					Public Copy				
	_		EXTENDED TO MAY 16, 2022		OMB No. 1545-0047				
Form <b>990</b>			Return of Organization Exempt From Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code		2020				
FUI			Do not enter social security numbers on this form as it many security numbers on the security numbers on this form as it many security numbers on the security numbers on this form as it many security numbers on this form as it many security numbers on the security numbers on						
Depa	rtment	of the Treasury enue Service	<ul> <li>Go to www.irs.gov/Form990 for instructions and the la</li> </ul>		Open to Public Inspection				
				JUN 30, 2021					
B	heck if	C Name of	organization	D Employer identificat	ion number				
а	pplicab	le:	5						
	Addre chang		A HOME ASSOCIATION						
	Name	pe Doing bi	usiness as	36-1412810	)				
	Initial returr	Number	and street (or P.O. box if mail is not delivered to street address) Room/s						
	Final returr termii	ő-	WEST IRVING PARK ROAD	773-653-22					
	ated Amer	City or t	own, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	7,927,832.				
F	_returr _Appli _tion		AGO, IL 60641	H(a) Is this a group retur					
	_tion pend	F Name a ו <sup>ing</sup> כאאד	nd address of principal officer:DAVID ANDERSON AS C ABOVE	for subordinates?					
<u> </u>	-	empt status:		527 H(b) Are all subordinates inclue					
				527 If "No," attach a list H(c) Group exemption n					
				Year of formation: 1916 M S					
		Summary							
	1		e the organization's mission or most significant activities: STRENGTH	ENING FAMILIES	TO CARE				
nce		FOR CHI	LDREN AND CARING FOR CHILDREN WHEN FA	MILIES CANNOT.					
Activities & Governance	2	Check this bo	x 🕨 🛄 if the organization discontinued its operations or disposed of r	nore than 25% of its net asse	ts.				
0V6	3	Number of vot	ing members of the governing body (Part VI, line 1a)		12 11				
ي م	4	Number of ind	ependent voting members of the governing body (Part VI, line 1b)	oting members of the governing body (Part VI, line 1b)					
ies	5	Total number	137						
iviti	6			700					
Act			d business revenue from Part VIII, column (C), line 12		0.				
	b	Net unrelated	business taxable income from Form 990-T, Part I, line 11		0.				
		o		Prior Year 546,777.	Current Year 600,809.				
anı	8		and grants (Part VIII, line 1h)	5,882,142.	6,802,611.				
Revenue	9	0	ce revenue (Part VIII, line 2g) come (Part VIII, column (A), lines 3, 4, and 7d)	37,373.	30,269.				
Re			(Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	9,289.	0.				
			- add lines 8 through 11 (must equal Part VIII, column (A), line 12)	6,475,581.	7,433,689.				
			nilar amounts paid (Part IX, column (A), lines 1-3)	0.	0.				
			to or for members (Part IX, column (A), line 4)	0.	0.				
Ś		<b>.</b>		4,727,940.	5,301,569.				
nse	16a	Professional f	undraising fees (Part IX, column (A), line 11e)	0.	0.				
Expenses	b	Total fundrais	and raising fees (Part IX, column (A), line 11e) ng expenses (Part IX, column (D), line 25) $\sim$ 68,572.						
ш			es (Part IX, column (A), lines 11a-11d, 11f-24e)	1,511,772.	1,781,559.				
	18	Total expense	s. Add lines 13-17 (must equal Part IX, column (A), line 25)	6,239,712.	7,083,128.				
	19	Revenue less	expenses. Subtract line 18 from line 12	235,869.	350,561.				
Net Assets or Fund Balances				Beginning of Current Year	End of Year				
sset 3alaı	20	Total assets (F		4,008,582.	4,736,784.				
et A nd E	21		(Part X, line 26)	1,677,645.	2,068,361.				
	22		fund balances. Subtract line 21 from line 20	2,330,937.	2,668,423.				
	nrt II	U		tomonto and to the bast of marking	owledge and helief it :-				
			l declare that I have examined this return, including accompanying schedules and st Declaration of preparer (other than officer) is based on all information of which prep		iowieuge and bellel, it is				
<u>ue</u> ,	UIIE		שביומומוויוו זו אובאמובו (טווופו ווומוו טוווכבו) וא שמצבע טוו מוו ווווטווומנוטון טו אוווכון אומן	Jarei nas any knowleuge.					

Sign Here				Date								
	Type or print name and title											
	Print/Type preparer's name	Preparer's signature	Date	Check	PTIN							
Paid	ROBERT G. WUJEK	fobet & wight	02/04/2	self-employed	P01367472							
Preparer	Firm's name 🕨 SELDEN FOX, LTD.	v		Firm's EIN 🕨 36	-2985770							
Use Only	Firm's address 519 ENTERPRISE D	DRIVE										
	OAK BROOK, IL 60			Phone no. <b>6 3 0</b> –	954-1400							
May the IF	RS discuss this return with the preparer shown abo	ove? See instructions			X Yes No							
032001 12-2	032001 12-23-20 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form <b>990</b> (2020)											

	990 (2020) LYDIA HOME ASSOCIATION	36-1412810 <sub>F</sub>
Par	t 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: THE MISSION OF LYDIA HOME ASSOCIATION IS TO STRENGTHEN	
	CARE FOR CHILDREN AND TO CARE FOR CHILDREN WHEN FAMILY	
	MISSION IS ACCOMPLISHED THROUGH A DIVERSE RANGE OF PRO	
	TO MEET THE PHYSICAL, EMOTIONAL AND SPIRITUAL NEEDS OF	
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 🛽
	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 servic	es? Yes 🛽
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services	s, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to	others, the total expenses, and
	revenue, if any, for each program service reported.	
4a		evenue \$ 4,732,84
	RESIDENTIAL CHILD CARE - LYDIA'S RESIDENTIAL TREATMEN	
	A STRUCTURED, THERAPEUTIC ENVIRONMENT FOR 40 CHILDREN	
	WITH SERIOUS BEHAVIORAL ISSUES, MANY OF WHOM HAVE BEEN	
	ABUSE OR NEGLECT. THE AIM OF THE PROGRAM IS TO PROVID	
	TEACH CHILDREN THE PRACTICAL LIFE SKILLS THEY NEED TO	LIVE IN A HOME
	SETTING SUCCESSFULLY.	
	(Code: ) (Expenses \$ 1,192,950. including grants of \$ ) (R	evenue \$ 1,303,85
4b	(Code:) (Expenses \$, 192,950. including grants of \$) (R FOSTER CARE - LYDIA'S FOSTER CARE PROGRAM TEMPORARILY	
	OUTSIDE OF THEIR HOMES DUE TO ABUSE, NEGLECT, OR OTHER	
	THE GOAL OF THE PROGRAM IS TO PROTECT THE CHILDREN WIT	
	GOAL OF RETURNING THE CHILD HOME. WHEN THAT IS NOT PO	
	ARE TAKEN TO GET THE CHILDREN ADOPTED, OR PREPARED FOR	
	LIFE.	
4c		evenue \$ 654,13
	INTACT FAMILY SERVICES - LYDIA'S INTACT FAMILY SERVICE	
		ES PROGRAM WORKS
	TO ENSURE THE SAFETY AND WELL-BEING OF CHILDREN, WITH	ES P <mark>ROGRAM WORKS</mark> OUT THE NEED FOR
	REMOVAL AND OUT-OF-HOME PLACEMENT, BY PROVIDING FAMIL	ES P <mark>ROGRAM WORKS</mark> OUT THE NEED FOF IES WITH NEEDED
	REMOVAL AND OUT-OF-HOME PLACEMENT, BY PROVIDING FAMILIIN-HOME SERVICES, INCLUDING THOSE FOR CASE MANAGEMENT	ES PROGRAM WORKS OUT THE NEED FOP IES WITH NEEDED ; COUNSELING;
	REMOVAL AND OUT-OF-HOME PLACEMENT, BY PROVIDING FAMIL IN-HOME SERVICES, INCLUDING THOSE FOR CASE MANAGEMENT SUBSTANCE ABUSE; PHYSICAL, MENTAL, AND BEHAVIORAL HEAT	ES PROGRAM WORKS OUT THE NEED FOP IES WITH NEEDED ; COUNSELING;
	REMOVAL AND OUT-OF-HOME PLACEMENT, BY PROVIDING FAMILIIN-HOME SERVICES, INCLUDING THOSE FOR CASE MANAGEMENT	ES PROGRAM WORKS OUT THE NEED FOP IES WITH NEEDED ; COUNSELING;
	REMOVAL AND OUT-OF-HOME PLACEMENT, BY PROVIDING FAMIL IN-HOME SERVICES, INCLUDING THOSE FOR CASE MANAGEMENT SUBSTANCE ABUSE; PHYSICAL, MENTAL, AND BEHAVIORAL HEAT	ES PROGRAM WORKS OUT THE NEED FOP IES WITH NEEDED ; COUNSELING;
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	REMOVAL AND OUT-OF-HOME PLACEMENT, BY PROVIDING FAMIL IN-HOME SERVICES, INCLUDING THOSE FOR CASE MANAGEMENT SUBSTANCE ABUSE; PHYSICAL, MENTAL, AND BEHAVIORAL HEAT	ES PROGRAM WORKS OUT THE NEED FOP IES WITH NEEDED ; COUNSELING;
	REMOVAL AND OUT-OF-HOME PLACEMENT, BY PROVIDING FAMIL IN-HOME SERVICES, INCLUDING THOSE FOR CASE MANAGEMENT SUBSTANCE ABUSE; PHYSICAL, MENTAL, AND BEHAVIORAL HEA TRAINING.	ES PROGRAM WORKS OUT THE NEED FOP IES WITH NEEDED ; COUNSELING;
4d	REMOVAL AND OUT-OF-HOME PLACEMENT, BY PROVIDING FAMIL: IN-HOME SERVICES, INCLUDING THOSE FOR CASE MANAGEMENT SUBSTANCE ABUSE; PHYSICAL, MENTAL, AND BEHAVIORAL HEAM TRAINING.	ES PROGRAM WORKS DUT THE NEED FOR IES WITH NEEDED ; COUNSELING; TH; AND PARENT
	REMOVAL AND OUT-OF-HOME PLACEMENT, BY PROVIDING FAMIL:         IN-HOME SERVICES, INCLUDING THOSE FOR CASE MANAGEMENT         SUBSTANCE ABUSE; PHYSICAL, MENTAL, AND BEHAVIORAL HEAT         TRAINING.         Other program services (Describe on Schedule O.)         (Expenses \$ 289,124. including grants of \$ ) (Revenue \$	ES PROGRAM WORKS OUT THE NEED FOP IES WITH NEEDED ; COUNSELING;
	REMOVAL AND OUT-OF-HOME PLACEMENT, BY PROVIDING FAMIL: IN-HOME SERVICES, INCLUDING THOSE FOR CASE MANAGEMENT SUBSTANCE ABUSE; PHYSICAL, MENTAL, AND BEHAVIORAL HEAM TRAINING.	ES PROGRAM WORKS DUT THE NEED FOF IES WITH NEEDED ; COUNSELING; TH; AND PARENT 111,761.)
4e	REMOVAL AND OUT-OF-HOME PLACEMENT, BY PROVIDING FAMIL:         IN-HOME SERVICES, INCLUDING THOSE FOR CASE MANAGEMENT         SUBSTANCE ABUSE; PHYSICAL, MENTAL, AND BEHAVIORAL HEAT         TRAINING.         Other program services (Describe on Schedule O.)         (Expenses \$ 289,124. including grants of \$ ) (Revenue \$	ES PROGRAM WORKS DUT THE NEED FOR IES WITH NEEDED ; COUNSELING; TH; AND PARENT

