhibition, education, or research in fu	ırtheran	ce of p	oublic		
	service, provide in Part XIII the text of the footnote to its finar						
b	If the organization elected, as permitted under FASB ASC 95			sheet	works of		
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in furth	nerance	of pub	olic service,		
	provide the following amounts relating to these items						
	(i) Revenue included on Form 990, Part VIII, line 1			▶ :	š		
	(ii) Assets included in Form 990, Part X				\$		
2	If the organization received or held works of art, historical tre	asures, or other similar assets for financia	l gaın, p	orovide			
	the following amounts required to be reported under FASB A						
а	Revenue included on Form 990, Part VIII, line 1			> :	\$		
b	Assets included in Form 990, Part X			<u> </u>			
LHA	For Paperwork Reduction Act Notice, see the Instructions	s for Form 990.			Schedule D (Form 990) 2	2019	

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GEM CITY CAREER PREP HIGH SCHOOL

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Pai	t III Organizations Maintaining C								(continu	ed)
3	Using the organization's acquisition, accessi	on, and other record	ls, check	any of the f	following that	make s	ignificant	use of its		
	collection items (check all that apply)									
а	Public exhibition		.	Loan or exc	hange progra	am				
b	Scholarly research			Other						
c	c Preservation for future generations									
4	Provide a description of the organization's co	ollections and explai	n how th	ev further th	ne organizatio	n's exer	npt purp	ose in Part	XIII	
5										
•	to be sold to raise funds rather than to be ma								Yes	☐ No
Par	t IV Escrow and Custodial Arran					Ves" on	Form 99	O Part IV		110
٠	reported an amount on Form 990, Pa		cic ii aic	organizatio	iii aliswered	103 011		Ο, ι Επτιν,		
	Is the organization an agent, trustee, custodi		liani far s		s ar athar ass	oto not	neludad			
18		an or other intermet	nary for c	CHICIDOLION	s or other ass	5612 1101	iriciaaea		٦٧	
_	on Form 990, Part X?								_ Yes	∟ No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing t	able						
								 	Amount	
С	Beginning balance						1c	 		
d	Additions during the year				-		1d	ļ.——		
е	Distributions during the year						1e			
f	Ending balance						1f			
2a	Did the organization include an amount on Fe	orm 990, Part X, line	21, for e	escrow or cu	ustodial accor	unt liabil	ıty?		Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII	Check here if the ex	kplanatio	n has been	provided on F	Part XIII				
Pai							10			
		(a) Current year	(b) P	rior year	(c) Two year	rs back	(d) Three	years back	(e) Four y	ears back
1a	Beginning of year balance				1					
b	Contributions									
c	Net investment earnings, gains, and losses					Ì				
	Grants or scholarships									
	Other expenditures for facilities									
e	·				1					
	and programs		 		<u> </u>	-				
1	Administrative expenses	-			 					
g	End of year balance	L			1	1			<u> </u>	
2	Provide the estimated percentage of the curr	rent year end balanc		j, column (a))) held as					
а	Board designated or quasi-endowment		_%							
b	Permanent endowment	%								
С	Term endowment	. %								
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%								
3a	Are there endowment funds not in the posse	ssion of the organiza	ation that	t are held ar	nd administer	ed for th	e organiz	zation	_	
	by									es No
	(i) Unrelated organizations								3a(i)	
	(ii) Related organizations								3a(ii)	
b	If "Yes" on line 3a(ii), are the related organiza	itions listed as requi	red on So	chedule R?					3b	
4	Describe in Part XIII the intended uses of the	•								
	t VI Land, Buildings, and Equipm									
	Complete if the organization answere) Part IV	line 11a S	See Form 990	Part X	line 10.			
		(a) Cost or o			or other		ccumula	ted T	(d) Book	value
	Description of property	basis (investi			(other)		preciatio		(u) book	value
		Dasis (IIIVesti	nenty	Dasis	(outer)	- 06	preciation	-	-	
	Land			-						
	Buildings						~			
	Leasehold improvements			4 4	2 245		163 3	47		
d	Equipment			16	3,247.	-	163,2	4/.		. 0 .
e	Other	l								
Total	Add lines 1a through 1e (Column (d) must a	aud Form 000 Dad	V 004:	n (P) line 1	00.1					0.