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
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			v
-	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			v
-	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	-		x
0	the environment, historic land areas, or historic structures? <i>If</i> "Yes," <i>complete Schedule D, Part II</i>	7		- 23
8		8		x
9	Schedule D, Part III	0		
9	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		x
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, IX, or X			
••	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
с	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? 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 16? 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		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			v
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?		х	
40	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	A	x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If</i> "Yes," <i>complete Schedule E</i>	13 14a	Х	
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	23	<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			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? 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		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	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 1? If "Yes," complete Schedule I, Parts I and II	21		X
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Part IV Checklist of Required Schedules (continued)

41650-01

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? 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			37
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	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			
	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	05-		x
h.	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
a	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		x
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	250		- 23
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		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			<b>_</b>
	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	Х	
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			37
	contributions? If "Yes," complete Schedule M	30		X X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			x
22	Schedule N, Part II	32		
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	33		x
34	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		<u> </u>
	Part V, line 1	34	x	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? 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?			
	If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
Der	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			
10	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 9		Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 1b			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
v	(gambling) winnings to prize winners?	1c	х	
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Pa	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			age -						
			Yes	No						
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,									
	filed for the calendar year ending with or within the year covered by this return 2a 137									
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х							
	<b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)									
3a	a Did the organization have unrelated business gross income of \$1,000 or more during the year?									
	b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O									
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	3b								
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		x						
b	If "Yes," enter the name of the foreign country									
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).									
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X						
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X						
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c								
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit									
	any contributions that were not tax deductible as charitable contributions?	6a		x						
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts									
	were not tax deductible?	6b								
7	Organizations that may receive deductible contributions under section 170(c).									
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		х						
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b								
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required									
	to file Form 8282?	7c		x						
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d									
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f								
g										
h	<b>h</b> If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?									
8										
	sponsoring organization have excess business holdings at any time during the year?									
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								
10	Section 501(c)(7) organizations. Enter:									
а	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:									
а	Gross income from members or shareholders 11a									
b	Gross income from other sources (Do not net amounts due or paid to other sources against									
	amounts due or received from them.) 11b									
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a								
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b									
13	Section 501(c)(29) qualified nonprofit health insurance issuers.									
а	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.									
b	Enter the amount of reserves the organization is required to maintain by the states in which the									
	organization is licensed to issue qualified health plans 13b									
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		X						
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		<u> </u>						
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			Ι_						
	excess parachute payment(s) during the year?	15		X						
	If "Yes," see instructions and file Form 4720, Schedule N.									
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X						
	If "Yes," complete Form 4720, Schedule O.									

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Form 990 (2020)

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Form 990	) (2020)
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# LYDIA HOME ASSOCIATION

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

X

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

			12		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	12			
	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.		11			
	Enter the number of voting members included on line 1a, above, who are independent					
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh officer, director, trustee, or key employee?			2		x
3	Did the organization delegate control over management duties customarily performed by or under t	he direc	t supervision			
	of officers, directors, trustees, or key employees to a management company or other person?			3		X
4	Did the organization make any significant changes to its governing documents since the prior Form	990 wa	s filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's a	ssets?		5		X
6	Did the organization have members or stockholders?			6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or more members of the governing body?			7a		x
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,					
	persons other than the governing body?			7b		x
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the y					
а	The governing body?	-	-	8a	х	
b	Each committee with authority to act on behalf of the governing body?			8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re					
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		x
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal I					
			,		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10a		X
	If "Yes," did the organization have written policies and procedures governing the activities of such					
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b		
1a	Has the organization provided a complete copy of this Form 990 to all members of its governing bo			11a	X	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		e ning the ferrit.			
	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	x	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris			12b	x	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If			12.0		
C	in Schedule O how this was done			12c	x	
13	Did the organization have a written whistleblower policy?			13	X	
4	Did the organization have a written document retention and destruction policy?			14		x
				14		
15	Did the process for determining compensation of the following persons include a review and appro persons, comparability data, and contemporaneous substantiation of the deliberation and decision		dependent			
-				150	x	
	The organization's CEO, Executive Director, or top management official			15a	X	
Ø	Other officers or key employees of the organization			15b		
6-	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		ith a			
ioa	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange			16-		x
Ŀ-	taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evalu			16a		
D			•			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the org			401-		
	exempt status with respect to such arrangements?			16b		
	tion C. Disclosure					
7	List the states with which a copy of this Form 990 is required to be filed <b>IL</b>			<u> </u>		
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990,	and 990	-1 (Section 501(c)(3	)s only	/) avai	lable
	for public inspection. Indicate how you made these available. Check all that apply.	n on Scl	nedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents,	conflict o	of interest policy, an	d fina	ncial	
	statements available to the public during the tax year.					
20	State the name, address, and telephone number of the person who possesses the organization's b	ooks an	d records 🕨			
	JEFF ISOLA - 773-653-2200		·			
	4839 W. IRVING PARK ROAD, CHICAGO, IL 60641					
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	7					, ·=•
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Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensate	d
	Employees, and Independent Contractors	

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
 List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.

Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A)	(B)			(0	C)		loui	(D)	(E)	(F)
Name and title	Average		Position (do not check more th box, unless person is officer and a director/			than		Reportable	Reportable	Estimated
	hours per week							compensation from	compensation from related	amount of other
	(list any	ector						the	organizations	compensation
	hours for	Individual trustee or director	ee			ated		organization	(W-2/1099-MISC)	from the
	related organizations	rustee	Institutional trustee		ee	Highest compensated employee		(W-2/1099-MISC)		organization and related
	below	dual ti	utiona		Key employee	est cor	5			organizations
	line)	Indivi	Institu	Officer	Key e	Highe emplo	Former			U
(1) DAVID ANDERSON	30.00									
PRESIDENT & EXECUTIVE DIRECTOR	30.00	Х		Х				111,575.	0.	0.
(2) JOHN PHILLIPS	1.00									
CHAIRMAN	1.00	Х		Х				0.	0.	0.
(3) DOROTHY CHAO	1.00									
SECRETARY	1.00	Х		х				0.	0.	0.
(4) LAWRENCE BOYSEN	1.00								0	•
TREASURER	1.00	X		X				0.	0.	0.
(5) JIM ALEXANDER	1.00							0	0	0
DIRECTOR	1.00	X						0.	0.	0.
(6) SCOTT ENGLE	1.00							0.	0	0
DIRECTOR	1.00	X						0.	0.	0.
(7) ALMA LABUNSKI	1.00	x						0.	0.	0.
DIRECTOR (8) DON LARSON	1.00	^						0.	0.	0.
DIRECTOR	1.00	x						0.	0.	0.
(9) J. COREY LEWIS	1.00							0.	•	
DIRECTOR	1.00	x						0.	0.	0.
(10) BILL MATTSON	1.00									
DIRECTOR	1.00	x						0.	0.	0.
(11) SCOTT PRICE	1.00									
DIRECTOR	1.00	x						0.	0.	0.
(12) RICK THOMPSON	1.00									
DIRECTOR	1.00	X						0.	0.	0.
		1								
				<u> </u>						
		4								
		{								
		I								Form <b>990</b> (2020)
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Part VII Section A. Officers, Directors, Trust (A) Name and title		tees, Key Em (B) Average hours per week	B) erage rs per box, un				l than is bot	one h an	Compensated Employe (D) Reportable compensation from	(E) Reportable compensation from related		(F) Estimated amount of other		
		(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MIS	6	com fr org an	pensa rom the anizati d relate anizatio	e ion ed
	Subtotal Total from continuation sheets to Part VI								111,575.		0.			0.
	Total (add lines 1b and 1c)								111,575.	000 of reportable	0.			0.
	compensation from the organization		1030	11310			5) 101				6		Yes	1 No
3	Did the organization list any <b>former</b> officer, line 1a? <i>If</i> "Yes," <i>complete Schedule J for s</i>			-	•	-			ghest compensated emp	2		3		X
4 5	For any individual listed on line 1a, is the su and related organizations greater than \$150 Did any person listed on line 1a receive or a	0,000? If "Yes,	" CO	mple	ete S	Sche	edule	ə J f	for such individual			4		X
	rendered to the organization? <i>If "Yes," com</i> tion B. Independent Contractors					-			<b>v</b>			5		Х
1	Complete this table for your five highest co the organization. Report compensation for	-	-								pens	ation	from	
	(A) Name and business			ONI					(B) Description of s		C	<b>))</b> compe	<b>C)</b> nsatio	n
								_						
2	Total number of independent contractors (i \$100,000 of compensation from the organi	-	ot lii	nite	d to	tho:	se lis )	stec	d above) who received n	nore than				
	,											Form	<b>990</b> (2	2020)

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1 4			Check if Schedule O			oonse	or note to anv li	ne in this Part VIII			
					1		<b>y</b>	(A) Total revenue	Related or exempt	<b>(C)</b> Unrelated business revenue	Revenue excluded
ts ts	1	а	Federated campaigns		1a		250.				
Contributions, Gifts, Grants and Other Similar Amounts			Membership dues					-			
Ϋ́G			Fundraising events		·····			-			
ar /			Related organizations		·····			-			
s, G			Government grants (contr		·····			-			
ion Si			All other contributions, gifts,		· ·			-			
put		·	similar amounts not included				600,559.				
Ē		a	Noncash contributions included in					-			
anc		9 h	Total. Add lines 1a-1f					600,809.			
							Business Code	,			
e	2	а	RESIDENTIAL C	HI	LD CA	RE		4.732.841.	4,732,841.		
Program Service Revenue	2	b	FOSTER CARE				624100	1.303.874	1,303,874.		
Ser		c	INTACT FAMILY	S	ERVIC	ES	624100	654,135			
E e		-	COUNSELING CE				900099	84,253			
Bas			DAY CARE				624410	24,353	24,353.		
Pro			All other program service	rever				3,155.			
		'n	Total. Add lines 2a-2f		iuc		•	6,802,611.			
	3		Investment income (includ				· · · · ·				
	·		other similar amounts)	-				30,136.			30,136
	4		Income from investment of								
	5		Royalties		-	-					
	Ŭ				(i) Re	al	(ii) Personal				
	6	а	Gross rents	6a	()			-			
	Ŭ		Less: rental expenses	6b				-			
			Rental income or (loss)	6c				-			
			Net rental income or (loss)				<b>&gt;</b>				
	7		Gross amount from sales of		(i) Secu		(ii) Other				
	•		assets other than inventory	72	493,4		800.	-			
		h	Less: cost or other basis	<u> </u>				-			
e		Ň	and sales expenses	76	494,1	43.	0.				
er Revenue		c	Gain or (loss)			67.	800.				
Rev		d	Net gain or (loss)					133.	,		133
er	8		Gross income from fundraisi								
oth	Ŭ		including \$	.90.0	of						
-			contributions reported on	line -							
			Part IV, line 18		,	8a					
		h	Less: direct expenses					-			
			Net income or (loss) from				•				
	9		Gross income from gamin		-						
	-	•	Part IV, line 19								
		b	Less: direct expenses					-			
			Net income or (loss) from								
	10		Gross sales of inventory, I	-	-						
		•	and allowances			10a					
		b	Less: cost of goods sold					-			
			Net income or (loss) from								
		-		54100	51		Business Code				
Miscellaneous Revenue	11	а									
nue	••	b							1		
ella svei		c							1		
lsc B			All other revenue						1		
Σ			Total. Add lines 11a-11d				•				
	12		Total revenue. See instruction					7,433,689.	6,802,611.	0.	30,269
03200							F				Form <b>990</b> (2020

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Form 990 (2020) LYDIA HOME ASSOCIATION
Part VIII Statement of Revenue

### LYDIA HOME ASSOCIATION

	990 (2020) LYDIA HOME			36-14	12810 Page <b>1</b>
	TIX Statement of Functional Expens		or ereenizations must a	malata aaluma (A)	
ecti	on 501(c)(3) and 501(c)(4) organizations must com		-		
<u></u>	Check if Schedule O contains a respon	ise or note to any line in (A)	(B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	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				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
ł	Benefits paid to or for members				
5	Compensation of current officers, directors,		11 005	0.4. 0.0 C	1 - 0
	trustees, and key employees	53,855.	11,907.	24,086.	17,862
5	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	4 222 504	2 004 140		10 (7)
	Other salaries and wages	4,323,584.	3,904,148.	400,766.	18,670
3	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	607,065.	512,938.	88,577.	5,550
)	Other employee benefits	317,065.	287,705.	27,488.	1,872
)	Payroll taxes	517,005.	201,105.	27,400.	1,0/2
	Fees for services (nonemployees):				
	Management				
		28,620.		28,620.	
	Accounting	20,020.		20,020.	
	Lobbying Professional fundraising services. See Part IV, line 17				
	Investment management fees	3,666.		3,666.	
f	Other. (If line 11g amount exceeds 10% of line 25,	5,000.		5,000.	
y	column (A) amount, list line 11g expenses on Sch 0.)	172,457.	107,836.	55,330.	9,291
2	Advertising and promotion	1/2/10/1	10770301		57252
-	Office expenses	152,984.	93,163.	57,644.	2,177
•	Information technology	36,864.	15,231.	17,885.	3,748
;	Royalties				• • • •
, ;	Occupancy	256,497.	227,660.	27,621.	1,216
,	Travel	140,939.	139,359.	1,421.	159
3	Payments of travel or entertainment expenses	- ,	- ,	,	
	for any federal, state, or local public officials				
)	Conferences, conventions, and meetings	10,853.	7,661.	2,492.	700
)	Interest	100.		100.	
	Payments to affiliates				
2	Depreciation, depletion, and amortization	99,130.	94,367.	4,763.	
;	Insurance	109,886.	8,611.	101,275.	
ļ	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.)				
а	FOSTER CARE PAYMENTS	415,190.	415,190.		
	MEALS	120,709.	120,709.		
с	THERAPY	75,161.	75,161.		
d	RECREATION/EDUCATION	9,797.	9,797.		
е	All other expenses	148,706.	111,988.	29,391.	7,327
-	Total functional expanses Add lines 1 through 24a	7 083 128	6 1/3 /31	871 125	68 572

reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here \_\_\_\_\_ if following SOP 98-2 (ASC 958-720)

Total functional expenses. Add lines 1 through 24e

Joint costs. Complete this line only if the organization

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25 26

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7,083,128.

6,143,431.

871,125.

Form **990** (2020)

68,572.

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LYDIA HOME ASSOCIATION Part X Balance Sheet

			ha ha -:	, line in this D-st M			
		Check if Schedule O contains a response or no	te to any	y line in this Part X	(A)		(B)
					(A) Beginning of year		( <b>D</b> ) End of year
	1	Cash - non-interest-bearing			1,751,384.	1	1,996,560.
	2	Savings and temporary cash investments		2	_,,		
	3	Pledges and grants receivable, net		3			
	4	Accounts receivable, net			553,451.	4	889,469.
	5	Loans and other receivables from any current o	r former	officer, director.		•	
		trustee, key employee, creator or founder, subs					
		controlled entity or family member of any of the			5		
	6	Loans and other receivables from other disqual					
		under section 4958(f)(1)), and persons describe				6	
ŝ	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
Ä	9	Prepaid expenses and deferred charges			158,494.	9	127,398.
	10a	Land, buildings, and equipment: cost or other	1 1				
		basis. Complete Part VI of Schedule D	10a	3,753,681. 2,756,183.			
	b		10b	2,756,183.	828,606.	10c	997,498.
	11	Investments - publicly traded securities			716,647.	11	725,859.
	12	Investments - other securities. See Part IV, line				12	
	13	Investments - program-related. See Part IV, line				13	
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11		15			
	16	Total assets. Add lines 1 through 15 (must equ			4,008,582.	16	4,736,784.
	17	Accounts payable and accrued expenses	698,619.	17	978,106.		
	18	Grants payable		18			
	19	Deferred revenue			123,906.	19	239,190.
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete	Part IV o	of Schedule D		21	
es	22	Loans and other payables to any current or form	ner offic	er, director,			
il iti		trustee, key employee, creator or founder, subs	tantial c	ontributor, or 35%			
Liabilities		controlled entity or family member of any of the				22	
-	23	Secured mortgages and notes payable to unrel	4,175.	23	120.		
	24	Unsecured notes and loans payable to unrelate	d third p	parties	850,945.	24	850,945.
	25	Other liabilities (including federal income tax, pa					
		parties, and other liabilities not included on lines	s 17-24).	. Complete Part X			
		of Schedule D	1 (77 (45	25			
	26				1,677,645.	26	2,068,361.
ş		Organizations that follow FASB ASC 958, che	eck here				
лс.		and complete lines 27, 28, 32, and 33.			2 1 2 1 2 6 9		2 522 007
ala	27			······ -	2,121,368. 209,569.	27	2,522,997. 145,426.
ЧB	28	Net assets with donor restrictions			209,509.	28	145,420.
n		Organizations that do not follow FASB ASC 9	958, che	eck here 🕨 🛄			
Net Assets or Fund Balances		and complete lines 29 through 33.				00	
ets	29	Capital stock or trust principal, or current funds				29	
Ass	30	Paid-in or capital surplus, or land, building, or ed				30	
let /	31	Retained earnings, endowment, accumulated in			2,330,937.	31 32	2,668,423.
Z	32 33	Total net assets or fund balances			4,008,582.	32 33	4,736,784.
	00				2,000,002.	00	Eorm <b>990</b> (2020)