Schedule D (Form 990) 2019

Schedule D (Form 990) 2019 FKA LIFE SKILLS CENTER OF DAYTON

Part VII Investments - Other Securities.

(a) Description of security or category (including name of security)	(b) Book value	11b See Form 990, Part X, line 12 (c) Method of valuation Cost or end	of-year market value
) Financial derivatives			
Closely held equity interests			
Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
tal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" of	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)	A		
(2)	- 1		**
(3)			
(4)			
(5)			
(6)			
(7)	.		<u> </u>
(8)			 `
(9)			. = =:
tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		Resident Albertage Community of the things of the term of the community of	todor parkari trajinaan
Part IX Other Assets.			
	on Form 990. Part IV. line	11d. See Form 990. Part X. line 15.	
Complete if the organization answered "Yes" of		11d. See Form 990, Part X, line 15.	(b) Book value
Complete if the organization answered "Yes" (a) [on Form 990, Part IV, line Description	11d. See Form 990, Part X, line 15.	(b) Book value
Complete if the organization answered "Yes" (a) [11d. See Form 990, Part X, line 15.	(b) Book value
Complete if the organization answered "Yes" (a) [(1) (2)		11d. See Form 990, Part X, line 15.	(b) Book value
Complete if the organization answered "Yes" (a) [(1) (2) (3)		11d. See Form 990, Part X, line 15.	(b) Book value
Complete if the organization answered "Yes" (a) [(1) (2) (3) (4)		11d. See Form 990, Part X, line 15.	(b) Book value
Complete if the organization answered "Yes" (a) [(1) (2) (3) (4) (5)		11d. See Form 990, Part X, line 15.	(b) Book value
Complete if the organization answered "Yes" (a) [(1) (2) (3) (4) (5)		11d. See Form 990, Part X, line 15.	(b) Book value
Complete if the organization answered "Yes" (a) [(1) (2) (3) (4) (5) (6) (7)		11d. See Form 990, Part X, line 15.	(b) Book value
Complete if the organization answered "Yes" (a) [(1) (2) (3) (4) (5) (6) (7) (8)		11d. See Form 990, Part X, line 15.	(b) Book value
Complete if the organization answered "Yes" (a) [(1) (2) (3) (4) (5) (6) (7) (8) (9)	Description	11d. See Form 990, Part X, line 15.	(b) Book value
Complete if the organization answered "Yes" (a) [(1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) line	Description	11d. See Form 990, Part X, line 15.	(b) Book value
Complete if the organization answered "Yes" of (a) [(1) (2) (3) (4) (5) (6) (7) (8) (9) Otal. (Column (b) must equal Form 990. Part X. col. (B) line Part X Other Liabilities.	Description 15.)	>	(b) Book value
Complete if the organization answered "Yes" (a) [(1) (2) (3) (4) (5) (6) (7) (8) (9) Otal. (Column (b) must equal Form 990. Part X. col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (a) Programme of liability.	Description 15.)	>	
Complete if the organization answered "Yes" (a) [(1) (2) (3) (4) (5) (6) (7) (8) (9) Otal. (Column (b) must equal Form 990. Part X. col. (B) line Part X. Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability	Description 15.)	>	(b) Book value
Complete if the organization answered "Yes" (a) [(1) (2) (3) (4) (5) (6) (7) (8) (9) Otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes	Description 15.)	>	(b) Book value
Complete if the organization answered "Yes" (a) [(1) (2) (3) (4) (5) (6) (7) (8) (9) Pal. (Column (b) must equal Form 990. Part X. col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability	Description 15.)	>	
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Complete if the organization answered "Yes" (a) [(1) (2) (3) (4) (5) (6) (7) (8) (9) Intal. (Column (b) must equal Form 990. Part X. col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) NET PENSION	Description 15.)	>	(b) Book value
Complete if the organization answered "Yes" (a) [(1) (2) (3) (4) (5) (6) (7) (8) (9) Intal. (Column (b) must equal Form 990. Part X. col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) NET PENSION (3)	Description 15.)	>	(b) Book value
Complete if the organization answered "Yes" (a) [(1) (2) (3) (4) (5) (6) (7) (8) (9) Otal. (Column (b) must equal Form 990. Part X. col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) NET PENSION (3) (4)	Description 15.)	>	(b) Book value
Complete if the organization answered "Yes" of (a) [(1) (2) (3) (4) (5) (6) (7) (8) (9) (9) (10) (10) (10) (10) (10) (10) (10) (10	Description 15.)	>	(b) Book value
Complete if the organization answered "Yes" (a) [(1) (2) (3) (4) (5) (6) (7) (8) (9) Otal. (Column (b) must equal Form 990. Part X. col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) NET PENSION (3) (4) (5) (6)	Description 15.)	>	(b) Book value
Complete if the organization answered "Yes" (a) [(1) (2) (3) (4) (5) (6) (7) (8) (9) Ital. (Column (b) must equal Form 990. Part X. col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) NET PENSION (3) (4) (5) (6)	Description	>	(b) Book value 946,57
Complete if the organization answered "Yes" (a) [(1) (2) (3) (4) (5) (6) (7) (8) (9) Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) NET PENSION (3) (4) (5) (6) (7) (8) (9)	15.) on Form 990, Part IV, line	>	(b) Book value
Complete if the organization answered "Yes" (a) [(1) (2) (3) (4) (5) (6) (7) (8) (9) Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) NET PENSION (3) (4) (5) (6) (7) (8)	25.)	11e or 11f See Form 990, Part X, line 25	(b) Book value 946,57