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Part XI       Reconciliation of Net Assets         Check If Schedule O contains a response or note to any line in this Part XI         1       Total revenue (must equal Part VIII, column (A), line 25)         2       Total expenses (must equal Part X), column (A), line 25)         2       Total expenses (must equal Part X), column (A), line 25)         2       Total expenses (must equal Part X), column (A), line 25)         2       Total expenses (must equal Part X), line 32, column (A))         4       2, 330, 937.         5       Hot unselized gains (losses) on investments         6       Donated services and use of facilities         7       Investment expenses         8       This prior period adjustments         9       Other changes in net assets or fund balances (explain on Schedule 0)         10       X assets or fund balances (explain on Schedule 0)         10       X, for a sets or fund balances (explain on Schedule 0)         10       X, for a sets or fund balances (explain on Schedule 0)         11       Accounting method used to prepare the Form 990:       Cash         11       Accounting method used to prepare the Form 990:       Cash         12       Accounting from a prior year or checked "Other," explain in Schedule 0.         13       Accounting method used to prepare the form 990:		990 (2020) LYDIA HOME ASSOCIATION	36-14	12810	Pag	ge <b>12</b>
1       Total revenue (must equal Part VIII, column (A), line 12)       1       7, 433, 689.         2       Total expenses (must equal Part IX, column (A), line 25)       2       7, 083, 1286.         3       Revenue less expenses. Subtract line 2 from line 1       3       350, 561.         4       Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))       4       2, 330, 937.         5       Net unrealized gains (losses) on investments       6       7         6       7       Investment expenses       7         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       2, 668, 423.         Part XII       Financial Statements and Reporting       X       X       X         Check if Schedule O contains a response or note to any line in this Part XII       X       X       X         1       Accounting method used to prepare the Form 990:       Cash       X Accrual       Other       2         1       Accounting method used to prepare the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:	Pa	rt XI Reconciliation of Net Assets				
2       Total expenses (must equal Part IX, column (A), line 25)       2       7,083,128.         3       Revenue less expenses. Subtract line 2 from line 1       3       350,561.         4       Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))       4       2,330,937.         5       Total expenses       5       -113,075.         6       7       -10       -13,075.         7       8       -10       -10         8       -0       -10       -10         9       0.       -10       -10         10       2,668,423.       -       -         9       0.       -       -         10       2,668,423.       -       -         9       0.       -       -       -         11       Accounting method used to prepare the Form 990:       Cash       X       Accounting from a prior year or checked "Other," explain in Schedule 0.         11       Accounting method used to prepare the Form 990:       Cash       X       Accounting '       2a       X         11       Accounting method used to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis       Cohonolidated and separate basis       Consolidated basis<		Check if Schedule O contains a response or note to any line in this Part XI				
2       Total expenses (must equal Part IX, column (A), line 25)       2       7,083,128.         3       Revenue less expenses. Subtract line 2 from line 1       3       350,561.         4       Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))       4       2,330,937.         5       Total expenses       5       -113,075.         6       7       -10       -13,075.         7       8       -10       -10         8       -0       -10       -10         9       0.       -10       -10         10       2,668,423.       -       -         9       0.       -       -         10       2,668,423.       -       -         9       0.       -       -       -         11       Accounting method used to prepare the Form 990:       Cash       X       Accounting from a prior year or checked "Other," explain in Schedule 0.         11       Accounting method used to prepare the Form 990:       Cash       X       Accounting '       2a       X         11       Accounting method used to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis       Cohonolidated and separate basis       Consolidated basis<					_	
3       Revenue less expenses. Subtract line 2 from line 1       3       350,7561.         4       Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))       4       2,330,937.         5       Net unrealized gains (losses) on investments       5       -13,075.         6       6       7         7       8       Prior period adjustments       6         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       2,668,423.         Part XII Financial Statements and Reporting       X       X       X         Check if Schedule O contains a response or note to any line in this Part XII       X       X         1       Accounting method used to prepare the Form 990:       Cash       X Accrual       Other         11       Accounting method used to prepare the Form 990:       Cash       X Accrual       Other       2a       X         11       Accounting method used to prepare the Form 990:       Cash       X Accrual       Other       2a       X         11       Accounting method used to prepare the form 990:       Cash       X Accrual       Other       2a       X<	1		1			
4       Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))       4       2,330,937.         5       Net unrealized gains (losses) on investments       5       -13,075.         6       5       -13,075.         7       8       6         7       8       6         9       0.       6         9       0.       9       0.         10       2,668,423.       8         9       0.       10       2,668,423.         Part XII       Financial Statements and Reporting       X         Check if Schedule O contains a response or note to any line in this Part XII       X         1       Accounting method used to prepare the Form 990:       Cash       X Accrual       Other         If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.       2a       X         1       Accounting method used to prepare the Form 990:       Cash       X Accrual       Other       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, consolidated basis, or both:       Separate basis </th <th>2</th> <th>Total expenses (must equal Part IX, column (A), line 25)</th> <th>2</th> <th></th> <th></th> <th></th>	2	Total expenses (must equal Part IX, column (A), line 25)	2			
5       Net unrealized gains (losses) on investments       5       -13,075.         6       0       6       7         7       8       8       9         9       0.       8       9         9       0.       9       0.         10       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       2,668,423.         Part XII Financial Statements and Reporting         Check if Schedule O contains a response or note to any line in this Part XII       X         1       Accounting method used to prepare the Form 990:       Cash       X Accrual       Other         If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.       2a       X         1       Accounting method used to prepare the Form 990:       Cash       X Accrual       Other         If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.       2a       X         1       Accounting method used to prepare the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:       Separate basis       Consolidated basis       A <tr< th=""><th>3</th><th>Revenue less expenses. Subtract line 2 from line 1</th><th>3</th><th></th><th></th><th></th></tr<>	3	Revenue less expenses. Subtract line 2 from line 1	3			
6       Donated services and use of facilities       6       7         7       Investment expenses       7       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       2,668,423.         Part XII       Financial Statements and Reporting       X       10       2,668,423.         Check if Schedule O contains a response or note to any line in this Part XII       X       X         1       Accounting method used to prepare the Form 990:       Cash       X Accrual       Other         If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.       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:       2a       X         Separate basis       Consolidated basis       Both consolidated and separate basis, consolidated basis, or both:       2b       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis       Both consolidated and separate basis, consolidated basis, or both:       2b       X         Separate basis       X       Consolida	4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4			
7 Investment expenses 7   8 Prior period adjustments 8   9 Other changes in net assets or fund balances (explain on Schedule O) 9   10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10   2 , 668, 423.   Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII Check if Schedule O contains a response or note to any line in this Part XII Check if Schedule O contains a response or note to any line in this Part XII Cash X Accrual Other If the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, or both: Separate basis Separate basis Consolidated basis Consolidated basis Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: Separate basis Separate basis Consolidated basis Both consolidated and separate basis Consolidated basis Consolidated basis Both consolidated and separate basis Consolidated basis Consolidated basis Both consolidated and separate basis Consolidated basis Consolidated basis Consolidated basis Both consolidated and separate basis Consolidated basis Consolidated basis Consolidated basis Both consolidated and separate basis Consolidated basis, or both: Separate basis Consolidated basis<	5	Net unrealized gains (losses) on investments	5	-13	3,0	75.
8 Prior period adjustments   9 Other changes in net assets or fund balances (explain on Schedule O)   10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))   Part XII Financial Statements and Reporting   Check if Schedule O contains a response or note to any line in this Part XII   1 Accounting method used to prepare the Form 990:   2 Cash   X Accounting method used to prepare the Form 990:   Check if Schedule O contains a response or note to any line in this Part XII   Yes No   1 Accounting method used to prepare the Form 990:   Cash X   Accounting instancial statements compiled or reviewed by an independent accountant?   If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:   Separate basis Consolidated basis   Both consolidated and separate basis   b Were the organization's financial statements audited by an independent accountant?   If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:   Separate basis Consolidated basis   Both consolidated and separate basis   consolidated basis   Both consolidated and separate basis   consolidated basis   Both consolidated and separate basis   consolidated basis   Both consolidated and separate basis   consolidated basis <td< th=""><th>6</th><th>Donated services and use of facilities</th><th>6</th><th></th><th></th><th></th></td<>	6	Donated services and use of facilities	6			
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       2,668,423.         Part XII       Financial Statements and Reporting       X       X       X         Check if Schedule O contains a response or note to any line in this Part XII       X       X         1       Accounting method used to prepare the Form 990:       Cash       X Accrual       Other       Yes       No         1       Accounting method used to prepare the Form 990:       Cash       X Accrual       Other       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       2b       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:       2b       X       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:       2b       X       X         If "Yes," to line 2a or 2b, does the organization ha	7	Investment expenses	7			
10       Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))       10       2,668,423.         Part XII       Financial Statements and Reporting       X       X         Check if Schedule O contains a response or note to any line in this Part XII       X       X         1       Accounting method used to prepare the Form 990:       Cash       X Accrual       Other         If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.       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:       2b       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:       2b       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:       2b       X         If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?       2c       X         If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.       3a       X         If "Yes," do the organization undergo the r	8		8			
column (B)       10       2,668,423.         Part XII       Financial Statements and Reporting       X         Check if Schedule O contains a response or note to any line in this Part XII       X         1       Accounting method used to prepare the Form 990:       Cash       X       Accrual       Other         If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.       2a       X         2a       X       X       Za       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:       2b       X         Separate basis       Consolidated basis       Both consolidated and separate basis       2b       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:       2b       X       Image: Consolidated basis       2b       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:       2b       X       Image: Consolidated basis       2c       X       Image: Consolidated b	9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
Part XII       Financial Statements and Reporting         Check if Schedule O contains a response or note to any line in this Part XII       X         1       Accounting method used to prepare the Form 990:       Cash       X       Accrual       Other         If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.       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:       2a       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis       Both consolidated and separate basis       2b       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:       2b       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:       2b       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:       2b       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:       2b       X         If "Yes," the che a basis       Imancial statements audited basis <t< th=""><th>10</th><th>Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,</th><th></th><th></th><th></th><th></th></t<>	10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
Check if Schedule O contains a response or note to any line in this Part XII   1   1   Accounting method used to prepare the Form 990:   Cash   X   Accounting method used to prepare the Form 990:   Cash   X   Accounting method used to prepare the Form 990:   Cash   X   Accounting method used to prepare the Form 990:   Cash   X   Accounting method used to prepare the Form 990:   Cash   X   Accounting method used to prepare the Form 990:   Cash   X   Accounting method used to prepare the Form 990:   Cash   X   Accounting method used to prepare the Form 990:   Cash   X   Accounting method used to prepare the Form 990:   Cash   X   Accounting method used to prepare the Form 990:   Cash   X   Accounting method used to prepare the Form 990:   Cash   X   Accounting method used to prepare the form 100 or eviewed on a separate basis   Separate basis   Consolidated basis   D   Both consolidated and separate basis   b   Were the organization is inancial statements and selection of an independent accountant?   If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection process during the tax year, explain on Schedule O. </th <th></th> <th></th> <th>10</th> <th>2,668</th> <th>3,4</th> <th>23.</th>			10	2,668	3,4	23.
Yes       No         1       Accounting method used to prepare the Form 990:       Cash       X Accrual       Other	Pa	rt XII Financial Statements and Reporting				
1       Accounting method used to prepare the Form 990:       Cash       X       Accrual       Other       Image: Construct to the presence of the presen		Check if Schedule O contains a response or note to any line in this Part XII				X
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.   2a   Were the organization's financial statements compiled or reviewed by an independent accountant?   If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:   Separate basis   Separate basis   Consolidated basis   Both consolidated basis   Both consolidated basis, or both:   Separate basis   Consolidated basis   Both consolidated basis   Both consolidated basis, or both:   Separate basis, consolidated basis   Both consolidated basis, or both:   Separate basis, or both:   Separate basis, or both:   Separate basis   Consolidated basis   Both consolidated and separate basis   consolidated basis, or both:   Separate basis   Consolidated basis   Both consolidated and separate basis   Consolidated basis   Separate basis   Consolidated basis   Both consolidated and separate basis   Consolidated basis   Both consolidated and separate basis   Consolidated basis   Separate basis   Consolidated basis   Both consolidated and se					Yes	No
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:       2b       X         Separate basis       Consolidated basis       Both consolidated and separate basis       2b       X         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 basis, consolidated basis, or both:       2b       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:       2b       X         If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?       2c       X         If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.       2a       X         3a       As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?       3a       X         b       If "Yes," did the organization undergo the required audit or audits? If the organization di	1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
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:       Image: Consolidated basis		If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	О.			
separate basis, consolidated basis, or both:   Separate basis   Were the organization's financial statements audited by an independent accountant?   If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis   Separate basis   X   If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:   Separate basis   Separate basis   X   Consolidated basis   Both consolidated and separate basis   c   If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?   If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.   3a   3a   X   b   If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit	2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х
<ul> <li>Separate basis</li> <li>Consolidated basis</li> <li>Both consolidated and separate basis</li> <li>Were the organization's financial statements audited by an independent accountant?</li> <li>If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:</li> <li>Separate basis</li> <li>Consolidated basis</li> <li>Both consolidated and separate basis</li> <li>Consolidated basis</li> <li>Both consolidated and separate basis</li> <li>Consolidated basis</li> <li>Consolidated basis</li> <li>Both consolidated and separate basis</li> <li>Consolidated basis</li> <li>Consolidated basis</li> <li>Both consolidated and separate basis</li> <li>Consolidated basis</li> <li>Consolidated basis</li> <li>Both consolidated and separate basis</li> <li>Consolidated basis</li> <li>Consolidated basis</li> <li>Both consolidated and separate basis</li> <li>Consolidated basis</li> <li>Consolidated basis</li> <li>Both consolidated and separate basis</li> <li>Consolidated basis</li> <li>Consolidated basis</li> <li>Both consolidated and separate basis</li> <li>Consolidated basis</li> <li>Consolidated basis</li> <li>Both consolidated and separate basis</li> <li>Consolidated basis</li> <li>Consolidated basis</li> <li>Both consolidated and separate basis</li> <li>Consolidated basis</li> <li>Consolidated basis</li> <li>Both consolidated and separate basis</li> <li>Consolidated basis</li> <li>Consolidated basis</li> <li>Both consolidated and separate basis</li> <li>Consolidated basis</li> <li>Consolidated</li></ul>		If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewer	d on a			
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 basis, consolidated basis, or both:       2b       X         Separate basis       X       Consolidated basis       Both consolidated and separate basis       If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?       2c       X         If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.       Image: Consolidate audit or audits as set forth in the Single Audit Act and OMB Circular A-133?       X         b       If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit       Image: Consolidate audit       Image: Consolidate audit       X		separate basis, consolidated basis, or both:				
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:       If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:       If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:       If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis       If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:       If "Yes," check a box below to indicate whether the financial statements for the year were audited and separate basis       If "Yes," check a box below to indicate whether the financial statements for the year were audited and separate basis       If "Yes," check a box below to indicate whether the financial statements and separate basis       If "Yes," audit, the organization of its financial statements and selection of an independent accountant?       If "Yes," audit or audit, the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?       If the organization undergo the required audit or audits? If the organization did not undergo the required audit       If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit       If "Yes,"		Separate basis Consolidated basis Both consolidated and separate basis				
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c       If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?       2c       X         If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.       2c       X         3a       As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?       3a       X         b       If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit       Image: Committee the organization of the required audit       Image: Committee the organization of the tax year of the tax year of the tax year of tax year						
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3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit       3a       X         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 audit       X		review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
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 audit       Image: Control of the organization of the required audit		If the organization changed either its oversight process or selection process during the tax year, explain on Sc	nedule O.			
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit	3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit			
		Act and OMB Circular A-133?		3a		Х
or audits, explain why on Schedule O and describe any steps taken to undergo such audits	b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit			
- 000 (		or audits, explain why on Schedule O and describe any steps taken to undergo such audits				

032012 12-23-20

**SCHEDULE A** 

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

# Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047
2020
Open to Public Inspection

Name of the o	organization
---------------	--------------

Employer identification number

	LADT	A HOME ASS	OCIATION				3	6-1412810
Part I	Reason for Public	Charity Status.	All organizations must c	omplete ti	his part.) S	ee instruction	s.	
The orga	nization is not a private found	lation because it is: (	For lines 1 through 12, c	heck only	one box.)			
1 🗌	A church, convention of ch	urches, or associatio	on of churches described	d in <b>sectio</b>	on 170(b)( <sup>-</sup>	1)(A)(i).		
2	A school described in sect	ion 170(b)(1)(A)(ii).	Attach Schedule E (Forn	n 990 or 9	90-EZ).)			
3	A hospital or a cooperative	hospital service orga	anization described in <b>s</b> e	ection 170	)(b)(1)(A)(i	ii).		
4	A medical research organiz	ation operated in co	njunction with a hospital	l described	d in sectio	n 170(b)(1)(A)	(iii). Enter	the hospital's name,
	city, and state:							
5	An organization operated for	or the benefit of a co	llege or university owned	d or opera	ted by a g	overnmental u	nit descrik	oed in
	section 170(b)(1)(A)(iv). (C							
6	A federal, state, or local go	vernment or governn	nental unit described in :	section 17	70(b)(1)(A)	(v).		
7	An organization that norma						ne general	public described in
	section 170(b)(1)(A)(vi). (C	•		U			0	
8	A community trust describe		(1)(A)(vi). (Complete Par	t II.)				
9	An agricultural research org				ed in conju	nction with a	land-grant	college
	or university or a non-land-							
	university:		,		· ·		0	
10 X		Illy receives (1) more	than 33 1/3% of its sup	port from	contributio	ons, membersh	hip fees, ar	nd gross receipts from
	activities related to its exen							
	income and unrelated busir							
	See section 509(a)(2). (Cor	mplete Part III.)				-	-	
11 🗌	An organization organized a	and operated exclus	ively to test for public sa	fety. See	section 50	09(a)(4).		
12	An organization organized a	and operated exclus	ively for the benefit of, to	perform	the functio	ons of, or to ca	Irry out the	e purposes of one or
	more publicly supported or	ganizations describe	ed in <b>section 509(a)(1)</b> o	r section	509(a)(2).	See section 5	<b>09(a)(3).</b> C	Check the box in
	lines 12a through 12d that	describes the type o	of supporting organizatio	n and con	nplete lines	s 12e, 12f, and	l 12g.	
a	<b>Type I.</b> A supporting orga	anization operated, s	upervised, or controlled	by its sup	ported org	ganization(s), t	ypically by	' giving
	the supported organization	on(s) the power to re	gularly appoint or elect a	a majority	of the dire	ctors or truste	es of the s	supporting
_	organization. You must o	complete Part IV, Se	ections A and B.					
b 🗌	<b>Type II.</b> A supporting org	anization supervised	l or controlled in connec	tion with it	ts support	ed organizatio	n(s), by ha	ving
	control or management o	of the supporting orga	anization vested in the s	ame perso	ons that co	ontrol or mana	ge the sup	ported
_	organization(s). You mus							
c 🗆	Type III functionally interpretent of the second						ly integrate	ed with,
	its supported organizatio							
d 🗆	Type III non-functionally							
	that is not functionally int						l an attent	iveness
_	requirement (see instruct							
e 🗆	Check this box if the orga					а Туре I, Туре	II, Type III	
	functionally integrated, or		, , ,	0 0				
	er the number of supported o							
	vide the following information (i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga	inization listed	(v) Amount of	monetary	(vi) Amount of other
	organization	(,	(described on lines 1-10	in your governi Yes	ing document? No	support (see in	-	support (see instructions)
			above (see instructions))	100				
Total								
LHA For	Paperwork Reduction Act N	lotice, see the Instr	uctions for Form 990 o	r 990-EZ.	032021 01-	25-21 Sched	ule A (For	m 990 or 990-EZ) 2020

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

000	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						
	tion B. Total Support			•		•	
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities,	etc. (see instructi	ons)	•		12	
13	First 5 years. If the Form 990 is for th	e organization's fi				501(c)(3)	
	organization, check this box and stop	here			-		
Sec	ction C. Computation of Publ	ic Support Pe	rcentage				
14	Public support percentage for 2020 (I	ine 6, column (f), d	livided by line 11,	column (f))		14	%
15	Public support percentage from 2019	Schedule A, Part	II, line 14			15	%
16a	33 1/3% support test - 2020. If the c	organization did no	ot check the box o	n line 13, and line	14 is 33 1/3% or r	nore, check this bo	ox and
	$\ensuremath{ \text{stop} here.}$ The organization qualifies	as a publicly supp	orted organization	۱ <u></u>			▶∟
b	33 1/3% support test - 2019. If the c	organization did no	ot check a box on	line 13 or 16a, and	d line 15 is 33 1/3%	6 or more, check t	his box
	and stop here. The organization qual		• •				
17a	10% -facts-and-circumstances test	<b>t - 2020.</b> If the org	anization did not	check a box on lin	e 13, 16a, or 16b,	and line 14 is 10%	or more,
	and if the organization meets the fact	s-and-circumstand	es test, check thi	s box and <b>stop he</b>	ere. Explain in Part	VI how the organiz	zation
	meets the facts-and-circumstances te	est. The organizati	on qualifies as a p	ublicly supported	organization		▶□
b	10% -facts-and-circumstances tes	<b>t - 2019.</b> If the org	anization did not	check a box on lin	e 13, 16a, 16b, or	17a, and line 15 is	10% or
	more, and if the organization meets th	ne facts-and-circur	nstances test, che	eck this box and <b>s</b>	<b>top here.</b> Explain i	n Part VI how the	
	organization meets the facts-and-circu	umstances test. T	he organization qu	alifies as a public	ly supported organ	ization	▶□
18	Private foundation. If the organizatio	n did not check a	box on line 13, 16	a, 16b, 17a, or 17	b, check this box a	and see instruction	ıs ▶∟

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# Schedule A (Form 990 or 990 EZ) 2020 LYDIA HOME ASSOCIATION

(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.)