SCHEDULE E

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

Schools

► Complete if the organization answered "Yes" on Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48.

► Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

2019
Open to Public

Inspection

Name of the organization

GEM CITY CAREER PREP HIGH SCHOOL FKA LIFE SKILLS CENTER OF DAYTON

Employer identification number 20-1310722

Pa	rt I			
	<u> </u>		YES	NO
1	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws,			
	other governing instrument, or in a resolution of its governing body?	1	X	
2	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures,			
	catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	2	X	
3	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the			
	period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes			
	the policy known to all parts of the general community it serves? If "Yes," please describe. If "No," please explain	_	A	
	If you need more space, use Part II	3	X	
	A STATEMENT READING "ALL EDUCATIONAL PROGRAMS ARE AVAILABLE			
	WITHOUT REGARD TO RACE, COLOR, NATIONAL ORIGIN, SEX OR		ļ	
	DISABILITY" IS ALWAYS INCLUDED. THIS STATEMENT IS PUBLISHED			1
	IN THE PARENT/STUDENT HANDBOOK, BOARD POLICY BOOK AND ON THE			
	WEBSITE.			
4	Does the organization maintain the following?		<u></u>	
	Records indicating the racial composition of the student body, faculty, and administrative staff?	4a	Х	L
	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	4b		X
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student		١	
	admissions, programs, and scholarships?	4c	X	
d	Copies of all material used by the organization or on its behalf to solicit contributions?	4d	X	ļ .
	If you answered "No" to any of the above, please explain If you need more space, use Part II.	1		
	THE ORGANIZATION DOES NOT PROVIDE SCHOLARSHIPS OR FINANCIAL			
	ASSISTANCE.			
				1
5	Does the organization discriminate by race in any way with respect to			x
	Students' rights or privileges?	5a	-	X
	Admissions policies?	5b 5c		X
	Employment of faculty or administrative staff?			X
	Scholarships or other financial assistance?	5d 5e		X
	Educational policies?	5f		X
-	Use of facilities?	5g		X
_	Athletic programs?	5h		X
n	Other extracurricular activities? If you answered "Yes" to any of the above, please explain. If you need more space, use Part II	311		
	if you answered feet to any of the above, please explain it you need more space, use Farth			
			1	
			ļ	
6	Does the organization receive any financial aid or assistance from a governmental agency?	6a	х	**
	Has the organization's right to such aid ever been revoked or suspended?	6b		Х
D	If you answered "Yes" on either line 6a or line 6b, explain on Part II	J.	<u> </u>	T
7	Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of			
′	Rev Proc. 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," explain on Part II	7	X	"
	The Fred Co. 10	<u> </u>		