See	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	823,109.	706,436.	586,084.	546,777.	600,809.	3,263,215.
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	5,063,726.	5,192,387.	5,123,259.	5,882,142.	6,802,611.	28,064,125.
3	Gross receipts from activities that						
	are not an unrelated trade or bus- iness under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	5,886,835.	5,898,823.	5,709,343.	6,428,919.	7,403,420.	31,327,340.
	Amounts included on lines 1, 2, and	, , ,	, , ,	, , ,	, , , ,	, , ,	, , ,
	3 received from disqualified persons	10,000.	32,451.	37,371.		17,747.	97,569.
t	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						0.
	Add lines 7a and 7b	10,000.	32,451.	37,371.		17,747.	
	Public support. (Subtract line 7c from line 6.)					,	31,229,771.
See	ction B. Total Support						, ,
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9	Amounts from line 6	5,886,835.	5,898,823.	5,709,343.	6,428,919.	7,403,420.	31,327,340.
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	31,196.	31,428.	28,684.	29,804.	30,136.	151,248.
t	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b	31,196.	31,428.	28,684.	29,804.	30,136.	151,248.
	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.)	-22,766.	-67,552.				-87,776.
	Total support. (Add lines 9, 10c, 11, and 12.)	5,895,265.				7,433,556.	31,390,812.
14	First 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	601(c)(3) organizati	ion,
	ction C. Computation of Publ						99.49 %
	Public support percentage for 2020 (I					15	
<u>16</u>	Public support percentage from 2019 ction D. Computation of Invest					16	99.50 %
	•			no 12 oolumn (f)		17	.48 %
17 18	Investment income percentage for 20 Investment income percentage from 2					18	.44 %
	33 1/3% support tests - 2020. If the						,,,
150	more than 33 1/3%, check this box a						N V
h	<b>33 1/3% support tests - 2019.</b> If the						
	line 18 is not more than 33 1/3%, che	•					
20	Private foundation. If the organizatio			•		•	
	23 01-25-21		,	, , ,			) or 990-EZ) 2020
	1202 709777 <i>1</i> 1650 01			16 VDTA HOM			, 11650 01

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# Schedule A (Form 990 or 990-EZ) 2020 LYDIA HOME ASSOCIATION

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

Yes No

#### Part IV Supporting Organizations

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

### Section A. All Supporting Organizations

- 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 lines 3b and 3c 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 box 12a or 12b in Part I, answer lines 4b and 4c 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 supervised 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 lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *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 line 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.)

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Part IV Supporting Organizations (continued)

1

2

No

Yes No

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described in line 11a above?	11b		
с	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
4	Did the governing body members of the governing body officers eating in their official especity, or membership of one or			

	bid the governing body, members of the governing body, one of a during in their oriential capacity, or members inplor or
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,
	directors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s)
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.
2	Did the organization operate for the benefit of any supported organization other than the supported
	evention (a) that exercised, eventually a controlled the event sting eventiation () (f "Veo" events in the

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.

Section C. Type II Supporting Organizations	
---	--

			Yes	
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			Γ
	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		Ĺ
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		2		
3	By reason of the relationship described in line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organization have a supported organization have a supported organization.	3		

#### Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the Integral P	Part Test during the veafsee instructions).

- a The organization satisfied the Activities Test. Complete line 2 below.
- **b** The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*
- c \_\_\_\_\_ The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).
- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If* "Yes," *then in* **Part VI identify those supported organizations and explain** *how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.*
- b Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? 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.
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If* "Yes" or "*No*" provide details in **Part VI.**
- **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.*

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2a

2b

За

3b

18

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# Schedule A (Form 990 or 990-EZ) 2020 LYDIA HOME ASSOCIATION Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

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

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			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
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			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in <b>Part VI</b> ):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functiona	Illy integrat	ted Type III supporting org	anization (see

instructions).

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# Schedule A (Form 990 or 990 EZ) 2020 LYDIA HOME ASSOCIATION

Par	t V   Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations <sub>(continu</sub>	ed)				
Secti	ction D - Distributions Current Year							
1	Amounts paid to supported organizations to accomplish exe		1					
2	Amounts paid to perform activity that directly furthers exempt							
	organizations, in excess of income from activity		2					
3	Administrative expenses paid to accomplish exempt purpose	าร	3					
4	Amounts paid to acquire exempt-use assets			4				
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in <b>Part VI</b> )		5				
6	Other distributions (describe in Part VI). See instructions.			6				
7	Total annual distributions. Add lines 1 through 6.			7				
8	Distributions to attentive supported organizations to which the	he organization is responsive	e					
	(provide details in Part VI). See instructions.			8				
9	Distributable amount for 2020 from Section C, line 6			9				
10	Line 8 amount divided by line 9 amount			10				
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2020	s	(iii) Distributable Amount for 2020			
_1	Distributable amount for 2020 from Section C, line 6							
2	Underdistributions, if any, for years prior to 2020 (reason-							
	able cause required - explain in Part VI). See instructions.							
3	Excess distributions carryover, if any, to 2020							
а	From 2015							
b	From 2016							
с	From 2017							
d	From 2018							
е	From 2019							
f	Total of lines 3a through 3e							
g	Applied to underdistributions of prior years							
h	Applied to 2020 distributable amount							
i	Carryover from 2015 not applied (see instructions)							
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.							
4	Distributions for 2020 from Section D,							
	line 7: \$							
а	Applied to underdistributions of prior years							
b	Applied to 2020 distributable amount							
С	Remainder. Subtract lines 4a and 4b from line 4.							
5	Remaining underdistributions for years prior to 2020, if							
	any. Subtract lines 3g and 4a from line 2. For result greater							
	than zero, explain in Part VI. See instructions.							
6	Remaining underdistributions for 2020. Subtract lines 3h							
	and 4b from line 1. For result greater than zero, explain in							
	Part VI. See instructions.							
7	Excess distributions carryover to 2021. Add lines 3j							
	and 4c.							
8	Breakdown of line 7:							
а	Excess from 2016							
b	Excess from 2017							
с	Excess from 2018							
d	Excess from 2019							
е	Excess from 2020							

Schedule A (Form 990 or 990-EZ) 2020

032027 01-25-21

# Schedule A (Form 990 or 990-EZ) 2020 LYDIA HOME ASSOCIATION

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

SCHEDULE A, PART III, LINE 12, EXPLANATION FOR OTHER INCOME:

2016 AMOUNT: \$	-23,954.
2017 AMOUNT: \$	-660,965.
2018 AMOUNT: \$	-14,064.
2019 AMOUNT: \$	16,858.
2020 AMOUNT: \$	133.
LESS (GAINS)/LOS	SSES FROM CAPITAL ASSETS
2016 AMOUNT: \$	1,188.
2017 AMOUNT: \$	593,413.
2018 AMOUNT: \$	7,317.
2019 AMOUNT: \$	-7,569.
2020 AMOUNT: \$	-133.
32028 01-25-21 90203 798777 <b>4</b> 1	Schedule A (Form 990 or 990-EZ) 202 21 650-01 2020.05050 LYDIA HOME ASSOCIATION 41650-01

SCHEDULE	D
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Department of the Treasury

Internal Revenue Service

(Form §	990)
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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.



41650-01

Nomo	ofthe	organization
Name	of the	organization

16490203 798777 41650-01

Employer identification number 36 - 1412810

	LYDIA HOME ASSOCIATIO	)N		36-1412810
Par	t I Organizations Maintaining Donor Advised F	unds or Other Similar Funds or	Accou	<b>Ints.</b> Complete if the
	organization answered "Yes" on Form 990, Part IV, line 6.			·
		(a) Donor advised funds	(b) Fur	ids 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 writin	a that the assets held in donor advised fi	inds	
Ũ	are the organization's property, subject to the organization's exclu	-		Yes No
6	Did the organization inform all grantees, donors, and donor adviso			
Ŭ	for charitable purposes and not for the benefit of the donor or dor			
			•	Yes No
Par		ation answered "Yes" on Form 990 Part		
1	Purpose(s) of conservation easements held by the organization (c		i v, iii i c <i>i</i>	•
			storically	important land area
	Preservation of land for public use (for example, recreation of Protection of natural habitat	Preservation of a ce		important land area
	Preservation of open space		nineu ni	
0		anonyation contribution in the form of a		ation accoment on the last
2	Complete lines 2a through 2d if the organization held a qualified of	onservation contribution in the form of a	Conserv	
-	day of the tax year.		0-	Held at the End of the Tax Year
a	Total number of conservation easements			
a				
с	Number of conservation easements on a certified historic structur		2c	
d	Number of conservation easements included in (c) acquired after			
-	listed in the National Register		2d	<u> </u>
3	Number of conservation easements modified, transferred, release	d, extinguished, or terminated by the org	anizatio	n during the tax
_	year			
4	Number of states where property subject to conservation easeme			
5	Does the organization have a written policy regarding the periodic			
-	violations, and enforcement of the conservation easements it hold			
6	Staff and volunteer hours devoted to monitoring, inspecting, hand	lling of violations, and enforcing conserva	ation eas	sements during the year
_				
7	Amount of expenses incurred in monitoring, inspecting, handling	of violations, and enforcing conservation	easeme	nts during the year
	▶\$			
8	Does each conservation easement reported on line 2(d) above sat			
	and section 170(h)(4)(B)(ii)?			Yes II No
9	In Part XIII, describe how the organization reports conservation ea			
	balance sheet, and include, if applicable, the text of the footnote t	o the organization's financial statements	that des	scribes the
Der	organization's accounting for conservation easements.		0:	
Par	t III Organizations Maintaining Collections of Ar		r Simi	ar Assets.
	Complete if the organization answered "Yes" on Form 990,			
1a	If the organization elected, as permitted under FASB ASC 958, no			
	of art, historical treasures, or other similar assets held for public e	whibition, education, or research in furthe	rance of	public
	service, provide in Part XIII the text of the footnote to its financial	statements that describes these items.		
b	If the organization elected, as permitted under FASB ASC 958, to	report in its revenue statement and bala	nce shee	et works of
	art, historical treasures, or other similar assets held for public exhi	bition, education, or research in furtherar	nce of pi	ublic service,
	provide the following amounts relating to these items:			
	(i) Revenue included on Form 990, Part VIII, line 1		🕨	\$
2	If the organization received or held works of art, historical treasure	-	n, provic	le
	the following amounts required to be reported under FASB ASC 9			
а	Revenue included on Form 990, Part VIII, line 1		►	\$
b	Assets included in Form 990, Part X		🕨	\$
LHA	For Paperwork Reduction Act Notice, see the Instructions for	Form 990.		Schedule D (Form 990) 2020
03205	12-01-20			

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2020.05050 LYDIA HOME ASSOCIATION

_		OME ASSOCI						1281		age <b>2</b>
Pa	Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets(continued)									
3	B Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its									
	collection items (check all that apply):									
а	Public exhibition	c	<b>i</b> Loan or	exchange progr	am					
b	Scholarly research	e	• Dther							
с	Preservation for future generations									
4	Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.									
5	During the year, did the organization solicit of							-		-
	to be sold to raise funds rather than to be m							Yes		No
Pa	t IV Escrow and Custodial Arrar		ete if the organiz	zation answered	"Yes" on	Form 990,	Part IV,	line 9, or	r	
	reported an amount on Form 990, Pa									
1a	Is the organization an agent, trustee, custoo		-					-		-
	on Form 990, Part X?						L	Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	ollowing table:							
								Amoun	t	
	Beginning balance									
	Additions during the year									
	Distributions during the year									
t	Ending balance									T
	Did the organization include an amount on F							Yes		_ No
Pa	If "Yes," explain the arrangement in Part XIII <b>t V</b> Endowment Funds. Complete									<u></u>
1 4		(a) Current year					are back		voare	hack
10	Beginning of year balance	(a) Current year	(b) Prior yea		IS DACK (		als Dack	(e) 1 001	years	Dack
	Contributions									
	Grants or scholarships									
	Other expenditures for facilities									
e	and programs									
f	Administrative expenses									
	End of year balance									
2	Provide the estimated percentage of the cu		L ce (line 1a, colur	nn (a)) held as:						
	Board designated or quasi-endowment		%							
	Permanent endowment	%								
	Term endowment	%								
-	The percentages on lines 2a, 2b, and 2c sho	-								
3a	Are there endowment funds not in the posse		ation that are he	eld and administ	ered for th	e organiza	tion			
	by:	5				5		Ι	Yes	No
	(i) Unrelated organizations							3a(i)		
	(ii) Related organizations									
b	If "Yes" on line 3a(ii), are the related organized									
4	Describe in Part XIII the intended uses of the									
Pa	t VI Land, Buildings, and Equipm	nent.								
	Complete if the organization answere	d "Yes" on Form 990	0, Part IV, line 1	1a. See Form 99	0, Part X,	line 10.				
	Description of property	(a) Cost or c	other (b)	Cost or other	(c) Ac	cumulated		(d) Boo	k value	e
		basis (investr	ment) ba	asis (other)	dep	reciation				
1a	Land			116,223.					6,2	
	Buildings		3,	074,005.	2,2	46,87	7.	82	7,1	28.
	Leasehold improvements									
	Equipment			563,453.	5	09,30	6.	5	4,1	47.
	Other									
Tota	. Add lines 1a through 1e. (Column (d) must e	equal Form 990, Part	X, column (B), I	ine 10c.)				99	7,4	98.
						-				

Schedule D (Form 990) 2020

032052 12-01-20

Complete if the organization answered "Yes" o	on Form 990, Part IV, line	11b. See Form 990, Part X, line 12.
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total (Col (h) must equal Form 990 Part X col (B) line 12 )		

# Part VIII Investments - Program Related.

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

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

#### Part IX Other Assets.

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	
Part X Other Liabilities.	
Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25	
1. (a) Description of liability	(b) Book value

(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	

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

Schedule D (Form 990) 2020

032053 12-01-20

16490203 798777 41650-01

Sche	dule D (Form 990) 2020 LYDIA HOME ASSOCIATION			36-	1412810 Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Stateme	ents With			
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	ι.			
1	Total revenue, gains, and other support per audited financial statements			1	7,425,448.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	-13,075.		
b	Donated services and use of facilities	2b	8,500.		
с	Recoveries of prior year grants				
d	Other (Describe in Part XIII.)				
е	Add lines 2a through 2d			2e	-4,575.
3	Subtract line 2e from line 1			3	7,430,023.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	3,666.		
b	Other (Describe in Part XIII.)	4b			
с				4c	3,666.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	7,433,689.
Pa	t XII Reconciliation of Expenses per Audited Financial Statem	nents Wit	h Expenses per	Retu	ırn.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	ι.			
1	Total expenses and losses per audited financial statements			1	7,087,962.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	. 2a	8,500.		
b	Prior year adjustments	_ 2b			
С	Other losses	2c			
d	Other (Describe in Part XIII.)	. 2d			
е	Add lines 2a through 2d			2e	8,500.
3	Subtract line 2e from line 1			3	7,079,462.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	3,666.		
b	Other (Describe in Part XIII.)	. 4b			
С	Add lines 4a and 4b			4c	3,666.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	7,083,128.
Pa	t XIII Supplemental Information.				
Draw	do the descriptions required for Dort II, lines 2, 5, and 0; Dort III, lines 1a and 4; Dort	+ 11/ 11000 16	and Oby David V lines		V line Or Deut VI

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

#### PART X, LINE 2:

DETERMINED IT IS NOT REQUIRED TO REPORT A LIABILITY FOR ANY UNCERTAIN TAX

POSITIONS.

032054 12-01-20

16490203 798777 41650-01

41650 - 01

Internal Revenue Service	Go to v	www.irs.gov/Fo	orm990 for instructions and the lates	t information.	lnsp	ection
Name of the organization					Employer identi	fication number
LYDIA HOME ASSO					36-141283	
		ctivities Ou	tside the United States. Compl	ete if the orgar	nization answered "	Yes" on
Form 990, Part IV						
-	-		ds to substantiate the amount of its gr the selection criteria used to award the			Yes 🗌 No
2 For grantmakers. Desc United States.	ribe in Part V the	e organization's	procedures for monitoring the use of it	ts grants and c	other assistance out	side the
	he following Part	I line 3 table c	an be duplicated if additional space is	needed )		
(a) Region	(b) Number of	(c) Number of	(d) Activities conducted in the region		ivity listed in (d)	(f) Total
	offices in the region	employees, agents, and independent contractors in the region	(by type) (such as, fundraising, pro- gram services, investments, grants to recipients located in the region)	is a pro describ	ogram service, e specific type e(s) in the region	expenditures for and investments in the region
EUROPE (INCLUDING						
ICELAND & GREENLAND)				SOCIAL		
- ALBANIA, ANDORRA,				SERVICES/M	ISSIONARY	
AUSTRIA, BELGIUM	0	1	PROGRAM SERVICES	OUTREACH		86,347.
3 a Subtotal	0	1				86,347.
<b>b</b> Total from continuation						,
sheets to Part I	0	C				0.
c Totals (add lines 3a		1				86 347.

Statement of Activities Outside the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16. Attach to Form 990.

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

Schedule F (Form 990) 2020

032071 12-03-20

16490203 798777 41650-01

Department of the Treasury

SCHEDULE F

(Form 990)

OMB No. 1545-0047
2020
Open to Public

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LYDIA HOME ASSOCIATION

Page 2

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	(c) Region	<b>(d)</b> Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	<b>(g)</b> Amount of noncash assistance	(h) Description of noncash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
			I recognized as charities by the					I
			or counsel has provided a sec	ction 501(c)(3) e	quivalency letter			
3 Enter total number of	other organizations of	or entities				🕨		

Schedule F (Form 990) 2020

Schedule F (Form 990) 2020

LYDIA HOME ASSOCIATION
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36-1412810

Page 3

(h) Method of valuation (book, FMV, appraisal, other)

Part III can be duplicated if a	dditional space is neede	d.				
(a) Type of grant or assistance	<b>(b)</b> Region	(c) Number of recipients	<b>(d)</b> Amount of cash grant	<b>(e)</b> Manner of cash disbursement	(f) Amount of noncash assistance	<b>(g)</b> Description of noncash assistance

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

			Schedu	ule F (Form 990) 2020

	(Form 990) 2020		HOME	ASSOCIATION
Part IV	Foreign Fo	rms		

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)	Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? <i>If</i> "Yes," <i>the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund</i> (see <i>Instructions for Form 8621</i> )	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)	Yes	X No

Schedule F (Form 990) 2020

032074 12-03-20

#### Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

032075 12-03-20 490203 798777 41650-01	37 2020.05050 LYDIA HOME ASSOCIATION	edule F (Form 990) 202 41650-01

SCHEDULE L		Tra	insactior	ıs V	Vith	Int	erested	P	ersons			0	VIB No.	1545-0	047
(Form 990 or 990-EZ)	Complete if	f the o	rganization an 28b, or 28c, o							26, 27	, 28a,		2	02	20
Department of the Treasury Internal Revenue Service		So to y	•				Form 990-E		est information.				pen T spect		olic
Name of the organization			www.ii 3.gov/i c	JIII33		Istruc		, iau			ploye		•		umber
			E ASSOCI							36	-14	128			
									n 501(c)(29) org						
Complete if th	ne organizatio		vered "Yes" on Relationship bety				line 25a or 25l	b, or	<sup>r</sup> Form 990-EZ, P	art V,	line 40	0b.	(4)	Corr	ected?
(a) Name of disqualifie	ed person		person and or			inted	(0	c) De	escription of trar	sactio	n			es	No
2 Enter the amount of ta section 4958			0	Ũ		•	•	Ŭ	-		<b>•</b> •				
3 Enter the amount of ta											► \$				
						<u> </u>					-				
			erested Per					-							
	-		vered "Yes" on , Part X, line 5, 6			, Part	V, line 38a or l	Forn	n 990, Part IV, lir	ie 26;	or it tr	ne orga	anızati	on	
(a) Name of	(b) Relatio	nship	(c) Purpose	(d) Lo	an to or the	(e	e) Original	(f	) Balance due	(g	) In	<b>(h)</b> Ap by bo	provec	i (i) V	Vritten
interested person	with organ	ization	of loan		ization?	princ	cipal amount			defa	ault?	comm		agre	ement?
				То	From					Yes	No	Yes	No	Yes	No
								-							
															+
Tatal							•								
Total Part III Grants or	Assistance	e Ber	nefiting Inter	reste	d Pe	rsons	<b>&gt;</b> \$ s.								
			wered "Yes" on												
(a) Name of intereste	ed person		(b) Relationship interested pers the organiza	son an		(1	<b>c)</b> Amount of assistance		<b>(d)</b> Type assistan				) Purp assist		of
		_													
		+													
		+													
					· -		0 000 FF		<u> </u>			000			

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

Schedule L (Form 990 or 990-EZ) 2020

032131 12-09-20

#### Schedule L (Form 990 or 990-EZ) 2020 LYDIA HOME ASSOCIATION

#### Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?		
				Yes	No	
KAREN ANDERSON	EMPLOYEE	36,716.	COMPENSATIC	)	X	

#### Part V Supplemental Information.

Provide additional information for responses to questions on Schedule L (see instructions).

#### SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:

#### (A) NAME OF PERSON: KAREN ANDERSON

#### (D) DESCRIPTION OF TRANSACTION: COMPENSATION

Schedule L (Form 990 or 990-EZ) 2020

032132 12-09-20

16490203 798777 41650-01

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

Employer identification number 36 - 1412810

LYDIA HOME ASSOCIATION

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

CHILDREN AND FAMILIES INCLUDING:

- RESIDENTIAL TREATMENT, FOSTER CARE, AND INTACT FAMILY SERVICES;

- DAY CARE FOR PRESCHOOL AND KINDERGARTEN CHILDREN;

- COMMUNITY COUNSELING CENTER.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

DAY CARE - LYDIA'S LEARN & CARE PRESCHOOL PROGRAM IS A FULL-DAY

CHRISTIAN PRESCHOOL/DAY CARE THAT PROVIDES A SAFE AND CARING ATMOSPHERE

FOR 36 CHILDREN TO DEVELOP INTELLECTUALLY, PHYSICALLY, SPIRITUALLY, AND

EMOTIONALLY. THE PROGRAM ENCOURAGES CHILDREN RANGING FROM 2 TO 6 YEARS

OLD TO EXPLORE, DISCOVER, INTERACT, AND EXPRESS THEMSELVES WHILE THEY

ARE BEING INTRODUCED TO DEVELOPMENTALLY APPROPRIATE CONCEPTS IN

LANGUAGE, CREATIVE ARTS, SCIENCE, MATH, MUSIC, SOCIAL STUDIES, AND

MOVEMENT.

EXPENSES \$ 134,591. INCLUDING GRANTS OF \$ 0. REVENUE \$ 24,353.

INTERNATIONAL - LYDIA'S INTERNATIONAL MISSIONARY PROGRAM WORKS WITH

LOCAL CHURCHES IN FRANCE AND ROMANIA TO HELP CHILDREN IN CRISIS AND

REBUILD FAMILIES BY ADDRESSING THEIR SPIRITUAL, SOCIAL, PHYSICAL, AND

EMOTIONAL NEEDS, WHILE BEING SENSITIVE TO THEIR CULTURE AND COMMUNITY.

EXPENSES \$ 86,347. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

COUNSELING CENTER - LYDIA'S COUNSELING CENTER PROVIDES HELP TO CLIENTS

OF ALL AGES AND BACKGROUNDS WITH SERVICES INCLUDING COUNSELING FOR

16490203 798777 41650-01

40 2020.05050 LYDIA HOME ASSOCIATION

41650-01

Schedule O (Form 990 or 990-EZ) 2020	Page <b>2</b>
Name of the organization LYDIA HOME ASSOCIATION	Employer identification number 36-1412810
INTERACTION THERAPY; AND CONSULTATIONS TO PASTORS, CHURCH	ES, COMMUNITY
GROUPS AND SCHOOLS. IN DOING SO, LYDIA THERAPISTS HELP C	LIENTS ADDRESS
DEPRESSION, ANXIETY AND GRIEF; ANGER; ABUSIVE RELATIONSHI	PS; MARITAL
PROBLEMS; RELATIONSHIP AND FAMILY ISSUES; CONFLICT WITH T	HEIR CHILDREN;
CAREGIVER BURNOUT; ATTENTION/LEARNING DIFFICULTIES; AND P	ROBLEMS ON THE
JOB.	
EXPENSES \$ 68,186. INCLUDING GRANTS OF \$ 0. REVENUE \$	84,253.
MISCELLANEOUS OTHER	
EXPENSES \$ 0. INCLUDING GRANTS OF \$ 0. REVENUE \$ 3,15	5.
FORM 990, PART VI, SECTION B, LINE 11B:	
THE ASSOCIATION'S 990 WAS PREPARED BY INDEPENDENT ACCOUNT	ANTS AND WAS
PROVIDED TO THE ASSOCIATION'S CHIEF FINANCIAL OFFICER AND	BOARD OF
DIRECTORS FOR REVIEW PRIOR TO FILING.	
FORM 990, PART VI, SECTION B, LINE 12C:	
ON AN ANNUAL BASIS, THE ASSOCIATION'S OFFICERS AND DIRECT	ORS SIGN A
STATEMENT ACKNOWLEDGING THEY HAVE READ AND UNDERSTAND THE	CONFLICT OF
INTEREST POLICY. AS PART OF THEIR ACKNOWLEDGEMENT, THEY	ARE TO REPORT ANY
RELATIONSHIPS THAT MAY GIVE RISE TO A CONFLICT OF INTERES	T. THEY ALSO HAVE
THE DUTY TO ADVISE THE OTHER MEMBERS OF THE BOARD SHOULD	A TRANSACTION
ARISE DURING THE YEAR THAT COULD POTENTIALLY RESULT IN A	CONFLICT OF
INTEREST.	
FORM 990, PART VI, SECTION B, LINE 15:	

THE COMPENSATION OF THE EXECUTIVE DIRECTOR IS DETERMINED BY THE BOARD OF

 DIRECTORS AND INCLUDES REVIEW BY INDEPENDENT PERSONS AND COMPARATIVE DATA,

 032212 11-20-20
 Schedule O (Form 990 or 990-EZ) 2020

 41

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 2020.05050 LYDIA HOME ASSOCIATION
 41650-01

RESPONSIBLE	FOR	THE	OVER	SIGHT	OF	THE A	UDI	- ANI	) SE	LECTI	ION OF	7 AN		
INDEPENDENT	ACC	OUNT	ANT.	THIS	PRO	DCESS	HAS	NOT	CHA	NGED	FROM	PRIOR	YEARS.	
032212 11-20-20							42				Schedu	le O (Form	990 or 990-EZ	Z) 2020
490203 79877	7 41	.650-	01	20	20.	05050			OME	ASSO	CIATI	ON	41650	-01

Schedule O (Form 990 or 990-EZ) 2020

Name of the organization

1

LYDIA HOME ASSOCIATION

Employer identification number 36 - 1412810

WHICH ARE SUBSTANTIATED IN THE MINUTES OF THE BOARD OF DIRECTORS.

FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST

POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.

FORM 990, PART XII, LINE 2C

THE ASSOCIATION'S BOARD OF DIRECTORS AND AUDIT COMMITTEE ARE

SCH	EDULE	R

#### (Form 990)

Department of the Treasury Internal Revenue Service

# **Related Organizations and Unrelated Partnerships**

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Attach to Form 990.
 Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2020 Open to Public Inspection

Employer identification number

36-1412810

Name of the organization

# LYDIA HOME ASSOCIATION

Part I

Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

<b>(a)</b> Name, address, and EIN (if applicable) of disregarded entity	<b>(b)</b> Primary activity	<b>(c)</b> Legal domicile (state or foreign country)	<b>(d)</b> Total income	<b>(e)</b> End-of-year assets	<b>(f)</b> Direct controlling entity

# Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	<b>(c)</b> Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	<b>(f)</b> Direct controlling entity	contr	<b>g)</b> 512(b)(13) rolled ity?
				501(c)(3))		Yes	No
SAFE FAMILIES FOR CHILDREN ALLIANCE -							
45-3194102, 4300 WEST IRVING PARK ROAD,					LYDIA HOME		
CHICAGO, IL 60641	STRENGTHENING FAMILIES	ILLINOIS	501(C)(3)	LINE 7	ASSOCIATION	X	
	-						
	-						

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

Schedule R (Form 990) 2020

# Schedule R (Form 990) 2020 LYDIA HOME ASSOCIATION

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(C) Legal domicile (state or	<b>(d)</b> Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under	<b>(f)</b> Share of total income	<b>(g)</b> Share of end-of-year		<b>h)</b> ortionate	(i) Code V-UBI amount in box	(j Gener mana	al or Pe	<b>(k)</b> Percentage ownership
		foreign country)	,	excluded from tax under sections 512-514)		assets		No	20 of Schedule			
	-											
	1											
	{											
Part IV Identification of Related Or organizations treated as a co	ganizations Taxable a	as a Corpo	<b>pration or Trust.</b> Co year.	mplete if the organizat	ion answered "Ye	s" on Form 990, P	art IV,	line 34	4, because it had	one c	or more	re related

<b>(a)</b> Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(C) Legal domicile (state or foreign	<b>(d)</b> Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	<b>(f)</b> Share of total income	<b>(g)</b> Share of end-of-year assets	<b>(h)</b> Percentage ownership	Sec 512(l conti ent	i) b)(13) rolled ity?
		country)						Yes	No

# Schedule R (Form 990) 2020 LYDIA HOME ASSOCIATION

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.									
1	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?								
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		Х					
b	Gift, grant, or capital contribution to related organization(s)	1b		Х					
с	Gift, grant, or capital contribution from related organization(s)	1c		Х					
	Loans or loan guarantees to or for related organization(s)	1d	Х						
	Loans or loan guarantees by related organization(s)	1e		Х					
f	Dividends from related organization(s)	1f		X					
g	Sale of assets to related organization(s)	1g		Х					
h	Purchase of assets from related organization(s)	1h		Х					
i	Exchange of assets with related organization(s)	1i		Х					
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		Х					
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		X					
1	Performance of services or membership or fundraising solicitations for related organization(s)	11	Х						
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m		Х					
	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	Х						
о	Sharing of paid employees with related organization(s)	10	Х						
р	Reimbursement paid to related organization(s) for expenses	1p	Х						
	Reimbursement paid by related organization(s) for expenses	1q	Х						
r	Other transfer of cash or property to related organization(s)	1r		X					
	Other transfer of cash or property from related organization(s)	1s		Х					
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.								

<b>(a)</b> Name of related organization	<b>(b)</b> Transaction type (a-s)	<b>(c)</b> Amount involved	<b>(d)</b> Method of determining amount involved
(1) SAFE FAMILIES FOR CHILDREN ALLIANCE	D	319,114.	CASH ADVANCED/AMOUNT DUE
(2)			
(3)			
(5)			
(6)	15		0. h . t . h . D (5

# Schedule R (Form 990) 2020 LYDIA HOME ASSOCIATION

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a)	(b)	(c)	(d)	(e)	) all	(f)	(g) Chara af		n)	(i)	(j	)	(k)			
Name, address, and EIN of entity	Primary activity	Legal domicile (state or foreign country)	Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are a partners 501(c) orgs Yes	s sec. )(3) :.? <b>No</b>	Share of total income	Share of end-of-year assets	tion alloca	tions?		mana partr Yes	ging er?	ownership			
	-															
					_											
	- - -															
										<u> </u>						
													<b></b>			
	-															
	-															

Schedule R (Form 990) 2020

#### LYDIA HOME ASSOCIATION

# Part VII | Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

032165 10-28-20