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

Schedule E (Form 990 or 990-EZ) 2019

GEM CITY CAREER PREP HIGH SCHOOL Schedule E (Form 990 or 990-EZ) 2019 FKA LIFE SKILLS CENTER OF DAYTON 20-1310722 Page 2 Part II | Supplemental Information. Provide the explanations required by Part I, lines 3, 4d, 5h, 6b, and 7, as applicable Also provide any other additional information LINE 6 - EXPLANATION OF GOVERNMENT FINANCIAL AID: THE SCHOOL CURRENTLY PARTICIPATES IN THE STATE FOUNDATION PROGRAM AND THE CAREER BASED INTERVENTION (CBI) PROGRAM. REVENUES RECEIVED FROM THESE PROGRAMS ARE RECOGNIZED AS OPERATING REVENUES IN THE ACCOUNTING PERIOD IN WHICH ALL ELIGIBILITY REQUIREMENTS HAVE BEEN MET. THE SCHOOL ALSO PARTICIPATES IN THE FEDERAL CHARTER SCHOOL PROGRAM THROUGH THE OHIO DEPARTMENT OF EDUCATION.

SCHEDULE 0

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

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

Open to Public

OMB No 1545-0047

Inspection

Name of the organization

GEM CITY CAREER PREP HIGH SCHOOL FKA LIFE SKILLS CENTER OF DAYTON Employer identification number 20-1310722

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
OF 16 AND 22. THE SCHOOL PROVIDES STUDENTS WITH A COMPREHENSIVE
EDUCATION, LIFE SKILLS, WORK TRAINING AND EMPLOYMENT
FORM 990, PART VI, SECTION A, LINE 3:
THE SCHOOL CONTRACTS WITH LS DAYTON, LLC FOR MOST OF ITS FUNCTIONS.
LS DAYTON, LLC IS RESPONSIBLE AND ACCOUNTABLE TO THE SCHOOL'S BOARD OF
DIRECTORS FOR THE ADMINISTRATION AND OPERATION OF THE SCHOOL. THE SCHOOL
IS REQUIRED TO PAY LS DAYTON, LLC A MONTHLY CONTINUING FEE OF 92.5
PERCENT ON THE FIRST 110 FTES AND 95 PERCENT ON 111 FTES AND ABOVE OF THE
SCHOOL'S "QUALIFIED GROSS REVENUES". LS DAYTON, LLC IS RESPONSIBLE FOR ALL
COSTS INCURRED IN PROVIDING THE EDUCATIONAL PROGRAM AT
THE SCHOOL. WHILE CONTROL OVER THE MANAGEMENT DUTIES OF THE SCHOOL HAS
BEEN DELEGATED TO LS DAYTON, LLC BY VIRTUE OF THE MANAGEMENT AGREEMENT,
THE GOVERNING AUTHORITY STILL HAS THE OVERALL RESPONSIBILITY TO OVERSEE THE
ACCOUNTING PROCEDURES.
FORM 990, PART VI, SECTION B, LINE 11B:
A COPY OF THE COMPLETED FORM 990 IS SENT TO THE BOARD PRESIDENT AND FISCAL
OFFICER TO BE REVIEWED AND SIGNED BEFORE FILING.
FORM 990, PART VI, SECTION B, LINE 12C:
THE GOVERNING AUTHORITY REVIEWS THE CONFLICT OF INTEREST POLICY ANNUALLY.
FORM 990, PART VI, SECTION C, LINE 19:
UPON WRITTEN OR VERBAL REQUEST, DOCUMENTS ARE MADE AVAILABLE TO THE PUBLIC.

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

2019.05094 GEM CITY CAREER PREP HIGH 90110001

Schedule O (Form 990 or 990-EZ) (2019)

16320511 150872 90110005

Schedule O (Form 990 or 990-EZ) (2019) Name of the organization GEM CITY CAREER PREP HIGH SCHOOL	Employer identification number
FKA LIFE SKILLS CENTER OF DAYTON	20-1310722
HOWEVER, FOR THE END OF THE YEAR UNAUDITED FINANCIALS, A P	UBLIC NOTICE IS
PLACED IN THE LOCAL PAPERS STATING THAT THE UNAUDITED FINA	NCIALS ARE
AVAILABLE FOR REVIEW.	
FORM 990, PART XII, LINE 2C:	
THE ORGANIZATION DOES HAVE A COMMITTEE THAT ASSUMES OVERSI	GHT
RESPONSIBILITY OF THE AUDIT, REVIEW OF ITS FINANCIAL STATE	
SELECTION OF AN INDEPENDENT ACCOUNTANT. THIS HAS NOT CHANG	SED SINCE THE
PRIOR YEAR.	
	32,1772

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